

Directions: In a small group at your table, please discuss how you would articulate the ‘**Equity Stance**’ within each element of the **Consultative Stance**. Rotate to a different table after your group has discussed 2 of the elements.

- What broad, reflective questions arise for you as you consider this element through an equity lens?
- Are there examples of a time you applied these elements to issues related to race /equity (or wish you had)?
- What other considerations come up for you as you view this element with an equity lens?

10 Elements of Consultative Stance (Johnston & Brinamen, 2006)

1. **Mutuality of endeavor.** Early childhood mental health consultation can be effective only when the consultee contributes to and participates in the process.
2. **Avoiding the position of sole expert.** In accepting that the work is a collective effort between consultant, providers, and parent, the expertise of others is valued as equal to the consultant’s own.
3. **Wondering instead of knowing.** “Wondering with, not acting upon” (J. Pawl, personal communication, 1997) the caregivers with whom the consultant is working elicits their involvement in the process and properly preserves the sense of the consultee as the holder of the essential information and knowledge as the agent of change.
4. **Understanding another’s subjective experience.** The consultant introduces the importance of “not knowing” by demonstrating curiosity about internal experience of the other.
5. **Considering all levels of influence.** In addition to the personal histories of child care providers, there are numerous other influences on their views of a child and on their ability to respond effectively.
6. **“Hearing and representing all voices – especially the child’s.”** Eliciting the voices of all child care community members, the consultant is dedicated to hearing about and from each individual.
7. **The centrality of relationships.** Because development is transactional and mental health is promoted through interactions between child caregivers, the centrality of relationships underlies all beliefs about ECMHC.
8. **Parallel process as an organizing principle.** The consultant’s way of being emanates from her conviction that the ways in which people are treated affect how they will feel about themselves and treat other people.
9. **Patience.** Just as consultants encourage and attempt to foster patience in caregivers’ relationships with children, consultants must also be patient with the caregivers and parents.
10. **Holding hope.** Child care providers often lose hope in the face of daily crises and persistent challenges. The consultant must maintain a belief in change in a slow shifting system.