**Michigan’s Social Emotional Consultation**

*(Tool adapted with permission from Arizona’s Smart Support Consultation Program)*

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| **For the SEC Supervisor:** | **For the SEC:** |
| **Goal:** To reflect on the developing skills of the supervisee.  **Instructions:** During supervision the SEC supervisor should listen for the following items. This tool can also be used to gage fidelity to the SEC model of consultation.  Each sentence begins with **“***Do I hear my SEC..?”* | **Goal:** To reflect on service provision to a childcare provider/family.  **Instructions:** During and in between reflective/clinical supervision sessions, the SEC may use this tool as a “routine” guide/prompt. It may especially helpful when a consultant feels “stuck” with a provider/child/family.  Each sentence begins with “*Am I..?”* |

**\*The term “child care provider” is used throughout the tool, but may also reference the child care director/staff**

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|  | **When considering the relationship between the consultant and the childcare provider/family:** | **Notes:** |
|  | Considering how the explanation of my role as SEC adds clarity or confusion to the expectations a provider/family has for me and vise versa. How may this impact our relationship? |  |
|  | Considering how the concepts of the Consultative Stance/Diversity Informed Tenents are incorporated into my interactions and relationship with the provider/family? |  |
|  | Considering how cultural differences, including but not limited to racial identity, may be impacting any implicit bias of and therefore relationship between myself and with the provider/family? |  |
|  | Considering the concept of finding “**a port of entry**,” when discussing how to broach the subject of children’s behavior with the child care provider/family. |  |
|  | Considering of concept of the “**parallel process**” when reflecting and working with child care providers/families? |  |

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|  | ***When considering the relationship between the childcare provider and the child:*** | **Notes:** |
|  | Using the framework of **attachment theory** when trying to understand the relationships between children and their caregivers? |  |
|  | Considering how cultural differences, including but not limited to racial identity, may be impacting the caregiver’s implicit bias of and therefore relationship with child/family? |  |
|  | Using the language of the **Emotional Availability Scales**, (“adult sensitivity, adult structuring, adult non- hostility, adult non-intrusiveness, and child involvement of the adult”) when discussing caregiver-child interactions? |  |
|  | Considering the “**goodness of fit**” between a caregiver and a child and the related constructs of **temperament** and **personality**? |  |
|  | Assessing the caregiver’s level of reflective capacity and awareness of how her/his emotions and behaviors impact her/his relationship with the child? |  |
|  | Considering challenging behaviors through the lens of the childcare provider’s ability to **self-regulate** and how that impacts the child’s **ability to self-regulate**? |  |

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|  | When considering possible explanations for, or contributing factors to a *child’s* behavior: | **Notes** |
|  | Consider children’s **development**—what suggests normative development? What suggest possible disruptions of normative development? |  |
|  | Discussing/describing the child’s behavior/experience from a **mental health** perspective? |  |
|  | Considering the possibility that a child’s behaviors may be related to **trauma/toxic stress** (including experience/exposure directly or indirectly to historical/racial trauma)? |  |

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|  | When considering possible explanations for, or contributing factors to a *caregiver’s* behavior: | **Notes** |
|  | Considering the **“backstory” for a caregiver**—the caregiver’s own experiences (including **attachment style** e.g. Ghosts/Angels) which may impact the availability of empathic context for the caregiver’s stance toward children or a particular child and which may not be within (or fully within) the caregiver’s conscious awareness (which could also be contributing to implicit bias). |  |
|  | Considering the possibility of situational factors, rather than or in addition to, longer-standing or more deeply entrenched contributions to caregivers’ struggles with a child or children (e.g., **exposure to trauma/toxic stress** such as, poverty, medical illness/concern, physical disability, partner violence, historical trauma, racism, worries about the caregiver’s own children, substance use, depression, etc.)? |  |
|  | Considering how the caregiver’s role in the ecological system of the child care center or home care may affect the way she interacts with children, staff and others in the classroom? |  |
|  | Considering the caregiver’s relationship and level of trust (e.g. ability and/or confidence in communicating, feeling supported, etc.) with the director, other staff, parents, children and/or the SEC? |  |

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|  | When considering the effects of the environment on a child’s behavior and the caregiving relationship: | **Notes** |
|  | Using the framework of the CSEFEL pyramid to consider whether prevention, promotion or intervention is the best approach for a child or care setting? |  |
|  | Including the mental health/reflective lens when considering when and how to include CSEFEL strategies in the classroom? |  |
|  | Noticing how staff relationships influence the emotional climate of the caregiving space? |  |

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|  | When considering the SEC’s development of a Consultative Stance: | **Notes** |
|  | Conveying reasonable comfort with the notion that “how I am” is as important as what I do?” |  |
|  | Having a reasonable level of comfort with the slow pace of developing a trusted relationship with a provider/family? |  |
|  | Indicating an understanding of how to provide expertise to caregivers without taking on or taking over the role of “expert”? |  |
|  | Considering the implications of the Consultative Stance with respect to the boundaries of that role? |  |