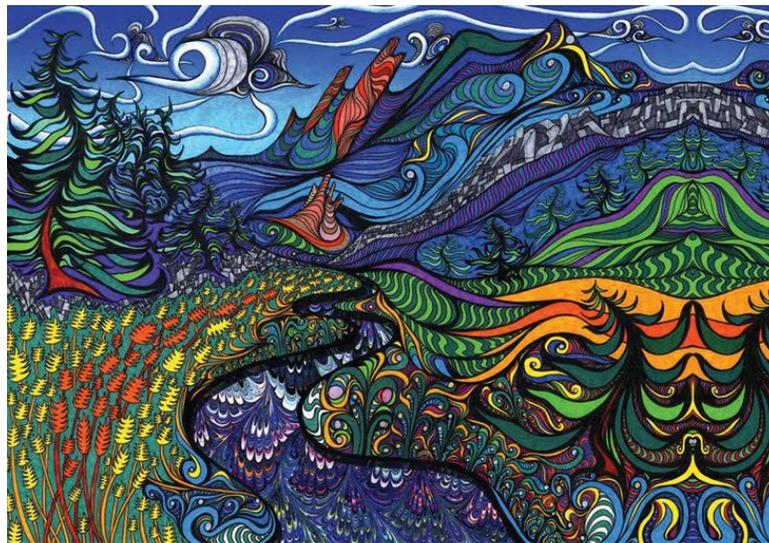


The Consultative Stance: Basis, Basics & Bias

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Infant-Parent Program

PART ONE : BASIS

What are the conceptual influences on a relationally focused, dynamically & equity informed approach to early childhood mental health consultation?



CONCEPTUAL INFLUENCES

Infant Mental Health

Psychodynamic Principles of Mental Health

Professional Consultation

Equity and Diversity Principles



CONSULTATION

Understanding ecological influences is integral

Participation should be voluntary

Relationship is nonhierarchical

Consultant holds an expertise distinct from, but equal to the consultee's.

Collaboration is a hallmark of the effort out of which a contract is co-created.

Consultee's subjective experience is important

AS TRADITIONALLY TRANSACTED

Consultation has always consisted of “assisting others with a work difficulty” (Caplan, 1964)

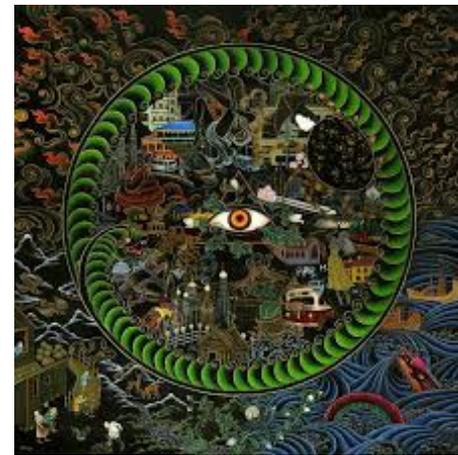
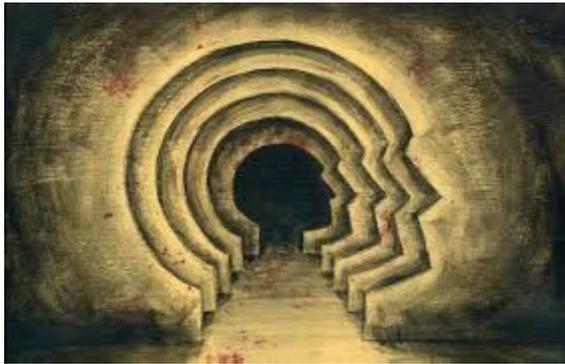
Early conceptualizations adhered to a deficit perspective

What was lacking resided within an individual – either the client or the consultee

The consultee’s contribution is focused upon only when inadequacies in skills, knowledge or professional objectivity are identified.

MENTAL HEALTH

Unconscious processes influence attributions & action



Past experiences effect current responses

Defenses can distort the ability to respond contingently

INFANT MENTAL HEALTH

Development is viewed as transactional

Conceptualize dilemmas as dynamic rather than static states

Early experience influences all developmental domains, especially the social–emotional domain

Relational expectations are expressed in behavior

Ameliorating difficulty or distress is also relational

EQUITY PRINCIPLES

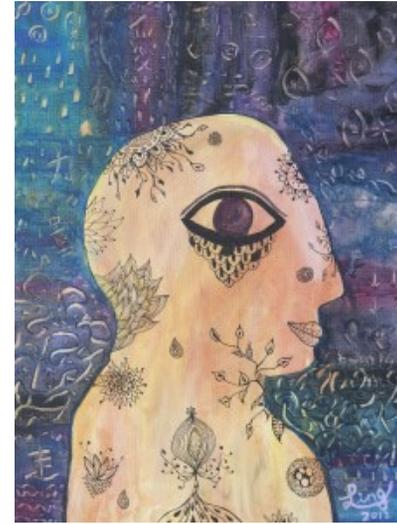
Start with Self Awareness

Work to Acknowledge Privilege

Recognize Non-Dominant Bodies of Knowledge

Honor Diverse Family Structures

Allocate Resources



PURPOSES & PARAMETERS OF CONSULTATION

Focus on fostering healthy development of ALL children

Aimed at preserving a positive state of mental health

Simultaneously address acute mental health concerns

By building the capacity of adults

Addressing racial bias in disciplinary & expulsion practices

WHAT IS IMPLICIT BIAS ?

Unconscious beliefs, attitudes, feelings and expectations that systematically influence how one views, treats and or makes decisions



INEQUITIES IN EXPULSION RATES



AA Children 3.6 times more likely to be expelled than white children

AA children make up 19 % of all preschoolers, but account for nearly half of who gets expelled

250 preschoolers suspended or expelled daily from preschool programs- disproportionate percentage of color and/or disabilities

RACIAL BIAS IN PERCEPTION

Boys of color perceived as older and more threatening

Teachers look more at AA children than white children when told to expect challenging behavior

Familial stress elicits empathy when student and teacher are of the same race

ADDRESSING INEQUITIES

Awareness of the problem is an essential initial but insufficient step

Solutions exist at the structural, program and personal level

Effective interventions are aimed at the adults not children

Some states are responding through legislation regarding expulsion – California, Colorado, Maryland, Ohio, Tennessee and Texas

ECMH CONSULTATION'S IMPACT ON IMPLICIT BIAS

Proven effect on Implicit Bias as evidenced in racial disparities in expulsion -(Gilliam, 2005)

Showing impact on provider's perceptions of behavior of boys of color- (Shivers, Guimond and Steier, 2016)

>African American and Latino boys initially had lower scores than peers on initiative, self-control, closeness and attachment, and higher scores on conflict, expulsion risk and negativity

>African American and Latino boys showed greatest positive growth on all measures, outperforming all peers

>Gains continue over 12 month period

WHY MIGHT THIS BE SO?





QUESTIONS

We know that ECMH Consultation has an impact on implicit bias despite the fact few of us have explicit conversations about racism.

How do we understand IECMH Consultation's impact?

What are the mechanisms of change?

How can we build upon and enhance IECMH Consultation's impact on racism?

HYPOTHESIZING ON MECHANISM OF CHANGE

- Acknowledge constructs contributing to the meaning ascribed behavior
- Bring unconscious biases to awareness
- Encourage broadening of behavioral meaning
- Promote self reflection
- Usefully distill family circumstances and trauma narrative
- Identify and accentuate shared values, goals, experiences and perspectives
- Lean into and help others tolerate discomfort and disagreement

CONSULTATIVE STANCE



PARALLEL PROCESS

The consultant's way of being emanates from her conviction that the ways in which people are treated effect how they feel about themselves and treat other people.



THE RELATIONSHIP IN CONTEXT

The provider-child relationship cannot be meaningfully considered or addressed separately from the many systems within which it exists and unfolds.



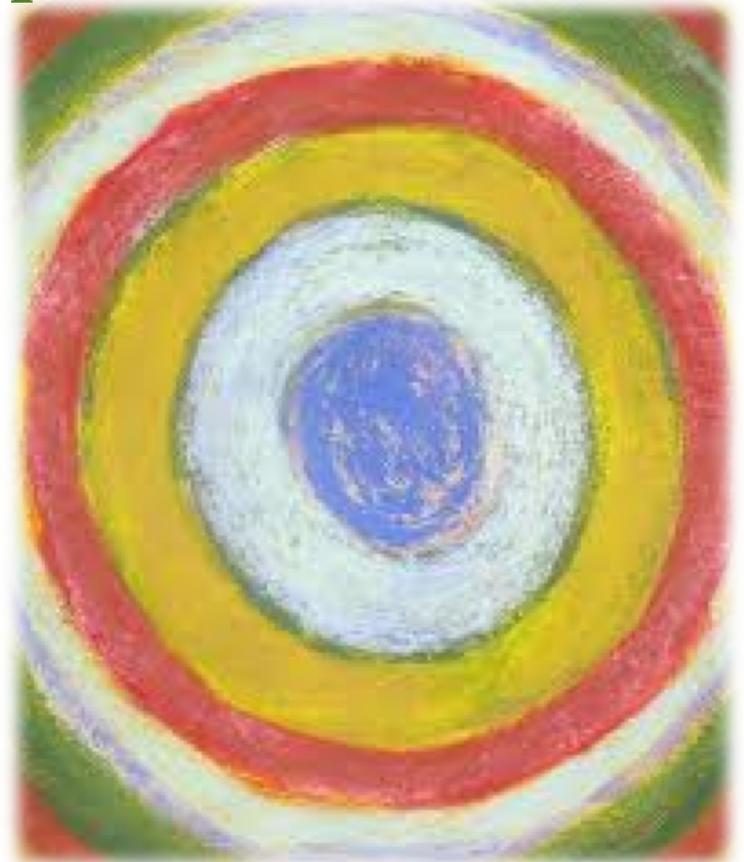
CONSIDER MULTIPLE INFLUENCES

Social/Bureaucratic level

Cultural level

Interpersonal level

Intrapsychic level



ATTEND TO SUBJECTIVE EXPERIENCE

Attune to the consultee's attributions and projections

Appreciation of subjective reality is not synonymous with acceptance

Understanding consultee's perception allows consultant to reposition if necessary and align advice to the situation for greatest receptivity



WONDERING INSTEAD OF KNOWING

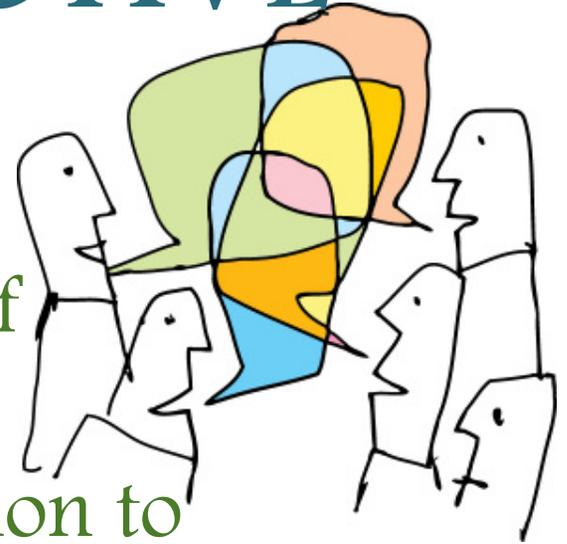
Avoid the pull to immediately proffer advice

Elicits currently held interpretations and ascribed meaning

Demonstrates that understanding is a process not a moment

Mutually making meaning is an intervention

PROMOTE PERSPECTIVE TAKING



Expect and Elicit Different Points of View

Develop an understanding of relation to disagreement/conflict

Create agreements about how to handle different perspectives, before conflict arises

Demonstrates that various views can be held and heard equally.

HEAR AND REPRESENT ALL VOICES

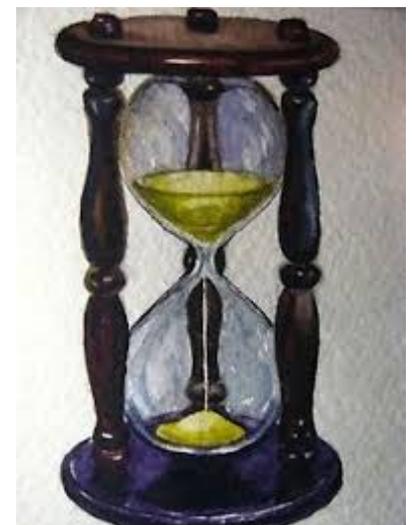
The consultant represents the perspective of one participant to another, with the eventual aim of increasing the adults' capacity to communicate directly with one another.



PATIENCE

Internal change and systemic shifts take time

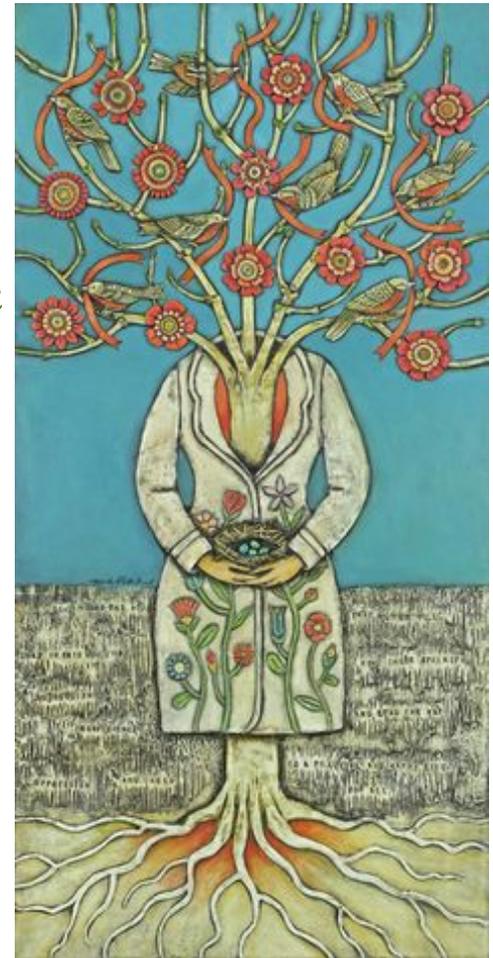
A future orientation is at times necessary ~ focus on the children to come, not exclusively on the children currently in the program.



HOLD HOPE

The ability to step out of the seemingly static system allows the consultant to see possibilities.

The consultant must maintain her belief in change in a slowly shifting system.



MODELS TO INCORPORATE AND EXPAND

Diversity Informed Infant Mental Health Tenets

Courageous Conversations – Glenn Singleton, teaches four agreements for entering into conversations about race

Promoting Racial Literacy in Schools – Howard Stevenson teaches the ability to read, recast, and resolve racially stressful encounters.

Patricia Devine developed a “multi-faceted prejudice habit-breaking” intervention. A “toolkit” of five strategies



QUESTIONS TO CONSIDER

What 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?

WHAT WILL YOU TAKE WITH YOU ?

Where will you take it?

