

2019

Michigan's Equity Lens

For Infant Early Childhood Mental Health Consultation

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Eva M Shivers

INDIGO CULTURAL CENTER

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Division of Mental Health Services to Children and Families

Module 1
Michigan's IECMHC Model Equity Integration

Introduction to Michigan's IECMHC Curriculum Equity Integration*

Theory of change articulated...why is equity important in IECMHC?

The ECMHC Center of Excellence states the following theory of change about how IECMHC is related to equity and a promising disrupter of bias:

“At its core, IECMHC is meant to create fundamental shifts in early childhood professionals’ beliefs, attitudes, and practices to support more effective caregiving. Through the practice of IECMHC, mental health consultants cultivate a reflective perspective with early childhood educators, at the same time employing their therapeutic skills to develop trusting relationships. This partnership creates a safe space for early care and education providers to do some self-discovery about their feelings and thoughts about a child at risk for expulsion.

In particular, IECMH consultants:

- Ask reflective questions and cultivate a deeper appreciation for the child care provider/teacher’s thoughts and feelings, past experiences, and current life circumstances;
- Support providers and administrators in being more curious about the meaning of individual children’s behaviors—working to dispel myths and stereotypes as they emerge;
- Increase early childhood professionals’ capacity to reflect on their own biases and how their past experiences and preconceived ideas about race, class, and gender affect how they interact with children;
- Build early childhood professionals’ ability to reflect on developmentally appropriate expectations for young children, and then apply these expectations to individual children whose behavior they find challenging;
- Bridge gaps in understanding of and communication between early childhood professionals and the parents of children with challenging behaviors;

The CoE’s primary goal is to increase the availability of high-quality IEMCHC to more early childhood programs. Ensuring that this work is focused on reducing disparities in access and outcomes for young children who are at disproportionate risk for failure is central to this mission.”

See: The ECMHC Center of Excellence Equity Statement.

https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/center-excellence-equity-framing-statement.pdf

Social Justice and Racial Equity Framework Used in this Study Guide:

Dr. Shivers, a well-noted researcher and advocate on social justice issues in ECE and IMH, presents a racial justice framework to the IECMH Consultation workforce around the country that includes a description of different levels at which racial equity transformational work can happen within the context of Infant Mental Health in general and IECMHC in particular. There are three broad pathways for achieving goals related to race relations and racial justice: Individual/Internal, Inter- group / Interpersonal and Institutional / Systemic. (Maggie Potapchuk, *Cultivating Interdependence: A Guide for Race Relations and Racial Justice Organizations*, 2004.)

The first level of the framework is **Individual/Internal**. This approach focuses on building the knowledge, awareness, and skills of individuals to increase cultural and racial awareness, confront prejudices and stereotypes, and address power dynamics, racism, internalized white supremacy, and internalized racism.

The second level is the **Interpersonal / Intergroup/ Relational** level. This approach focuses on how we talk with one another about race. This level of transformation brings people of different racial and ethnic identity groups together to dismantle stereotypes, build relationships of trust and work together to solve problems and conflicts together.

The third level of the framework is the **Institutional / Systemic / Organizational**. It includes a focus on systemic and historical patterns that have contributed to inequities. This level also focuses on strengthening the capacity of organizations and institutions to communicate about race, organize and mobilize for change, and advocate for more inclusive policies and institutional practices that reduce disparities and promote racial equity.

Shivers and others in the racial equity transformational field readily explain that the levels can unfold organically and simultaneously during a transformational experience. All three approaches address important aspects of the change process that are required to make progress on racial equity. Although each strategy has value by itself in the appropriate context; when they are combined together aligning efforts at these multiple levels (e.g., individual, intergroup and institutional), breakthrough changes become more likely (Leadership Learning Community, 2009)

In this equity-focused study guide, we will flow back and forth between all three levels of the equity framework.

Definitions: Moving towards a common language

One way to increase the push for racial equity is to review its core concepts. In group work, it is especially helpful to spend time developing some common understandings and

vocabulary for discussing these concepts together. Groups that move forward without investing in this work often find themselves stuck later on when they realize that people have been working from very different assumptions about what the following words mean, and their underlying relationships and components.

CenterforAssessmentandPolicyDevelopment,MPAssociates,andWorldTrust.(2015).*RacialEquityTools*.Retrieved from <https://www.racialequitytools.org/home>

See/Do

Review the definitions and terms from the document link seen below.

https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/promoting-equity-reducing-disparities-iecmhc-systems-prgms-gloss-definitions.pdf

Based on your reading and review of the definitions document, please answer the discussion questions below. These questions can be answered independently or in a reflective group setting.

- What are the terms that are new to you?
- Were you surprised by some of the definitions?
- What would you add to some of the definitions?
- What other terms do you feel are important to include as we move forward in developing a common language?

Section 1: What is IECMHC?

Reflection Questions:

Aligned with: 10 principles of IECMHC (Curriculum, page 7) – Please review this page again, and reflect on the following question:

In your opinion, which of the 10 principles (other than culturally and linguistically responsive) are also connected to a consultant’s ability to be 1) culturally responsive, 2) aware and mindful of instances where racial bias might be playing out, and 3) most importantly, be able to intervene and address in a meaningful way that doesn’t shut down conversations and close off relationships?

Activities:

“How we are is as important as what we do...”

Reflect on this IMH seminal quote by Jeree Pawl. How does it relate to your understanding of the role of your own ethnic and cultural background and world-view in an IECMHC context? Would you add anything to this famous quote?

Section 2: IECMHC Across Settings

Reflection Questions:

Support for Supervisors:

Brainstorm and discuss cultural implications for each distinct setting consultants might be serving (e.g., center-based care; homebased child care; home-visiting; etc.). What are additional supports consultants might need in order to enhance their culturally responsiveness?

See/Do Activity:

Review highlighted findings from the ***ECMHC Working Study Summary*** from Georgetown study on IECMHC in Family, Friend and Neighbor (FFN) Child Care – in particular the findings about Michigan.

Please answer the following questions with your reflective group:

- Family, Friend, and Neighbor (FFN) child care is increasingly becoming recognized as an under-served segment of the early care and education community. What do you know about FFN child care? What are your impressions of FFN child care? (Basically, establish how working with FFN providers or on behalf of FFN providers – requires a sensitivity to culture and a social justice lens.)
- How might our approach to working with homebased or FFN providers differ from working with center-based providers?
- Do you think IECMHC could enhance the quality of care in FFN settings?
- What other questions do you have about FFN providers and the children in FFN care?

Digging Deeper:

Read the Zero to Three Journal Article by Ash, Mackrain, & Johnston (2013) (***ZTT ECMHC Special Issue col 33 No5- May 2013***) Please explore and discuss the 3 vignettes in that article.

- What are cultural factors that might have influenced the way the MHCs responded in each of the vignettes?
- How can supervisors and program leadership support consultants in learning about the culture of a new setting?

Additional Resources:

- ***ECMHC Working Study Summary- What's Working – Summary of Key Findings: Georgetown's National Study on IECMHC with and on behalf of Family, Friend, and Neighbor (FFN) Child Care Providers (funded by RWJ Foundation)***

Section 3: The Consultative Stance

Support for Supervisors:

What is required for Reflective Supervisors (RS) to be able to confidently and effectively provide space and opportunities and openness for discussions around race, bias, culture, etc.?

- a. Knowledge
- b. Skills
- c. Disposition
- d. Values/Beliefs

Are there aspects of the principles of equity and Consultative Stance that are applicable and integrated into your role? What have you already been able to apply to your work? (Please refer to the ***Consultative Stance Equity Crosswalk*** handout)

Digging Deeper:

Please view the video clip (“Identifying the elements of IECMHC that make it a successful strategy to address Equity”) and corresponding slide deck from Kadija Johnston’s presentation to Michigan’s IECMH Consultants in June 2018 (***Johnston MI Basis, Basics and Bias June 2018 power point***)

Video Clip June 2018: Kadija P3 7:01 – 33:08

After reviewing the video, please complete the ***Equity Consultative Stance Crosswalk Activity (Johnston & Shivers, 2018)*** together with your reflective group.

Section 4: The Evolution of IECMHC

Dr. Walter Gilliam’s seminal reports/studies on preschool expulsions (2006) and then ECE teachers’ implicit bias toward African American boys (2016) – along with the subsequent national attention from the media and federal government brought implicit bias to the forefront of our collective consciousness in IECMHC.

See/Do Activity:

Please watch the following video clip:

Who's Being Expelled and Why? Dr. Walter Gilliam

<https://www.youtube.com/watch?v=EQqAQgBwJxY&t=16s>

Then read the following article by *Dr. Shantel Meek and Dr. Walter Gilliam (2016)*. In your reflective group, please answer the following questions:

- What are the primary narratives of 'blame' you notice as people around you discuss preschool expulsions?
- What new ideas and/or concepts did you learn from this article?
- What main points from this article would you like to incorporate into your own thinking about expulsion and suspension in early childhood settings?
- When you think about potential interventions (including IECMHC) that could be aimed at preventing and reducing expulsions, do you think that explicit and direct trainings on implicit bias, culture and race would be effective with our ECE program staff (including administrators)? Why or why not?

Digging Deeper:

- Prekindergartners Left Behind: Expulsion Rates in State Prekindergarten Systems (Gilliam, 2006) Seminal report on pre-k expulsions (*Gilliam pk-expulsion copy2*)
- Federal Joint Statement on Preschool Expulsions (2014) Policy guidance for states. Precursor to much of the ensuing state legislation on preschool expulsion prevention. (*expulsions-suspension_final policies 2014 federal statement copy.pdf*)

Section 5: IECMHC as Evidence Based Practice

Until fairly recently (2015), much of the work in IECMHC has not dealt explicitly with targeting disparities that exist in the emotional well-being, expulsion rates and disciplinary practices for young children of color – especially African American and Latino children (Davis, Shivers, & Perry 2018). Currently, using a racial equity lens in research and evaluations on IECMHC is not a major trend. But given recent national attention on the growing school readiness gap, implicit bias trends, and racial discipline disparities in early care and education, a research agenda that includes a focus on the role of race and culture in IECMHC is slowly being prioritized (Davis et al., 2018; Meek & Gilliam, 2016).

See/Do Activity:

As a field, we have yet to fully understand whether, to what extent, and the mechanisms involved with understanding how IECMHC closes the gap in discipline disparities for young children who are at risk of marginalization.

Watch the video clip from Dr. Shivers' keynote presentation at a MN Statewide Early Intervention Retreat – https://www.youtube.com/watch?v=JPdeD_M2B8c
[Segment starting at 40:35 – 54:16]

Please read *State Snapshots: Equity in IECMHC Evaluations, (Equity-iecmhc- evaluation.pdf)* and pay particular attention to the Arizona (Smart Support) snapshot. And discuss the following questions in a reflective group setting:

- Why do you think Smart Support (IEMHC) was so effective for the child care providers/teachers of African American and Latino focus children – especially with the additional knowledge that most IECMHC consultants DID NOT directly address race and/or culture in their conversations with providers/teachers?
- In light of these specific findings, how can we message these findings and not re-victimize African American and Latino children by viewing them in a deficient manner?

Digging Deeper:

Please read the article that explores additional findings from Smart Support (AZ) evaluation (*Culture Race and the Consultative Alliance, Davis, Shivers, & Perry, 2018*) – Exploring the role of ethnicity and cultural responsiveness in the Consultative Alliance and how it related to improvements in ECMHC outcomes.

Discussion questions –

- What else do you want to know about these findings?
- What are the important things we should be asking as a field to understand how and to what extent IECMHC could be a disrupter of bias and disparities?

Additional Resources:

- **Point of Entry: The Preschool to Prison Pipeline** by Maryam Adamu and Lauren Hogan (Center for American Progress, October 2015)

This report highlights the trends around preschool discipline as it is disproportionately applied to young black children, and offers recommendations. Access the report at:

<https://cdn.americanprogress.org/wp-content/uploads/2015/10/08000111/PointOfEntry-reportUPDATE.pdf>

Module 2 Michigan's IECMHC Model Equity Integration

Module 2: The Role of an Infant Early Childhood Mental Health Consultant*

Section 1:

Know:

Please reference IECMHC Curriculum section on Qualifications, Characteristics and Skills of an IECMH Consultant (Core Curriculum: pp. 5-6)

See/Do Activity:

Please watch the video [Recognizing Bias and Promoting Equity in Early Childhood Settings \(6 mins 19 sec\)](https://www.youtube.com/watch?v=PJs1aByD2Ao). This video features interviews with experienced IECMHC practitioners. These experts discuss the importance of addressing implicit bias and providing a culturally responsive environment in early childhood settings.

<https://www.youtube.com/watch?v=PJs1aByD2Ao>

After viewing the video, please review pp. 5-6 in the Curriculum: Module 2 again. Please discuss which Qualifications, Characteristics and Skills are most related to the issues discussed in the video.

Support for Supervisors:

To what extent do you agree with the following statements about your SUPERVISEE and YOURSELF as a supervisor? (Strongly Agree, Agree, Disagree, Strongly Agree, N/A)

1. I feel that most of my SUPERVISEES are open to talking about the cultural or racial background of their clients.
2. In MY ROLE as a supervisor, I feel open to talking about the cultural or racial background of my supervisees' clients.
3. I feel that most of my SUPERVISEES are ready/able/confident to discuss issues related to their own background characteristics (gender, culture, race, religion, sexual orientation, able-bodiedness, etc.)
4. In MY ROLE as a supervisor, I feel ready/able/confident to discuss issues related to my own background characteristics (gender, culture, race, religion, sexual orientation, able-bodiedness, etc.)

5. I feel that most of my SUPERVISEES are comfortable/ready/confident to bring cultural and racialized concerns into supervision.
6. In MY ROLE as supervisor, I feel comfortable/ready/confident to bring cultural and racialized concerns into supervision.

Please take a moment to reflect and journal privately on each of the questions posed above. Reflect on your answers with your supervisor, a colleague or another reflective group. Please focus on themes related to what skills, attributes, disposition, etc. reflective supervisors need in order to hold space for their supervisees to explore issues related to race and culture.

Digging Deeper:

At the BUILD Initiative 2018 annual QRIS conference Dr. Sarah Lawrence-Lightfoot addressed her plenary to the researchers, practitioners, scholars, activist, policymakers, and advocates focused on the promise of equal education opportunity for all our children.

The link below provides a 9-minute video clip of her opening statements. Please read the themes of summarized in the clip below. Dr. Lawrence-Lightfoot refers to them as the “liberating frames” of *view, voice, and visibility* as a way for all of us to move the equity agenda forward.

After hearing what Dr. Lawrence-Lightfoot says about these three liberating themes, please reflect on the role of ECMH consultants in transforming of your own organizations and larger systems.

<https://www.facebook.com/TheBuildInitiative/videos/1657480867688408/>

- What would IECMHC look like or feel like if equity and race were central to our work at all levels?
- What keeps us from being there now?
- As you consider your own developmental continuum regarding confidence and competence in talking about race, culture, bias, power, privilege, etc., what ideas/concepts do you want to explore more?

Additional Resources:

- ***From Safe Spaces to Brave Spaces: A New Way to Frame Dialogue Around Diversity and Social Justice (Brian Arao & Kristi Clemens, 2013)***

Section 3: Developing Partnerships

Know:

Review these main concepts from the Curriculum: Module 2 (p.24)

- Practices associated with building partnerships and collaborative relationships include cultural and linguistic competence.
- In addition, self-aware consultants understand and accept their own temperament, can see the role culture plays in their experiences, acknowledged their personal strengths, recognizes their emotions, and has the tools to respond to those emotions in healthy ways.
- With this kind of self-knowledge and awareness, consultants can better navigate complex moments by calling upon their strengths and resources, and they can better anticipate moments that might serve as personal triggers. In general, high levels of self-awareness can help consultants build stronger partnerships with others.”

See/ Do Activity:

Watch the video [Supporting Cultural Traditions Within the Child Care System \(1min 42 sec\)](#)
It highlights a case study that shares a success story of culturally informed work in a tribal early childhood setting.

https://www.youtube.com/watch?v=quy4Dsf_Qm0

Review the *Mindful Reflection Protocol: A Process for Checking Unconscious Bias* (Dray & Wisneski, 2011). (***Bias Comparison Exercise Mindful Reflection Protocol copy***) As you read through the 6 steps in addressing bias, consider how this approach aligns (or doesn't) with elements of the Consultant Stance and reflective practice in general. Please discuss with your reflective group. Does this approach support the development of a responsive partnership? Could you see yourself using these steps? Which ones? How might you adapt them?

Module 3 Michigan's IECMHC Model Equity Integration

Section 1: Self-Awareness and Reflective Practice*

Maria St. John, member of the Diversity-Informed Infant Mental Health Tenets (Diversity Tenets) Workgroup, says, "infant and early childhood mental health work IS social justice work" (Maria St. John, webinar, 2015). Accordingly, the very first Diversity Tenet exclaims:

"Self-awareness leads to better services for families."

See/Do Activity:

SELF REFLECTION SURVEY

Directions:

Please respond to the questions below as honestly as possible. These questions are offered as a support for your reflective process and are encouraged to be used as discussion points during your reflective supervision. Taking the time to reflect and fill out and ponder these questions will prime you for the spaces that can be created to discuss race, culture, equity and bias in courageous ways.

1. Do issues around race, culture, bias, etc. come up in your work as an IECMHC (or supervisor)?
 - Yes
 - No
 - Other (please explain)
2. If you answered "yes" that racial equity issues do come up in your work, with whom are you most likely to encounter equity issues? (Mark all that apply.)
 - With child care providers/teachers
 - With families
 - With my supervisor
 - With leadership in my organization
 - With peers and colleagues
 - Other (please specify)
3. With whom do you talk/process when racialized issues come up in your work? (Mark all that apply)
 - No one
 - Colleagues
 - Leadership
 - My supervisor

- Outside support: professional networks
 - Outside support: personal networks (e.g., friends and family)
 - Other (please specify)
4. What do you think are the biggest challenges to implementing content from other racial equity trainings and professional development in your day-to-day work?

[open-ended response option]

5. What topics/situations related to racial equity cause you the most dysregulation or discomfort in your day-to-day work? (This might also include interactions with colleagues.)

[open-ended response option]

6. How do you respond/react to the racialized instances that cause the most dysregulation or discomfort? (Mark all that apply)
- Stew
 - Avoid
 - Process with my supervisor
 - Process with peers and colleagues
 - Process with family and/or friends
 - Address the situation directly

Other (please explain)

Additional Reflection:

In August 2018, the Alliance for the Advancement of Infant Mental Health and the Colorado Association for Infant Mental Health co-hosted the 3rd Annual Reflective Supervision / Consultation Symposium where the central focus was on racial equity. Dr. Shivers of Indigo Cultural Center worked with the Symposium planners to conduct a post-evaluation survey and publish a report (Shivers & Yael, 2019) on the survey findings along with practice and policy implications that could be accessed by the larger IMH field.

- Please reflect on the following:

Highlighted Symposium Report Findings (Shivers & Yael, 2019): (Alliance Equity and RSC Symposium Eval Report v12419 copy)

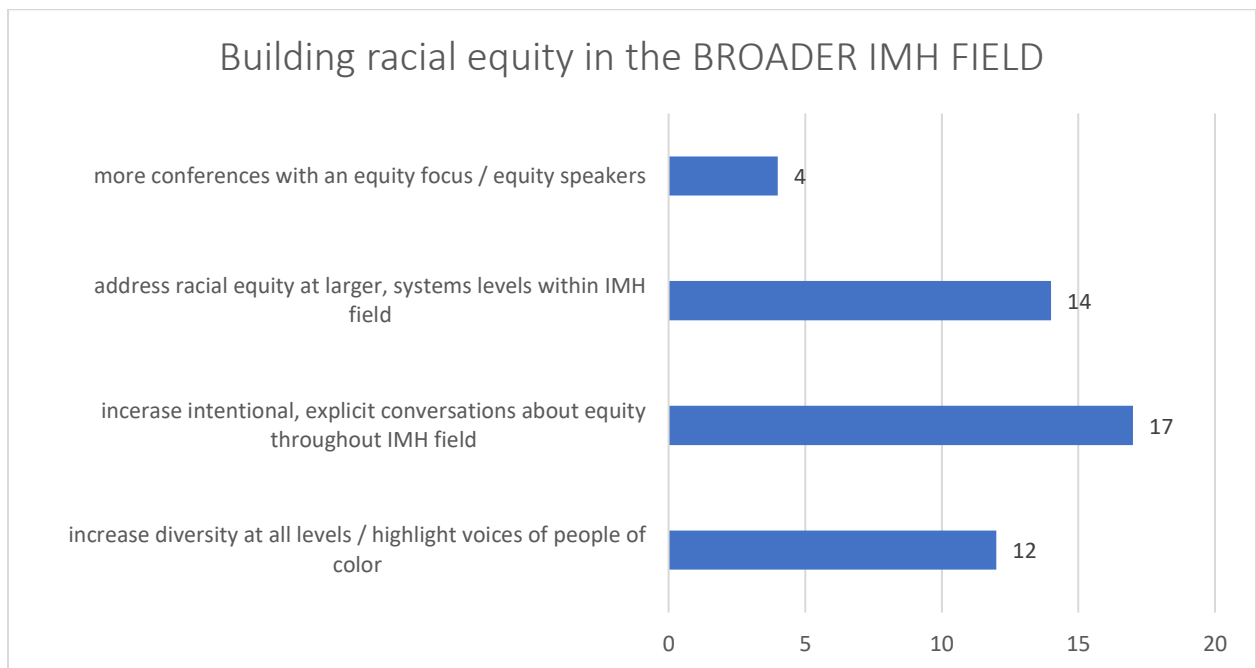
82% of Symposium participants reported SHIFTS IN THEIR OWN REFLECTIVE PRACTICE as a result of attending the Symposium. The top two most salient examples of shifts in practice included:

- 1) Being more intentional and explicit in bringing conversations about race, power and privilege in their reflective practice; and
- 2) Feeling more competent and confident in entering into racialized conversations with others.

Reflective practitioners were also asked to respond to the following:

What should we keep in mind FOR THE BROADER INFANT AND EARLY CHILDHOOD MENTAL HEALTH FIELD as we CONTINUE THE WORK OF BUILDING EQUITY in the infant and early childhood mental health field?

[Survey participants provided open-ended responses, which the researchers coded into larger themes.]



“The power dynamics of society are reflected in our field, with leaders who have opportunity for more education reflecting the power classes and those who are working in child care and other para-professional roles reflecting the community more closely. We need to work on bridging the different kinds of knowledge and informing each other in a more respectful way rather than leaders identifying what others need to know and not being open to what leaders need to learn from others.”

“How can a field of predominantly white women create a space that allows for conversations about equity?”

Discussion Questions:

- After reviewing these results, what are your reflections on what it takes to move the IEMHC workforce toward a deeper integration of racial equity into our day-to-day work?
- What are your reactions to the individual quotes presented above? What would you add?

Support for Supervisors:

Please reflect on the following questions from Toby & Bobes (2017) *Promoting Cultural Sensitivity in Supervision (not in handouts)*

- Of the various dimensions of self, including but not limited to race, gender, class, religion, sexual orientation, which dimensions are easier for you to own and embrace or not easy to own and embrace?
- Which dimensions of yourself are sources of your greatest personal pride / sources of your personal discomfort?
- Of the range of differences that others identify with, which kinds of difference are you most comfortable with
- Similarly, which kinds of difference are you most uncomfortable with?
- How might these personal experiences of difference shape how you interact in supervision?
- How does your culture (broadly defined) shape and inform your attitudes and beliefs about privilege and power -- especially in regard to your role as a supervisor?

Digging Deeper:

- **You Can't Fix What You Don't Look At: Acknowledging Race in Addressing Racial Discipline Disparities** by Prudence Carter, Russell Skiba, Mariella Arredondo, and Mica Pollock (The Equity Project at Indiana University, Center for Evaluation and Education Policy, December 2014)
 - This report is part of a three-part series on "Acknowledging Race" from the Discipline Disparities Research to Practice Collaborative. Access the report at: http://www.indiana.edu/~atlantic/wp-content/uploads/2014/12/Acknowledging-Race_121514.pdf

Reflection Question: As you read through *You Can't Fix What You Don't Look At*, pay careful attention to areas in the report that provoke a significant internal reaction. What do you think you are learning about yourself based on these reactions?

Additional Resources:

- Telling Our Own Story: The ***Role of Narrative in Racial Healing*** (***American Values Institute, 2013***)
- ***From Safe Spaces to Brave Spaces_2013***: A New Way to Frame Dialogue Around Diversity and Social Justice (Brian Arao & Kristi Clemens, 2013)
- ***White Fragility DiAngelo copy*** (Robin DiAngelo, 2011)

Section 2: Types of Consultation

Know:

From Georgetown’s Cultural Competence Modules

“Reflective practices can also be used by the consultant with ECE staff. The consultant can help staff address interactions among staff, between staff and families, and in their work with children. Some of these interactions will involve challenges related to cultural differences – the personal/professional beliefs, values, and biases among staff and those they serve. The consultant can engage in reflective dialogue to discuss a specific situation, analyze feelings, understand the experience from a personal cultural context, and consider other options for responding in the future. In this way, the consultant can support staff and improve services to culturally diverse young children and families.”

[Read more about Reflective Practices and Supervision at the Center for Early Childhood Mental Health Consultation site below.](https://www.ecmhc.org/tutorials/competence/mod4_20.html)

https://www.ecmhc.org/tutorials/competence/mod4_20.html

Section 2A: Targeted Consultation (focus on children and families)

Know:

From MI’s Curriculum: Module 3 (p 19) it says, “Specifically, the IECMH consultant models the optimal attributes that need to be fostered between the adult and child. This kind of modeling requires the consultant to be able to consistently and authentically do the following:

- Recognize, understand, regulate, and use his or her own feelings to inform the work
- Respond thoughtfully when engaged in emotionally intense interactions
- Be aware of the impact of his or her interactions with a family or provider
- Form an alliance with the family and provider on behalf of the child
- Demonstrate concern and empathy

- Observe ecologically (home, care settings, community, etc.)
- Listen carefully
- Gather information (facts, feelings, and thoughts)
- Identify and build on child and family strengths
- Promote reflection
- Comment, clarify, reframe, interpret (talk “through the child” to interpret the child’s behaviors, to serve as the child’s ally.)
- Highlight and support the family-child and/or family-caregiver relationship
- Be aware of how the values and attitudes of the family or provider differ from his or her own.”

See/Do Activity:

Please watch the following two video clips from Dr. Rose Marie Allen: *Preschool Expulsions and the Role of Implicit Bias*.

- Access Part 1 at: <https://youtu.be/iE2H7eiZBk0> (3 mins 15 sec)
- Access Part 2 at: <https://youtu.be/rntezhBGak> (3 mins 3 sec)

After watching Dr. Allen’s video clips, please read the following case study scenario (Reflective Dialogue Illustration), and then answer the questions below.

Discussion Questions

- Which of the IECMHC attributes listed above are present in the case study?
- What other considerations regarding family dynamics come to mind for you as you watched Dr. Allen’s videos and/or reach the case study?

Digging Deeper:

Read through *NAEYC’s Quality Benchmark for Cultural Competence Project* (Davida McDonald, 2009) (***NAEYC Cultural Competence Tool 2009***) and note the 7 concepts (pp. 3-4) they list that define cultural competence approaches in early childhood programs. Find one that is particularly compelling for you and apply the scoring criteria for that concept to one of the programs with whom you work.

Discuss your findings in your reflective group.

Additional Resources:

- Activities to Support Staff’s Cultural and Linguistic Competence.
https://www.ecmhc.org/tutorials/competence/mod4_19.html
- Do Early Educators’ Implicit Biases Regarding Sex and Race Related to Behavior Expectations and Recommendations of Preschool Expulsions and Suspensions? (Gilliam, Maupin, Reyes, Accavitti, & Schic, 2016) (*Gilliam et al 2016 ECE Implicit Bias*)
- Colorism, A Legacy of Historical Trauma in Parent-Child Relationships (Lewis, Norona, McConnico, & Thomas, 2013)(*Historical Trauma Colorism 2013-Lewis et al copy*)
- Telling Our Own Story: The *Role of Narrative in Racial Healing* (American Values Institute, 2013)

Section 2B: Programmatic Consultation (classroom or program-wide)

See/Do Activity Part 1:

After you complete a CHILD Assessment (Climate of Healthy Interactions for Learning and Development, Gilliam & Reyes, 2016) with a current classroom, please complete as many questions as you can on the Equity Worksheet (it’s okay if you don’t get to all of them) and discuss the results with your reflective group. (*CHILD Equity Worksheet for Consultants_05.31.17copy*)

- Based on your ratings and your notes from the Equity CHILD Worksheet, what were some of the strengths you noticed in this classroom?
- What were some of the challenges?
- As you think about using this data to continue working with this classroom, where will your priorities your conversations and strategies?
- Do you need additional resources or support to help you apply these findings with the teachers in the classroom?

See/Do Activity Part 2:

Please take a look at the assessment link below. *The Cultural and Linguistic Competence Self-Assessment Checklist for Early Head Start and Head Start Program Administrators and Managers*

<https://www.ecmhc.org/assessment/Adminisitrator%20and%20Manager%20Self%20Assessment.pdf>

Please rate yourself and reflect and discuss your experience with your reflective group.

- Were you surprised by your results?
- Do you do some of the strategies with certain programs and child care providers/teachers, but not with others? Why might this be the case?

Section 3: Working Across Multiple Relationships

Reflection Questions:

Review the Diversity Tenets (pp. 67-68) (***Diversity-Informed Tenets Spanish English 2nd edition 2018 copy***) again and answer the following questions in your reflective group:

- Which tenets are easily applicable in your role as an IECMH Consultant?
- Which tenets feel like they are located farther from your 'locus of control' as an IECMH Consultant?
- Please review each tenet and reflect with your group on real-life examples for each one that are germane to the work of an IECMH Consultant?

Section 4: Reflective Supervision

Reflection:

Dr. Toby Bobes writes the following (from his 2017 manual, *Promoting Cultural Sensitivity in Supervision*, p. 16) (not in handouts):

“Strategy #3: Supervisors promote a climate of safety, risk-taking, and transparency in dialogues. They invite conversations with supervisees to dialogue about their cultural identities such as race, gender, class, sexual orientation, and religion. **Supervisors introduce dimensions of diversity in the initial supervision session** to set the tone to explicitly acknowledge and validate the lived experiences of group members of diverse backgrounds. **They model identification of their 'social location' and invite thoughtfulness and dialogue about the explicit and implicit ways that power, privilege, and subjugation operate in therapy, supervision and training contexts.”**

Please consider and reflect on the following questions:

1. To what extent do you agree or endorse this strategy? (Strongly Agree, Agree, Disagree, Strongly Disagree)
2. Do you currently incorporate any aspects of this strategy into your reflective supervision?
3. What aspects of this strategy seem the most challenging to you? Why?
4. Are you already aware of particular situations that may lead to discomfort for you? For example, clinical dilemmas that may be beyond your comfort zone

Additional Resources:

- Exploring Diversity in Supervision and Practice (Heffron, Grunstein, & Tilmon, 2007) (***Heffron Exploring Diversity in Supervision ZTT 2007 copy***)
- Promoting Cultural Sensitivity in Supervision: A Manual for Practitioners (Hardy & Bobes, 2017) (*this suggested resource is for the entire manual and therefore not included in these handouts*)

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