



Making the Most of Your Infant Early Childhood Mental Health Consultation Services

Key Messages

- Staff in EHS/HS, EHS/HS stakeholders, and community members need information about what infant/early childhood mental health consultation (I/ECMHC) is and how it can support their work with children and families.
- Families will benefit from understanding how I/ECMHC can support their relationships with their children.
- I/ECMHC is a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise—primarily child care, child development, and families—or individuals with child care responsibilities. (Cohen & Kaufman, 2000).
- I/ECMHC is primarily an indirect service—it is not a direct service with children.
- I/ECMHC promotes young children’s social emotional development and addresses children’s challenging behavior.
- Successful I/ECMHC is family focused, culturally sensitive and impacts child, family and staff outcomes.

Learning Outcomes

- Define “effective” infant early childhood mental health consultation (I/ECMHC)
- Describe core components of effective consultation programs
- Increase awareness of strategies to assess your mental health consultation
- Highlight resources for further guidance

Handouts

- **HO #1:** Baseline Survey
- **HO #2:** Scene 1: Take 1
- **HO #3:** What Every Early Childhood Director Should Know about Working With Mental Health Professionals
- **HO #4:** Philosophy Cards
- **HO #5:** Finding a Mental Health Provider for Children and Families in Your EHS/HS Program
- **HO #6:** Head Start Performance Standards with a Mental Health Focus
- **HO #7:** How is the Mental Health Consultation in the Program? Survey for Families
- **HO #8:** How is the Mental Health Consultation in the Program? Survey for Staff

¹Administration for Children and Families, U.S. Department of Health and Human Services. “Depression in the Lives of Early Head Start Families.” Available at http://www.acf.hhs.gov/sites/default/files/opre/research_brief_depression.pdf. Accessed January 16, 2015.

- **HO #9:** Assessing Your Program's Early Childhood Mental Health Consultation: How Do you Know if your Mental Health Services are Effective?
- **HO #10:** Evaluation

Description of Training Materials

Overview

This training package includes: key messages; learning outcomes; ppt slides; notes/script for each slide; descriptions of activities/discussions; suggested agendas; associated handouts and evaluations. The training package includes information for approximately a 3 hour presentation. The content can easily be modified to accommodate a shorter presentation or a longer full day presentation.

Requirements for trainers

The primary goal of this training package is to provide EHS/HS trainers and those in EHS/HS who are responsible for professional development in their programs with a packaged training on infant/early childhood mental health consultation (I/ECMCH). These training materials are intended to be a guide for mental health consultants, community mental health providers, or other professionals steeped in early mental health. It is critical that trainers using this training package have at least a basic knowledge of infant/ early childhood mental consultation. Trainers are not expected to use these materials verbatim. Rather, the training can be much more engaging when trainers make it their own by substituting pictures from their programs and including their own stories and/or examples from their experiences working in programs implementing I/ECMCH.

Intended audience

The script is written for mental health professionals and/or early education or family service professionals with a strong background in I/ECMCH. The power point slides are for written for a general audience. It can be delivered to families, early education or family service staff, community groups, etc.

Participant goals:

One of the goals of these training materials is for participants to understand the definitions of I/ECMCH.

Additionally these materials will allow participants to explore strategies to develop or enhance I/ECMHC in their programs. The materials will also provide information on how Early Head Start/Head Start (EHS/HS) programs can assess the effectiveness of their current I/ECMCH.

For additional information on I/ECMCH visit the Center for Early Childhood Mental Health Consultation website <http://www.ecmhc.org/ideas/index.html>. The Center for Early Childhood Mental Health translates research on I/ECMHC into materials tailored to the needs of mental health consultants, EHS/HS Program Administrators, EHS/HS staff, Training and Technical Assistance Providers and Families makes them available on this website. In addition to providing a wide range of materials on I/ECMHC there are also materials that provide practical guidance on effective ways to promote young children's social and emotional development, and reduce challenging behaviors.



Slide 1.

Making the Most of Your Infant/ Early Childhood Mental Health Consultation Services

National Center on Health

Introduce yourself

Depending on the size of the group have participants introduce themselves and/or ask participants what role they have within their programs. Use your knowledge of who is in the audience to help you guide the focus of the presentation.

Consider having participants fill out the baseline survey—Handout 1. Baseline Survey. Describe that the baseline survey is a quick survey to help you understand what participants know about mental health consultation.



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Presentation Objectives

- Define “effective” early childhood mental health consultation (I/ECMHC)
- Describe core components of effective consultation programs
- Increase awareness of strategies to assess your mental health consultation
- Highlight resources for further guidance

Slide 2.

Presentation Objectives

Review learning objectives.

Ask participants if the objectives meet their expectations. Ask participants if they have any additional goals in mind? Note any additional learning objectives that participants may have on chart paper.

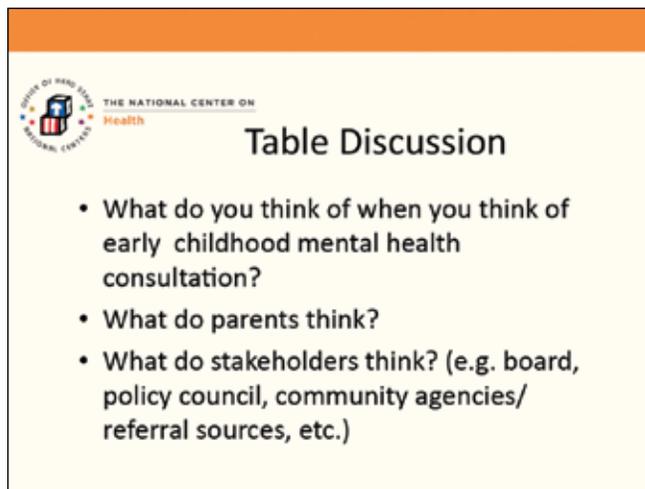


Table Discussion

- What do you think of when you think of early childhood mental health consultation?
- What do parents think?
- What do stakeholders think? (e.g. board, policy council, community agencies/ referral sources, etc.)

Slide 3.

Table Discussion

Ask the group of participants the bulleted questions on the slide.

Participants may share that parents may not be familiar with the role of the mental health consultant. Participants may also express that parents may also be uncomfortable with the term “mental health”. Significant stigma still exists around the term “mental health”. Many people continue to equate “mental health” with “mental illness”. Mental health is not the same as mental illness nor is mental health simply the absence of mental illness. Early childhood mental health is synonymous with emotional and social well being; The developing capacity of infants and young children to: experience, regulate, and express emotions in socially acceptable ways; form close and secure adult and peer relationships; explore the environment and learn all in the context of family, community, and culture (ZERO TO THREE (2001). Infant Mental Health Task Force: Definition of infant mental health.

Retrieved February 20, 2007 from <http://www.zerotothree.org/child-development/early-childhood-mental-health/>)

Share and explore strategies to help parents become familiar with the role of the mental health consultant. Some strategies may include: having the mental health consultant be available at drop off and pick up times and participating in parent meetings, group socializations, policy council meetings; sharing information about mental health and having the mental health consultant at parent orientation and new staff orientation; having the mental health consultant host coffee hours/community chats; having the mental health consultant offer trainings for parents; etc. Explore strategies participants use to orient parents to the role of the mental health consultant.

Explore and share additional strategies related to how programs can educate their boards, policy council and other community agencies about the services of the mental health consultant. Some programs have developed mental health services advisory councils similar to the health advisory councils. These mental health advisory councils can be very helpful in problem solving challenges such as: long waiting lists for accessing family counseling or identifying community mental health services for very young children. Mental health agencies, pediatricians, and obstetricians can be useful referral sources for the EHS/HS program especially if they are familiar with the mental health supports available to children and families in EHS/HS.



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**Definition of Early Childhood
Mental Health Consultation:**

“A problem-solving and capacity–building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise - primarily child care, child development, and families – or individuals with child care responsibilities.”

(Cohen & Kaufmann, 2000)

Slide 4.

Definition of Early Childhood Mental Health Consultation

Highlight the key points in the definition including that it is a problem solving, capacity building collaborative intervention.

What do we mean by that?

- Problem solving—helping to define the problem or concern, working together to come up with ideas and strategies unique to solving or reducing a particular problems or concern, evaluating it the strategies are working
- Capacity-building—the idea that each time we work together to solve problems we learn more about what works and how to implement individualized strategies; increasing the capacity of parents or staff to understand how to address concerns as they arise
- Collaborative—expertise of each member of a team including the parent is valued; each person brings experience, knowledge, and a unique perspective
- We are in this together- working to improve our interactions with young children
- All of these elements that define ecmhc are really in contrast to the idea of the mh professional being an “expert” who swoops in and “saves” the teacher by “fixing” a child.



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Defining ECMHC (cont'd)

- Culturally sensitive
- Family focus/
Engaging families



Slide 5.

Defining ECMHC (cont's)

Other very important aspects of high quality I/ECMCH are:

- Being culturally sensitive (recognizing culture impacts our thoughts, feelings and behaviors; being willing to learn and adapt one's own communication, thoughts, and behavior to be better understood by others)
- Family focus—valuing the family's expertise and experience; engaging families in working together to address concerns. This really means having a trusting, respectful and mutual partnership with families
- How many times have you seen a plan proposed to a family (i.e. all filled out already) and the parent is asked to sign it or the parent is contacted only after staff or teachers already feel at their wits end—it is very hard to have a trusting respectful partnership at that point

The slide features the logo of The National Center on Early Childhood Development and Disability (NCECDD) in the top left corner. The logo consists of a circular emblem with a stylized figure and the text 'THE NATIONAL CENTER ON Early Childhood Development and Disability'. To the right of the logo, the text 'THE NATIONAL CENTER ON Health' is displayed. The main title of the slide is 'Defining ECMHC (cont'd)'. Below the title, there is a bulleted list of four points.

Defining ECMHC (cont'd)

- Promotes social emotional development
- Addresses children's challenging behavior
- Primarily indirect services
- Impacts child, family, staff, and outcomes

Slide 6.

Defining ECMHC (cont'd)

I/ECMHC is primarily an indirect service. Early childhood mental health consultants may provide therapy as part of other funded work, however, mental health consultation is distinct from treatment or therapy services. In early childhood mental health consultation, consultants work with the adults who provide care for children. Consultants work with parents, teachers and more recently consultants have provided consultation in settings such as home visiting, pediatric offices, and child welfare agencies. In all instances the goal of mental health consultation is to help caregivers promote social and emotional development of the young children that they provide care for. Mental health consultants often provide support and guidance for caregivers who may be working with a child exhibiting challenging behavior. Mental health consultation can impact child, family, staff and program outcomes.



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Child- and Family- Centered Consultation

- Child observations
- Parent consultation
- Staff support for individual and group behavior management
- Modeling/coaching
- Link to community
- Training on behavior management
- Modeling and supporting individual child
- Education on a child's mental health
- Advocacy for family
- Discussions about family mental health

Slide 7.

Child- and Family-Centered Consultation

There are two types of infant early childhood mental health consultation. The two types are: child/family centered consultation and programmatic consultation.

What do we mean by child/family centered consultation?

“Child- and family-centered consultation is the most traditional form of mental health consultation. Staff initially seek the assistance of a mental health consultant

because they are worried, alarmed, or frustrated by a particular child's behavior. The primary goal of this type of consultation is to develop a plan to address both the factors that contribute to a child's difficulties in functioning well in the early childhood setting and the family's role” (Cohen & Kaufmann, 2005).

The bullets on the slide represent a number of activities related to child and family centered consultation.



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Programmatic Consultation for Staff and Programs

- Classroom observation
- Strategies for supportive environments
- Training on behavior management
- Support for reflective practices
- Promote staff wellness
- Address communication issues
- Promote team building
- Training on cultural competence

Slide 8.

Programmatic Consultation for Staff and Programs

The second and less common type of I/ECMCH is programmatic consultation

Programmatic mh consultation focuses on improving the overall quality of the program and assisting the program to solve issues that affect more than one child, staff member or family.

Other ideas related to a mh consultant engaging in programmatic consultation might include helping to design the program's mh services; working on the program's mh service plan; assisting to improve access to mh services in the community; etc.

Often consultants are engaged in both child/family consultation and programmatic consultation- in fact, the most effective consultants spend time using both of these types of consultation.

Green, B. L., Everhart, M. C., Gettman, M. G., & Gordon, L. (2003). *Mental health consultation in Head Start: Selected national findings. (Mental Health Services Survey report)*. Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

Green, B. L., Everhart, M., Gordon, L., & Gettman, M. G. (2006). Characteristics of effective mental health consultation in early childhood settings: Multilevel analysis of a national survey. Topics in *Early Childhood Special Education*, 26, 142-152.

The slide features the logo of The National Center on Health Equity and Promotion in the top left corner. The main title is "What ECMHC 'Isn't'". To the left of the bulleted list is a photograph of a young child looking upwards with their hand to their forehead. The bulleted list includes: Formal diagnostic evaluations, Therapeutic play groups, Individual therapy, Family therapy, Staff therapy, and Family support groups.

What ECMHC "Isn't"

- Formal diagnostic evaluations
- Therapeutic play groups
- Individual therapy
- Family therapy
- Staff therapy
- Family support groups

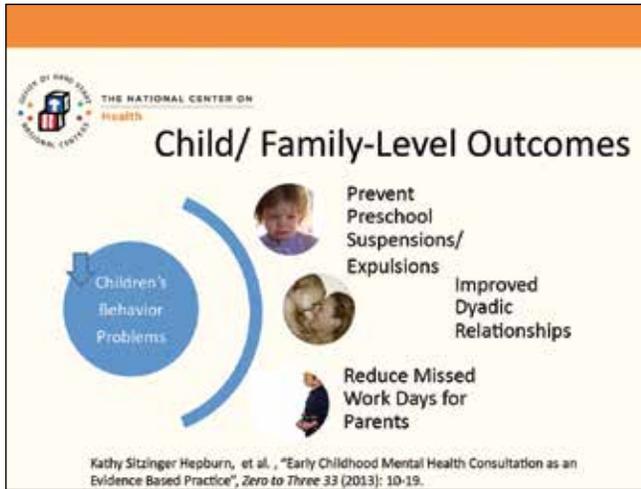
Slide 9.

What ECMHC "Isn't"

These are all very important services for children and families, however, they are not included in what is considered "mh consultation". A mh consultant may engage in some of these services, yet, the activity of consultation is distinct from these more traditional mental health interventions.

Additionally, it is important to understand mental health consultation is more than observing and/or making referrals. Observing and referrals may be activities consultants engage in, however, the consultant's primary role is to support caregivers capacity to promote children's mental health by enhancing the capacities of the caregivers who care for them.

In very rural or frontier communities often the mental health consultant may also be a therapist providing direct treatment services due to limited mental health providers in an area. In this situation it is important for the consultant and the early childhood program to be clear about the various activities a mental health professional may engage in at different times i.e. treatment vs consultation.



Slide 10.

Child/Family-Level Outcomes

In the last 10 years there has been an increase in the evidence base and research available on I/ECMCHC. Research has demonstrated that programs with I/ECMCH have:

- Reduced preschool suspensions and expulsions
- Decreased problem behaviors, especially externalizing
- Greater gains on socialization, emotional competence, and communication
- Improved social skills and peer relationships
- Reduced missed work days for parents



Slide 11.

Provider-Level Outcomes

Research has demonstrated that I/ECMCH results in staff:

- Demonstrating improvements in teaching feelings and managing children's behavior
- Engaging families in home visiting
- Improving their interactions with children
- Increasing the frequency of home visits with families
- Improving CLASS scores
- Improving home visiting retention

The infographic is titled "Program-Focused Outcomes" and is from "THE NATIONAL CENTER ON Health". It features three blue arrow-shaped boxes pointing downwards, labeled "MHC", "Staff", and "Child".

- MHC**
 - Supportive policies
 - Reflective supervision
- Staff**
 - Reduced stress and burnout
 - Reduced turnover
- Child**
 - Improved attachment/resilience
 - Improved school readiness

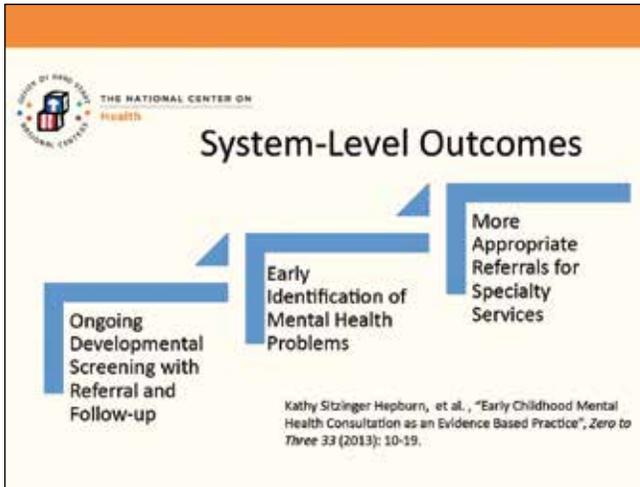
Kathy Sitzinger Hepburn, et al., "Early Childhood Mental Health Consultation as an Evidence Based Practice", Zero to Three 33 (2013): 10-19.

Slide 12.

Program-Focused Outcomes

A number of program related outcomes are associated with I/ECMCH including:

- increases in supportive policies and reflective supervision
- reductions in staff feelings of stress and burnout
- reductions in staff turnover
- improvements in children's' attachment/resilience
- improvements in children's school readiness

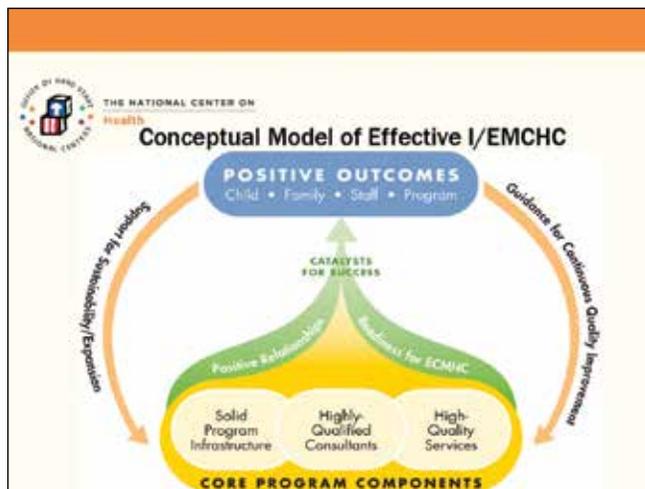


Slide 13.

System-Level Outcomes

There are additional systems level outcomes associated with I/EMCHC including:

- Increases in ongoing developmental screening with referral and follow-up
- Earlier identification of mental health problems
- More appropriate referrals for specialty services



Slide 14.

Conceptual Model of Effective I/EMCHC

Georgetown University’s Center for Child and Human Development conducted a study to determine knowledge gaps in the field and provide data-driven guidance about the consultation program designs. The study conducted two day site visits in different mental health consultation programs at six sites around the country. Information gathered in the study led the Center for Child and Human Development to develop this conceptual model of effective early childhood mental health consultation (I/ECMHC).

The conceptual model includes three core program components including: solid program infrastructure, highly qualified consultants and high quality services.

Solid program infrastructure includes: strong leadership, clear organizational structure, hiring and training high quality consultants, supervision and support mechanisms, clear communication, strategic partnerships, evaluation, and financing

Highly qualified consultants refers to consultants relevant knowledge, skills and attributes/characteristics.

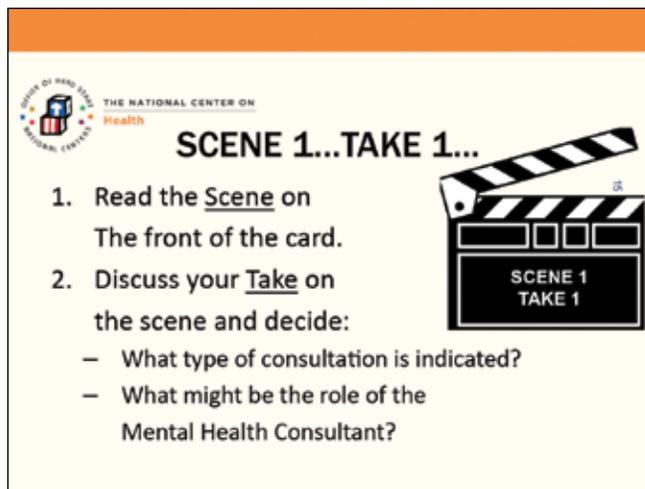
Highly qualified services includes: strong initiation processes for consultants; collaboration among consultants and recipients of consultation services; family involvement; cultural and linguistic competence; individualized services; consistency across home and school; use of hands-on materials; consistency across consultants; availability of consultants; integration of the consultation in routines and operations; facilitation of the ECE program requirement and goals.

There are two catalysts for success positive relationships and readiness for I/ECMHC.

‘Readiness’ for I/ECMHC refers to the readiness of families and ECE providers/programs for I/ECMHC (e.g., openness to gaining new skills and knowledge, opportunities for collaboration). Positive relationships include the ability of consultants to establish trust and make connections with providers, families and children.

It is important to note the dynamic interaction between these two catalysts, as well as the ongoing developmental processes inherent within these two elements. For example, consultants can help consultees enhance their readiness for consultation through building and strengthening relationships. Building relationships and facilitating the journey to readiness are cornerstones of consultation.

Duran, F., Hepburn, K., Irvine, M., Kaufmann, R., Anthony, B., Horen, N. & Perry, D. (2009) *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs*. Washington, DC: Georgetown University Center for Child and Human Development.



Slide 15.

SCENE 1 ... TAKE...

Divide the large group of participants into smaller groups of 5-10 people. Ensure the scenes (Handout 2) are printed back to front with Take 1 on the front and Take 2 on the back. Pass out a Scene (Handout 2) to each small group. Instruct participants not to flip the paper over to the back side until they are instructed to do so.

There are six scenes total. Consider offering three different scenes at a time so that likely there are a few groups that have the same scene. In other words, select three scenes out of the six that most resonate with your audience. Using all six scenes may become too many to report out during large group report out time. Note that half of the scenes represent programmatic consultation and half of the scenes represent child/family focused consultation. Consider ensuring whichever three scenes you chose that there is a mix of programmatic and child/family scenes represented.

Have participants read their scene/Take 1. Instruct participants to decide what type of consultation they think it is i.e. programmatic or child/family. Next participants should brainstorm some ideas about the role of the mental health consultant in the situation.

After the group has developed their thoughts about what the mental health consultant might do, have a representative from each table summarize their scene, share the type of consultation they believed it is. Have any groups who had the same scene offer any additional ideas or thoughts on the scene.

After the large group report outs have participants turn the paper over and read Take 2. Encourage participants to compare and contrast their own answers with the Take 2 provided.

The purpose of this activity is to help participants understand the difference between child/family consultation and programmatic consultation. Additionally, participants can practice imagining how the consultant can best be used in various real life scenarios.

Typically most consultation situations involve a mix of child/family consultation and programmatic consultation.

Scene 1: Dr. Stuart—Programmatic

Scene 2: Ms. Jones—Programmatic

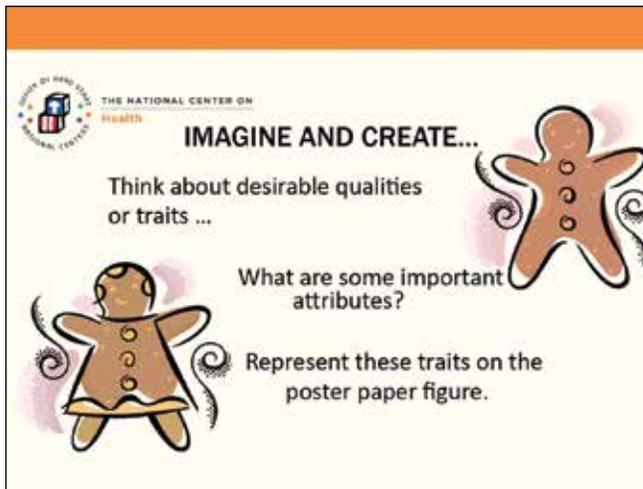
Scene 3: Dr. Pryor—Programmatic

Scene 4: Mr. Adams—Child and Family Centered

Scene 5: Dr. Gregory—Child and Family Centered

Scene 6: Ms. Raven—Child and Family Centered

Hepburn, K. S., & Kaufmann, R. K. *A Training Guide for the Early Childhood Services Community*. DHHS Pub. No. CMHS-SVP0152. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005. <http://store.samhsa.gov/shin/content//SVP07-0152/SVP07-0152.pdf>



Slide 16.

Imagine and Create...

Have participants work in their small groups to draw and create their ideal mental health consultant. Encourage participants to use markers, crayons, pictures, words, and creativity to note the qualities, attributes, and traits of an ideal early childhood mental health consultant. For a modification to the exercise, participants can also use sticky notes to place on a single chart paper in front of the room.

Another optional training activity is to have participants think about a quality or trait that they believe is the most important for a consultant to have; have each participant share their quality or trait with the other participants at the table; compare and contrasts; what are the similarities and differences; discuss in your group why you chose the quality you chose

The purpose of this activity is to have participants think about the qualities, skills, and attributes that they believe are most important to having a highly effective early childhood mental health consultant.



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The Effective Consultant: Qualifications & Characteristics

- Education/Knowledge
 - Masters degree in a related field, e.g., social work, psychology
 - Core content knowledge
- Respectful
- Trustworthy
- Open-minded/non-judgmental
- Reflective
- Approachable
- Good listener
- Compassionate
- Team player
- Flexible
- Patient

Slide 17.

The Effective Consultant: Qualifications & Characteristics

It is important to recognize that no single consultant will possess all of the skills and qualities discussed here. Every EHS/HS program should already have a consultant in place that may or may not match with the knowledge, skills, characteristics and experience that you might ideally desire. Reviewing these areas of ideal characteristics, skills, knowledge and expertise with your consultant can help identify where you want to work towards. Reviewing the knowledge, skills and expertise of consultants can help guide your conversations with the consultant—one of the biggest pitfalls in programs engaging in consultation is not having conversations about what is needed in the program and what the expectations of the program and the consultant are.

Characteristics are more important than a specific knowledge base, type of degree (Masters), or exact expertise. Consultants who have the qualities that allow them to build trusting relationships with staff and families can learn about the specific content areas as necessary. Many HS programs have a hard time finding consultants with expertise in group care and/or in working with very young children (especially infant toddler expertise). While it is critical that an ecmh consultant learning about working with young children, the EHS/HS program has expertise in early childhood—the EHS/HS program can train them in the area of group care regulations; they can learn about child development. The most important aspect of finding a early childhood mental health consultant is finding someone that families and staff can trust.



Slide 18.

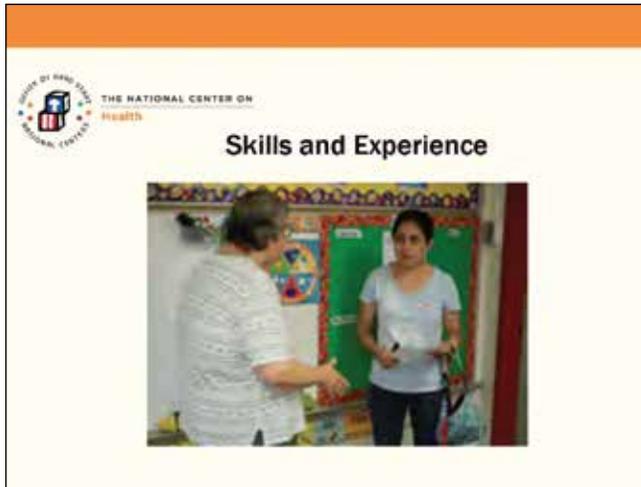
Consultant Knowledge

Review and highlight various areas of knowledge of effective early childhood mental health consultants.

The themes of understanding culture and engaging families are highlighted as critical areas of knowledge for early childhood mental health consultants.

Early childhood mental health consultants need to be familiar with treatment alternatives. Many families and staff may not be open to referrals for traditional therapy approaches – it is important that the consultant be open to trying and/or referring families for alternative strategies and have the flexibility to approach concerns from different angles.

Adult learning principles are another critical aspect of the mental health consultant's knowledge. Mental health consultation is about building the capacity of staff and families. Consultants need to understand how adults learn; e.g. it is not realistic to expect parents or staff just to do something new if they have never done it before. Learning new strategies and trying new approaches takes time. Early childhood mental health consultants can use their knowledge of mental health to understand how to build relationships with adults and how to foster and encourage adults to adopt or modify the way they work with young children. It is also helpful if mental health consultants can see situations from a family systems or a systems perspective. Mental health consultants can help staff or parents to understand the role each person plays in how information is shared and communicated.



Slide 19.

Skills and Experience

In addition to characteristics and the knowledge base of a consultant, the consultant's skills are also very important.

Early childhood mental health consultants are most effective when they have the ability to:

- Work in group settings—working in group settings is very different than sitting in an office with one child or one parent every hour
- Observe, listen, interview and respectively assess children, relationships and situations
- Be sensitive to community attitudes and strengths
- Be culturally competent
- Respect diverse perspectives
- Communicate effectively
- Be familiar with interventions and treatments appropriate for the population (i.e. developmentally appropriate, appropriate for the ethnic and linguistic population, etc.)
- Provide evidence based strategies for promoting and addressing young children's social emotional development



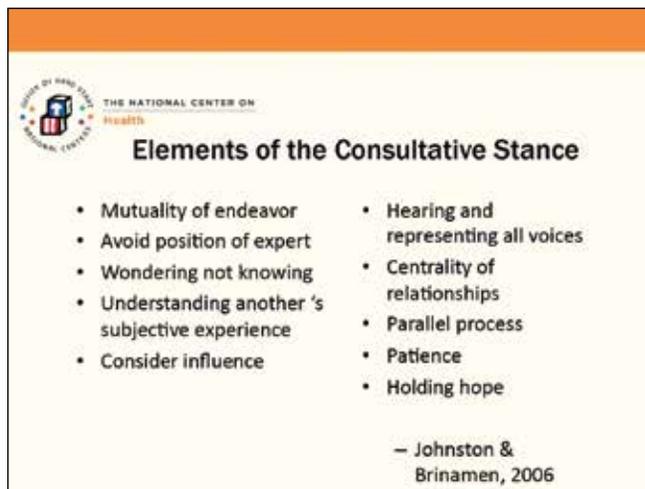
Specialized Experience

- Separation and loss
- Substance abuse
- Maternal depression
- Abuse and neglect
- Teen motherhood
- Working with fathers
- Early childhood mental health including:
 - Aggressive behavior
 - Internalizing behavior
- Medical concerns including:
 - Prematurity and low birth weight
 - Failure to thrive
- Developmental delays including:
 - Speech and language
 - Learning
 - Developmental disabilities

Slide 20.

Specialized Experience

Every EHS/HS is unique because every community is unique. Different programs and even different centers may need a unique set of skills or expertise. Some programs may benefit from a consultant with a strong focus on substance abuse. Some programs may want a consultant who has deep expertise in behavior management. Again, no one consultant has expertise in every area. Each consultant can bring their own expertise and perspective to benefit the program. The mental health consultant can support the program to develop strong partnerships with community mental health so that the mental health consultant can facilitate successful referrals for families when needed.



Slide 21.

Elements of the Consultative Stance

One of the distinguishing features of I/ECMCH from other types of support (i.e. such as coaching, supervision, teaching, etc.) are the elements of the consultative stance. Johnson and Brinamen, 2006, identified 10 elements of the consultative stance. The consultative stance refers to qualities and characteristics of how consultants are or how consultants behave in relationships with others.

Highlight a few of the bulleted elements (Adapted from Johnson and Brinamen):

- **Mutuality of endeavor**—The consultant demonstrates an attitude that ‘we are in it together’. Everyone’s expertise is valued as important in problem solving. This element very much relates to “avoid the expert position”; e.g. the consultant does not have a magic wand to fix the situation but works together with who know the child well.
- **Avoiding the position of expert**—The consultant does not see herself as an expert with all the answers. Instead the consultant sees herself as a collaborator in exploring ideas together.
- **Wondering not knowing**—“I wonder what might happen if we tried ignoring that behavior or teaching John a word or sign when he gets angry” or “I wonder what Julie is thinking or experiencing when she is crying for so long?”... -we don’t assume we know but rather together we try to imagine or understand what might be happening
- **Understanding another’s subjective experience**—The consultant empathizes with another’s perspective or situation. The consultant is able to put herself in the child’s shoes, in the parents shoes, and in the staff member’s shoes—trying to imagine what it is like for them.
- **Consider influence**—The consultant considers the context that may influence the consultee. For example, the organizational culture, program philosophies, program policies and procedures, regulations, peers and co-workers, and the consultee’s own background, values, and beliefs all can have an impact on the consultee’s behavior.

Slide 21. Elements of the Consultative Stance continued

- **Hearing and representing all voices**—The consultant elicits information, hearing and voicing perspectives equally (especially the child’s), and facilitates cooperation and collaboration.
- **Centrality of relationships**—One of the most important aspects of consultation is the relationships the consultant builds with individuals she works with. These relationships include: the relationship between the consultant and parents; relationships between the consultant and admin/leadership; the relationship between the consultant and staff; etc.
- **Parallel process**—The consultant takes the perspective that all relationships influence one another, and a positive experience in the relationship between the consultant and the early care and educator, positively influences the relationship between the early care and education provider and the children in his or her care and their families.
- **Patience**—The consultant anticipates and takes the time to uncover, understand, and influence change, managing the pace of the collaboration between the consultant and the consultee(s).
- **Holding hope**—The consultant believes in caregivers, families, and children and their capacity to grow, change, and be more effective.

Johnson and Brinamen, (2006), *Mental Health Consultation in Child Care: Transforming Relationships with Directors, Staff, and Families*



Roles and Responsibilities

- Support staff in addressing individual challenges that effect work
- Provide crisis stabilization
- Work with families on resolving behavioral challenges
- Refer when indicated

Slide 22.

Roles and Responsibilities

Early childhood mental health consultants have a variety of roles and responsibilities. They support staff in addressing individual or group challenges that impact their work. A couple of examples of these challenges may include providing crisis stabilization after a natural disaster or a community incident and working with families and other care providers to resolve or reduce a child’s challenging behavior. It is critical that the consultant form relationships with providers in the community. Mental health services provide on-going treatment/counseling services—a role that the consultant does not provide. Connecting families with community mental health services can ensure that they have a connection in the community even after they leave HS.



Slide 23.

Getting Off to a Good Start

Getting off to a good start is critical in developing and maintaining effective I/EMCHC. Role confusion is a common pitfall. Often the Director thinks that the consultant will know what to do. Often the consultation is designed the way that consultants have always done things in the program simply b/c that is the way they have always been done. Frequently, the consultant is unaware of the Head Start Program Performance Standards that describe requirements related to mental health services for children, families, and staff in EHS/HS.

A mental health consultant and a program Director or Manager should work together to develop a MOU, contract or job description outlining the specific activities of a consultant. The MOU should be reviewed multiple times throughout the year to determine how the consultation is progressing and to modify the MOU or contract or job description as needed based on the needs of the program, the ideas of the staff and the ideas of consultant

Widespread communication with ECE staff and families helps to ensure mental health consultation is successful. Communication strategies might include: posters, back to school/family night presentations, flyers in cubbies, teacher trainings or staff meetings, talking about consultation at new staff orientation, talking about consultation at and parent orientation.

Program-level accommodations such as: having floaters, providing updates about consultation on staff meeting agenda, and providing invitations and notification of activities all help to integrate I/ECMCH into the operation of the EHS/HS program.

Refer to ecmh.org for sample agreements and contracts between mental health consultants and early childhood programs.



Slide 24.

Successful MH Consultation

There are many additional elements that make mental health consultation successful.

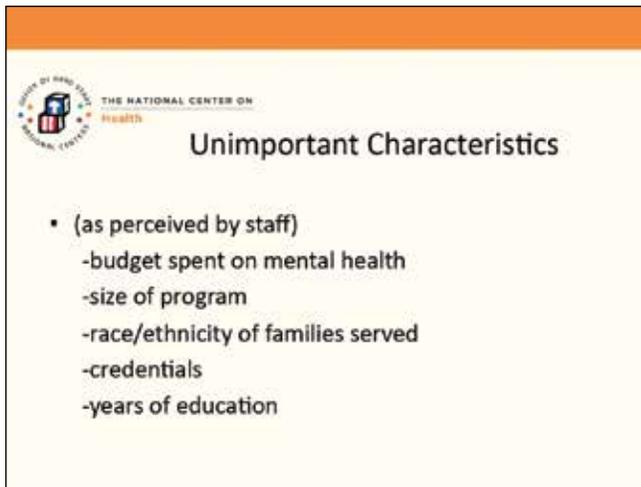
In 2002 Beth Green and colleagues at Portland State University conducted a nationally representative survey of over 950 Head Start program directors, mental health coordinators, mental health consultants, teachers, and parents to collect data to determine the most important characteristics of mental health consultants and the most effective services that mental health consultants should provide.

<http://npcresearch.com/wp-content/uploads/Characteristics-of-Effective-Mental-Health-Consultation.pdf>

One of the interesting findings of their study was that successful mental health consultation was not based on the amount of money a program spent on consultation.

Getting Your Money's Worth: What Early Childhood Director's Should Know About Working with Mental Health Professionals

http://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1100&context=socwork_fac



Unimportant Characteristics

- (as perceived by staff)
 - budget spent on mental health
 - size of program
 - race/ethnicity of families served
 - credentials
 - years of education

Slide 25.

Unimportant Characteristics

According to the Green study, other characteristics of mental health consultation perceived to be unimportant to staff included:

- the budget spent on mental health
- size of program
- race/ethnicity of families served
- credentials of the consultant
- years of education of the consultant

In other words, paying a large sum of money for consultation services does not predict high satisfaction or effectiveness of the consultation. Neither the size of the program nor the ethnicity of the families made a difference in terms of whether or not the mental health consultation was effective. Additionally, the specific credentials of the consultant i.e. whether she is a licensed social worker, licensed psychologist, or a certified counselor (or some other discipline) were not related to how effective the consultant was perceived to be. Finally, while it is important that the mental health consultant have at least a masters degree, the number of years of education that the consultant had was not predictive of consultation success.



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Mental Health Consultation is Effective When:

- consultants engage in both family and child consultation and program level consultation
- program level consultation may be getting more “bang for the buck”
- integrated into day-to-day
- “part of the team”

Slide 26.

Mental Health Consultation is Effective When

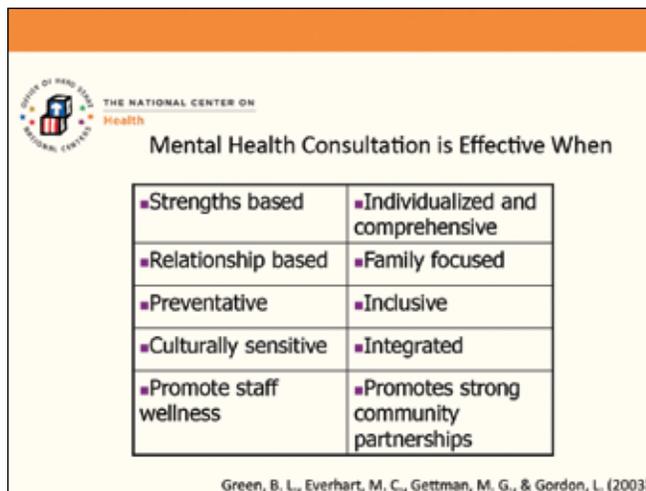
In Green, et. al, a number of elements that contribute to the effectiveness of the mental health consultation were identified.

These elements include:

- consultants engage in both family and child consultation and program level consultation
- program level consultation may be getting more “bang for the buck”
- integrated into day-to-day
- “part of the team”

There is an excellent short article outlining this information titled, *Getting Your Money’s Worth: What Every Early Childhood Director Should Know about Working With Mental Health Professionals*. See Handout 3.

Green, B. L., Everhart, M. C., Gettman, M. G., & Gordon, L. (2003). *Mental health consultation in Head Start: Selected national findings. (Mental Health Services Survey report)*. Portland, OR: Portland State University, Research and Training Center on Family Support and Children’s Mental Health.



THE NATIONAL CENTER ON Health Promotion and Disease Prevention	
Mental Health Consultation is Effective When	
■ Strengths based	■ Individualized and comprehensive
■ Relationship based	■ Family focused
■ Preventative	■ Inclusive
■ Culturally sensitive	■ Integrated
■ Promote staff wellness	■ Promotes strong community partnerships

Green, B. L., Everhart, M. C., Gettman, M. G., & Gordon, L. (2003)

Slide 27.

Mental Health Consultation is Effective When

The Green study also identified ten critical elements to successful mental health consultation.

Strength based: identifies what is working well; identifies and reflects on the unique positive characteristics and accomplishments of children, families and staff

Relationship based: focuses on the centrality of the relationships in the child's and family's life; places great value on working to create positive nurturing relationships

Preventative: provides strategies to promote social emotional development and positive relationships; to prevent mental health problems from developing and/or to reduce the severity of mental health concerns (or problem behavior) in the event that mental health concerns may be present;

Culturally sensitive: being aware of one's own cultural influences (i.e. one's own values, beliefs and assumptions) and recognizing and valuing other cultural perspectives

Promote staff wellness: understands the importance of creating a workplace culture or climate that promotes staff well being

Individualized and comprehensive: consultation is matched to the unique needs of staff, families and children

Family focused: sees the family as the most important influence in the child's life; values the expertise of the family

Inclusive: appreciates the benefit of diversity; welcomes and provides service to all children, families and staff

Integrated: consultation is embedded into the regular operation of the early childhood program and is seen as integral to the comprehensive services offered

Promotes strong community partnerships: strong linkages are made with community mental health and social service agencies to ensure families receive services within the community that best meet their needs.

Two "best practices" particularly important to high outcomes related to the mental health professional

- Family Focus/Parent Involvement
- Cultural Sensitivity



**THE NATIONAL CENTER ON
Health**

Mental Health Consultation is Effective When

The consultant has:

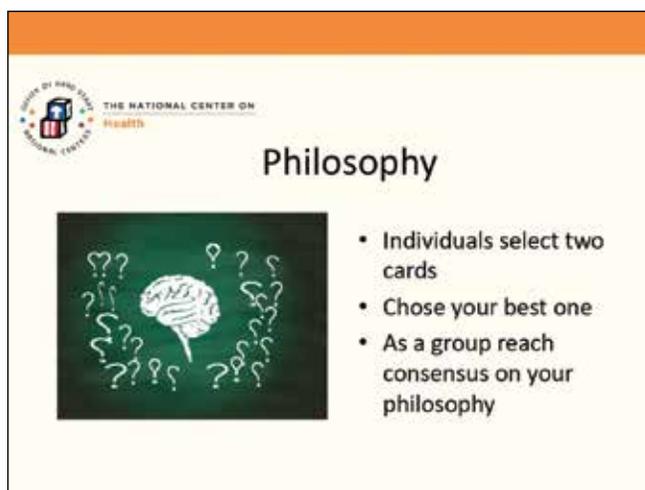
- experience with young children and families with low-incomes
- a long term commitment to the program
- an approach consistent with program's philosophy and best practices

Slide 28.

Mental Health Consultation is Effective When

A few additional elements that are strongly correlated with effective mental health consultation include insuring the consultant has:

- experience with young children and families with low-incomes
- a long term commitment to the program
- an approach consistent with program's philosophy and best practices



Slide 29.

Philosophy

Prepare for the activity by copying Handout 4 and cutting the statements into individual cards.

Divide the large group into smaller groups of 6–10 people. Provide each group with a set of cards. Without looking at the cards (i.e. you could spread them all out face down or just select cards from the pile) each person should select 2 cards. Read the two you have to yourself then select the one that you agree with most. You can trade cards if you don't have one you like or you agree with. Once you have a card you like or agree with, share it with others at your table. Next, the group needs to reach consensus on one card/philosophy they most agree with. There may be many that you agree with but your challenge is to pick one.

Each card represents diverse, and sometimes extreme, beliefs, values, and philosophies about mental health. These thoughts on the cards are meant to stimulate discussion.

After groups have had a chance to reach consensus, ask for representatives of the smaller groups to share their philosophy with the full group of participants. Ask representatives to talk about the process they used to reach consensus. Explain that likely

many professionals in their programs have different philosophies about mental health. It may be useful to engage in a similar exercise in centers and/or EHS/HS programs. It is important to understand all others' views on mental health so that the consultant can help a program work towards one shared philosophy on mental health.

Why spend time coming to consensus on the philosophy/beliefs?—Program philosophy/beliefs drive what the consultant will be engaged in. For example, if the philosophy/belief/about mental health is about challenging behavior—it will be critical to ensure that your consultant has experience or obtains up to date training on supporting children with challenging behavior

The philosophy exercise mirrors what often happens in programs everyday. In other words, each person i.e. parent, staff member, consultant has her own beliefs, philosophies, ideas, values, and approaches to early childhood mh services. Reaching consensus can be challenging but the conversations are very important.

Reflection questions might include:

- How often do we talk about our philosophies?
- How do we ensure that staff are all on the same page with regard to early childhood mental health services?
- How does your program philosophy drive the consultants activities?

Choosing a philosophy that is too narrow can limit the range and scope of what services are available to children, families and staff. Each program and sometimes various centers or home visiting communities are unique. What is needed in one area may be different than what is needed in another. It is important to choose the most important/desirable elements for your program.



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Health**

Create a Want-Ad

We are Hiring!

- Use your philosophy to create a want-ad for the perfect consultant
 - Knowledge, experience, skills, duties to perform, attributes

Slide 30.

Create a Want-Ad

Ask participants in small groups to develop a “want ad” for the ideal mental health consultant. Encourage the group to use their philosophy to drive their ad. Encourage participants to include: knowledge, experience, skills, characteristics/attributes and tasks in their want ad.

- Have groups report out.
- Ask groups how their ad reflects their philosophy?
- Ask participants if there are there any qualities, skills, knowledge, attributes that are unique to individual program’s needs?
- Note differences or similarities between groups’ want ads.



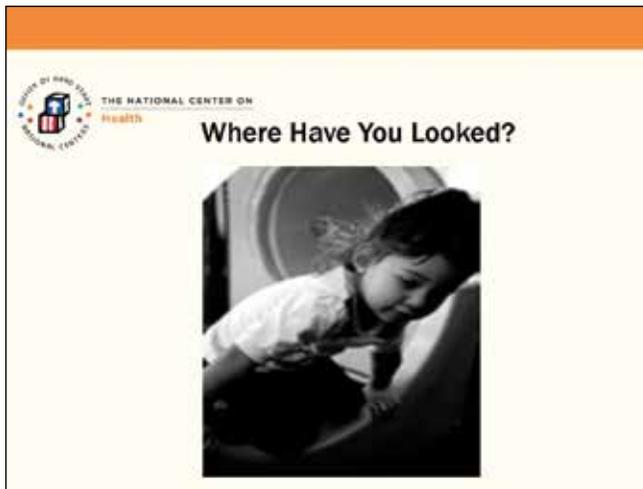
Slide 31.

Finding a Consultant

Finding a consultant can be a challenge—The previous activity highlighted that we all want the superstar consultants for every EHS/HS program.

We want consultants who understand the culture of our families, speak the language of our families, understand the experience of living in poverty, understand trauma, understand substance abuse and infant development and can work flexible evening hours. Sometimes just finding a consultant, any consultant, can be challenging.

Ask participants how they have found the consultants that they have. Explore any creative ways programs have recruited consultants.



Slide 32.

Where Have You Looked?

The National Center on Health has developed a resource titled Finding a Mental Health Provider for Children and Families in Your Early Head Start/Head Start Program. The resource can be found on the ECLKC at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/finding-a-mental-health-provider.pdf>.

A few suggestions for where to advertise or look for early childhood mental health consultants include:

- Local community mental health center/s or agencies
- The state children’s mental health director
- The liaison to the state chapter of licensed psychologists
- The (Individuals With Disabilities Act [IDEA]) Part C or 619 coordinator
- Department leaders at university schools of social work, child psychiatry, psychology, and special education
- National Association for Social Workers or American Psychological Association

Have a mental health provider from the community on the policy council or health advisory committee that can get to know the needs of children and families in your program. This can help them to provide more intentional linkages to outside resources.

Consider forming a mental health services advisory committee—as part of your health advisory committee or as a stand-alone group.

Visit the Substance Abuse and Mental Health Services Administration link that can help identify local providers by zip code and type of provider (Substance Abuse and Mental Health Services Administration): <http://www.samhsa.gov/treatment/>

Grow your own- partner with colleges or universities that have social work, counseling, or psychology programs and host interns. Keep in mind that when you are serving as an intern site there needs to be a licensed mental health professional that has a relationship with your program that can supervise the intern/s. One benefit of having interns is that it increases the number of teachers, children and families that can access mental health consultation. One drawback to having interns is that they rotate every semester or every year so it is critical that there be at least one licensed mental health professional to provide some ongoing consistency (even minimally) to the program.



Slide 33.

Delivering High-Quality Services

Green, B.L., Simpson, J., Everhart, M.C., Vale, E., & Gettman, M.G. (2004). Understanding integrated mental health services in Head Start: Staff perspectives on mental health consultation. *NHSA Dialog*, 7, 35-60.

Some additional tips and strategies to delivery high quality mental health consultation:

DO

- Ask the Early Childhood Mental Health Consultant (ECMHC) to provide regular training to staff.
- Ask the ECMHC to visit classrooms frequently.
- Provide staff with guidance around how to contact the ECMHC if needed.
- Ask the ECMCHC to meet with staff regularly and informally, to provide suggestions about particular children and general strategies for supporting all children.

- Consider asking the ECMHC to participate in management team processes.
- Involve the ECMHC in helping to develop a formal mental health vision.
- Involve the ECMHC in staff support, supervision, and emotional wellness efforts.
- Make sure parents know the MHP.
- Ask the ECMHC to provide parent trainings and orientation, and to attend Head Start family events.
- Make sure ECMHC has an attitude of collaboration with staff and families.
- Seek a long-term relationship with a ECMHC having proven child expertise.
- Try to have a an “in-house” ECMHC providing services.

DON'T

- Put up many barriers or gatekeepers to staff direct access of the ECMHC.
- Hire a community clinic and get “rotating” ECMCHC. Seek continuity.
- Limit your consultant’s role to providing child-focused direct service.
- Assume your ECMHC knows “what to do” to support staff and parents. Be clear about expectations and roles.
- Assume staff know when and how to interact with the ECMHC. Provide training and encourage communication.
- Despair! (Do remember that relationships are critical to consultation and Do’s and Don’ts For Integrating Early Childhood Mental Health Consultants are useful)



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Health

Delivering High-Quality Services

- Include both types of consultation
 - **Child/family-centered consultation:**
Focuses on a particular child with challenging behavior and/or the family of that child
 - **Programmatic consultation:**
Focuses on a general program or classroom issue that impacts the mental health of staff, children and/or families

Cohen & Kaufmann, 2000

Slide 34.

Delivering High-Quality Services

“...research suggests that while both of these strategies can work well, programs that utilize mental health professionals to provide program-level consultation may be getting “more bang for the buck” than those who provide primarily individual-level, child-focused consultation. High levels of either type of service were associated with perceptions of positive outcomes for children. However, only program-level consultation at a high level was also associated with more positive perceptions of staff well-being. In fact, we found that the effect of program-level consulting on child outcomes was due entirely to its influence on staff’s ratings of items such as: level of confidence with difficult children, job satisfaction, organizational support, and emotional wellbeing. Thus, we found that consultants who work more broadly to support program quality also support staff in feeling better about their jobs, and that these staff, in turn, may be better able to successfully work with children with challenging behaviors. On the other hand, as might be expected, providing direct services to children does lead to positive child outcomes but staff miss out on some benefits.”

Green, B., et al. *Getting Your Money’s Worth: What Early Childhood Directors Should Know about Working with Mental Health Professionals*, Focal Point: A national bulletin on family support and children’s mental health: Partnering with Families, 18(1), Summer 2004. <http://www.pathwaysrtc.pdx.edu/pdf/fpS0403.pdf>

Strategy Examples	Classroom-Based Strategies	Specific Examples
	Improve classroom functionality Promote social skills Improve transitions	•Rearrange furniture to get rid of "run ways" •De-clutter the classroom to cut down on overstimulation •Introduce social stories or "feelings" books that teach social/emotional concepts and skills
Home-Based Strategies		Specific Examples
Support positive behavior support practices Help parents meet children's specific social/emotional needs	•Explore setting limits and boundaries •Post visual reminders around the home •Create a "time-in" space for child to calm him/herself	•Create photo books to help children with attachment issues •Promote children's understanding of caregiver permanence through games like peek-a-boo


 THE NATIONAL CENTER ON HEALTH
 Excerpted from *What Works?* – Table 5, page 73

Slide 35.

Stategoes Examples

This is an excerpt from a publication titled, *What Works: A Study of Effective Early Childhood Mental Health Consultation Programs*. The *What Works* Study was conducted in 2009 by Georgetown's Center for Child and Human Development.

This study explores the following key questions:

What are the essential components of effective mental health consultation programs?

- What are the skills, competencies, and credentials of effective consultants?
- What are the training, supervision and support needs of consultants?
- What level of intervention intensity (i.e., frequency and duration) is needed to produce good outcomes?
- Which outcomes should be targeted and how should they be measured?

The study also reports on the extent to which consultation efforts are occurring nationally and provides a series of recommendations generated by experts in the field to guide policymakers/funders, early childhood mental health consultation providers, early care and education program administrators, and researchers/evaluators.

This excerpt offers examples of goals for the classroom and/or home that a consultant and a teacher or parent may develop collaboratively. For example, working with a mental health consultant, parents might decide that they want help meeting their child's social or emotional needs. In this case the parents and the consultant focused on activities to help the parents and child enhance their attachment. Together the consultant and parent can brainstorm activities to promote the parent/child attachment. Some examples or concrete activities include: creating a photo book with family pictures that the child can look at and/or playing peek-a-boo are listed so parents have specific ideas about things they can do. Similarly, there are examples of classroom based goals and strategies. Early childhood mental health consultation is most effective when it is goal oriented and the strategies discussed are specific. Both the consultant and the teachers/parents need to understand what they are working towards and what kinds of activities help to reach the goals.



Slide 36.

Tips on High-Quality Service Delivery

The following tips on high quality service delivery in early childhood mental health were collected from the What Works Study. These tips are consistent with other research and evaluation efforts of early childhood mental health consultation in Early Head Start and Head Start (e.g. Beth Green's article: Characteristics of Effective Mental Health Consultation in Early Childhood Settings: Multilevel Analysis of a National Survey in Topics in Early Childhood Special Education <http://npcresearch.com/wp-content/uploads/Characteristics-of-Effective-Mental-Health-Consultation.pdf>)

Getting Your Money's Worth: What Early Childhood Director's Should Know About Working with Mental Health Professionals http://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1100&context=socwork_fac

- **Strong service initiation process:** Several practices help the consultation services to begin with a good start. These include: clear communication between all involved about what the consultation provides, the roles and responsibilities of all parties and what is expected from each partner in the collaborative process. A successful

communication strategy delivers information about mental health consultation in many ways. A few ways to introduce the consultant to parents and staff may include:

- having the consultant attend parent meetings to introduce themselves;
- describing the consultation services at new staff orientation and parent orientations;
- having the consultant facilitate professional development trainings for staff and/or parent workshops;
- hosting meet and greet the consultant coffee hours;

In a successful initiation process:

- the consultant recognizes that she is entering others space
- The consultant avoids the "expert stance"
- Conveys an attitude of "I'm here to help"

Collaboration: The goal of collaboration is for both the consultant and the recipients of consultation to feel they are all working together towards the same goals of helping a child or family.

Family involvement: Engaging families is particularly critical for the child/family consultation to be effective. Families know their child best and can provide necessary insight into their child's behavior and life circumstances that may be impacting the child's behavior.

Cultural and linguistic competence: In order to establish a strong relationship with the recipients of consultation consultants need to understand their own cultural perspectives as well as those of those they are working with.

Individualization of services/strategies: It is important that consultation be tailored to the unique needs, strengths, and values of each provider family. There is no "one size fits all" approach to consultation services.

Consistency across classroom and home: To maximize the impact of consultation services the strategies and goals should be shared across settings i.e. home and classroom.

School readiness begins with health!



**Tips on High-Quality
Service Delivery (cont'd)**

- Utilization of hands-on, practical materials
- Consistency in consultants
- Availability of consultants
- Integration of consultant into program routines and operations
- Facilitation of ECE program requirements and goals

Slide 37.

Tips on High-Quality Service Delivery (con'd)

Other components of high quality services include:

Providing hands-on practical materials:

Both parents and teachers appreciate having materials that are ready and easy to use.

Consistency in consultants: Consultants who are available over time have the opportunity to build meaningful and lasting relationships contributing to consultation effectiveness

Integration of the consultant: Consultants are most successful when they are fully integrated into the regular operation of the program. Consultants who are integrated into the program routines and operations engage in the following activities: attend staff meetings; attend and/or provide professional development trainings; are present frequently and at different times of the day, attend parent gathering such as: parent meetings, group socializations, home visits, etc.; are available to greet families and drop off and pick-up; meet with the leadership/management of the program; attend case conferences; and/or provide reflective supervision

Facilitation of ECE program requirements and goals: Successful consultants are familiar with the relevant ECE requirements related to the program. For example, consultants in EHS/HS should be familiar with the various Head Start Program Performance Standards and well as the outcome frameworks related to school readiness. Consultants should also be familiar with state licensing requirements and initiatives i.e. such as a states' early learning guidelines. All consultants should be familiar with the individual programs policies and procedures to ensure their approach is in alignment with the program's goals and procedures.



**Head Start Performance Standards
1304.24(a)(2)**

- “secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health; and...”

Slide 38.

Head Start Performance Standards 1304.24(a)(2)

There are a number of Head Start Program Performance Standards related to mental health consultation. When reviewing this standard it is helpful to understand that the grantee determines what is a “sufficient frequency”. In other words, there is no set number or minimum number of mental health professional service hours required. Each grantee must determine whether or not they believe they have a sufficient frequency of mental health professional hours based on the needs of their own children, families, and staff. One way to determine if the schedule of services is sufficient is to determine if the services are timely and effectively identifying and intervening in concerns about children’s mental health. All staff and parents should be aware of the availability of the mental health consultant and the role he or she plays in the program. Staff should be familiar with the process for accessing the services of a mental health professional.



**Head Start Performance Standards
1304.24(a)(2)**

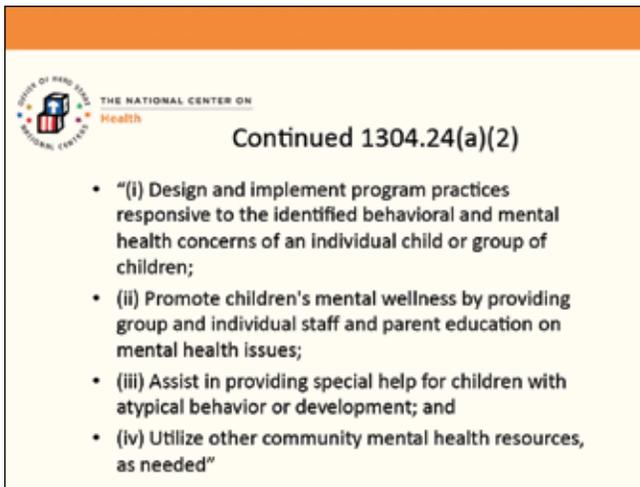
- “Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to:...”

Slide 39.

Head Start Performance Standards 1304.24(a)(2)

Mental health program services must include a regular schedule of on-site mental health consultation. This means the schedule must be predictable and staff and parents should know how and when they can access the mental health consultant. A model of “on-call” consultation i.e. calling the consultant when/if needed would not meet this standard.

A common myth about mental health consultation in EHS/HS is that the consultant must conduct “general mental health observations” in every classroom twice a year. While classroom observations are often a common activity of mental health consultants, there is no Head Start Program Performance Requirement that specifies the consultant must observe in every classroom. EHS/HS programs have significant flexibility regarding how to design the consultation services. Observations in every classroom may not necessarily be the best use of limited resources for consultation. There may be some classrooms that might be more “ready” for consultation than others. There may be some classrooms that may be more in need of consultation services than others. In either the center based or home based options, EHS/HS programs can use the resources and guidance available (see resources list Handout 4) to determine the best use of mental health consultants.



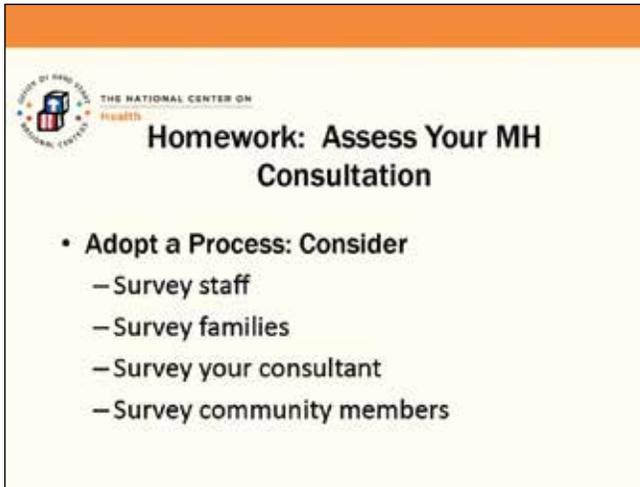
Slide 40.

Continued 1304.24(a)(2)

Consultants may provide informal and/or more formal professional development, consultation and/or training to staff and parents. Mental health related topics for staff education might include topics such as: social emotional developmental milestones; building positive relationships with children and families; supporting children with challenging behavior; understanding temperament; stress management and self care; understanding trauma and resilience; understating depression; etc. Parents may also appreciate similar topics for training and education such as: promoting positive attachments; positive discipline; taking care of yourself; the impact of trauma and supporting resilience; etc.

Mental health consultants can be instrumental in providing consultation, support and guidance related to children with atypical behavior. Mental health consultants can observe children in the classroom, work with staff and families to develop individual plans for children, model specific strategies in the class and/or in the home, work with families to enhance routines and relationships, etc.

Using other community mental health resources is critically important. Making connections for families within the community engages them with services that meet their unique needs. These services can also assist families beyond the length of time the family may be involved with EHS/HS. Mental health consultants can assist EHS/HS programs to develop strong partnerships with community mental health services and social services to enhance the services EHS/HS families receive. The mental health consultant can be a catalyst to develop or enhance mental health services in the community that meet the needs of very young children.



**THE NATIONAL CENTER ON
Health**

**Homework: Assess Your MH
Consultation**

- **Adopt a Process: Consider**
 - Survey staff
 - Survey families
 - Survey your consultant
 - Survey community members

Slide 41.

Homework: Assess Your MH Consultation

It is important for EHS/HS programs to reflect on how their mental health consultation services are designed. An important question for each EHS/HS program to answer is, “How do you know if your mental health consultation is sufficient to meet the needs of your children, families and staff?” An EHS/HS program may want to consider providing a survey for staff, families, the consultant/s, and/or community members to explore effectiveness of the mental health consultation.

At times mental health consultation in EHS/HS is designed based on “the way it has always been done” A survey, focus group, group meetings or individual meetings with staff and families can also help guide strategies to improve consultation services.



Quick Survey Tools

- *How is the Mental Health Consultation in the Program? Survey for Families*
- *How is the Mental Health Consultation in the Program? Survey for Staff*
- *Assessing Your Program's Early Childhood Mental Health Consultation: How Do you Know if your Mental Health Services are Effective?*

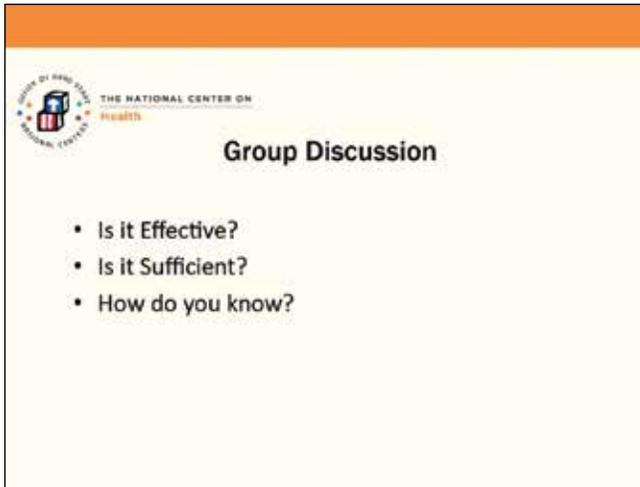
Slide 42.

Quick Survey Tools

The National Center on Health has developed a number of surveys to help EHS/HS programs answer questions. There is a survey developed to give to families titled “How is the Mental Health Consultation in the Program?” and there is a similar survey with the same title targeted to staff.

A third survey, *Assessing Your Program's Early Childhood Mental Health Consultation: How do you Know if your Mental Health Services are Effective?* has been developed for Directors and/or Program Managers.

These are quick surveys that programs can use to help to determine the effectiveness of their program's current mental health consultation. Program's can use the results to guide any needed changes to their consultation services to best meet the needs of the children, families and staff. These surveys are included as Handouts 7–9.



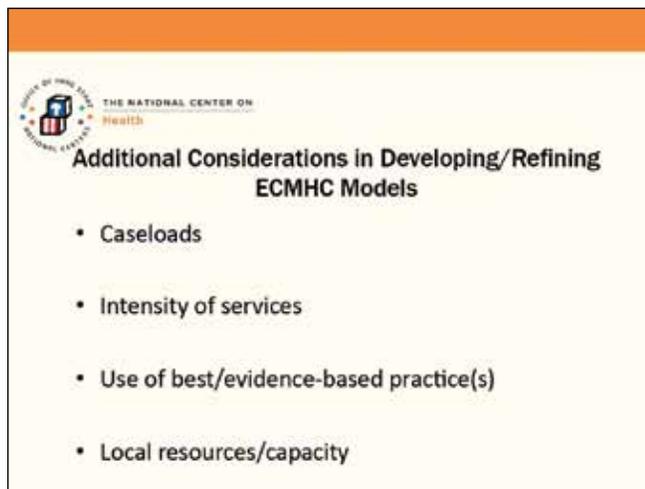
Slide 43.

Group Discussion

Have participants engage in small group discussions at their tables to answer the following questions about their program's current mental health consultation services.

After participants have had an opportunity for small group discussions engage the group in a large group discussion. Ask for volunteers to share some highlights of their discussion. Supplement the large group discussion with questions such as:

- How did your program decide what the mental health consultant would do?
- How did your program decide what the mental health consultant should spend most of her time on?
- How did you find and/or establish the relationship with your current mental health consultant?



Slide 44.

Additional Considerations in Developing/Refining ECMHC Models

There are a number of additional considerations to consider when thinking about how to design the mental health consultation services. These considerations include:

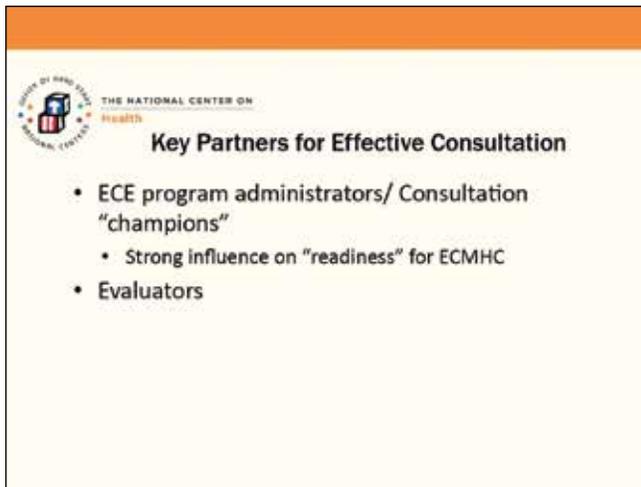
Caseloads: How many classrooms and/or home visitors does the mental health consultant provide services to? How frequently is the consultant meeting with those she is working with? How much travel is involved in visiting various centers, classrooms, or homes?

Intensity of services: How regularly is the consultant on-site? How much time does she spend when she is there? What is the consultant's availability and flexibility to accommodate additional/ new concerns? How does the consultant and/or parents and staff know if the consultation has met its objectives? Is consultation on-going or does the consultant move on to work with other staff and/or other aspects of the program? How is the consultant available to all who may need the services? What is the process for determining the intensity of the services?

Use of best/evidence based practices:

Is the consultant familiar and/or trained in various evidence based practices? What support is available for the consultant to stay abreast of evidence based practices and keep current on the latest knowledge and information about early childhood mental health and related topics?

Local resources/capacity: How does the consultant work to build local community capacity in early childhood mental health? What community resources are available to support families and very young children who need mental health treatment? What other resources are available in the program to support staff in the area of family services and/or children's social emotional development? How do other staff with similar roles and expertise work together with the mental health consultant to develop a service design that supplements each others work and expertise while avoiding duplication and confusion.



Slide 45.

Key Partners for Effective Consultation

Mental health consultation is most effective when key partners are on board to support the consultation.

ECE program administrators: When the EHS/HS Director is a strong advocate of the mental health consultation the consultation services are more likely to be successful. Program leaders set the tone in the program and set the priorities. When an EHS/HS Director supports mental health, staff and parents are also likely to understand its value. Directors can also help to set a foundation of readiness for consultation in the program. In other words, a program director can work to ensure elements of the EHS/HS program are in place that maximize the benefit of having a consultant. The EHS/HS Director can help to ensure: the program leadership is stable; the program has the flexibility and resources to integrate consultation into the program;

embraces a “mental health perspective” (i.e. recognition that infant and young children’s behavior must be understood within the context of development, relationships, and how environment impacts relationships; Cohen & Kaufman, 2000); and the staff is open to gaining knowledge and willing to collaborate.

Evaluators: Evaluation is a critical component of understanding the effectiveness of the program’s mental health consultation. Having an evaluator as a collaborative partner in the consultation is helpful to ensure that the data can demonstrate the impact of the consultation. Evaluators can help to determine what are the most important outcomes to measure and how to measure them. Evaluation of the mental health consultation model may look at child level outcomes such as: expulsion rates; reductions in problem behavior; increases in pro-social behavior development and increases in school readiness. Mental health consultation evaluation might also measure: family or provider outcomes such as: enhanced self efficacy; increased knowledge; reduced stress; improved interactions with children; improved attitudes about mental health; improved communications with other caregivers; etc. Finally, evaluators may also measure the impact of mental health consultation on program outcomes such as: overall increases in quality of the early education services; decreased job turnover; and improved linkages with community resources. Data showing the impact of the consultation services can help to support the maintenance of mental health consultation services and/or even potential increases in the service.



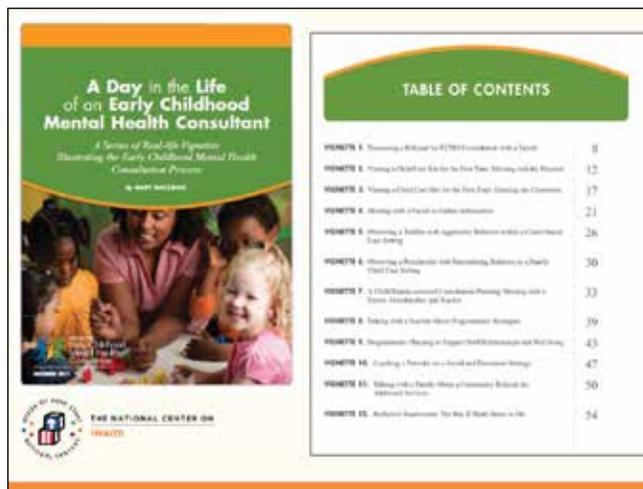
Resources

- *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs.*
<http://gucchd.georgetown.edu/78358.html>
- Center for Effective Mental Health Consultation
<http://www.ecmhc.org/>
- *Mental Health Consultation in Child Care*
(K. Johnston & C. Brinamen)
- *Mental Health Consultation in Early Childhood*
(Donahue, Falk, & Provet)

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Resources

Many useful I/ECMCH resources are listed here. Much of the information in this presentation is drawn from the *What Works: A Study of Effective Early Childhood Mental Health Consultation Programs*. Also, see Handout 10 for a more extensive resource list.



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A Day in the Life of an Early Childhood Mental Health Consultant

This is one of many resources on Center for Early Childhood Mental Health Consultation website. <http://www.ecmhc.org/> This resource offers twelve different vignettes describing “a day in the life of an early childhood mental health consultant”. The vignettes offer a wide range of examples of various activities a mental health consultant might be involved in. A couple of these examples are:

- Meeting with a Parent to Gather Information
- Talking with a Teacher about Programmatic Strategies
- Reflective Supervision: the Day it Made Sense

These along with a wide variety of other materials are available free of charge on the ECMHC.org website. These resources can be very helpful to both the consultant and those early childhood professionals working with consultants to understand the role of the mental health consultant in early childhood settings.



The slide features the logo of The National Center on Health Care Disparities (NCHCD) in the top left corner, which includes a stylized American flag and the text "THE NATIONAL CENTER ON Health". The main title "Wrap-Up Next Steps" is centered at the top. Below the title is a bulleted list of four questions.

Wrap-Up Next Steps

- What stood out for you from what you heard or experienced today?
- What excites you or concerns you about what you learned?
- Any insights from the session?
- How might you use what you heard today?

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Wrap-Up Next Steps

In small groups or as a large group ask participants the following questions:

- What stood out for you from what you heard or experienced today?
- What excites you or concerns you about what you learned?
- Any insights from the session?
- How might you use what you heard today?

Encourage participants to develop an action plan consisting of one thing he or she will follow-up on (i.e. look at the resources on the ecmhc.org or share information with one other person) or do differently as a result of the training.



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Contact us:

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