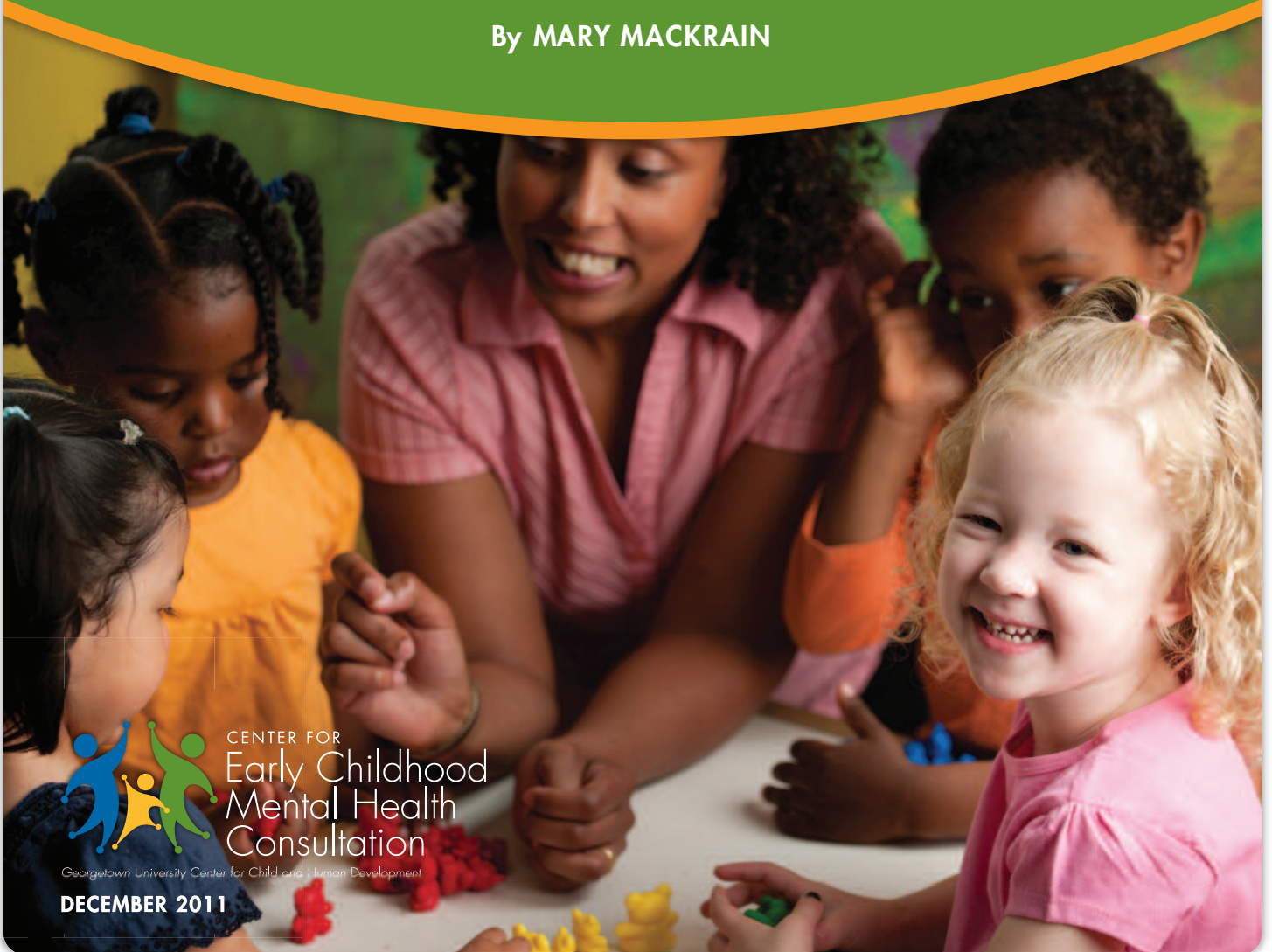


# A Day in the Life of an Early Childhood Mental Health Consultant

*A Series of Real-life Vignettes  
Illustrating the Early Childhood Mental Health  
Consultation Process*

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# INTRODUCTION, INTENDED USERS, AND PURPOSE OF THIS RESOURCE

**S**ocial-emotional health is one of the most critical factors in a child's healthy development and readiness for school and life success—a factor that depends on weaving effective mental health services into programs that support young children, including early care and education.

Early childhood mental health consultation (ECMHC) has been identified as a specific approach to prevent early childhood expulsion and a means to promote successful social, emotional, and behavioral outcomes in infants and young children. ECMHC is primarily an indirect, prevention based service provided within early care and education programs such as child care and preschool for serving children 0-5 (Cohen & Kaufmann, 2005).

As defined by Duran, et al (2010), ECMHC is:

*A problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more caregivers, typically an early care and education provider and/or family member. Early childhood mental health consultation aims to build the capacity (improve the ability) of staff, families, programs, and systems to prevent, identify, treat and reduce the impact of mental health problems among children from birth to age 6 and their families (Adapted from Cohen & Kaufmann, 2000)*

Cohen and Kaufmann (2005) describe two main types of ECMHC, child/family-centered and programmatic.

- **Child and family centered consultation** is aimed at helping a particular child and family that might be struggling with factors such as, aggressive or withdrawn behaviors or multiple family stressors that put their child care placement at risk or inhibit their ability to have a successful learning experience.
- **Programmatic consultation** concentrates on improving the universal quality of an early care and education program to better support the social and emotional well-being of all children and to address issues that may affect multiple children. For example, a consultant might do a training on staff stress, complete and help a child care director use a social emotional classroom inventory or support the integration of universal screening.

In practice, it is common to have these two types of consultation blend together—with strategies informed by the needs of an individual child often having implications for the routines or practices for the whole classroom; and likewise, programmatic strategies often assist individual children who may have been exhibiting challenging behaviors.

This resource is primarily intended for use by early childhood mental health (ECMH) administrators, supervisors, technical assistance staff, and early childhood mental health consultants. The purpose of this resource is to describe the general process of ECMHC using candid, unfiltered stories to illustrate what consultants do within early care and education settings in collaboration with families, teachers, children and other partners every day. The vignettes can help shed light on the complexity of the ECMHC process and its critical ingredients such as: self-reflection, listening, learning, facilitating and unpredictability. While each story is unique, each reflects the foundational aspects of

ECMHC: relationships. Settings for the vignettes include varying early care and education settings: Early/Head Start, center-based child care and family child care.

Specifically, this resource is intended to:

- assist early childhood mental health consultants and their supervisors to reflect and dialogue on best practices and the complex processes involved with providing high-quality ECMHC services and
- facilitate the integration of best practices in ECMHC into early childhood systems of care.

# HOW TO USE THIS RESOURCE

The vignettes and discussion questions within this resource can be used to:

1. **Enhance training for new ECMH consultants.**  
As ECMH administrators, technical assistant staff or seasoned consultants train new or existing consultants on the process and practices of ECMHC, these vignettes can be used to illustrate, in story-form the complex work through the eyes of a consultant.
2. **Strengthen consultants own practices through independent journaling and self-reflection.**  
Consultants can take their own time to read each vignette in the series and reflect on the discussion questions to enhance their own professional growth.
3. **Dialogue and reflect with other ECMH consultants within group supervision.**  
Supervisors can facilitate use of this resource during group discussions with consultants to generate dialogue around consultation practices, for example, a supervisor might use *Vignette 11. Talking with a Family About a Community Referral for Additional Services* to enhance discussions around linking families with community resources.

**Please note:** Families and teachers are not identified as primary users of this resource; however, families and teachers are essential partners in the early childhood mental health consultation process. It is important that they understand what mental health consultation is, distinguish the two primary types of consultation, describe the role of the consultant and prepare to

fully participate in the collaborative nature of the consultation process. For working with families and teachers we recommend that ECMH supervisors and administrators utilize two resources:

- Cohen and Kaufmann's (2005) resource titled, Early Childhood Mental Health Consultation found on the SAMHSA website at; <http://store.samhsa.gov/shin/content//SVP05-0151/SVP05-0151.pdf> and
- Hepburn and Kaufmann's (2005) resource titled, A Training Guide for the Early Childhood Services Community available at <http://store.samhsa.gov/shin/content//SVP05-0151/SVP05-0152.pdf>

## Common Terms

Throughout this resource, consistent terms are used to describe the people that support infants, toddlers and preschoolers. These terms are not meant to be limiting but inclusive of the diverse array of adults involved in young children's lives. These terms are described below.

**Consultant:** A consultant refers to the person providing early childhood mental health services to children, their families and teachers within early care and education settings such as child care and preschool.

**Family:** Family refers to biological/adoptive parents, grandparents, aunts, uncles, foster parents, or any other steady presence in the child's life within the child's home(s).

**Parent:** Parent is used to refer to any adult who is the primary caregiver for a child and provides ongoing support for the young child in his or her home environment.

**Teacher:** Teacher is used to refer to any adult that provides ongoing care for a child outside of the child's home such as a preschool teacher or a licensed child care provider.

**Young Children:** Young children refers to infants, toddlers and preschoolers birth up to five years of age.

## Reflection Opportunities



Throughout this resource consultants use a common practice of reflection—stepping back from one's experience to find understanding and meaning, to enhance their consultation practices. These reflective experiences

are noted throughout the vignettes in shaded boxes. Although these reflections are a part of the story, they may be used as an opportunity to stop and explore the consultant's technique in processing ECMHC work. Furthermore, opportunities for reflection can be found at the end of each vignette within the discussion questions.

## Additional Resources

Each vignette includes a reference box at the end of each chapter with links to existing resources that may enhance consultation strategies illustrated in the vignette. For example, in *Vignette 9. Programmatic Planning to Support Staff Relationships and Well-being* includes a reference box linking the reader to stress reduction resources for adults located on the Center for Early Childhood Mental Health Consultation website ([www.ecmhc.org](http://www.ecmhc.org)).



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## Discussing a Referral for ECMH Consultation with a Family

I had become a regular face at the Early Head Start center in a small, rural town. I had been visiting one time per week for over 4 months doing programmatic consultation per the request of the Director within the infant and toddler rooms. It was a new program and the Director wanted support to ensure they were promoting social emotional health of infants and toddlers and that staff felt supported. Many staff were new to this work. It felt like a luxury to get into a program at that level, working from the ground up.

Recently, a new family had joined the center and within a few weeks an infant teacher, Ms. Darlene, talked to me about her concerns with Cameron, a new 10 month old infant in her primary care. Cameron seemed to be saying, “I need help” through his behavior. He often grasped for the caregiver and then let go and wanted to be put down. At times he would cry and want to be held, other times he turned away from this comfort. The caregiver, a parent and a grandparent herself felt at a loss as to how to bond with Cameron as he seemed almost disorganized in what he wanted or needed from her.

Ms. Darlene had completed both a developmental screening and a social emotional screening for Cameron as she did for all children within her care. She had also asked Cameron’s mother to complete the same ratings. No concerns were indicated in gross motor, fine motor or development of communication skills. Both teacher and parent social emotional screenings indicated Cameron had some need for growth in the area of

expressing feelings, showing self-initiation and interacting with others. Ms. Darlene wanted help. She reported her uneasiness in talking with Cameron’s mother about a referral for consultation services as his mom often seemed in a hurry and they hadn’t yet built a rapport. I asked her if it might make it easier if she and the director did this step together and she agreed it would.

This was the first child and family-centered consultation referral I had at this center and I wanted to tread lightly. I knew that this step of discussing a referral for consultation services with a family set the tone and inevitably the success of consultation services.

During Ms. Darlene’s break, I met with her and the director and went over some helpful hints on talking with families about consultation services. We discussed the importance of entering this type of conversation in a strength-based way, using examples of Cameron’s behavior that were positive, such as his abilities to build, climb, sit next to other children and use many sounds to show interest in things. Other things we discussed were, making sure to talk with Cameron’s mom at a time that was convenient, private and not rushed. Talking at the beginning or end of day when things were busy never seems to go well. Lastly, we discussed what materials might be helpful to have on hand for this conversation like the screening results, anecdotal observations and some basic information on the early childhood mental health consultation program.



Ms. Darlene said she felt better prepared to talk with Cameron's mother about the referral for consultation and would make a time to talk to her soon. Shortly thereafter, Ms. Darlene left me a voicemail that she had met with Cameron's mother Darcy, that it went well, and that Darcy was expecting a call from me. I wondered, "What did it went well mean exactly?" I had called Darcy and today was the day she agreed to meet with me at her work place. I typically had a smile on my face as I drove the 30 minutes along the beautiful lakeshore to the center. Today felt different.



The reason today felt different than most days, is because I didn't have a sense of what I was getting into. I didn't yet have a relationship built with Cameron's mother and this upcoming encounter was unpredictable. I kept telling myself, "it will go how it goes." If I could meet Cameron's mother with a perspective of respect and open-mindedness, we would have a chance. I had been sensitive and responsive to the fear and anxiety of the caregiver by listening and empathizing with her strong emotions. This seemed to allow Darlene the ability to also respond to Cameron in a more sensitive nurturing way. I had to put aside that fear and anxiety so I could be present for Cameron's mother. I took a few deep breaths, and moved into my practical mode and did an inventory of my materials.

The consultation program I worked in had created family friendly documents that were helpful when meeting with families for the first time. I had a folder with our Early Childhood Mental Health Consultation Program brochure, my card with contact information and a simple consent form that I could review with families. This was something tangible that I could hand over to Cameron's mother, Darcy. I walked into the grocery store where Darcy worked to begin our meeting.

I spotted Darcy right away coming towards me. She was frowning and gave me a quick wave as she glanced over toward a gentleman up front who appeared to be her manager. He gave her a smile and waved her off as if to say, "It's okay, take care of business."

When she got to me she said, "Hi, let's go outside." We walked over to an empty picnic table off to the side of the store and sat down. "Sorry I couldn't meet you at the center, I work two jobs and I can't get any time off." "That's Ok," I said, "Your time is precious; you seem to have a lot of responsibility." Her shoulders seemed to fall a bit and she looked at me, really looked at me. "Are you from around here?" she asked. "I live a few towns over," I said. "My family has lived in the area for a long time."

"What's your last name?" she asked. I told her and she recognized the name. I think she wanted to know if I was one of those people who didn't understand life in a small town. She went on to tell me about her situation. She was a single mother, her husband was incarcerated and she was on her own with two children. I empathized with her and validated her complex life situation.

Her head went down a little and she asked if Cameron was okay, averting her eyes from mine. I said that Ms. Darlene wanted to build a good relationship with Cameron and she needed some help in understanding how to do it. She wanted him to be happy and safe at the center and right now she felt her efforts weren't working. I explained that my job was to get everybody talking and working together to figure out what Cameron was trying to tell us with his reaching out and pulling away behavior, yet I certainly would not get involved unless she was okay with it.

Darcy was quiet and I noticed she was tearing up a little. A wise supervisor once told me I needed to learn to sit on my hands, in other words wait with someone in their silence and reflection.



I instinctively wanted to fill up the silence and ease the pain, fear or other feelings with quick solutions. I knew that not working with silence could be detrimental to the relationship unfolding, putting me in the role of expert or the one to fix things when Darcy was working hard at fixing things and she was indeed the expert on Cameron. What must it be like to be her? possibly scared, unsure, responsible for two children on her own, and now me—a stranger—coming to meet her.

“Sorry,” she said, “I haven’t been getting much sleep lately.” “That’s rough,” I said, “I hope things can level out for you and the kids.” “So,” she said, “tell me what you can do.” I went on to talk about how the consultation program was a way to help everyone help Cameron, it wasn’t a program where anyone was blamed or labeled in any way. My role was not to be the expert but the person who brought all of the information together for us to problem-solve as a team. I let her know a little about my background and how consultation might work. Additionally, all information she shared would be confidential and she could opt out at anytime. Most importantly, her knowledge of Cameron would be used to help us help him in the group setting. I pulled out the folder that had the program information in it, took out the brochure, and said, “This will give you a little more information about the program I am with. I also

put my card in here so you can call me at any time to ask questions or to just talk.” Cameron’s mom nodded and said, “Will you start right away? Will it cost me anything?” I explained that in order to get started I needed a consent signed saying she was informed and open to my assistance. We reviewed the form together and I asked her a few questions to be sure she was all right with signing. I also explained that in this particular program there was no fee for services. Darcy said, “I am glad, we are just getting by as it is but I do want Cameron to get what he needs.” I responded, “I understand times are hard.” Darcy looked toward the door of the store, “I better get back to work,” she said. She got up and reached out and briefly shook my hand, and said “Thanks.” I got up and said, “How about I call you in a few days and we can talk again?” She agreed. I said, “I will let you know when I plan to visit Cameron at the center too. We will keep in touch regularly.”

This was only the beginning, the first step in the complex process of consultation. I got back into my car and sat for a few minutes, feeling my own emotions. Did I handle this the right way? Was Darcy feeling okay as she went back to work? She has so much on her plate. I looked up and saw her wave and smile through the window. I smiled and waved and started my car and drove back along the lakeshore with a smile on my face. It was the start of a new relationship.

## DISCUSSION QUESTIONS

1. How might you prepare and approach a family for the first time after a referral has been made for child and family consultation services?  

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2. What do you think helped to make this initial interaction successful for the consultant? For the parent?  

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3. The consultant in this vignette reflected on the challenge of sitting in silence with Cameron's mother as she worked through her emotions versus filling it with solutions or ideas. How do you take in and support a parent's strong emotions?  

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For more information on forming and sustaining family partnerships see *Tutorial 8: Partnering with Families*, on the Center for Early Childhood Mental Health Consultation website <http://www.ecmhc.org/tutorials/family-engagement/index.html>

## Visiting a Child Care Site for the First Time: Meeting with the Director

**B**efore entering High Hopes child care center to begin child/family-centered consultation for a three year old boy named Michael, I had spoken individually with both the parent and the child care center director by phone and a consent for consultation services had been signed. Both had given me the highlights of their perspectives on Michael's situation and as is not uncommon, they each saw the child quite differently. The differing views were generating tension between the parent and the child care center staff. During each of the calls, I reassured them that we would take our time in gaining more understanding of how to best support Michael. After the initial calls, I headed out to visit the center and meet Jillian, the director, the teachers, and Michael.

During my drive to the child care center, I wondered what our first visit would be like. On the phone Jillian, the director, sounded pleasant and straightforward. I know that as a consultant, my initial impressions typically change as my relationships with children's family members, the director, and the teacher have time to develop. Nonetheless, given the director's sense of urgency, I feel a bit of tension as I drive to the building. The director's urgency was not atypical. Most of my calls as an early childhood mental health consultant come to me when caregivers feel they can no longer provide care for a child. The "fix this child" message is strong, sometimes nearly desperate. So, the first thing always on my mind during that initial visit is: how I can ease that urgency just enough, so that we can make one tiny shift toward hopefulness?



I continue to wonder, what or who will I find in that setting that will provide a glimmer of hope that allows the director and teachers to proceed? I know we'll find it; even still, I can't help but have these wonderings even before I step foot in the child care setting. I know I need to leave myself open to new discoveries in each setting. I need to shed my own assumptions and keep a clear and open mind. I need to discover—and rediscover, all that I learn in each setting from each person. And along the way, I need to figure out how to put the pieces of the puzzle together in a way that strengthens the staff's commitment to work with this child.

I ring the doorbell to enter the site. A woman with a confident walk and slight smile is approaching the door. Her clothes are neat and fashionable. Her hair is so stylishly cut. Oh gosh.... I'm not even in the door and I'm feeling a little unsettled. I tend to be on the casual side of things. Oh well, she's opening the door.

She greets me with a crisp and efficient, "Hello, you must be the consultant." "Yes", I say with a smile and nod. "I'm Jillian," she responds. "Good to meet you," I reply, attempting to reciprocate in a similar communication style. I detect that it would be a good idea to subdue my usual overly enthusiastic nature. I sense that, in this moment, she prefers someone who presents as classically professional. Someone who gets down to business. I am in her domain, her space, and here to serve her center.

One of the first goals of my work is to help the director feel comfortable in our interactions together. I know that it is not easy for child care directors and providers to make that first call—and to open their doors to an unknown entity. I know that as I am developing a series of first impressions in my head, she, by the nature of being human, is doing the same; trying to immediately gauge a sense of who this person is she has invited into her program.

She is perhaps wondering if I will be critical of her program. Am I competent, capable, and reliable? Did I really mean that strengths-based focus I described on the phone? And ultimately, will I be able to help? My task is to begin immediately connecting with the director and establishing the sense of trust and confidence that she needs to feel with a consultant. This means I proceed aware and awake to what she needs for the key elements of relationship-based work. To begin, I use the cues that show engagement: eye contact, a reasonable proximity, open gestures (no folded arms) and a smile here and there. We head down the hallway as she leads the way. I look for strengths of the program and signs of positive practices that I can begin to comment on.

On the way to down the hall to her office, I notice that we passed seven classrooms. The hallway is alive with children's art and welcoming and motivational phrases on the walls. I can hear that wonderful blend of children's voices and music from most of the rooms. The occasional teacher's voice makes its way above the volume of the classrooms. I am eager to visit the rooms. I thought, "I wonder which room he's in". The director and I do not speak too much on the way to her office. She has a very quick moving stride. I comment on what a nice feeling there is in her building, even in just walking down the hall. She thanks me. "We try," she says.

It was morning. Some children were still arriving; scooping up those last hugs and kisses from their

parents before they watch them leave. A teacher somewhat quickly, scurries a child in the door and says, "Tell mom 'bye.'" As if it were an easy task, I think, and then quickly reframe my judgmental internal tone.



Although, I sometimes have thoughts I am not proud of, I have learned to allow myself space for being human. I follow these thoughts and feelings and see if they lead any place. Do they hold any potential for empathy-building? Are they a potential platform for helping me in understanding what the parent, child, or teacher, may be feeling? Or is it an area that represents a pattern of thinking that I need to tend to and increase my own self-awareness? Are these thoughts and feelings worthy of further exploration in guiding the consultative process? Do they have any consultative value? It's amazing how one small observation, accompanied by one small thought, can lead to all that potential for reflection. And I'm not even in the director's office door yet, but I'm getting there...

Entering the director's office, I am a bit surprised, and somewhat relieved, to see her space a little more relaxed than I anticipated. Books, and files, and...stuff. Or maybe I am relieved because it looks like my office and I feel at home. It's just amazing the impact environment has. This 10 x 12 space symbolizes, to me, a potential connection between the director, and myself. It is one hint of commonality between us. Certainly my thoughts are premature assumptions. But I am paying attention to them anyway and I will use them for as long as I need them until Jillian and I find more substantial areas to build on other than the stack of books on her desk.

She welcomes me to sit and I thank her for inviting me into her center. I share with her what the initial visit usually entails: gathering more information, discussing topics of concern, gathering intake information such as number of children served, number of staff at the site, etc. I invite her to ask

me any questions any time. She asks how many consultation visits usually occur; what happens during visits; what I usually look for; will I meet with her each week or just visit the classroom; how often will I talk with the parent. I let her know that each situation varies a bit but typically if everyone is in agreement, I visit the center one time per week, usually for a couple of hours and I set up these visits in advance so they are not unexpected. Furthermore, my visits usually include observation, discussions with the teachers and a check in with her as well. Eventually a planning meeting may happen once we all feel we have enough information to share together.

I let Jillian know that my stance on family involvement is that it is critical. I discuss with her my thoughts that families are the eyes into the child's life and I try to involve them every step of the way through the journey. I sometimes do home visits if families are open to it, or we communicate by phone regularly or meet in a neutral place, like a coffee shop.

After answering questions, I confirm with her that the information I have provided is adequate. Then I ask how she would like to proceed. Perhaps in wanting to take a minute to process our exchange, she chooses to shift to providing the nuts and bolts type of child care center information such as hours of operation, how many children the center is licensed for, and what ages they serve, before moving on to discussing the child which prompted her call to me. With this basic information sharing complete, we then moved on to discussing Michael.

I tell her that hearing her perspective of the child is vital to the consultation process. I offer her the reassurance that my consultation is intended to provide a safe environment for open communication? all of the information shared remains absolutely confidential and I am here to listen without judgment. With that, she begins. Her description of Michael is concrete. She speaks with a somewhat cautious and tentative approach. I am

not surprised, and it is completely understandable. Since we are in the very delicate stage of building our working relationship. Sometimes during the initial phase of the consultation process, I have found that people's words and descriptions drive quickly forward in a hurried eagerness to have someone else join them in holding the weight of their experience? taking in the situation, feeling the frustrations and empathizing together on how difficult circumstances might be. But today, the woman sitting in front of me needs to observe my responses, my facial expressions, and my receptiveness to her perceptions, as she carefully delivers each sentence. My role, in that moment, is to consistently and frequently confirm and validate her thoughts regarding the child. Her thoughts... not her feelings—because those have not yet been conveyed.

As she continues to describe Michael's challenging behaviors of hitting and kicking peers, yelling at the teachers, and refusing to follow direction, the emotional impact of this situation becomes more apparent. She shares how her staff has utilized every child management technique that they know—all to no avail. She says again, as she said on the phone, "I think we may have to let this child go." The sense of urgency has returned. She shares again how unacceptable Michael's behavior is and how embarrassing it is when other parents who are picking up their children, witness some of his behaviors. She adds how uncooperative the mother is, doing seemingly little to help the situation; stating with some annoyance that half the time, the grandmother picks up the child, saying that she can hardly handle him.

I feel for her as her level of frustration is mounting and her apparent weariness comes through. I can tell she needs a break from the strong feelings beginning to surface. It is time for me to interject however; I don't want to put her off with something that sounds too personal, such as, "I can see how difficult this is for you." Although I really want to reach out and connect with her in that



manner, this type of response feels premature for a director who seems to need a safe distance in our interaction. So I simply offer, “This sounds like such a tough experience.” She can take that wherever she wants.

“This is tough,” she replies. “I have been a director for 18 years and I have never encountered a child that my staff or I could not get through to. I am worried that there is really something wrong with Michael. He needs more than we can give him.” With that, I say, “It sounds like you and your staff are very committed to working with children and it’s painful to meet a little guy who’s not responding.” “Oh absolutely,” she says. I then say, “With as difficult as this situation is, I really commend you for allowing me to come and support you and your staff in working with Michael. Here you are, still trying to find one more way to help him. That is really something.” The director’s eyes softened. She smiles gently and says, “Thank you.”

I meant every word of encouragement I said to that director. And I believe that she needed to hear it. She needed to be able to take a peek at something that felt like success in the midst of all that she felt was wrong. Michael was still in her center and that said a lot. Even though she was feeling discouraged, she was still trying. A glimmer of hope, just as I knew I would find. At this point, she says that she was ready to walk me to Michael’s classroom so I can meet his teachers.



Before even going to the classroom, I know that no matter how different my perception of the child may be from the child care centers’, I will not verbalize that to the director or the teachers; not at this point. My first task in consultation is that of unification with the director and the teachers, and of course, the parent; to join them in how they see the child—and then work together in finding all of the strengths and hopeful indicators to build on.

### DISCUSSION QUESTIONS

1. What strategies did this consultant use to lessen the Director's sense of urgency to have the consultant come in and "fix" the problem?

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2. How important was this initial conversation with the Director? How might it help overall with the center's "readiness" for change?

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3. How did the consultant observe, reflect upon and pace her own thoughts and feelings to make the most of this first contact with the Director and the center staff?

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For more information on child/family-centered consultation see *Tutorial 2: Defining Early Childhood Mental Health Consultation and the Consultant Role*, on the Center for Early Childhood Mental Health Consultation website <http://www.ecmhc.org/tutorials/defining/index.html>

## Visiting a Child Care Site for the First Time: Entering the Classroom

I had entered High Hopes child care center at the request of the program director to provide child/family-centered consultation for Michael, a three year old boy. Michael's mother Jeanette and I had spoken by phone prior to my first visit, giving me verbal consent for my involvement and noting that she had already signed a consent at the center. So far, I have spent time with High Hopes child care director, Jillian to explain the consultation process, our collaborative roles and to gather her thoughts on the situation at hand and will meet with Jeanette tomorrow. Now it was time for me to meet Michael and his teachers.

Ms. Jillian, the child care director, and I entered Ms. Hayley and Ms. Shantay's preschool classroom. Jillian briefly introduced us to each other. Both of the teachers smiled. Jillian headed back to her office to work on the many responsibilities of her day. Ms. Hayley excitedly said, "Oh we've been waiting for you!" "We sure have", Ms. Shantay agreed, as they simultaneously pointed out which child was Michael. A sense of urgency presented itself. "It sounds like you're eager and ready to find how we can best help this little guy," I offered. "We've tried everything," Ms. Hayley responded with tension already coming to the foreground. "I'm sure you have," I returned with a slight smile, not challenging her perception or ability. Ms. Shantay was silent and observant during this brief exchange.

"I'm just here to see if we can discover any other ways to work with Michael and figure out what's going on with him. Sometimes it can help to have



I did not know Ms. Shantay yet. I wasn't sure what her silence was saying. And really, even though seemingly direct, I did not know what all Ms. Hayley's words were truly saying. I did know that, during our consultation time together, I would try my best to learn and understand what this experience felt like to everyone. I would remain open and curious and try to go about the business of finding ways to build on whatever strengths were unearthed during this process.

an objective person work along with you. I know that working with children can often challenge us and I'm definitely here for you too." That is not a phrase that teachers/providers are used to hearing. Not knowing me, or this consultation process, I suppose that they did not know if they should believe me. At least, that's what many teachers have shared with me once our working relationships were well cultivated. Only time and trust can establish if that invitation is sincere.

I continued: "I would appreciate hearing your perspective regarding Michael. It is key to my understanding of what's going on. What are you experiencing with him that prompted the center to contact me?" At this juncture, Ms. Shantay returned to the activity of the classroom, raising my curiosity and leading me to wonder if she was not comfortable participating in this portion of the consultation or did she simply feel it was time to reunite with the children.

“What aren’t we experiencing?” Ms. Hayley quickly responded. “He kicks, he scratches, he hits, and he takes other kids toys. He never listens to us. He’s just non-stop from the time he gets here.” I listened attentively and respectfully. Once I felt that the teacher had ample time to provide me the first snap shot of her experience, I asked if I may now observe Michael. I shared that typically the weekly observations are an hour and asked if she was comfortable with my being there for that duration of time. I also let her know that I would share my observations with her as we went along. She welcomed me to begin. I then asked where she would like me to sit. She welcomed me to sit anywhere in the room.

I found a spot in the classroom with good visibility of most areas of the room and out of the way of the children and teachers activities. Now it was time to be a silent observer; the only problem being that children are natural observers and inquisitive about their discoveries. Usually, it’s only a matter of time before they come to interview me. There I sat in this lively, wonderful room, bustling with all the energy that a room full of curious and active three and four year olds generates. I was taking in the information about the environment: the selection of activities, materials and supplies, sights, sounds, the general feel of the room. At one point, three, children approached me and four year old spokesperson asked, “Who are you?” When children’s curiosity drives them to seek me out and request an answer for why I placed myself into their environment, I feel compelled to give them a simple and respectful answer. I responded, “If it’s okay with the teachers, I visit classrooms and I get to visit yours today.” That answer was enough for them, and soon the children wandered off to more interesting activities.

Once settled, I more fully focused on Michael (although I had been casually observing upon entering the classroom). I took out my note pad and sat back to watch and wonder.

As I observed Michael, I began to write what I saw and heard. I saw a sampling of how he interacted with the environment, peers, and teachers, and I gained a glimpse of his interests, abilities, and activities that seemed to generate joy and those that were potentially calming. I saw brief moments when he seemed to manage his emotional states. All of these many strengths he displayed could be possible areas to build on.

On this particular day, he selected many different activities. He shifted to the block area, his face displaying what appeared to be frustration with his difficulty in stacking blocks. Nonetheless, I observed him persevering, eventually calling out loudly to Ms. Shantay for help. She briefly sat with him and patiently guided him in building his structure, both exchanging brief but important smiles. As she walked away to tend to another area of the room, his eyes followed her, with a brooding look, but he contained his emotions. I wondered if this was a typical interaction between them, and hoped to explore what seemed like Michael’s attachment to her, as another area of strength to explore.

Within thirty seconds, he left the block area. He appeared restless and seemed to have difficulty in selecting his next activity. As he walked past a table where no other children sat, he softly, but purposefully, whisked his hand against a Lego structure, toppling it. It was an action that elicited a response from Ms. Hayley. She called to Michael, telling him to pick up the Lego pieces. He walked over to a truck as if not hearing her. She called out to him again, telling him that it was not a nice thing for him to do, further adding that if he were going to hurt her toys he would not be allowed to play with them. There was still no response from Michael.

Silently, she walked over to him, took his hand, and led him to a chair for time out. The experience seemed familiar to both of them, their faces nearly matching in sternness. Then Ms. Hayley looked at

me with a look that seemed to say, “See what I mean?” Once Michael was sitting in the chair, Ms. Hayley walked over to me and said, “I just cannot get him to listen.” I smiled at her warmly, affirming her experience.

If it seemed that this was her consistent way of interacting with him, a gentle, thoughtful discussion of it would most likely be included in our consultative process, but certainly not now. The only thing that she needed to experience in this moment was that, just as I told her, I was there for the teachers too. The only thing that she needed to know was that she had entered into a safe process and that talk of working as a team and the importance of her perspective was true, real, and valued. So I simply smiled at her, hoping to convey that I understood the difficulty of that moment.



I wondered to myself, how I would find a way to connect the teachers with Michael and eventually bring him in from the fringes of the joy that this room holds. I hoped that the understanding, the patience, the emerging confidence that I had in the teachers would at some point be transferred to this child. And from that base of strength, we would build a new understanding. It would be premature to share the much strength that I could already see in Michael during the hour observation with the teachers at this moment. Doing so might imply an unspoken message of, “Why couldn’t you see them?”

I shared the strengths of the classroom that I had picked up in this initial visit: the wonderful environment they had created for the children, the joyful music that filled the room, the age appropriate activities, and the many wonderful teacher-child interactions. I thanked them for such a wonderful visit and told them that I look forward to our work together. I welcomed them to call me any time throughout the week. They warmly thanked me and said they looked forward to my next visit, as well. I then headed back to the office to sign-off with the Director.

I knocked on Jillian’s door and thanked her for this first visit. I told her what a wonderful classroom Ms. Hayley and Ms. Shantay have and how much I enjoyed her center. I welcomed her to contact me anytime. We scheduled an appointment for the next week. I conveyed a hopeful and affirming attitude. She thanked me and told me that she was really looking forward to our visit. With that, we parted, and I headed to my car feeling that a shift toward hopefulness had begun and hopefully would support the work ahead.

### DISCUSSION QUESTIONS

1. What actions did the consultant use to make the teachers feel more comfortable as she entered the classroom for the first time?

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2. What actions do you use to put people at ease as you enter a new early care and education setting?

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3. How might you prepare for entering a classroom?

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4. The consultant in this vignette reflects on her actions of supporting the teachers as a catalyst to help them better support the child. What behaviors did she use to parallel what she would like to see in the teacher's actions with Michael?

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For more information on child/family-centered consultation see *Tutorial 2: Defining Early Childhood Mental Health Consultation and the Consultant Role*, on the Center for Early Childhood Mental Health Consultation website <http://www.ecmhc.org/tutorials/defining/index.html>



## Meeting with a Parent to Gather More Information

The initial stages of trying to connect with a parent to discuss a child/family-centered consultation had a bumpy beginning.

Jeanette, a parent of four year old Michael who was having some behavior challenges in his preschool setting, had signed a consent for consultation services form at the child care center allowing me to begin observations in Michael's classroom. I was concerned that her consent was primarily prompted out of feeling pressured to do so, for fear of losing her child care placement. We had only spoken by phone and were about to meet for the first time.

It took numerous attempts and scheduling efforts to accomplish my first meeting with Jeanette. Connecting and building relationships is sometimes an awkward and messy process. To me, the path is not linear but a series of stops and starts. The beginning stages of relationship-development with any parent can often be met with both spoken and unspoken obstacles.

I hoped that I could ease any concerns Jillian might have. I prepared my new consultation services referral packet of information (e.g. brochure, contact information, etc.) for Michael's mother and reviewed some of the information I also needed to collect for our program purposes such as an intake form and a family protective factor survey. Sometimes I use these tools to help drive the conversation as something tangible that can put people at ease. Other times the natural conversation leads to answering this background information about the family that sets the framework from which consultation grows.



I know that a large part of my role is to watch and listen to my own internal responses, as this series of attempts to connect with Jeanette unfolded. I need to acknowledge my own surfacing insecurities and the risk of transferring some unfair and inaccurate judgments onto Michael's mother. This initial phase of professional engagement can be a very delicate process within my work. This is the juncture where I could begin thinking or using those descriptors such as "resistant" or "uncooperative" parent. If I think those descriptions without an accompanying empathic search for why the parent may be "resisting" or "uncooperative," I could sabotage the consultation process.

I wondered what was causing Jeanette's inability to meet with me. Was it purely circumstance or another reason? I know the general reasons that can create a blockade: the parent's fear of what she'll hear about her child; the fear of what may be asked; the question of will the interview be too intrusive. Will I be one more critical and judgmental person she has to contend with? What will I think of her as a mother? Will there be any colluding between the child care center and myself? Will I "diagnose" and "label" her child? These are questions I needed to consider as we moved ahead.

At Jeanette's suggestion, we met at a local coffee shop. Early in our meeting, I felt compelled to enlist a little humor to help put Jeanette more at ease. Or maybe it was to put myself more at ease. Either way, it helped. We were smiling. The air felt

a little lighter, and I hoped that it would serve us well, should we need to return to that lighter space at any point in our consultation time.

Even with this attempt to get us off to a comfortable start, I could see what seemed to be a blend of tension and frustration quickly returning to Jeanette's face. She shifted in her chair several times, appearing unsettled. In some professional exchanges I have this may not matter quite so much. Some parent-professional interactions are only meant to share information; not so with my early childhood consultations. I had been taught and had experienced the positive effects of the consultation process being built on and guided by the valuing of relationships. What Jeanette was feeling and experiencing, was in fact, very important to me. If I was to be effective on behalf of this struggling child, I knew that I needed to be aware of and sensitive to supporting the adults in the child's life.

I thanked Jeanette for meeting with me. I told her that I know that she is extremely busy. She immediately asked how long our meeting would last. I had mentioned on the phone that the initial meeting typically lasts an hour. Perhaps her mind was racing with thoughts when we spoke on the phone and that got by her. Or maybe it helped her to feel more comfortable to think about a conclusion to our meeting. Or maybe she just simply forgot. Either way, it was my opportunity to give her another signal that she very much co-facilitates this process. I told her, "The meetings usually last about an hour but we can wrap up sooner or continue longer depending on what you want to do. It's very flexible. Does that sound okay with you?" She nodded, "Yes."

I told Jeanette that my focus is to join her and the child care center in helping Michael have a positive preschool experience. I continued, telling her that her input was the most important. I reassured her that all information was confidential and thought that perhaps her expression registered some doubt. Understandably so. Why should she

trust me? We did not have any history together that made my statement trustworthy. We would need time for any words spoken to have real meaning. She would need to experience me as reliable, consistent, and responsive before the real richness of the consultation process would form and solidify.

To further increase Jeanette's sense of trust in the process and to help her fully recognize that she was the driving force of this partnership, I stated what may seem like the obvious, "These consultations begin with your signed permission and they can end anytime you choose." For Jeanette, this one sentence seemed to result in a shift from anxiety to relief.

I then continued to place the process in her hands, confirming that her perceptions were, in fact, vital. I asked her what her understanding is of why the child care center asked me to help out. She said in a voice that seemed to reflect frustration, "I don't know why the center is making me have you involved. I just think they don't know how to handle boys. Did you notice how many girls are in that class? Those teachers are always complaining about him—every time I pick him up they have something bad to say."

Signs of movement in the consultation process: Jeanette is talking. I respond by saying, "I know that's very difficult. And the concerns the child care center has, you're not experiencing them at home?" "No," Jeanette quickly stated. "Ok, that's very helpful to know," I reply, wanting to indicate that I do not challenge her perspective and also to convey that her input was valued. Jeanette said, "I mean, he does have a lot of energy but I don't think it's more than most boys." I smile and nod.

I ask if Michael has any siblings at home. "He has a two year old brother and an older sister." Jeanette responds. "How old is big sister?" I ask. "She's seven—and quite a talker!" Jeanette offers. Note to self: at some point explore how relationship with daughter potentially impacts this situation and if support in this area may be needed. "And you're two

year old?” I wonder out loud. “He’s busy too, just like Michael. They’re always rough-housing and chasing each other. They’re funny together.” Jeanette says. “Bet they all keep you busy?” I try out with a slight chuckle. “Oh yes, but my mom helps out a lot. Plus, she watches my sister’s boy at our house sometimes.” Jeanette explains. “That must help a lot to have your mom come by and help with the kids.” I say, making an assumptive statement. Jeanette then shares that her mother lives with them, saying that it’s helpful but that her mom can get on her nerves sometimes. I simply smile, not wanting to push for more but leaving a bit of silence just in case she does want to expand on her thoughts. She sipped her coffee, thoughtfully.



I was thinking about how it is taking a chance to say things like “That must help a lot...” I did not know if it helped at all. But even incorrect guesses or statements can serve as a platform for the parent to bounce their own thoughts off of. Sometimes my error can provide a clarifying moment for the person I am interacting with, and I learn more as a result.

Wanting to pace this first visit in a way that I hoped was comfortable for Jeanette, I reverted back to more technical aspects of the consultation process. I told Jeanette that the service was about finding ways to help Michael have a positive preschool experience. I continued that I would need to visit his classroom more before I understood what’s going on for him there. In an attempt to begin the smallest steps of bridging the home/child care relationships, I did slip in that it was apparent to me that the teachers are really fond of Michael and want to learn more ways to help him feel more content at school. This elicited no response from Jeanette. I told Jeanette that during my first few visits at Michael’s school, I could see many positive moments in his day, many areas to build on—and then I went on to describe them.

I told Jeanette that one of my main jobs is to keep my eyes open for Michael’s interests and notice things that made him feel happy and calm and with that, I turned the consultation back to her, asking her what activities or interests Michael enjoyed. I also asked Jeanette if it was alright with her if I wrote down her ideas. I told her that her information would be so important to me and I wanted to make sure I didn’t miss anything. She said it was fine. I reaffirmed that the notes were confidential and that only she and I would have access to them. I also told her that she was welcome to read all my notes and even watch as I write and if there was anything she didn’t want jotted down, just let me know. “Okay,” she replied. “Thank you, “I said, “You’re really giving my memory a break here!” We shared a smile. The information Jeanette provides is essential and vital and I do not want to miss a word of it; it is equally true that I cannot count on my memory to capture and retain all of what she says!

As Jeanette described Michael’s enjoyment of trucks and cars and “boy things,” she said, “He doesn’t go for coloring or books.” She added, “He does love computers, though. He knows how to work them and can play all those games.” Sticking with the technology theme, I ask if he has any favorite movies or shows. “Oh yes,” she replied, “He likes all those action shows and things like that.” I asked for a bit more description of what type of action shows. Jeanette went on to describe, in a matter of fact way, movies that contain a fair amount of violence.



I knew I needed to guard my responses, since, I know children viewing movies that contain violence is a particular concern of mine. Whether or not my position on this topic is valid or not, it was entirely too early to address it with Jeanette. We were in the very beginning stages of relationship-development. She was just beginning to experience the consultative process. I knew that my sensation of concern as well as my internal voice saying “Oh no, here we go again” would need to be addressed in supervision.

I made certain that Jeanette had shared all that she wanted to about Michael's interests before shifting focus. I then asked Jeanette what seems to calm Michael if he is upset. She shared that he gets upset whenever she goes anyplace and tries to have time to herself, and that it is tough for her. I put my notebook aside. This felt a little too sensitive for note-taking. I could feel the weight of her experience as she spoke. Although she stated she was annoyed, she went on to talk more about Michael crying and clinging to her, and there seemed to be an accompanying vulnerability in her; an uncertainty about how to comfort him. As she spoke about this, her voice became louder, which I perceived in that moment as her wanting to feel stronger than the possible fragility she was feeling. I just listened, engaging in eye contact and leaning in a bit to indicate that her words were safe with me.

I wondered if this is what the child care center was seeing when they described Jeanette as difficult to relate to. I wondered if I may possibly find a way to help them to reframe the way they perceived her communication style, and noted this as something else for me to consider for future goals toward bridging the family and center.

I listened intently as Jeanette brought her child into the room with us through her heart-felt and vivid descriptions of their life together. I could picture Michael with his siblings, mother, and grandmother. I found myself hoping more and more that she would allow me to visit their home. Jeanette spoke with increasing fluidity as the meeting continued. We had what seemed like many warm exchanges, points of connection, and avenues to build on during our meeting.

Eventually, there was a slight shift in Jeanette's affect. Having met for an hour and a half, I thought

that Jeanette was providing cues that indicated she was ready to conclude our session. As her voice wound down and she sat back and took a breath, it seemed time to wrap up our meeting. I told her that she really helped me to know many important things about Michael and that I would love it if we could meet again sometime. She said, "Sure," in a straightforward way. I went on to emphasize that I am here to support her too and that we could talk on the phone as often as she wanted or visit in person. I told her that I would be at Michael's school every week and that our work together is not a rushed process. I also told her that for the very best results for Michael, it would be most helpful if she could join me in meeting with the teachers and we could all figure out a plan together on how to improve his school experience. She tentatively agreed, saying, "Ok, but I don't really think they're going to care what I have to say."

Knowing that I had already laid down some groundwork with the teachers for a more successful meeting, I replied with a slight smile, "I bet they will. How about if we try this as a fresh start, Jeanette? What do you think?" "Ok, Miss Positive," she said, talking to me in a surprisingly familiar way. We both started laughing; the humor had returned. I told her that I would call her by the end of the week to see what day worked for her for the planning meeting, but for her to call me before then if she needed anything. "Will do," she replied right before we parted. She left the coffee shop walking, not hurrying, out of the door.

Our first visit provided me with so many wonderful things to contemplate and build on. I found myself looking forward to Michael's planning meeting, when the family, child care center, and I could combine our insights and ideas on behalf of supporting Michael.

## DISCUSSION QUESTIONS

1. Why do you think a parent might be reluctant to approach ECMH consultation services?

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2. What practices did the consultant in this vignette use to engage the parent?

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3. How do you invite parents into the consultation process?

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4. What are your personal attributes that support family engagement?

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5. The consultant reflected on how her own thoughts and emotions could lead to unfair judgment of a parent. How did she work through personal reactions during consultation to ensure they do not hinder relationships?

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For more information on forming and sustaining family partnerships see *Tutorial 8: Partnering with Families*, on the Center for Early Childhood Mental Health Consultation website <http://www.ecmhc.org/tutorials/family-engagement/index.html>

## Observation of a Toddler Displaying Aggressive Behavior—Center-based Care Setting

While at my office, I received a phone call from a child care center Director who I had worked with previously and knew well. Amy, the Director, often called me to check in and see if something she was thinking about could be validated and other times for more intensive consultation services. I always felt she maintained her composure during stressful times and displayed a calm openness.

I answered the phone call and today her voice seemed different to me. “How quick can you get here?” she asked before I could even finish my greeting. “We have a situation on our hands; my best teacher is about ready to quit. We have a very angry little boy and his mother and father are on their way to the center and I told them about you. They gave me verbal permission to call and ask you to join us for the meeting that starts in 45 minutes. Can you make it?”

This was not my typical entrance into a child/family-consultation effort, but I felt it important, significantly important, to accept the invitation to attend the meeting and learn more about the situation in order to consider ways I could be helpful. I didn’t have my usual time to prepare so I grabbed a few materials and set off to the center.

I arrived and was asked by Amy to join everyone in the usual meeting spot, which was the break room. I was told the parents of the young boy were already there and that they “need all the help they can get.” While entering the room, I found several adults gathered around the table. Amy was joined

by two of the toddler caregivers, Ms. Betty and Ms. Gretchen. At the other side of the table, I saw two individuals I had never met before and assumed they were Gabe’s parents but wanted to be careful of presuming. I introduced myself and Amy followed with, “This is the person I told you about. She can help all of us figure out what is going on and how best to help Gabe. These are Gabe’s parents and they would like you to observe Gabe in our toddler room so you can see what everyone is seeing.”

As we settled in, Amy looked to me and I felt she was saying, “Can you help me here?” I took on the role of facilitator knowing Amy had delegated that role to me in the past. I surely wasn’t the expert here but someone who could begin to gather the information while others worked through the emotions.

“Okay, everyone, it sounds like we are all here today to help support Gabe and his success in the toddler room. Mr. and Mrs. Henson what have you been seeing?” Mrs. Hensen’s eyes started to fill up as she explained that Gabe became very upset when she dropped him off at child care and she felt totally out of control as a parent. She said she knows the teachers try all they can. The father broke in to say, “We just haven’t seen this before.” I said, “This sounds hard for you both and for Gabe as well. Together we will figure out what he is trying to tell us so we can support him.” The parents looked to Ms. Betty. She was the teacher who I was informed wanted to quit. Ms. Betty’s angst seemed to lessen a bit, maybe because we were addressing her attempts at helping Gabe. Ms. Betty explained, “I have been



a toddler teacher for a long time and I am worried. For such a little guy he gets so upset and I just can't find what he needs. That is why we wanted consultation. I need some help here." I felt a little uncomfortable with possibly being seen as the person to fix things. I began, "Well it sounds like everyone is on the same page with supporting Gabe and figuring this out. My role will be to continue asking questions and gathering information and then having us all meet again to talk and make a plan together. This may take some time to get things right, are we all okay with that?" Everyone nodded.

At the end of the meeting, we agreed I would spend time observing in the toddler classroom tomorrow morning and would try to arrive around the same time Gabe's mom typically drops him off at the center. I was informed good-byes were difficult for Gabe and he would often hit his mother during this time.

The next morning arrives and I drive to the center. I am greeted immediately at the door by Ms. Gretchen, and she indicates they are happy to see me. Within ten minutes after my arrival, Ms. Gretchen says, "I hear him...they're here...let's get ready." Gabe has a ready smile as he enters the room and greets both caregivers warmly as he runs toward them with his arms ready to wrap around their legs. The caregivers cheerfully respond and welcome him for the day. As Gabe's mother begins to leave, she bends down to give him a hug and Gabe begins to cry. He clings to her and she finds herself having to peel him off in order to get to work on time. I was informed Gabe has been crying excessively when it's time for his mother to leave and it's been this way for the last four months. Gabe's mother tells him she'll be back to get him after work and it's at this moment that Gabe creates a fist with his hand and hits his mother four times—twice on her right arm, once on her right shoulder and once on her face. Gabe's mother looks up at me and says, "This is how our mornings always look." She has tears in her eyes and quickly exits the room.

Gabe wanders around the room for approximately two minutes and then upturns a bench the caregivers have located near the door where families and children enter and leave each day. He begins to stomp and climb on the bench until Ms. Betty is able to approach the area and help move his body in a different direction by placing her hands gently onto his shoulders. She says, "Gabe, we've told you that is not what benches are for. If you want to stomp and climb, you can use the mats over here. How about we go together?" Gabe yells, "Outside!" Ms. Betty tries to explain, "It's raining this morning and we will not be able to go outside to run, jump and play until it stops." Gabe's body wiggles like a wet noodle as he hits the ground screaming, "Me outside! Me outside!" Ms. Betty approaches Gabe and bends down. Gabe lifts his right foot and kicks Ms. Betty in the stomach two times. Ms. Betty quickly stands and moves away from Gabe. Gabe then begins to roll around the ground while he is screaming and uses his feet to kick the plastic kitchen sink and two doll cribs. He looks over at Ms. Betty and then at Ms. Gretchen. As Ms. Gretchen begins to walk toward him, Gabe picks his body up off the ground and begins to run for the door. Ms. Gretchen is able to block the door with her body and says, "Gabe, you are having a tough morning. How can I help you?" Gabe accepts a hug from Ms. Gretchen and stops screaming.

A few moments later, Ms. Gretchen tells Gabe, "I'll be right back. Another friend has arrived today and I'd like to say good morning to her." Gabe runs toward the back of the room and began climbing on the sill of the large window that faces the outdoor playground. He then walks over toward a little girl who is sitting on a beanbag and turning pages in a book. Gabe uses his hands to grab the book from her and runs away. The little girl screams, "No!" and Gabe stops and turns to look at her. Gabe throws the book in her direction and then runs toward her. Gabe stops and leans toward the little girl and uses his teeth to bite her arm. The girl begins to cry and Gabe kicks her left leg with his right foot. Ms. Betty

approaches the two toddlers and bends down. Gabe creates a fist with his right hand and hits Ms. Betty on the back of her neck. With another quick departure, he runs to the other side of the room, climbs up the steps near the sink and uses his hands to pull down the pictures hanging on the wall.

Ms. Gretchen approaches me and says, “This is a typical day for us. He is afraid of nothing and wants us with him every minute of every day. I’m exhausted already and I’ve only been here an hour. We have all of these other children that need us, too. Not to mention, Betty and I can’t seem to agree on anything regarding Gabe these days. I sure hope you can help us.”

I had hours of observation and thoughtful conversation ahead of me, but couldn’t help but feel overwhelmed at this point. There was so much to do, so much yet to consider but answers were wanted and wanted now.

I talked with Ms. Gretchen about how hard she was working and that I understood it was difficult. I shared with her some of my observations of the



I knew it would be most helpful to try and establish a balance between these pulls of the caregiver needing help and the children also presenting challenges that need to be addressed. I was concerned about the distress Gabe was experiencing on different levels in different environments that led to hurting other children and adults. I also knew I had spent very little time with the family and wanted to offer an opportunity to observe in the home environment or wherever the family felt comfortable meeting. In order to best understand the many possible symptoms and determining factors for Gabe’s behaviors and interactions, I knew I needed more time to acquire information. Then I remembered something I was told by another who supported my work through reflective supervision—sometimes the best gift we can give in consultation is to help slow the process down. So I did just that...

things she did throughout my observation that were positive and said I would be there for her on a regular basis to help figure this out. She took a deep breath in. I made my next appointment and had a lot of thinking to do before I returned.

**DISCUSSION QUESTIONS**

1. The consultant acknowledges that the teachers are exhausted and want answers. Sometimes teacher or directors are in a hurry to get help, particularly when a child is showing aggressive behavior—what are some things this consultant did that might have helped alleviate the sense of urgency to fix the situation?

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2. The consultant in this vignette reflects upon her struggles with wanting to support the emotions of the teachers but at the same time recognizing the immediate needs of the children. How did this consultant balance the feelings of both children and adults within the consultation process?

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For more information on typical and atypical social emotional development in young children see *Tutorial 7: Recognizing and Supporting the Social and Emotional Health of Young Children Birth to Age Five*, on the Center for Early Childhood Mental Health Consultation website <http://www.ecmhc.org/tutorials/social-emotional/index.html>

## Observing a Preschooler with Internalizing Behavior in a Family Child Care Setting

**G**wen, a family home child care provider, had attended a training session I had offered in the community regarding young children's social and emotional development. During our initial conversation, she told me she remembered the part in the training in which we discussed different behaviors and things we might see and/or hear which could help us better understand the young children in our care. She went on to tell me about a 3-year-old boy, Marcelo, that she had been caring for since he was one year old. Gwen described this Marcelo as a loner and always playing by himself.

Gwen asked for my support and told me I was welcome to come and visit in her home child care. We talked about the consultation process and need for authorization from the family for child/family-centered consultation. Gwen was very supportive and offered ideas and information on how to best approach the family as she knew them the best. I was invited to take part in the initial meeting with the family (Mother and Father). Gwen began the meeting by letting the family know how much she strives to meet the needs of every child and that my role was to help her do that.

During the first meeting, Gwen facilitated the conversation. She talked about how much she loved caring for Marcelo and watching him grow and learn. He loved to play outdoors, was communicating well and looked to her for support and care. She asked the family how they thought Marcelo was doing. They expressed similar feelings yet Marcelo's mom mentioned that she didn't see Marcelo playing with other children, and he was shy

and sometimes needed a lot of help to do simple things that she saw some of the other children doing already. This was a lead in for Gwen who said, "That is actually something I wanted to get ideas from our consultant about, every child progresses at different rates yet, I want to be sure that I am doing all I can in my home to help all of the kids make friends and get along together and grow. Marcelo is a joy in my home yet I wonder about I might better help him connect with others and begin to increase his initiative." The family agreed.

I was able to obtain the authorization needed to move forward in the observation and consultation process, but most importantly, I learned more about this young boy's strengths, abilities, likes, dislikes, vulnerabilities as well as family values, goals, hopes and dreams for their son, Marcelo. Gwen also shared her observations noting strengths and talents of Marcelo while in her care setting. As Marcelo's parents appeared to become more at ease, we learned that his sleep and play habits seemed to be the same across environments and that he was having many of the same difficulties at home as he was in Gwen's home.

As the meeting began to wind down I asked the family and Gwen if they might consider filling out a couple of short developmental surveys that might help me gather more information. I explained that these tools would not lead to any type of label but were just one more part of information gathering. They agreed. I offered the family my card in case they wanted to ask questions about the tools. We agreed to meet in a few weeks to discuss all the information that had been gathered. I let the family

know I would be observing regularly at Gwen's site and would share what I gathered.

During a morning observation, I noticed Gwen working hard to feed all of the children breakfast. She responded warmly and quickly to the children with varied verbal expressions. Marcelo sat in his chair and looked down at his bowl of Cheerios. He used his spoon to stir his cereal around and around, but did not lift the spoon to his mouth to eat. During clean-up, I asked Gwen if she would consider this typical behavior for Marcelo and she indicated it had been this way for about a month now. We also talked about the morning good-bye between Marcelo and his mother as she often was the one to bring him to the care setting in the morning, as well as how close this good-bye was to breakfast time. Gwen also shared, "Marcelo doesn't eat much at all while he's here...at least not for the last month or so."

After clean-up, several of the children ran into the large playroom area just next to the area where they had eaten. Gwen has various stuffed animals available for the children to play with. I watched one young girl pick-up a stuffed lion and begin having a conversation with it. Marcelo had gotten out of his chair next to the table and walked in the playroom area with the other children. Two other boys were playing with a giant stuffed bee. Gwen asked the boys if she could see the bee and then began chasing them around the room pretending to sting them. She slowly approached Marcelo as if the bee were going to sting him. Marcelo smiled at Gwen.



I wondered about the children's thinking, play development and skill sets as they ran from Gwen and the bee or smiled. Was there a belief for them that inanimate objects are alive? Developmentally, what did Marcelo understand about play and play objects?

I stayed through naptime as both Gwen and Marcelo's parents had indicated they noticed changes with his sleep patterns. Marcelo's parents indicated, "He just one day decided he wouldn't

nap anymore. At home he cries and cries when we ask him to take a nap. Nap used to be relaxing to him but not anymore. One of us has to sit or lay with him, holding him and only then will he maybe fall asleep." Gwen added that at her house, "If he cries here you don't even hear him. I just noticed he doesn't close his eyes anymore to fall asleep. He lays there and looks so sad. I tried rubbing his back but that didn't seem to help either."

As with many child/family consultation efforts, I was able to experience multiple conversations and observations in order to best understand perspectives and consider responsive approaches to the care of this young boy. Through these many discussions, I learned that Marcelo's father had a shift change at work and was now working nights. This change happened quickly and the family was trying to make ends meet as they were down to one car. Their other car had broken down so Marcelo and his mother would often have to pick-up his father early in the morning from work. Because he was so tired, Marcelo's father would often sleep during the drive home and then he would get dropped off just before Marcelo and his mother would leave for child care.

Observation within the care setting, screening tool results and multiple conversations regarding both the home and care environments helped me to better understand Marcelo and his family. We talked about how it must be for Marcelo to experience this abrupt change in his father's schedule, as well as their family schedule and one-on-one special time, without any explanation. This perspective enabled us to consider his responses to the unpredictability and relationship separation from his father. From here, we were able to work together to create strategies to enhance predictability and structure for Marcelo in all settings in which he spent time (e.g. visual schedules, photos of family members within the care setting, etc.), as well as consider ways to enhance communication and relationship building (adult-child and adult-adult) such as sharing a communication notebook between the center and home on a daily basis.

**DISCUSSION QUESTIONS**

1. This referral for consultation services centered on more internalizing behaviors of a child. The provider had learned about this type of behavior in training—what are some ways you might help providers learn about internalizing behaviors that might be of concern?

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2. This consultant takes time to learn about the child's home routine as she gathers information. What are some of the ways she went about gathering this information?

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3. What did she learn that was helpful to the consultation process?

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4. The consultant reflects upon the developmental skills of the children. How does her curiosity about the children support the consultation process?

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For more information on typical and atypical social emotional development in young children see *Tutorial 7: Recognizing and Supporting the Social and Emotional Health of Young Children Birth to Age Five*, on the Center for Early Childhood Mental Health Consultation website  
<http://www.ecmhc.org/tutorials/social-emotional/index.html>

For more information on social and emotional screening tools see the Center for Early Childhood Mental Health Consultation "Choose and Use" Guides at <http://www.ecmhc.org/tools/index.html>



## A Child/Family-Centered Consultation Planning Meeting with a Teacher, Parent, and Grandparent

I had started the process of child/family-centered consultation at High Hopes child care several weeks prior for Michael, a three year old boy. Michael's mother, Jeannette, had given consent for services and during our meeting together, I learned more about Michael's home life and family as we began the relationship building process. Since then, I had been to the child care site over the last three weeks to collect more information through observation and conversation with the director and Michael's teachers. It was now time for all of us to get together to share everything that had been gathered and come up with a plan for how we could all best support Michael's success in child care. Everyone agreed to meet in a few days and Michael's mother said she was bringing Gloria, Michael's grandmother who I had not yet met. According to Jeannette, Michael's grandmother spends a lot of time with him and is an important figure in the household, so I welcomed her participation.

Even before today's planning meeting, I began the process of softening the director and teachers' perception of the parent, whom they had described as unapproachable. Jeannette, the parent, also conveyed feeling negativity from the child care center staff regarding Michael. Both the family and the child care center were feeling defensive toward each other.

I arrived at the child care center a half hour before our meeting was to take place so I was prepared and the teacher could verbalize any apprehensions she was having about the meeting today. Although



I knew that one of my main tasks of the consultation process was to search out all avenues to mend and build this very important relationship. I hoped that this meeting would serve to bridge the parent, grandparent and teacher on behalf of Michael. I had learned the impact the tension has on a child, when there is so much discord between the primary people in his or her life and how it can be underestimated or missed completely. I knew that planning meetings have the potential to be the format where a true sense of partnership is established and solidified. I hoped to help our group make a transition from blame to having a common-vision.

a lot of progress had already been made in regard to the child care center staff feeling increased receptiveness toward the family, I knew that there was still a lot of work to be done. My hope was that I had provided the teacher the opportunity to express any lingering thoughts and concerns so that they would not carry over into the meeting. I was hoping that the child care center would take the lead on creating a welcoming tone for the parent by facilitating the greetings of all participants and then invite me to facilitate. Given the strain between the parent and child care center, the teacher was not feeling ready for this role. I respected her preference for me to welcome the family but knew I would remain mindful for other opportunities to link the child care center staff and the family.

Jeanette and her mother came to the meeting a few minutes early. Jeanette and I shared a familiar smile, that I hoped would immediately help to put

her at ease. I knew that this meeting was difficult for her. I extended my hand to Jeanette's mother and introduced myself. She said her name was Gloria and offered a slight smile. I hoped that as the meeting progressed and ideas were shared, she would feel comfortable.

Once Ms. Hayley, Michael's teacher, joined us, I immediately began making an attempt to connect and unify the parent and teacher, hoping to bring the grandmother in as we moved along. I recalled how both Jeanette and Ms. Hayley had individually, good-naturedly chided me about being so positive. I used that as a beginning link to their commonality, saying, "Well, thank you for joining Ms. Positive today." Jeanette and Hayley quickly and briefly looked at each other with expressions of mild amusement and perplexity. I added, "You both tease me about that, you know!" They laughed together for a second.

With that moment of shared humor, I began the more formalized stages of the consultation process. I explained that the process for the meeting today was to share what was going well, come up with a few things we might like to support Michael in and brainstorming strategies that would be supportive. I introduced my consultation services simple planning form which was just one page and included a space for jotting down strengths, goals and strategies. I made sure to let them know it is always blank because we do this as a team.

I continued by focusing on what they all have most in common and the purpose of our gathering? Michael. I brought Michael's presence in the room by sharing some of the stories and endearing quips from my observations at the child care. Reading Ms. Hayley and Jeanette's smiles, I continued with more accounts of how Michael was showing us that there are, in fact, many strengths to build on. Through gestures and comments, Ms. Hayley and Jeanette were providing cues that they were growing more responsive. Grandma remained

subdued yet interested. Her presence helped me to remember that trust is rarely given but usually must be earned.

Although Jeanette was welcome to bring anyone to the planning session that she chose, I was not sure what Grandma Gloria's role was in the planning meeting. I did not get clarification from Jeanette, other than for her to say that her mother wanted to be there. Hesitating to make assumptions and knowing the variations in family dynamics, I was not even certain if Jeanette perceived her mother's presence as supportive. I was not sure if the grandmother helped Jeanette to feel more empowered or if her mother perhaps diminished her confidence. It was not clear by their interactions and I realized that I would need more time to assess what role the grandmother would play and how I would best facilitate her participation.

As the meeting progressed, Ms. Hayley and Jeanette had both joined in sharing descriptions of Michael's strengths and interests. With each contribution of their observations and knowledge of Michael, their interactions became more positively charged. Their exchanges were already growing more fluid and natural. I knew we would need this experience to support us through the tougher portions of the planning meeting. I did not rush this phase. I sustained it as long as there was interest and dialogue between the mother and teacher that reflected an increase in ability to communicate with each other. I wanted them to enjoy this moment together.

Again, I tried to bring Michael's grandmother actively into the experience. I told her that her input is very important and again asked her if she had anything about Michael that she wanted to share. She responded by shaking her head, "No." I found that Ms. Hayley, Jeanette, and I began to get distracted by the grandmother's quiet presence. We seemed preoccupied by her, regularly glancing over to Gloria.



I began worrying about the perceived discomfort that I thought Jeanette and Ms. Hayley were again starting to feel. I knew that I could not understand the fullness and complexity of what Gloria meant to the group and the way we were all responding to her. That would have to come in time. Counter to my main objective of engaging and unifying planning team, I found that at this juncture, I needed to disconnect my energy and attention from Gloria. I needed to allow her the distance she seemed to be creating, hoping that she would join when it felt right for her. For now, I just needed to get us unstuck.

Shifting my attention to the planning form, I asked if we were all ready to begin working together to figure out some ideas for Michael. They all agreed. I told the group that if we can really think about behaviors as a way that children are trying to communicate something to us it could help us understand what Michael is trying to tell us, or show us through his behavior. Knowing that the parent and the child care center did not see Michael's behaviors in the same way, I attempted to be proactive. I verbalized that very often children behave quite differently in different settings. I offered the encouragement that we would figure out all of this together. And with that we began our discussion to clarify what perceived difficulties Michael was having.

Jeanette began with, "I just think he's all boy", with a bit of parental protectiveness in her tone. "Can you say a little bit more about that?" I asked. Jeanette went on to describe how he likes to play rough and tumble with his brother and cousin and has a lot of energy like most other boys. I could see Ms. Hayley bristle a little. In an attempt to prevent any regretful statements from being said, I quickly interjected, "See, this is a perfect example of what we were talking about earlier. At home, Michael's behaviors are completely appropriate. But perhaps at school where you're trying to teach children what's appropriate in a group or school

setting, there might be more focus on teaching calmer behaviors. Does that make sense?" Ms. Hayley and Jeanette indicated that my comment seemed accurate to both of them. "So", I continued, "Do you think that with different rules in different settings, Michael might be feeling a bit confused?" Jeanette and Ms. Hayley both agreed that sounded reasonable. Even if my initial assessment was not accurate, they seemed relieved to have returned to some common ground. At this point, I attempted again to bring Gloria into the process by asking what she thought. She said she supposed that could be right. I smiled and said, "Okay." Looking at everyone, I said, "Looks like we have already begun to figure out together what Michael's behavior might be telling us." Together we experienced honest dialogue which remained respectful and the intention of helping Michael remained the focus.

Just as we were going to begin our discussion of prevention and intervention strategies, Gloria finally spoke. She said, "Michael needs more discipline and that's what his problem is. He doesn't try this stuff with me", she stated. Jeanette looked very uncomfortable and embarrassed, but not surprised. I sensed she had heard this theory from her mother before. "I do discipline him," Jeanette said. "I feel like everybody gangs up on him," she added, her voice cracking a bit.

I was not certain who the "everybody" was that Jeanette was referring to. I was not sure if she was meaning the child care center staff and me or if she was referring to those in her personal world. So I gently asked, "Jeanette, does it feel like we're being hard on Michael?" She remained silent, appearing vulnerable. I wanted to comfort her. Instead, I joined Jeanette in her silence, wanting to keep this moment unrushed, hoping that it would give Gloria time to perhaps make some internal shift that would result in a gesture of warmth toward her daughter. But at that moment it did not.



I found myself swarmed with a complexity of feelings. I wanted the grandmother to be more sensitive toward her daughter. I had uncomfortable thoughts about exactly how Gloria disciplined Michael. And even still, I felt empathy toward Gloria in wondering what life events resulted in her presenting this way. But I could not know, I could not understand all of the dynamics and nuances that surrounded this family and the child care providers in the two hours we had today. I provided myself the reassurance that I would, in time, gain a broader understanding of the way this family impacted each other. But for now, we needed to move forward, while preserving the importance of this moment.

I really could not interpret Ms. Hayley's expression. Her attention was perhaps more drawn to the tense interaction that was brewing between Gloria and Jeanette, as was mine. The consultation process was initiated on behalf of Michael and his mother. But during the course of the meeting, a new mother and child dyad had appeared. Before we could move forward, this moment needed to be sensitively and appropriately addressed.

With the intensity that filled the room, I knew that right now every word I chose carried a particular weight. But it was not my words that brought us back to a more compassionate place; it was Ms. Hayley's. She reached out with a warm and perfectly timed, "Jeanette, I am so sorry if I ever made you feel like that." Jeanette looked up at her with a look of appreciation. "I know that you really are trying with Michael," Jeanette said.

With one kind sentence from Ms. Hayley and Jeanette's ability to receive it, the heaviness that had begun to fill the air was now being dispelled. The connection that began between parent and teacher at the onset of this meeting was proving to be a sturdy foundation and the mechanism for growth and progress. I felt reminded of how consultants do not so much direct the course of a

meeting, but more-so create a platform for the consultation process to unfold.

I allowed the healing effect of that exchange sink in for a moment and then offered: "When people are coming together to talk about a child that they all care so deeply about, it's not uncommon for strong feelings to surface. I know that everyone here wants the very best for Michael." Mother, grandmother, and teacher all nodded their heads. "I encourage you all to talk with me to sort through the feelings that you might have along the way. All of your ideas and perceptions are important and you will decide together what the best plan is for Michael." I continued: "Before we discuss specific ideas for Michael's plan, is there anything any of you would like to say? This is your time; we use it as you choose." It seemed that Jeanette, and Gloria, and Ms. Hayley were ready to welcome moving to a new place in the planning meeting.



As long as Jeanette wanted Gloria to be a part of this process, the grandmother would be heard. And even though the way in which Gloria gave her input made me a bit uncomfortable, one of the things that I have learned is that just because I do not like someone's delivery of a statement, it does not invalidate the statement itself—or at least some elements of the statement. Perhaps Jeanette does have some difficulty setting limits and providing positive guidance. This was something I still had yet to learn and would be ready to support her in, if needed.

As we began to discuss the portion of the plan on prevention strategies, it became more apparent how the family and child care center intersected and would be working together. Everyone's ideas and commitment to support Michael were represented in the goals of the plan in a very concrete way. Each added specific strategies, and although Gloria's input was minimal, she did participate. And in her way, she seemed to be trying to indicate more of a receptiveness. Everyone listened to each

other's ideas respectfully. It gave an opportunity to have very focused discussion on methods currently used and which new ones we may want to consider. Jeanette and Ms. Hayley were experiencing more and more how compatible their suggestions were. We made our way beyond power struggles and moved forward to having productive dialogue that centered on aiming for effective strategies. I suppose the most profound indicator that this meeting met its potential is that the interactions stopped being about the adults and became about Michael. Keeping him at the center of our discussions brought us to where we needed to be.

As we wrapped up, we acknowledged our progress and planned for our next meeting. Everyone exchanged a warm, "Thank you," and a blend of accomplishment and hopefulness was present. Ms. Hayley walked Jeanette and Gloria to the door and told them she looked forward to seeing them in the morning. I knew that I would be calling Jeanette the next afternoon to check in on her reflections

regarding the meeting. I would also call Ms. Hayley to acknowledge her meaningful contribution to the meeting. As much as I wanted to make sure that Gloria was doing okay, as well, I would not be calling her. Even though she was listed on the Consent Form, I felt that it was important that Jeanette felt in control of this process. I wanted her explicit direction in how to proceed with her mother's involvement. If it became clear that the exchange between them was indicative of a long-term, broader concern, I was prepared and very willing to help them access additional services for supporting the family in a more comprehensive manner. And I would support Jeanette through that process as well.

I felt excited to think about the next day; how it would feel for Jeanette and Ms. Hayley, greeting each other as new allies and knowing this was just the start. I knew that this emerging common vision and bond between parent and teacher is what would truly drive this consultation to success.



**DISCUSSION QUESTIONS**

1. The consultant takes time to allow the feelings of the teachers and the family members to come out safely so they can move into the next steps of the planning meeting. How important is this to the success of consultation?  


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2. What strategies did the consultant use to bring all members into the meeting?  


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3. How important is the teacher-parent relationship in the consultation process? What might happen if the consultant had not focused on bridging that relationship early on in the consultation process?  


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4. The consultant facilitated the meeting but did not come up with the goals and strategies as the expert. What role have you played in planning meetings?  


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5. The consultant reflects upon her struggles with the grandmother's delivery of messages within the meeting but uses a flexible nature to empathize and wonder about the meaning and influence of the grandmother's perspective. How can empathy and wondering about others help to support relationship building?  


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For more information on forming and sustaining family partnerships see  
*Tutorial 8: Partnering with Families*, on the Center for Early Childhood Mental Health Consultation  
 website <http://www.ecmhc.org/tutorials/family-engagement/index.html>



## Talking with a Teacher about Programmatic Strategies

I had been called into a child care program that was partnering as a Head Start preschool site to do programmatic consultation in several classrooms. The program director, Mr. Carlson was concerned that prior quality measures had shown some challenges related to classroom management. Specifically, several children had a hard time self-soothing or calming and the environment was often busy with no place for children needing down time. It was the director's hope that I could offer some ideas and support. Mr. Carlson had talked with the teaching staff about consultation and they were in agreement that support would be helpful. I was already familiar to the staff and families at this particular site since I had provided training for the staff and families in the past. I shared a simple letter that Mr. Carlson might send home to families explaining my presence at the preschool over the next several months.

Today I was visiting Mr. Ramirez and Ms. Lawton's preschool classroom. I began my programmatic observation in the eating area which was separate from the classroom. The children were just finishing breakfast. Mr. Ramirez and Ms. Lawton welcomed me with a smile and a wave. Mr. Ramirez walked over to say, "We've been looking forward to your visit today. You know we have our program quality rating by our early childhood coordinator coming up and we just want to know how we're doing. Your feedback about what you see and hear will be helpful!" We briefly discussed how this morning's visit would include observation and then a personal meeting and discussion at the end of the day after the children had left.

I spent approximately 90 minutes at the center observing and about 45 additional minutes for discussion with the teachers at the end of the day. I saw and heard quite a bit within 90 minutes!

I sat at one of the cafeteria tables as the children were finishing up breakfast and Mr. Ramirez asked them to get ready to go back to the classroom. As some children were finishing up at varying paces, Mr. Ramirez helped those who were finished to engage in routines such as pushing in chairs, putting the water pitcher on the counter, putting placements in a stack, etc. "Thank you everyone for keeping our cafeteria so clean and nice for us and our other friends who use this space." During the walk back to the classroom Mr. Ramirez asked Jessica, a four year old, how she wanted to lead the group back to the classroom today. She said, "Let's hop!" Some children hopped to their classroom, as others giggled and walked alongside one another.

Back in their room, the class divided into two groups, one meeting with Mr. Ramirez and the other Ms. Lawton, to talk briefly about their individual plans for free play. I watched Ms. Lawton's group which had 10 children sitting together. Each child had an opportunity to share their plan with the teacher in their own way. A few children pointed to a visual chart that had photos of the various learning centers throughout the room. One child ran over and got a car to show that he wanted to play with cars and the rest of the children verbally shared their choices. Once the children went off to the learning centers I asked Ms. Lawton to tell me more about this transition

technique. She shared that this technique helped children to take initiative in planning and engaging versus the adults leading the entire day. She added that the children came back to their small group later to review the activities and how the day went.

I took some initial notes on the classroom setting which was large with ample space to support many aspects of children's learning. The furniture was placed strategically so children could move around easily and access the materials without having too many big, open spaces that would allow for running and potentially challenging behavior. Materials were plentiful in most areas and the children were encouraged to use them independently by their arrangement, accessibility, and labeling. Children appeared to know where items were, how to use them, and what to do with them when finished. While taking all of this in, I took notes as I wanted to be sure I highlighted for teachers that this preparation helps nurture the independence and self-esteem of the children and helps prevent challenging behavior by making the classroom their own.

As I observed the children at play I did note that some of the learning centers, dramatic play and the block area had a high number of children. A few children seemed to provide cues that they needed to reduce stimulation. One young boy went over to the cubbies and climbed inside of one and looked around. A 3 year old girl went under the snack table and looked out at her friends playing. The teachers were actively involved in play with other groups of children as the children under the table and in the cubby watched the classroom activities.

As I observed the other teacher-child experiences I noted that the staff were actively engaged with the children, sitting on the floor, having conversations and taking part in play. Children sought closeness to their teachers and demonstrated both affection and trust through hugging, talking, listening, and seeking their attention, "Look at this Ms. Lawton!" Staff supported conversations among the children

by engaging in conversation with the children in English and Spanish using open-ended questioning to extend the children's reasoning. Very few conflicts were observed among the children. Only two instances required teacher intervention; the rest were brief and resolved by the children as they played. As such, the children, too, appeared to be forming good relationships and learning about concepts such as friendship, sharing, turn-taking, working together and conversations.

My overall impression and notes highlighted that the staff relationships with the children appeared supportive and connected. I was only there for a short time and would do my best during consultation to make note of this and recognize they may already do some of the things I bring up. I would share the many strengths and use an open-ended approach to discuss the possible need to create some spaces in the classroom for children to be able to observe quietly yet still be engaged, sometimes called cozy spaces or "be by myself" areas.

My observation time had come to an end and I reviewed my notes and made a plan for my discussion with the teaching team for later that day. I used a simple form I had created to jot down strengths I had seen and also ideas to discuss. During our initial meeting about consultation services, I had explained the consultation process to the team; emphasizing that I was not there to evaluate them or judge their actions. I was there to work with them through this journey and I would share my observations openly.

After the children had left for the day, the teachers and I met in the break room so we could have privacy and also sit in adult size chairs. I began by asking the team what they felt went well in the classroom that day. Mr. Ramirez responded, "Well, it was pretty typical, active, fun and a bit noisy at times." I took time to share the positive observations I had seen and heard as well such as children's closeness to the teachers, the child friendly set up of the room and use of children's home languages.

I then added, “I also wanted to bring up an observation I had of Sam and Carla too. “Oh you mean their “hiding” behavior?” Ms. Lawton responded. “Yes, exactly!” I asked the teachers, “I wonder what the children were trying to tell us?” Mr. Ramirez responded, “That they had had enough! Sometimes I wish I could find a quiet space too!” We laughed. I shared that in some of the classrooms I visit we had set up Be by Myself areas. I explained, “These are cozy spaces where kids can go to safely take a break before coming back to play. The “Be by Myself” areas can have a wide array of social-emotional teaching strategies (squishy toys, relaxation cue cards, feeling faces books, etc.) easily accessible to the children.” I shared some photos that I had of Be by Myself places and asked if this might be something we could explore further for their classroom. Both teachers agreed it seemed like a good idea.

As part of our planning together, we talked about how we might involve the children in this process. Ms. Lawton suggested having the kids decorate a large refrigerator box and then discuss with the children what it was to be used for and possibly role-playing taking a break in the cozy spot. I agreed to bring in some emotion cards that I could print off of a website and cover with contact paper. Ms. Lawton agreed to bring in a large box and Mr. Ramirez agreed to find cozy items to put into the box. I decided since we had such a successful plan of action I would wait to bring up the conflicts arising in the high use learning centers at our next meeting. We had a plan. This strategy would provide an option for supporting self-regulation for all of the children in the classroom.

**DISCUSSION QUESTIONS**

1. The consultant is building rapport and a level of trust with these teachers. How do you build a level of trust with teachers?

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2. The consultant uses phrases such as “I wonder...” when sharing ideas. What advantages might this type of phrase have over using, “You could try... or I think that...” when sharing tips or strategies?

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3. The consultants approach was to build on the teachers’ strengths to build additional skills. How might this approach help drive effective consultation?

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4. This consultant shared a specific and concrete idea of Be By Myself spaces to encourage self-regulation in the classroom. What are some of your favorite ideas for building programmatic quality in classroom settings?

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For more information on programmatic strategies see the *Observation Toolkit for Early Childhood Mental Health Consultants* [http://www.ecmhc.org/observation\\_toolkit.html](http://www.ecmhc.org/observation_toolkit.html) and *Classroom Posters to Increase Positive Social-Emotional Interactions* [http://www.ecmhc.org/materials\\_staff.html](http://www.ecmhc.org/materials_staff.html), on the Center for Early Childhood Mental Health Consultation website.

## Programmatic Planning to Support Staff Relationships and Well-being

**M**r. Leighton Director of a rural Head Start program, called to discuss a referral for programmatic consultation. Mr. Leighton explained that he was worried about staff morale and stress levels in one of the centers. It had been a tough year with high rates of job loss in the community and high levels of crisis among families. He shared that teachers seemed to be laughing less and the usual joy in learning new things about early childhood were not met with as much enthusiasm, in fact several of the teachers asked to opt out of upcoming professional development opportunities. He wasn't sure what exactly the staff needed but he had noticed a marked shift in the overall tone within the center and classrooms.

I had been to this Head Start program to provide staff training on social emotional topics and to do a few child/family-centered consultations. I remember thinking to myself afterwards that staff seemed supported; professional development topics were chosen based on staff's input, time was given each week for uninterrupted teacher planning, the director attended training along with staff as a full participant and I noticed staff felt very comfortable in his presence. I wondered what was causing the shift.

I agreed to meet with the Director the next afternoon and to do some ongoing observations onsite. I arrived late in the day and went into Mr. Leighton's office. We discussed the approach he might take in introducing my presence in the center. We agreed that he had strong enough relationships to lay out his concerns at the staff

meeting and he asked me to be there as well. I hadn't known the meeting was that day. We talked about how important it was that the teachers not feel they were in any kind of trouble and that they view consultation as a to support them. Together we came up with a few bullet points for the meeting and headed down to the staff room.

Teachers wandered into the room over a ten minute time frame and sat in the chairs around the table engaging in side conversations. Eventually Mr. Leighton thanked everyone for being there and said, "I bet you are all wondering why our mental health consultant is here when no one made a referral for consultation services!" The staff nodded their heads in agreement. He went on to explain that he made the referral for programmatic consultation as he was worried he wasn't able to give the staff all that they needed to keep going with all of the stress that had been impacting the community and the classrooms this year and he called me in as a resource to offer further support to them all. I knew all of the teachers from prior experiences but took this opportunity again to explain my role as a consultant. "I've been a teacher myself," I said, "and I remember coming home some days and not having enough energy left for my own family. Being a teacher is rewarding but can also be emotional. My job is to listen and support you. I have heard you have faced some stress this year but want your word for it, on a scale of 1-5 with 5 being high how would you rate your stress level today?" They all yelled out "5"! Everyone laughed a bit and I continued on, "I am not sure yet where consultation will lead us but

together we will come up with ideas that we all feel good about.” I said that if they were open to it I’d be stopping into each classroom to chat in the next week and gather some preliminary information. All eight teachers signed on and we agreed to meet as a group again the following Friday.

I showed up at the Head Start program the following morning to visit each of the four classrooms. I started in Ms. Perry and Ms. Boswell’s preschool room. I did notice a slight shift in the environment from my prior visits as I walked around. The plants that before were vibrant had drooping leaves, some of the information on the walls was now outdated, and several toy bins were becoming filled with various kinds of toys that were not pictured on the label. Ms. Perry was sitting in a chair watching the kids and she seemed in deep contemplation. Ms. Boswell was organizing some materials so I walked over and leaned on the counter and gave her a smile. She smiled back. I asked, “So, how are things going this year?” Ms. Boswell sighed. “It has been tough; two families in our group lost their home, one of our children got removed from his parents and is living with his grandmother now, and my husband lost his job.” “Wow,” I said, “that is a lot to deal with.” She nodded her head in agreement and then a four year old boy came up and hugged Ms. Boswell’s leg and said, “I love you!” smiled and ran off. “It looks like you are still that stable base for these kids,” I said. “Yes, those hugs keep me going.”

I put a hand on her shoulder and said we would talk more. I went over and sat next to Ms. Perry as she observed the children. “Boy they sure are into that clay today,” I said. “Yes, they are.” We both watched in silence. From first glance the kids were engaged and seemed enthusiastic about the activity; pounding clay, molding it and making all sorts of creations. What I did notice was a little less laughter between kids. This could have purely been because of the intentness they had on their project at hand but I wondered if it might be an overall tone that was enveloping the class, indicating a slight level of stress.

Ms. Perry spoke quietly and said, “I worry about these kids, every night. I’ve been teaching for 20 years and something has changed.” We sat another few minutes. She added, “When I go home each night I hope everyone comes back okay, having been fed and loved up enough.” I was starting to feel myself get a little emotional. I don’t even know these children well but looking out at their faces together with Ms. Perry I could feel a slight piece of her worry and love. “That is a lot to hold unto Ms. Perry.” I wonder how you get comforted,” I said. “Well, I just go about my life. I get work done at home and try to tune it out the best I can.” I put a hand on her shoulder and left it there for a moment saying, “Wow that must be hard for you.” She gave me a little smile and I got up. I said I would be thinking about her and we would talk on Friday.



I wanted to say everything would be okay as I wanted to fix it right there and then but I knew that wouldn’t be the truth as families were struggling and teachers were as well. This would take time. A similar tone and several themes ran through all of the classrooms as I visited that day, mostly worry about children and families and sheer exhaustion of the teachers. To be honest, I was becoming exhausted too. I knew I would be able to discuss my thoughts later in supervision so for now I took a few deep breaths and began to think about the strengths show to me today by the teachers.

I went and sat in Mr. Leighton’s office and waited for our 3:30 appointment. I found my eyes begin to close. He walked in and I sat up and reached down for my notebook. He greeted me by asking, “So, what did you find out?” I began with, “Well, you have a very dedicated, passionate staff that is for sure. They love those children and they are holding a lot of hard emotions in such as worry and fear.” “I know,” replied Mr. Leighton, but what can I possibly do to help? New toys, fun training, days off, they don’t help.” I replied, “I know you want to do what is best and I have an idea. Each person readily shared how they were feeling and mentioned some



specific fears or worries. I wondered, if we could give it a try, for maybe the next few weeks, to use part of Fridays, your usual professional development day, to do some group reflection together. I could facilitate. This would be time just for the staff to share strengths, barriers and hope. It wouldn't take away from their planning time as you usually do some kind of training for 1-2 hours right?" "That is true," replied Mr. Leighton. I went on to say, "Actually I have done this in another center and so far staff has said they feel heard and just being able to share their feelings has alleviated some of the stress. Together we decided to try it out this Friday and see how the teachers respond and get their feedback on continuing. It was a first step I hoped would work.



I have to admit I was a bit nervous when Friday rolled around that week. I had spent time the day before thinking about how I might facilitate this group dialogue to maintain respect, honesty and confidentiality.

Friday at 9 A.M. I was in the staff room as teachers came in and sat down. Everyone looked up at me as if expecting me to get the power point rolling, as I had in prior professional development experiences. I began, "I want to start out by thanking all of you for being so honest with me about this year's experiences. I learned a lot about the stress you all are carrying and a little about what that might be like for each of you. I learned that you all have a commitment to children; I can see it as you sit, play and talk with children. I even caught a few smiles and laughter." I went on to say, "This morning is not going to be about training, it's going to be about supporting one another. Every Friday, if you are open to it, we will spend an hour or two sharing our strengths, barriers and hopes for the upcoming week so we can go on and give what we can to the children. How does that sound?" Ms. Boswell said, "You mean we don't have to work?" They all laughed.

We went on to talk about spending this time together and came up with some ground rules, such as" what

is said here stays here, no interrupting, etc. Then, we moved on and began by each person sharing something good that had happened that day or something for which they were grateful. This step set a positive tone and then we moved into a few personal stories that illustrated some of their struggles or barriers, "Tell me more about life this year and what you all have been going through." One teacher, raised her hand and told us her story about working with several children in foster care and how emotional it had been for everyone? her, the children, the parents and the foster care families. Another teacher gave her hand a gentle pat and smiled some reassurance. I could see several other teachers nodding their head in agreement. No one tried to solve the weighty problems at hand, each listened to one another. After several of the teachers had shared their stories, an hour had gone by and we moved to the last part of our experience; sharing our hopes for the next week. "I hope I can laugh a few times every day," Ms. Boswell shared. "I hope I can see the good inside all of the things going on this week," said Ms. Perry. I wrapped up this first meeting, saying, "OK, everyone, I hope we can each support one another this week and meet again next Friday. Let me know your thoughts on this experience. I will be popping into each of your rooms again on Tuesday."

I checked in with Mr. Leighton to share my observations. I gave him some resources to use in the center (i.e. stress reduction posters) and some ideas for adult relaxation tips that he might share with staff and families as well. We agreed to keep the group activity alive for the next 6 months and then revisit the impact of this staff and program support. I packed up and headed for the door.

As I walked down the hall, I noticed the teachers hadn't left the staff room. They were huddled together talking and actually laughing. Maybe this group experience lightened their emotional load a bit. I knew more was to come and other strategies would come into play but for now seeing a few smiles was a good start.

## DISCUSSION QUESTIONS

1. How do you think adult stressors impact the care of children?

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2. How do you think the consultant's facilitation of this group experience may have contributed to its success?

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3. What are some of the different ways consultants can support adults to deal with stress?

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4. The consultant mentions wanting to tell teachers everything would be ok as they struggled with complex care giving situations. How did the consultant's facilitated group experience allow the adults to deal with their struggles and possibly alleviate some stress?

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For more information on reducing adult stress see *Posters to Combat Stress* [http://ecmhc.org/documents/CECMHC\\_GraffitiPosters.pdf](http://ecmhc.org/documents/CECMHC_GraffitiPosters.pdf) and *Relaxation Exercises* [http://ecmhc.org/relaxation\\_exercises.html](http://ecmhc.org/relaxation_exercises.html) on the Center for Early Childhood Mental Health Consultation website.

## Coaching a Provider on a Social and Emotional Strategy

For the last six months or so, I have been providing programmatic consultation to a combined Head Start and Early Head Start program. Most of this consultation work has taken place within the preschool classrooms; however, I have also been providing ongoing training for all of the staff, including infant and toddler teachers. A few weeks ago, I offered training on using scripted stories to support social skills. Ms. Markieta, a fairly new toddler teacher in the Early Head Start Center, approached me after the training and asked for help with her group of toddlers—eight girls and two boys.

When I first met with Ms. Markieta, she described struggling with the children fighting over toys, biting and additional aggressive behaviors, such as hitting. She hoped that using the scripted story method in her room would help the toddlers learn how to get along. I spent some time in her classroom and observed Ms. Markieta reading stories with the children. She was animated and really kept their attention. I knew we could build on this skill together.

This morning, I met with Ms. Markieta before the children arrived. After talking, Ms. Markieta said she wanted to create a scripted story that would help the children learn a strategy for coping with strong anger or frustration. “Well, that sounds great,” I said. “What do you wish they might do?” “Just stop before they hit!” she said. We both smiled as we knew toddlers are just beginning to build that self-regulatory behavior and this was a

tall order. “Hmm...,” I said, “What do you do when frustrated? You have to have some tense, emotional moments working 40-50 hours a week.” “Well,” she replied, “I stop and ask for a break and then go somewhere and breathe.” I said, “I think that could work!” “Seriously?” she said. I encouraged her by saying, “Sure, why not, let’s try it.”

So together we wrote a simple story to practice with the children and to cue them on when to stop, walk and breathe. We agreed she would try to take some photos today to put into the story. Ms. Markieta needed to get back to class, so I gathered my things together and headed down the hall with Ms. Marietta to do some classroom observation.

During free play Ms. Markieta asked if anyone would like to help her practice some steps to help them learn how to calm when they get mad. Several children agreed and came over to her. Ms. Markieta showed the children how to stop, walk, and breathe, and together they practiced stopping, walking a few steps, and then taking three big breaths. She took some photos of the children doing the steps.

During lunch that day Ms. Markieta and I went to the break room and worked together to type up the pages of the story and add in the photos. She smiled and said, “I am anxious to see if we can pull this off.” I smiled back and asked, “How do you want to go about this? Do you want to try it out today?” She responded, “Well I was hoping we could team. I’d like to see you do it one time and then I could try. I haven’t really practiced using this type of approach before.” “Sure,” I responded. “I think it will be fun. The kids love stories, and I see them

light up when you read to them. You are a natural.” In the afternoon we gathered a small group of children together to read the new story. Ms. Markieta looked at me as if to say, “Okay, you said you would do this!” I gave her a smile and said to the children, “We are going to have some fun acting out some steps we can use when we get mad, do you ever get mad?” Some nodded, others just looked at me, and a few said, “Yes, mad!”

I read the simple story and asked Ms. Markieta to practice role-playing the steps with me as the teacher and her using a turtle and an owl puppet. Ms. Markieta moved the puppets to pretend that the owl took a toy from the turtle and the turtle said, “Hey that’s mine!” The owl ran away. The turtle said, “I am mad!” Then the turtle said,

“Teacher, help me!” Then, as the teacher in the story, I reminded the turtle, “I know you’re feeling mad, but you can calm down. Just stop, walk, and breathe!” Ms. Markieta made the turtle figure walk a few steps, take three giant breaths, and say, “Stop, walk, and breathe. Ahhh...now I feel less mad and more calm.” Ms. Markieta and I both had to keep from laughing a little bit. The kids laughed and wanted a turn. Ms. Markieta eagerly read the story again and this time the toddlers already joined in reciting, “Stop, walk and breathe!”

When I returned the following week I asked how things were going and Ms. Markieta reported that some of her parents said their toddlers had told them to, “Stop, walk, and breathe!” I guess the strategy worked!

## DISCUSSION QUESTIONS

1. The consultant supported a teacher to follow through with a self-initiated strategy. How might this approach be more effective than a consultant suggesting tips?

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2. The teacher asked the consultant to model the strategy first. What are some ways you have used modeling within the consultation process?

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Additional social and emotional strategies to use with children can be found on the Center for Early Childhood Mental Health Consultation website on the page titled, "Everyday Ideas for Increasing Children's Opportunities to Practice Social Skills and Emotional Competencies." <http://www.ecmhc.org/ideas/index.html>

## Talking to a Family about a Community Referral for Additional Services

Today was the day I was going to approach Jeanette, the mother of four year old Michael who attended High Hopes Child Care Center, about a community referral for additional evaluation and services. I had been engaging in child/family-centered consultation for several months with the team and after a series of observations, consistent preventative strategies and interventions that we had all discussed in our plan, Michael was not responding as everyone had hoped. The child care director and Michael's teachers felt they had been trying consistently to help and although some things had improved, there were still challenges that felt beyond their control.

I had spent time reflecting on our intervention efforts so far, to make certain that we (the parents, the child care center staff, and myself) had consistently tried and fully implemented the agreed-upon strategies and interventions discussed during our planning meetings. I had seen some indicators that Michael may need additional support and intervention, but felt that it was extremely important to honor the consultation process. Rather than jump to recommending additional, outside services immediately on my own, we worked together as a team to implement the agreed upon plan and then adjust the plan as the work moved forward. In this way, the parent is engaged in the process, part of the decision making, and perhaps more prepared to consider additional services if needed. At this point, it was time to explore community referrals for services to help support Michael.

In addition to the concerns mentioned by his teachers (hitting, kicking, yelling), upon observation, I noted what appeared to be sensory sensitivities that were not responding to classroom and home interventions. Michael displayed a high level of intense dysregulation that would erupt during the slightest change in routine. Transition times were extremely difficult for Michael even with cues in place to prepare him for changes. Again, remaining open to the scope of possibilities, in addition to sensory calming techniques and routine visual charts and cues, we also considered the possibility of the impact of allergy related triggers per information from Michael's doctor. Michael's mother, Jeanette, was quite agreeable to experimenting with not feeding Michael common allergenic foods, as a starting point. This still resulted in no significant changes for Michael.

I asked Jeanette how she was feeling about the progress we were making with Michael. She said that she is glad that she and the teachers get along now, but it sounds like Michael still has a few behaviors to grow out of. I joined her in her hope that time would be an ally in Michael's progress, but suggested that we may need to consider additional help for him. Jeanette's demeanor visibly shifted, "I thought you were going to 'fix' this," she said.

I proceeded, "Jeanette, if you allow me, we'll work through this together. If you choose to consider looking into these services for Michael, I want you to know that I'm with you every step of the way." My goal was to again place the center of control back in Jeanette's hands, hoping to relieve at least



a little of the helplessness she may have been feeling. I also wanted her to know that she had my continued support.

Her eyes softened. The foundation of our working together was quickly restored. The relationship that we had developed was proving to be a sturdy one. We were gravitating back toward solid ground.

She spoke with a sense of hesitant openness and curiosity, “Well, what kind of services are you talking about?” “The school district has wonderful specialists that may help to give us a clearer picture of how we can better help Michael.” I could see her tension once again rise. She quickly stated, “They’re going to label him. I don’t want him labeled.” I explained to her that the school district staff often works with children and helps to prepare them for kindergarten. I asked her if we could just take it one step at a time. I asked her if she would be open to a conversation with one of the staff and see what she thinks of what they have to offer. I also let her know, that if she wanted me to, I would be with her if she decided to make the call. Additionally, I would attend any visits with the school district that she wanted me to.

Again, I reassured her that she guides this process, its course, and its direction. I told her that I will respect her decision and for her to take time thinking about this. I wanted to make sure that she held on to the understanding that this process was something that was being done with her—and not to her. I also wanted to return to the clarity that I am there to support her and her child.

With that, I told her that I would check back with her in two weeks unless she wanted to talk with me before then. I wanted to dissolve any feelings of urgency that may have added to her anxiety. Jeanette gave me a soft, “Thank you.” I smiled at her, and then made a gentle shift to lighter conversation as she headed to the classroom to gather up Michael’s things. She seemed to welcome the transition in topic and told me of

their weekend plans coming up. After a few minutes, we parted with warm goodbyes.

The next week, I saw Jeanette again at the child care center when she came to pick up Michael. I initiated a light conversation and did not return to the topic of the referral to SID. I knew that in order to maintain trust, it was important that I did exactly what I said I would do—not talk with her about this for two weeks unless she chose to contact me first. With confidence that the process was in her hands, she began to ask about the school district program. She wondered what they would do and how it works. I gave her the highlights of the program but said that they could describe their services much better than me. “Would you like their number just to get more information?” I offered. “Yeah, I guess it won’t hurt just to find out what they’re about,” Jeanette responded. “I’d be happy to be with you when you call them, Jeanette. Whatever you’re most comfortable with,” I offered. “I’ll be okay making the call. Thanks, though,” Jeanette replied. We agreed to talk about how the call went.



I knew that this was not an easy moment for Jeanette. I knew that for her to approach me regarding a referral most likely took a lot of contemplation and thought leading up to her decision to explore this option. For now, I detected that she still needed some space to process some of this on her own. For me to address her feelings about this experience seemed premature.

Jeanette and I spoke the following week regarding her phone call to the Intermediate School District (ISD). She began with, “Well, I have a meeting set up with them. They want me to bring Michael. If he doesn’t do well there, they might be going out to see Michael at the child care after that.” Now was the time to address feelings. “If he doesn’t do well,” I softly repeat. “Can you help me understand what that means to you?” I ask. She surprised me with, “You know, if he acts around them the way he does around us.”

There was so much in that one simple sentence. Jeanette was acknowledging for the first time that Michael's concerning behaviors exceeded being "all boy," to which as she had previously attributed his behaviors. In her way, she was expressing her amplified worries about her child. She also placed herself in union with the teachers and myself; we were "us." Again, the relationship was showing that it was solid enough to bear the weight of a heavy decision; we could all move forward together.

Heading to our favorite quiet area of the child care center, we sat and chatted. We discussed how this juncture in our course of action was not easy for her. I thought about the tremendous amount of trust it took for her to allow me to join her in this portion of her journey. Since she was now more in the emotional place where she could take in information, we talked more in depth about what she may be able to anticipate with the ISD. I shared with her all of the resources they have and the skillful and patient approach they take in working with children. Having worked in close collaboration with the ISD staff, I was glad to be able to tell her with confidence how they would listen to her and include her every step of the way.

Jeanette asked that I join her during her and Michael's first meeting at the ISD. Of course I agreed. Since it was Jeanette's first meeting and introduction to new services, I would be with her as a familiar and secure presence. I would provide

support for her to ask questions and to vocalize her apprehensions and fears, should she chose to express them. My primary objective was to be a solid and familiar support to Jeanette, but also, in my consultative role, to collaborate with the ISD staff on any services for Michael and to support the child care staff in implementing new strategies recommended or offered.



When a family decides to seek additional resources, this adds a new dimension to my work and requires new elements to the team's original strategy. My over-arching objective is to keep all parties invested in the process and give the child time to benefit from the interventions. Once all systems are in place and functioning together, I may step back so that the parent, child care program, and the new staff can further strengthen their work together.

As time went on, Jeanette and the ISD established their own working-relationship. The child care center was implementing and following through on the ISD interventions. Most importantly, Michael's change in affect and behavior showed us that we had found the appropriate help he needed. Michael's increasing success in functioning became the ultimate motivation for follow-through. The parent and teachers were reunified by their common desire to support Michael.

### DISCUSSION QUESTIONS

1. The consultant mentions that she had wondered about the need for referring Michael early on but let the consultation process unfold—what are your thoughts around this approach?  

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2. This child and family were linked with outside services for further evaluation and support. What kinds of services did the consultant and the child care provider refer too?  

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3. What resources might be important for you to know about in your community?  

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4. How might you further involve the child care provider in this referral process?  

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5. The consultant reflects upon how additional service providers can be woven into the consultation framework. How does she take on a role of liaison in consultation?  

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For more information on engaging and working with families see  
*Tutorial 8: Partnering with Families*, on the Center for Early Childhood Mental Health Consultation  
website <http://www.ecmhc.org/tutorials/family-engagement/index.html>

## Reflective Supervision: The Day It Made Sense to Me

**A**s I walked up to my new supervisor's office door to meet with her for reflective supervision, I felt as I had felt the previous several weeks: dread. Yes, as I journeyed down that hallway for our meetings, I felt a sense of dread.

When I first began attending reflective supervision, I had no idea what was going on. And once I did realize that it included reflecting on...me! I felt a discernable discomfort with the whole notion. I was certain there was a visible bubble thought above my head reading, "Is this really about me? Isn't this about my consultation services and my clinical perspective? And if I found that I needed support with my consultation, it didn't seem appropriate that I find that support talking about me and my experience. I should be talking about the teachers, the children and their families.

So once again, I was sitting in my supervisor Barbara's office. It was a lovely welcoming setting: plants, art and photos, a beautiful array of books, and the comfortable stuffed chair always waiting for me. Her warm smile greeted me, and I reciprocated with a polite but guarded smile in return. I began my usual business of reporting on my consultation; telling the details of the children, families, and centers. I moved on to recapping their demographics and presenting issues, somewhat mechanically, stating how each referral for consultation services, programmatic and child/family centered, was progressing and seeking advice on the areas where situations seemed to be stalled. I truly valued her expertise, and her insights were very helpful.

But once again, she ventured a little beyond what was contained in my notes; making her way to me. She would ask how it felt for me to observe a child in extreme emotional distress or to watch the mounting tension build on a provider's face. Was she really asking me that; about my reaction? It felt like I was doing my job. It felt like I was where I needed to be. I was effective; wasn't that all that mattered?

While appreciating her invitations to discuss how consultation was impacting me, I didn't really know what to do with the invitation. So I simply avoided it. I once again, offered the protective buffered response, "I'm fine." And as far as I could tell, I was.

As a mental health professional, I felt that there is an unspoken value in presenting yourself as personally unaffected by your clients. Should glimmers of the wear and tear from the day or self-doubt surface, I reach for my personal sense of unwavering sturdiness and confidence. A self-assured exterior is what is what I typically aim for—not a display of vulnerability. With these images and expectations of myself in my profession so ingrained, this process of reflective supervision actually seemed somewhat unprofessional and too personal. As I saw it, I was doing a service to my clients by keeping myself out of the equation; not muddying up the work by considering how it impacted me.

The work place is typically where I want to show how capable I am to meet the challenges of the day—it is not usually where I lay down my burdens or let on how difficult the work might be.

The entire process and invitation to share my feelings and experience felt ill placed and unsettling to me. Besides, I had not yet admitted to myself that the weight of my work was beginning to build. It was important to me to feel that on my own, I was strong enough to support all of the people who counted on me. To recognize my own needs for support and to lean on anyone for that support would represent a profound internal shift in my perceived and self-prescribed role.

Barbara was gently persistent. Respecting my retreat to my comfort zone, she patiently allowed me to proceed with my more formal review of my consultation. So once again, I began to provide her with enough material to satisfy her questions but also keep her inquires of a personal nature, at bay. But I could sense that my weekly mantra of, “I’m fine,” was going to be challenged this time. She had a different look about her; an extra softening in her eyes, leaning toward me from her chair, a softer tone in her voice. And, I was tired. At this point, I was visiting 8 child care settings and 16 children, weekly. After all, that’s the kind of dedication to my consultation work that I value, with little regard for my own needs.

I felt Barbara’s particular way of gentleness and my increasing tiredness, having a combined effect. I felt a shift in my professional demeanor and was on the brink of admitting aloud, “I do feel tired. It is heartbreaking to witness, on a daily basis, people’s distress and deep difficulties.” As if in a last ditch effort to shield myself from her warmth and my own emotions, I held my consultation files a bit closer to me. That one gesture was an unspoken statement communicating, “See, this is my work. This is what we talk about and focus on.”

I began telling her of a child who seemed painfully invisible to her child care providers, and my listening to the infant cry in her crib with no comfort and condolence from her busy caregiver; of watching the aching discomfort in a mothers face as she had to walk away from her child to

head to a long and exhausting work day; and of her child crying with breathless sobs, arms reaching out, and longing for just one more hug. I described the early childhood teachers in all of those classrooms, who relentlessly worked so hard trying to give their time, energy, and a part of themselves to all of the children who needed them. I related to the teachers’ demanding work and tired smiles...like mine.

I could feel a rising of emotion, as I spoke. My empathic aching for the mother as I described her; my own exhaustion as I recalled all of the caregivers. I could also relate to the sense of feeling invisible, as I described that child. As these feelings were beginning to surface, and as I looked into the eyes of my consistently, genuinely empathic supervisor, I felt a resurgence of my resolve to not let my vulnerability show.

“Barbara, thank you for asking about how I’m feeling during my work day, but I prefer to spend this time focusing on the children. It feels self-indulgent to talk about myself during our professional time.” I drew on all I had to regain my composure and stated, “I just want to stay focused on the work.” There, I said it. Now we can put an end to this exceedingly uncomfortable process.

Barbara paused for a moment, looked directly into my eyes, and with steady certainty said, “Judy, you are the work.” In this moment, I felt the flash of immediate clarity and transformation in my perception of myself and my work.

Those words gave me permission to enter into the reflective process; to become an active participant rather than a distanced reporter. It opened my thinking. It expanded my notion of what it meant to be professional. It resonated as truth. Before that moment, I could not recognize the professional value in discussing how I felt within the context of my work. In that moment, any discomfort that I may have felt with the process became worth the risk because it would be of benefit to the children,

families, and providers, I so longed to help. I did not need to do it alone.

I actually said, “Wow.” She smiled at me, in a way that said that she knew exactly what I was feeling. We talked about how difficult it was for me to get to that point. And we explored some the obstacles that had inhibited my being open to this new way of perceiving my role myself as a professional consultant. We touched on how previous relationships may have given me pause to launch into trusting her; a topic I was certain would be given further consideration. This was my supervisor; my confidant; someone with whom I could safely unravel all of the intricacies of my work and explore the reciprocal effect that I had on others and they had on me. Now I knew that reflective supervision would add an entirely new level of depth to my work. And I welcomed that.

Yes, that moment was a pivotal point and came to represent a lot to me. It was the moment that contained multiple lessons. It shifted my thinking from an intellectual understanding of what

relationship-based work is—to a true experiencing of this profound transformational approach. I had the opportunity to experience the power of a trusting, safe, reliable supportive relationship that made that moment possible. Barriers began to give way to the dynamic process that is relationship-based work. Perhaps, had Barbara spoken those words prematurely in the earliest stages of our working together, I may have not heard them in the same way. She recognized how to say what I needed to hear and when to say it.

I learned to stop pushing away and dismissing my own feelings and rather, listen to them as the compass they can be. I could use them to recognize the themes that were possible triggers to my own reactions and responses to some of the teachers and families I supported. Counter-transference? my strong personal responses to what others are experiencing—stopped being a negative pit-fall and rather became another tool of self-awareness. The result of the reflective process helped me to conduct my work with more clarity.



### DISCUSSION QUESTIONS

1. This consultant noted her initial discomfort with expressing her feelings during reflective supervision. Why are the consultant's emotions important to this consultation process?

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2. How is reflective supervision different from other types of supervision consultants receive such as administrative supervision?

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3. How might this supervision experience help the consultant in her work with teachers/caregivers and families?

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For more information on the consultative stance which is supported through reflective consultation see *Tutorial 4: Mastering the Consultative Stance*, on the Center for Early Childhood Mental Health Consultation website [http://ecmhc.org/tutorials/consultative\\_stance/index.html](http://ecmhc.org/tutorials/consultative_stance/index.html)

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