

Infant and Early Childhood Mental Health Consultation

Engaging with Families



NATIONAL CENTER ON
Parent, Family and Community Engagement

Acknowledgments

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ADMINISTRATION FOR
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NATIONAL CENTER ON
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Contents

Introduction	4
Planning for Mental Health Consultation.....	6
Defining the Role of the Mental Health Consultant	6
Determining the Frequency of Visits.....	7
Selecting the Levels of Impact for Building Capacity.....	7
Asking Reflective Questions for Each Level of Consultation	8
Supporting Staff in Working with Families.....	9
Strategies for Engaging Families	11
A Systems Approach to Supporting Staff Who Work with Families	13
Partnering with Staff and an Individual Family	18
Enhancing Professional Growth, Development, and Self-Care	19
Opportunities for Professional Growth	19
Reflective Consultation for Working with Families	20
Related Resources	21
References.....	25
Appendix: Reflective Questions for Each Level of Consultation.....	26



Infant and early childhood mental health consultants can use this resource to guide their work with early childhood professionals and families in early childhood care and education settings. This resource is appropriate for use by mental health consultants at all levels of experience and qualifications.

Introduction

Infant and early childhood mental health consultants work with program leadership, staff, children, and families to strengthen family well-being. Infant and early childhood mental health consultation (IECMHC) is most effective when it is integrated in programs—for example, in planning and service delivery.

The skills and approaches of the mental health consultant are well suited to building and enhancing programs' family engagement efforts. These skills can complement and extend the capacity of staff to best serve children and to partner with families and communities.

Mental health consultants are unique in the way they approach their work. Rather than providing direct service, they use a “consultative stance” to support staff in developing mutually respectful relationships (Johnston & Brinamen, 2006). This stance is effective in engaging and working with families as well.

IECMHC is the practice of pairing a mental health consultant with early care and education professionals to develop ongoing, problem-solving, and capacity-building relationships (Cohen & Kaufmann, 2005). These relationships contribute to positive outcomes for children and their families.

The mental health consultant builds relationships with staff through regular, goal-directed interactions that occur over time. Every interaction between the mental health consultant and program staff and/or families presents an opportunity to work on goals and solidify relationships (Cohen & Kaufmann, 2005).

Using This Resource

Mental health consultants can use this resource to further develop their skills and approaches to their work in the following areas:

- Planning for Mental Health Consultation
- Supporting Staff in Working with Families
- Enhancing Professional Growth, Development, and Self-Care

Terms in This Resource

Mental health consultant refers to the “Infant and Early Childhood Mental Health Consultant.”

Parent and ***family*** refer to all adults who interact with early childhood programs and systems in support of the children in their care. These include expectant, biological, adoptive, and foster parents and step-parents, grandparents and other caregiving kin, and legal and informal guardians. The terms include parents who do not live with the child.

When professionals work with families, they consider all of the family members, including siblings, cousins, and other relatives.



Planning for Mental Health Consultation

This section of the guide addresses planning considerations for infant and early childhood mental health consultants who partner with early childhood professionals and families in early childhood care and education settings. These considerations include:

- Defining the Role of the Mental Health Consultant
- Determining the Frequency of Visits
- Selecting the Levels of Impact for Building Capacity
- Asking Reflective Questions for Each Level of Consultation

Defining the Role of the Mental Health Consultant

Mental health consultants are most helpful when their role is embedded within a program. This role requires regular and frequent on-site engagement with leadership, staff, children, and families (SAMHSA, n.d.).

Through partnerships, collaboration, and creativity, mental health consultants can become valued team members. They can inform policy and procedures; workforce development; quality improvement efforts; and a program's supports for staff, families, and children.

The mental health consultant's role may evolve over time in response to a program's goals and priorities.

Determining the Frequency of Visits

The Head Start Program Performance Standards (HSPPS, 2016) require that programs “secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner” (1302.45[a]2).

Given this requirement, an “on-call” model may not be effective or appropriate.

The mental health consultant's role may evolve over time in response to a program's goal and priorities.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center of Excellence for Infant and Early Childhood Mental Health Consultation recommends the following minimum standards for a mental health consultant:

- Provide on-site consultation at least every other week.¹
- Remain for at least 3 hours per visit.
- Consider the size of the program, the community, family risk factors, and the knowledge level of staff when developing a mental health consultation schedule. For example, a program with from four to eight classrooms may warrant a 5-to-6-hour visit (SAMHSA, n.d.).

Selecting the Levels of Impact for Building Capacity

Mental health consultants may work to build capacity at several levels, including the community, the program, the classroom, the family, and the child. Mental health consultants often need to work with programs to prioritize a yearly plan to delineate a focus across the levels. The work may involve one or several levels simultaneously.

Mental health consultants:

- Support efforts to create community partnerships
- Strengthen efforts to provide high-quality services for all children and families and for staff wellness
- Model strategies and approaches in the classroom and during home visits
- Address training and strategies for effective staff-parent interaction
- Partner to strengthen the caregiving skills of parents and family members
- Support the health of the child, families, programs, and communities that influence the life and development of the child

¹ Frequency estimate is based on input from several experts. Research indicates, however, that consultation once a week is necessary to effect change in program staff, families, and/or children (Beardslee, Ayoub, Avery, Watts, & O'Carroll, 2010).

Asking Reflective Questions for Each Level of Consultation

Mental health consultants perform best when they partner with programs to develop a clear purpose for their role and their level of focus, whether in the community, program, or classroom; during home visits; or directly with children and families. Mental health consultants and programs can work together to define that purpose. It is important that mental health consultants understand the specific needs of each program at every one of these levels.

The use of reflective questions can identify the levels of consultation that can be most effective and shape the consultant's approach. The mental health consultant can also use these kinds of questions to reflect individually with staff, with peers, or with supervisors.

See the Appendix (page 26) for a list of questions that can help mental health consultants clarify their role and focus.

Selected Head Start Program Performance Standards

Child mental health and social and emotional well-being, 45 CFR § 1302.45 (b):

Mental health consultants. A program must ensure mental health consultants assist:

- (1) The program to implement strategies to identify and support children with mental health and social and emotional concerns;
- (2) Teachers, including family child care providers, to improve classroom management and teacher practices through strategies that include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning;
- (3) Other staff, including home visitors, to meet children's mental health and social and emotional needs through strategies that include observation and consultation;
- (4) Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and,
- (5) In helping both parents and staff to understand mental health and access mental health interventions, if needed.
- (6) In the implementation of the policies to limit suspension and prohibit expulsion as described in §1302.17.



Supporting Staff in Working with Families

This section of the guide explains the mental health consultant’s role in supporting and strengthening families. The section addresses:

- Strategies for Engaging Families
- A Systems Approach to Supporting Staff Who Work with Families
- Partnering with Staff and an Individual Family

Mental health consultation is more than an exchange of information; it is an invitation to be in a relationship.

Mental health consultants model relationship-building strategies in their interactions with staff.

All people bring past and present experiences to their interactions and relationships with others. These experiences shape their expectations for how they will be received, treated, and understood.

Mental health consultation is more than an exchange of information; it is an invitation to be in a relationship.

Infant and Early Childhood Mental Health Consultant Characteristics

For mental health consultants, the following characteristics are connected to changes in relationships with the staff with whom they consult. These characteristics (or “ways of being”) are connected to positive changes in the relationships between mental health consultants and staff (Johnston & Brinamen, 2012):

- Inquiring instead of inquisition. Using a collaborative approach to questioning.
- Wondering with program staff instead of knowing or telling. Avoiding taking the posture of or acting like an outside authority.
- Appreciating people’s experience. Thinking about the other person’s perspective.
- Conveying authentic caring and genuine compassion. Being real and present.
- Sharing vulnerability. Creating a safe space with individuals, in pairs, and in groups.

Mental health consultants consider the role of past experience within relationships. Through reflective practice, mental health consultants partner with staff to explore their thoughts, feelings, and interactions with other staff, families, and children.

Within this reflective practice, consultants and staff may consider a variety of reasons for difficult or confusing behaviors, reflect with staff about the unspoken stories of families, and consider their meaning.

Listening for cultural differences and reflecting on one’s own culture are also integral to reflective practice. Mental health consultants draw on the knowledge gathered from these efforts—considering, listening, reflecting—and shared reflections to support staff to build authentic and trusting relationships with families.

The mental health consultant models how to be present in a genuine and reliable way—attuned, attentive, respectful, and wondering.

One of the goals of the mental health consultant in modeling this behavior is for staff to incorporate the same behavior into their own work with families as a “way of being” (the “consultative stance”). Through regular and repeated experiences, staff “take in” the mental health consultant’s way of being. This becomes a way of being for staff when they interact with others (Johnston & Brinamen, 2012).

[The mental health consultant] moves towards wondering and pondering, opening the realm of possible explanations and possible options.

—Mental Health Consultant

Within this consultative design, mental health consultants also share their knowledge and expertise with staff in a nonjudgmental and collaborative manner.

As a result, staff can become more flexible in their ideas about families. They build their capacity to be open and curious in all their interactions, waiting for answers to emerge through the trusting relationships that they have developed.

Rather than telling families what to do, they engage with families as equal partners in the process of finding answers to questions. Families are more likely to act on answers and carry out steps that they have played an active role in developing.

Strategies for Engaging Families

A mental health consultant can strengthen program efforts to apply strategies for engaging families through training, modeling, and learning opportunities. Strategies include:

- Supporting Parents' Competence
- Valuing a Family's Passion and Reflect on Their Perspective
- Focusing on the Family-Child Relationship
- Engaging in Shared Decision-Making
- Holding a Strengths-Based Attitude
- Observing and Describing the Child's Behavior

The importance of the relationship between a consultant and consultee is the central contributor to positive change in child care center climate and child outcomes.

—Johnston & Brinamen, 2012

Strategies for Engaging Families, cont.

For additional strategies, see the resources in the *Building Partnerships with Families Series* in Related Resources, Family Engagement (page 23).

Supporting Parents' Competence

- Recognize and acknowledge each family's strengths and expertise.
- Enlist parents' ideas about how the program can help them achieve the goals they have for their family.
- Attribute a child's progress to the family's efforts whenever possible.

Valuing a Family's Passion and Reflect on Their Perspective

- Accept and acknowledge the family's emotions, both positive and negative.
- Reframe the parent's emotions as passion for their family.
- Listen for what is behind the emotions, and work with the family to understand them.
- Genuinely acknowledge and accept these feelings.

Focusing on the Family-Child Relationship

- Let families know that their relationship with their child is valued and that it is more important than any other.

Engaging in Shared Decision-Making

- Partner with families about decisions regarding the child when asked by families. When decision-making is shared, everyone is more likely to stay committed to the decision.

Holding a Strengths-Based Attitude

- Develop attitudes that are strengths based.
- Work with others to identify their strengths.
- Reinforce strengths-based attitudes:
 - Families are the first and most important teachers of their children.
 - Families are our partners with a critical role in their family's development.
 - Families have expertise about their child and their family.
 - Families' contributions are important and valuable.

(U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement, 2018)

Observing and Describing the Child's Behavior

- Ask families or staff what they observe.
- Offer simple, clear descriptions of a child's behavior, without interpretations or judgments.
- Ask families and staff what they think the behavior means.
- Give families and staff the chance to make meaning of that behavior together. This creates a starting point for discussion that can help identify common ground and differences.

A Systems Approach to Supporting Staff Who Work with Families

Mental health consultants use a systemic, integrated, and comprehensive approach to support staff in building strong and trusting relationships with families and their communities. A systemic approach to mental health consultation reflects a purposeful strategy to support all staff in family engagement efforts. The mental health consultant's way of being in relationships supports change in practice.

The consultant also can provide support in other ways, such as:

- Planning and offering professional development
- Delivering in-service training
- Attending meetings with the management team, staff, and multidisciplinary teams
- Providing reflective supervision
- Observing classrooms
- Coaching
- Reviewing videos
- Role modeling

Professional Development

Mental health consultants consider a number of factors when planning professional development for program staff who work and engage with parents and families. The purpose of professional development is to expand knowledge, develop skills, and build capacity within programs and for staff who work with families.

Topics for professional development may include:

- Understanding Parental Mental Health
- Understanding Parental Trauma
- Understanding Family Behavior
- Understanding Cultural Responsiveness
- Creating Goals with Families
- Developing Reflective Practices
- Supporting Self-care for Staff

A Systems Approach to Supporting Staff Who Work with Families, cont.

Understanding Parental Mental Health

Support staff to increase their knowledge and understanding of the mental health of parents. Encourage staff to develop an awareness of any history of trauma that may affect a parent's life course, development of self-identity, parenting skills, and ability to form and maintain relationships.

Understanding Parental Trauma

Reflect with staff on a parent's history of trauma. Always respect each person's confidentiality.

- Consider how the parent demonstrates resilience in the face of challenges, and how the parent can use his or her strengths to move forward.
- Explore any difficult circumstances staff have faced in a relationship with a parent. Ask staff to reflect on possible explanations for a parent's behavior. Maintain a focus on how prior relational experiences can affect present day relational experiences. Help staff wonder, "What kinds of expectation might this parent have for this interaction with me? How can I provide a positive, reparative experience for them? How can I see the whole person and all of the person's strengths?"
- Explore perspective taking. Ask, for example, "What do you think about this? What do you think the parent might be thinking?"
- Discuss the power of reframing behavior and changing from a negative perspective to a positive one. Consider how a parent's vulnerabilities may be expressed as anger or frustration. For example, reframe the statement "This parent has anger issues" to "This parent intensely expresses her passion for her child's well-being." Another reframe might be "These parents may be feeling especially vulnerable and worried after moving to a shelter."
- Help staff identify what to say when strong emotions are present. For example, staff might say, "Would it be helpful for us to talk about this further?" Or "Would you like to think together about some next steps?"
- Develop scenarios for staff to role play challenging encounters with parents and with one another.
- If a parent has a mental illness, encourage staff to reflect on the challenges of everyday life for that parent. Consider strategies for understanding how the parent is doing her or his very best, given the personal circumstances.

A Systems Approach to Supporting Staff Who Work with Families, cont.

- Help staff develop strategies to support parents who have experienced trauma and who may feel ashamed of any struggle that might be a result of the trauma.
- Consider building a positive relationship with the parent. Focus on the parent-child relationship as the first step in that relationship.

Understanding Family Behavior

Help staff understand the possible meanings of a family's behavior. Encourage staff to understand experiences from the family's perspective.

- Ask staff to reflect on how prior experience might influence current behavior, and how staff can offer families a strengths-based and positive experience through partnerships.
- Help staff recognize that some caregivers use coping strategies that were successful when they were children (e.g., being silent, becoming angry) that may not serve them well as adults. Help staff identify ways to support parents to develop new skills. For example, the statement "Thank you for sharing that with me. It really helps me understand what you'd like me to do" contributes to a parent learning the value of communicating as clearly as possible.
- Encourage staff to understand that behaviors are a way to communicate a person's perspective and experience. Listening closely to parents, coupled with observing, may strengthen the relationship between parent and staff.
- Discuss how to connect with a parent when he or she is upset with staff.
- Support staff to consider who has the closest relationship with the parent and whether or not parent, staff, or child safety is at risk. Then make sure staff know strategies for ensuring safety while inviting communication. For additional information, see *The Challenges and Benefits of Making Parent Connections* in Related Resources (page 21).

Understanding Cultural Responsiveness

Encourage staff to consider broader social and cultural influences such as systemic inequity (e.g., racism, classism, sexism, homophobia) on family functioning. Work together to understand the family's unique life experiences through reflective practice, staff training, and other interactions with staff.

- Create a safe and supportive environment for discussing implicit bias and how it can unknowingly influence thoughts, feelings, and behaviors. For additional information, see *Recognizing Bias and Promoting Equity in Early Childhood Settings* in Related Resources, Culture and Equity (page 24).
- Be aware of microaggressions, which are subtle, automatic, often unconscious responses that reflect cultural or implicit bias.

A Systems Approach to Supporting Staff Who Work with Families, cont.

Understanding Cultural Responsiveness, cont.

- Discuss the historical context of the community. Consider the role that community history might play. Explore with staff how they can support families to remain hopeful, be resilient, and take action in the face of trauma or discrimination.
- Promote equity and reduce disparities in program services and policies. For additional information, see *Center of Excellence for Infant and Early Childhood Mental Health Consultation: Key Resources for Promoting Equity and Reducing Disparities* in Related Resources, Culture and Equity (page 21).
- Support staff to develop strategies for creating both psychological and physical safety while engaging in difficult conversations with families. For more information, see the *Building Partnerships with Families Series* in Related Resources, Family Engagement (page 23).
- Offer opportunities for staff to reflect on their own experiences and the experiences of families in their community. These experiences may have been marked by discrimination or bias, both implicit and explicit. How might staff recognize and affirm this reality while supporting families?
- Consider with staff how supports and resources that are culturally and linguistically based are identified and incorporated into the goal-setting process. Consider such examples of resources and supports as families, neighbors, religious communities, spiritual beliefs and practices, and local organizations/agencies (e.g., libraries, museums, community centers, youth clubs).
- Ask staff to reflect on how a community's usual and/or traditional ways of parenting are respected. For more information, see *Supporting Cultural Traditions Within the Child Care System* in Related Resources, Culture and Equity (page 24).

Creating Goals with Families

Assist staff in co-creating appropriate and realistic goals with families to support family wellness. (This topic is particularly relevant for family service workers.)

- Ask staff to reflect on their roles. After a goal is set, how will staff partner with a family to achieve it? How will staff partner with families in ways that honor and reinforce families' gifts, talents, and competencies in the face of adversities? How will staff provide family members with the support they need and foster competency?
For example, some family members may be applying for a job or driver's license for the first time. Some may not have felt successful in school. Others may have to overcome prior experiences that were difficult or shaming in order to find the courage to try again. How can the family service worker support the parent to reach the goal? What are ways to incorporate strengths-based goal-planning strategies?

A Systems Approach to Supporting Staff Who Work with Families, cont.

Creating Goals with Families, cont.

- Discuss and/or role play with staff ways to value a parent’s knowledge of his or her child while introducing new information. How does the mental health consultant model these skills and strategies with parents?
- Explore with staff times when their goals were at odds with the family’s goals. Ask for examples and brainstorm possible strategies for reconciling or accepting the differences. How do staff elicit and incorporate the parent’s or family’s priorities and suggestions?
- Work with staff to discover how they find value in parents’ passions. Offer opportunities to consider how culturally and linguistically based supports and resources are identified and tied into the goal-setting process. For information, see *The Family Partnership Process: Engaging and Goal-Setting with Families* in Related Resources, Family Engagement (page 24).

Developing Reflective Practices

Support staff in adopting a reflective stance when working with families.

- Ask staff to consider their own backgrounds, biases, values, and experiences and how these personal influences might shape their work with families.
- Explore opportunities for staff to reflect on how a family’s story may parallel the staff member’s own background and history. Consider how these parallels may influence the staff member’s work with the family.
- Encourage reflection and curiosity among staff.
Explore with staff the importance of accepting ambiguity and lack of clarity in situations.
- Model the skill of asking questions that deepen conversations while creating and maintaining a sense of psychological and emotional safety.
- Discuss how to explore and normalize the feelings of a staff member when work with families elicits strong emotional responses, including feelings of anger or judgment. Consider asking, “How do we forgive ourselves for not being perfect? How does judgment influence our compassion and empathy? How do we notice our judgment and still do the work?”

Encourage reflection and curiosity among staff.

Supporting Self-care for Staff

A Systems Approach to Supporting Staff Who Work with Families, cont.

Explore with staff their own self-care strategies and how they can maintain balance and wellness, especially in the context of engaging with families.

- Encourage staff to develop strategies for leaving work behind at the end of the day.
- Educate staff about the negativity bias of the brain: how negative experiences are more likely to stay with a person than positive experiences (Hanson, 2013).
- Offer mindfulness strategies. Discuss ways to rest in a quiet moment, practice gratitude, and be calm through intentional breathing. For more information, see Related Resources, Mindfulness (page 24).
- Play! Support an organizational climate of joy, creativity, and playfulness. Collaborate with administrators to institutionalize playfulness as a way of increasing levels of connectedness, well-being, and creativity.
- Incorporate a spirit of playfulness within efforts to build relationships with families. Explore and promote culturally respectful ways for staff and families to interact in new, unusual, unexpected, and playful ways.

*One of the best
pathways to well-
being—PLAY!!*

—Mental Health Consultant

Partnering with Staff and an Individual Family

Mental health consultants may support staff in working with an individual family. In this role, a mental health consultant may attend regularly scheduled meetings for service coordination. The mental health consultant and staff can co-create strategies for connecting with and supporting the family. At subsequent meeting, the mental health consultant can help to review the progress of staff and contribute ideas to any mid-course corrections that are discussed.

When there is an immediate need or crisis, the mental health consultant or staff may call a meeting of parents, family members, and relevant staff. Together they jointly identify supportive strategies and follow-up. Examples of situations might be when a family service worker is concerned that a mother has postpartum depression, or a home visitor wonders about a child's development. Staff concerns that a family may be facing these kinds of challenges create opportunities for the mental health consultant to collaborate with staff to develop crisis protocols and review a family's progress.



Enhancing Professional Growth, Development, and Self-Care

This section of the guide addresses:

- Opportunities for Professional Growth
- Reflective Consultation for Working with Families

Opportunities for Professional Growth

Mental health consultants approach the work of consultation with the knowledge and skills of both a mental health professional and a consultant. A consultant serves as a facilitator, coach, educator, and observer—with an overlay of the special knowledge and skills required for working with families in early care settings.

The work of a mental health consultant is both challenging and nuanced—as well as rewarding. It is important for mental health consultants to enhance their skills and knowledge by regularly meeting with other consultants. Mental health consultants can access relevant professional development opportunities, such as conferences, workshops, or other venues.

This kind of enrichment helps the consultant to build new skills that are unique to the profession. It also helps the consultant develop collegial support, learn about resources, and further self-care. Professionals who take advantage of enrichment opportunities commonly experience renewed passion for and commitment to their work.

Reflective Consultation for Working with Families

Situations involving families are often complex. The work may raise the mental health consultant's own vulnerabilities, especially related to experiences of family. This combination of complexity and potential vulnerability makes it critical for mental health consultants to engage regularly in their own ongoing reflective consultation and/or supervision. They can work with mentors who have special expertise related to family work.

**Situations involving families
are often complex.**

These mentors are most effective and helpful when they are experienced in embedded mental health consultation designed to benefit families, their children, and the early childhood staff who work with families.

The Center of Excellence for Infant and Early Childhood Mental Health Consultation recommends 2 hours per month of reflective consultation as a minimum (Johnston & Brinamen, 2006) for practicing consultants. The mental health consultant can use the following suggestions when seeking a group or supervisor for reflective consultation:

- Seek out other mental health consultants to form a peer consultation group.
- Contact the State Infant Mental Health Association or other professional organization to learn about opportunities for consultation.
- Consider using video conferencing in rural or remote areas.
- Tap into professional listservs to find others engaged in the work.
- Ask program directors to use their professional contacts to identify other mental health consultants.

Related Resources

Find related resources for mental health consultants in this section.

Mental Health Consultation

The Challenges and Benefits of Making Parent Connections

Use this resource to reflect on relationships with parents and to explore strategies for building effective relationships with them. To access this resource, visit the Mental Health topic page at the Office of Head Start Early Childhood Learning and Knowledge Center (ECLKC) website, or the Brazelton Touchpoints Center website.

Center of Excellence for Infant and Early Childhood Mental Health Consultation: Key Resources for Promoting Equity and Reducing Disparities

Use this compendium of web-based resources to (a) to inform leaders who are engaged in decision making on policies based on data on preschool expulsions; (b) to build awareness of the need to foster collaboration and partnerships that promote greater equity in outcomes for African American children; and (c) to assist mental health consultants as they engage with teachers, administrators, and home visitors about implicit bias. To access this resource, visit the Substance Abuse and Mental Health Services Administration (SAMHSA) website.

Crosswalk of Early Childhood Mental Health Services

Explore this document to understand the characteristics that define and distinguish three common mental health services that are designed to enhance the social and emotional health of young children. Although states, Tribal Nations, and communities may define and use these services differently, the table in this document represents the most typical characteristics of the services as identified by researchers and seasoned implementers from across the country. To access this resource, visit the Substance and Mental Health Services Administration (SAMHSA) website.

A Day in the Life of an Early Childhood Mental Health Consultant: A Series of Real-Life Vignettes Illustrating the Early Childhood Mental Health Consultation Process

Consider these practical examples and discussions to assist early childhood mental health consultants and their supervisors in reflecting on and discussing best practices and the complex processes involved in providing high-quality IECMHC services. Also use these examples to facilitate the integration of best practices of IECMHC into early childhood systems of care. To access this resource, visit the Center for Early Childhood Mental Health Consultation website.

Developing and Implementing a Programwide Vision for Effective Mental Health Consultation

Use this toolkit to support Head Start and Early Head Start administrators in their efforts to develop and implement a program-wide approach to mental health and mental health consultation. Learn how to ensure more effective mental health consultation by facilitating staff-consultant relationships and providing support and oversight to mental health consultants. The ideas and tools in this resource are designed to help plan and sustain effective mental health consultation in programs. To access this resource, visit the Center for Early Childhood Mental Health Consultation website.

Early Childhood Mental Health Consultation Protects and Maximizes Our National Investment in Early Care and Education

Consider this infographic to learn more about Early Childhood Mental Health Consultation (ECMHC) and the services that mental health consultants provide. The resource features findings about the need for ECMHC and how services reduce serious challenges that undermine school readiness in American children. To access this resource, visit the Indigo Cultural Center website.

Family Connections: A Mental Health Consultation Model

Explore Family Connections, a preventive, system-wide mental health consultation and training approach to strengthening the capacity of Early Head Start and Head Start staff. Use these resources to work with families dealing with parental depression and related adversities, and with their children in classrooms and in the home; and to engage and support parents. To access these resources, visit the Mental Health Topic Page at the Office of Head Start Early Childhood Learning and Knowledge Center (ECLKC) website, the Brazelton Touchpoints Center website, or the Boston Children's Hospital website.

The Family Connections Readiness Guide

Review this section of *The Family Connections: A Mental Health Consultation Model* to reflect on specific observations from this long-term partnership with Early Head Start and Head Start programs. The seven “lessons learned” offer insight into the most effective use of the Family Connections materials. To access this resource, visit the Mental Health Topic Page Office of Head Start Early Childhood Learning and Knowledge Center (ECLKC) website, the Brazelton Touchpoints Center website, or the Boston Children's Hospital website.

Infant and Early Childhood Mental Health Consultation: Competencies

Use this resource, specifically competencies 5–7, to supplement, extend, or guide existing or new efforts at building a qualified IECMHC workforce. Review how the IECMHC competencies can assist to influence hiring, supervising, and evaluating IECMCH consultants; guide professional development, training, and coursework; and lead to enhanced quality of IECMH consultants and increased professional credibility. To access this resource, visit the Center for Early Childhood Mental Health Consultation website.

Substance Abuse and Mental Health Services Administration (SAMHSA): Expert Convening on Infant and Early Childhood Mental Health Consultation

Explore this summary to review the definition of IECMHC, the core competencies for mental health consultants, the evidence of effectiveness of the intervention, and a summary of the steps being taken to advance the field. To access this resource, visit the Substance and Mental Health Services Administration (SAMHSA) website.

Family Engagement

Access the resources listed below on the Office of Head Start Early Childhood Learning and Knowledge Center (ECLKC) website.

Building Partnerships with Families Series

Explore the resources in this series to learn strategies to strengthen relationships with families.

- **Building Partnerships: Guide to Developing Relationships with Families**
Learn about the importance of building positive goal-oriented relationships with families. Explore the role these relationships play in effective parent, family, and community engagement and school readiness. Find key definitions, tools, and guides for reflective practice and supervision.
- **Strategies for Family Engagement: Attitudes and Practices**
Explore this guide to find out how family engagement and practice strategies are key to building relationships with families. Learn how to use strengths-based attitudes to work with families toward building a positive relationship—despite the challenges that may come up. This tool can also support training and reflective practice and supervision.
- **Family Engagement and Cultural Perspectives**
Applying Strengths-based Attitudes. Learn about the ways that understanding families' cultural perspectives can help to build positive relationships. Find out how working with families in this way can strengthen family engagement efforts. Use this tool as a part of training and reflective practice and supervision.

The Family Partnership Process: Engaging and Goal-Setting with Families

Use this guide to learn about the family partnership process. Explore how to use data to inform decisions about program- and community-level services to address the strengths and challenges of all of the families in your program.

Relationship-Based Competencies to Support Family Engagement Series

Refer to this set of resources to review competencies for all early childhood professionals, including supervisors and those in leadership roles. Explore practices to connect families with community partners, follow up on referrals, and build and nurture relationships with new community partners.

Culture and Equity

Promoting Equity and Reducing Disparities

Learn about the importance of promoting equity and reducing disparities when engaging in infant and early childhood mental health consultation. To access this web-based resource, visit the Substance and Mental Health Services Administration (SAMHSA) website.

Recognizing Bias and Promoting Equity in Early Childhood Settings

Understand more about the anti-bias approach in classrooms and how mental health consultants, early childhood professionals, and programs can use cultural responsiveness to open the door to relationship-based dialogue between caring adults in a child's life. To access this 6-minute video, visit YouTube.

Supporting Cultural Traditions Within the Child Care System

Learn how one Tribal child care center found a creative solution to a sleeping issue that met state child care licensing requirements and respected cultural sleep norms. To access this 2-minute video, visit YouTube.

Mindfulness

Access these resources on the Office of Head Start Early Childhood Learning and Knowledge Center (ECLKC) website:

Mindfulness: A Resilience Practice

Review this list of suggested resources for additional sources of information about mindfulness.

Mindfulness: A Resilience Practice (Handout)

Review this brief handout for practical steps to incorporate mindfulness into everyday living.

References

- Avery, M., Beardslee, W., Ayoub, C., & Watts, C. (2012). *Family Connections: A preventive and system-wide training guide and mental health consultation model to support early childhood professionals in engaging children and families*. To access this resource, visit the Office of Head Start Early Childhood Learning and Knowledge Center (ECLKC) website or the Brazelton Touchpoints Center website.
- Beardslee, W., Ayoub, C., Avery, M., Watts, C., & O'Carroll, K. (2010). Family Connections: An approach for strengthening early care systems in facing depression and adversity. *American Journal of Orthopsychiatry-American Orthopsychiatric Association*, 80(4), 482–495.
- Brazelton Touchpoints Center. (2016). Touchpoints Guiding Principles and Parent Assumptions (In Touchpoints Individual Level Training).
- Cohen, E., & Kaufmann, R. (2005) *Early Childhood Mental Health Consultation*. To access this resource, visit the Substance and Mental Health Services Administration (SAMHSA) website.
- Carol Dweck: Decades of scientific research that started a growth mindset revolution. Retrieved from <https://www.mindsetworks.com/science/>
- Hanson, R. (2013). *Hardwiring happiness: The new brain science of contentment, calm, and confidence*. New York, NY: Random House.
- Johnston, K., & Brinamen, C. F. (2006). *Mental Health Consultation in child care: Transforming relationships among directors, staff, and families*. Washington, DC: ZERO TO THREE.
- Johnston, K., & Brinamen, C. F. (2012). The consultation relationship—From transactional to transformative: Hypothesizing about the nature of change. *Infant Mental Health Journal*, 33(3), 226–233.
- SAMHSA (n.d.) *Center for Excellence for Infant and Early Childhood Consultation: Considerations for addressing capacity and dosage in IECMH* [pdf]. To access this resource, visit the Substance and Mental Health Services Administration (SAMHSA) website.
- U.S. Department of Health and Human Service, Administration for Children and Families, Office of Head Start. *Head Start Program Performance Standards* (2016). To access this resource, visit the Office of Head Start Early Childhood Learning and Knowledge Center (ECLKC) website.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement. (2018). *Building Partnerships Series—Building Partnerships: A Guide to Developing Relationships with Families*. To access this resource, visit the Office of Head Start Early Childhood Learning and Knowledge Center (ECLKC) website.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Early Childhood Health and Wellness, & National Center on Parent, Family, and Community Engagement (2019). *Infant Early Childhood Mental Health Consultation and working with families*. To access this resource, visit the Office of Head Start Early Childhood Learning and Knowledge Center (ECLKC) website.

Appendix: Reflective Questions for Each Level of Consultation

Mental health consultants perform best when they partner with programs to develop a clear purpose for their role and their level of focus, whether in the community, program, or classroom; during home visits; or directly with children and families.

The mental health consultant can use these kinds of questions to reflect individually with staff, with peers, or with supervisors.

Working with Communities

- How does the program fit within the community? How can a mental health consultant work with and engage families at the community level?
- What is the history of the early childhood program within the community? How long has the program been operating? How was the program developed? By whom? How were/are families involved? How has the program changed over time?
- What is the program's role in the community? How do families and staff view the program's partnerships within their community?
- How do the values of other community agencies influence how early childhood services are provided?
- Does the program work with other agencies that serve children and families to coordinate services? Is messaging consistent between or among agencies?
- How do agencies coordinate to reduce the stress for families that participate in services from multiple agencies?

Working with Programs

Family Engagement

- How does the program envision engaging families?
- How can the mental health consultant work with families and staff at the program level?
- How is family engagement integrated across the program?
- How does the program implement and support practices and principles that are culturally and linguistically responsive?
- How does the program reflect the cultures and languages of the community?
- Is the program staffed primarily by community residents?
- How does the program assess its physical environment? Its print materials? Are they family friendly? Are they culturally and linguistically responsive?
- How do policies guide strengths-based interactions with parents?

Working with Programs, cont.

Planning

- What policies and plans are in place to support social and emotional wellness in staff and families? How do these plans support providers, families, and children?
- How has the program worked to meet quality indicators, specifically those related to families, such as indicators for quality rating and improvement systems (QRIS).
- How does the program use Relationship-based Competencies (RBCs)? See Related Resources (page 21).
- Is there an annual IECMHC action plan? If so, was the plan created collaboratively by the mental health consultant and program staff? Is it based on recent data, such as parent surveys?
- If an annual IECMHC action plan exists, how is the plan implemented? For a sample action plan, see *The Family Connections Readiness Guide* in Related Resources, Mental Health Consultation (page 22). It includes a schedule of staff development training, mental health consultation, and family engagement activities.

Communicating with Families About Mental Health Consultation

- How is consent for mental health consultation obtained at enrollment (45 CFR §1302.45[a][3], 2016)? Is it embedded in the enrollment consent forms for other health-related program services?
- How are the benefits of mental health consultation communicated with families?
- How does the mental health consultant learn about families' concerns regarding mental health consultation?
- How does the mental health consultant use screening results and family demographic data to inform his or her efforts to strengthen relationships with families in the program?
- How do families view the program during their first visit? What have people heard about the program?
- Have families mentioned specific concerns about the program? If so, what are those concerns. How have they been addressed?
- Do families understand the community partner referral process? Can families easily access these referrals?

Working with Staff

- How do staff receive support if they are concerned about a parent or child? What is the process to bring staff together to address these concerns? What role does the mental health consultant play in these meetings?
- Does the mental health consultant attend the team meetings of program management regularly or periodically?
 - If not, would it be helpful for the mental health consultant to attend?
 - If so, in what ways does the mental health consultant enhance family engagement in the early childhood program?
 - What concerns or hesitations might there be about the consultant's participation?
- How does the mental health consultant build the capacity of family service workers to partner with families to develop and implement goals?
- What supports do program directors, managers, and program staff say they need to strengthen their work with families?

Working in Classrooms and During Home Visits

- What do mental health consultants need to know and do in order to work more effectively with staff?
- How do staff welcome families in the morning and say goodbye at the end of the day?
- What type of support do staff say they need in order to work most effectively with children? With families?
- What supports do staff have when they need to respond to a parent in crisis?
- When they enter homes, what do home visitors do to show their support for children and families?
- How do home visitors support the parent-child relationship?
- How do home visitors support learning and school readiness?

Working with Families/Parents

- What do mental health consultants need to know and understand about the services that programs provide to families?
- How do staff who are working with the same family coordinate and communicate with one another?
- Are “meet and greet” opportunities available for parents (e.g., socialization and other opportunities to connect with staff and one another)?
- What other activities exist for parents to connect in home-based and center-based options?
- What types of social-emotional program opportunities are available for parents? Within social-emotional programming, what role does the mental health consultant play?
- What parenting curriculum does the program offer? What roles do mental health consultants play? Is there a facilitation or mentorship role for the mental health consultant?
- What type of support do parents say they need and want?
- What supports do staff have when they need to respond to a parent in crisis? How is the mental health consultant involved in promoting family well-being, and responding to adversity and or crisis?

Working with Children

- What do staff know about child development and behavior strategies for working directly with children and their families?
- How skillful are staff in:
 - Understanding what children communicate through their behavior?
 - Describing and discussing the behavior of children as a way to speak with families?
 - Narrating for families the ways that young children demonstrate strong feelings through their behaviors?
- How are screening results collected and shared with families? How do program staff respond if a screening indicates an area of concern? How do they discuss such concerns with families?
- How does the mental health consultant work with program staff and families in support of a child whose behaviors are considered challenging, or a child whose moods or silences are concerning?



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