



MI Department of  
Health and Human Services




## An Introduction to Michigan's Model for Infant and Early Childhood Mental Health Consultation

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*Module One, 2019*





# **Michigan's Infant and Early Childhood Mental Health Consultation Model for Early Care and Education Settings**

## **Learning Curriculum**

**K. Tenney-Blackwell, M. Mackrain, & M. Schmelzer, 2019**

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# Section One



## What Is Infant and Early Childhood Mental Health Consultation?

### Overview

Estimated time: 60 minutes

This first section of Module One introduces the national definition of infant and early childhood mental health consultation (IECMHC) and Michigan's approach to providing consultation services for promoting infant and early childhood mental health as well as services for preventing mental health challenges.

## Objectives:

- Define infant and early childhood mental health consultation (IECMHC)
- Describe the principles of IECMHC
- Identify three types of infant and early childhood mental health services
- Recognize the six cornerstones of Michigan’s approach to IECMHC, the Child Care Expulsion Prevention Program (CCEP), and its approach to consultation



## Connection to Competencies

Center of Excellence for Infant and Early Childhood Mental Health Consultation	Michigan Association of Infant Mental Health
<b>1A.</b> Distinguishes IECMHC from Other Related Endeavors	<b>Theoretical Foundations:</b> Infant-, very young child-, and family-centered practice
<b>2E.</b> Understands the Functioning of and Relationships Between Families, Caregivers, IECMH Consultants, and Systems	<b>Working With Others:</b> Supporting others
	<b>Working With Others:</b> Consulting

**KNOW:** *Your Personal Concept Map*

Before getting started, take a moment to create a concept map that highlights what you already know about infant and early childhood mental health consultation. You can use the handout “*Concept Map: Infant*

*and Early Childhood Mental Health Consultation*” for this activity. A concept map is a way of listing and organizing information and highlighting what comes to mind and what you already know about a particular topic.

## Infant and Early Childhood Mental Health Overview

*The pioneering work of numerous researchers, including Selma Fraiberg in the 1970s, alerted the field of early childhood development to the importance of the mental health needs of infants.*

In particular, Fraiberg and others identified the infant-parent relationship as central to an infant's social and emotional well-being and suggested the importance of considering this relationship when interventions were warranted with the infant and family. Fraiberg and others made it clear that, through interactions with their parents and other adult caregivers, infants learned about the world and what they could expect from it. These earliest experiences would become a child's lens and filter for all of their experiences to come.

While initially the term infant mental health was primarily used to describe these and other important concepts, the term infant and early childhood mental health (IECMH), which encompasses the specific age range of birth through age 5, has been recently introduced and is now principally used (Cohen, Oser, & Quigley, 2012).

The field of IECMH combines current research and information from both developmental and clinical perspectives into a whole-system model of promotion, prevention, and intervention. Joining these two perspectives can help build services and design strategies that enhance the social and emotional development of all infants and young children, and provide support to young children at risk of, or those already experiencing, developmental difficulties. Infant and early childhood mental health consultation is one of these effective strategies.



### TELL ME MORE:

**For additional information related to the work of Selma Fraiberg, read the article “Reflections on the Work of Professor Selma Fraiberg” included in your handouts.**

*“A prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and their home. The aim is to build adults’ capacity to strengthen and support the healthy social and emotional development of children early and before intervention is needed.”*

*(Substance Abuse and Mental Health Services Administration, 2017).*



## What Is Infant and Early Childhood Mental Health Consultation (IECMHC)?

*Infant and early childhood mental health consultation (IECMHC) has emerged as an effective and evidence-based strategy to develop positive social and emotional development and behavioral health in young children. The following definition has been accepted and adopted nationally:*

By working toward such goals as creating and strengthening relationships between teachers and families, IECMHC helps build the capacity of adults to understand how their interactions and relationships with young children influence their development.

The field of IECMHC has evolved to extend beyond early care and education settings to include connections with other services that support families, including home visiting programs, child welfare settings, healthcare programs, and homeless shelters. While the services provided through IECMHC can vary across programs and settings, it's important to understand what distinguishes IECMHC from other mental health strategies:

- **IECMHC can involve multiple settings.** IECMHC is focused on providing support and services that benefit infants, young children, families, early care and education professionals, and other caregivers across multiple settings, including early care and education settings, child care programs, home visiting programs, and family child care homes.
- **IECMHC delivers indirect support and builds internal capacity.** IECMHC seeks to promote positive outcomes for infants and young children by supporting adult caregivers (e.g., family members and early care and education professionals) to develop the attitudes and skills necessary to effectively support the social-emotional development of the young children

in their care. The emphasis on capacity building also extends to the overall program or environment, with a focus on strengthening the program's ability to create responsive, nurturing environments that foster mental wellness among children, families, and staff.

- **IECMHC is collaborative and relationship-based:**

IECMHC focuses on the collaboration between infant and early childhood mental health consultants and adult caregivers (e.g., family members and early care and education professionals). This collaboration is critical to developing and implementing feasible and appropriate strategies. Building strong, positive relationships between and among these key stakeholders is an essential component of achieving this meaningful collaboration and, ultimately, effective consultation.





## What Is Infant and Early Childhood Mental Health Consultation (IECMHC)? (cont.)

- **IECMHC is delivered by professional consultants with mental health expertise.**  
The ultimate goal of IECMHC is to support optimal mental health for infants and young children in the settings in which they are cared for. Thus, consultants delivering IECMHC services must have a strong foundation in infant and early childhood mental health.
- **IECMHC is attentive to promotion, prevention and intervention.**  
IECMHC seeks to support optimal mental health for all young children—not just those identified with mental health challenges. This holistic approach requires that consultation activities address the full spectrum of young children’s mental health needs: promoting healthy social-emotional development, preventing mental health problems, and intervening early with young children who demonstrate challenging or troubling behaviors.
- **IECMHC is based on knowledge of effective early childhood practices.**  
To optimize outcomes for young children and their caregivers, consultants must be well versed in effective practices that focus on a full range of early childhood issues (e.g., managing behavior, addressing trauma, understanding the impact of substance misuse and fostering attachment).
- **IECMHC is family-centered.**  
Engaging families is an essential component of IECMHC, as family members know their children best and have a monumental impact on children’s mental wellness through their own behaviors. Families are critical partners in developing strategies that are well attuned to the child and family’s strengths, needs, and preferences. Using a family-centered approach increases the likelihood that family members will support the implementation of strategies at home, thus strengthening the overall impact of consultation.
- **IECMHC is culturally and linguistically responsive.**  
As noted above, IECMHC is inherently collaborative and thus requires the formation of strong, positive relationships between and among those who will be involved in consultation efforts. In order to establish these critical relationships—and deliver appropriate services—consultants must learn about and gain a firm understanding of consultees’ cultures, including ethnic, racial, linguistic, socioeconomic, educational, and religious aspects. Further, consultants must reflect on how their own culture influences their approach to service delivery and work to reconcile the individual perspective with the collective perspective of everyone involved in the consultation.



**NOTE:** it is important to emphasize that while the IECMH consultant brings mental health expertise, IECMHC is grounded in the belief that consultants and adult caregivers are equally valuable team members with unique and important perspectives and knowledge to contribute. Thus, a critical part of consultation work is determining who should be “at the table” as intervention strategies are being developed and, more importantly, securing their participation.

## What Is Infant and Early Childhood Mental Health Consultation (IECMHC)? (cont.)

- **IECMHC is strength-based.**

Another important element of IECMHC, as it supports relationship building and the provision of effective services, is the use of a strength-based approach. By developing strategies that build upon the abilities and positive qualities of the children, families, and early care and education providers involved in consultation, consultants not only increase the likelihood that recommended strategies will be embraced but they also provide a model for best practice in service delivery. In addition, a strength-based approach can help to build a nonjudgmental relationship between the consultant and the consultee. Research suggests that this nonjudgmental relationship will be modeled by

consultees (e.g., caregivers, teachers) in the positive interactions they in turn have with the children in their care.

- **IECMHC is reflective.**

IECMHC is unique in its emphasis on reflective practice. Instead of approaching each situation with preconceived notions or set beliefs of what to do, consultants constantly reflect on what they are hearing and seeing in order to set an appropriate course for intervention. Consultants also strive to help consultees become reflective by modeling this practice and promoting reflective thinking (for example, encouraging caregivers to consider why a child may be exhibiting a certain behavior before reacting to the behavior).

*Adapted from Duran, F. & Hepburn, K. S. Tutorial 2: Defining early childhood mental health consultation and the consultant role. Washington, DC: Georgetown University Center for Child and Human Development, Center for Early Childhood Mental Health Consultation. Retrieved from <https://www.ecmhc.org/tutorials/defining/index.html>*







## What Is Infant and Early Childhood Mental Health Consultation (IECMHC)? (cont.)

Because many of these characteristics reflect other types of mental health strategies and services, it's important to identify a specific set of principles that separate IECMHC from other types of services and that help to identify IECMHC across settings. The list below, developed by Georgetown University, Center for Child and Human Development, were derived from a variety of experts in the field (Kaufmann, et al., 2012) and represent defining, practice-based principles of IECMHC.

### IECMHC is:

- Relationship-based
- Collaborative
- Individualized
- Culturally and linguistically responsive
- Grounded in developmental knowledge
- Evidence informed
- Data driven
- Delivered in natural settings
- Spans the continuum from promotion through intervention
- Integrated with community services and supports

While different models of IECMHC continue to evolve, consultation is grounded in these ten principles, which make the approach grounded more in developing relationships than in delivering prescribed services. As such, it's important to emphasize the purpose of IECMHC as an effective mental health strategy that serves a critical role in a comprehensive system of mental health supports and services for young children.

Key distinctions exist among different types of mental health services, so it's also important to understand and recognize the differences. Review the information shared through The Center for Early Childhood Mental Health Consultation, Tutorial 2, Module 1, "Defining Early Childhood Mental Health Consultation" and "A Common Misperception about Early Childhood Mental Health Consultation" at [https://www.ecmhc.org/tutorials/defining/mod1\\_4.html](https://www.ecmhc.org/tutorials/defining/mod1_4.html).

*"Special Focus: Find additional information related to the unique role that IECMHC plays among other services focused on young children's mental health in the "Crosswalk of Early Childhood Mental Health Services" included in your handouts. This document was prepared for the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, by the Center of Excellence for Infant and Early Childhood Mental Health Consultation. It can also be accessed at [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/IECMHC/crosswalk-early-childhood-mental-health-services.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/crosswalk-early-childhood-mental-health-services.pdf).*



## Types of Infant and Early Childhood Mental Health Consultation (IECMHC) Services

*Most IECMHC approaches include services that support the indirect promotion of social and emotional skills of infants and young children and the prevention of longer-term risks. Very few IECMHC models provide therapeutic intervention services; most of the young children who could benefit from these kinds of services are referred to other service providers to meet these more advanced needs.*

The resource titled *Early Childhood Mental Health Consultation Protects and Maximizes Our National Investment in Early Care and Education* (2015) outlines three types of IECMH services:

### **Child and family-focused.**

When a child's behavior is of concern, the IECMH consultant helps teachers and families address the child's specific needs and may also make referrals to community resources for the family.

### **Classroom-focused.**

The IECMH consultant provides support to the classroom early care and education providers on, for example, social and emotional support for all children in the classroom using observation.

### **Program-focused.**

The IECMH consultant works with program administrators to develop policies, practices, and procedures to help establish an effective workforce that benefits adults and children.

This resource can be found in your handouts, or accessed at [http://indigoculturalcenter.org/wp-content/uploads/2015/11/RAINE-ecmhc\\_infographics\\_finalF\\_Proof5.pdf](http://indigoculturalcenter.org/wp-content/uploads/2015/11/RAINE-ecmhc_infographics_finalF_Proof5.pdf).

Additional information related to these service approaches can be found here: <https://eclkc.ohs.acf.hhs.gov/mental-health/article/infant-early-childhood-mental-health-consultation-your-program>





## A Closer Look at Michigan

The state of Michigan set an early national standard for IECMHC in its Childcare Expulsion Prevention Program (CCEP), which was established in the late 1990's by the Michigan Department of Community Health (MDCH). Since then, CCEP has expanded and evolved, and in 2008 it was identified as one of the national leaders in the early childhood mental health consultation field by the Center for Child and Human Development, Georgetown University, Washington, DC. In 2013, the state of Michigan was awarded the federal Race to the Top grant. In partnership with the Michigan Department of Education, MDCH, now the Michigan Department of Health and Human Services (MDHHS) revived and updated CCEP's model. The grant expired on December 31, 2018, however Michigan's Infant and Early Childhood Mental Health Consultation (IECMHC) services are able to continue with state funding. As it continues to serve as a national model, Michigan's IECMHC work adheres to six central tenets that serve as cornerstones for its services:

- 1 Consultants have specific expertise in infant mental health practice, a minimum of Level II IMH-endorsement and a Masters in a mental health related field.
- 2 All consultants receive regular reflective supervision.
- 3 All supervisors and consultants take part in state-level technical assistance that consists of regular and ongoing professional development, group reflection and data review and improvement.
- 4 Consultants use evidence-based tools and practices.
- 5 All consultants provide child and family focused and programmatic consultation.
- 6 Consultants actively engage other early childhood partners.

**SPECIAL FOCUS:**  
Read the article  
"Implementing a  
Statewide Early  
Childhood Mental  
Health Consulta-  
tion Approach to  
Preventing Child  
Care Expulsion for  
Children Birth to  
Five" in your  
handouts  
(Carlson, et al., 2012).

The Michigan model is fundamentally relationship-based, grounded on the theory that change and learning happens within the context of relationships. In essence, the trusting relationships that infant and early childhood mental health consultants build with teachers, caregivers, and families serve as models for the types of interactions that can be enhanced between these adults and the child. Additional information around this theory can be found in Addressing Challenging Behaviors and Mental Health Issues in Early Childhood at <http://pubs.cec.sped.org/p6170/>.



## SEE



The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), launched a new virtual toolbox to help guide the promotion of mental health and school readiness of young children. *The Infant and Early Childhood Mental Health Consultation Toolbox*, available at <https://www.samhsa.gov/iecmhc/toolbox>, includes multiple resources.

The video *Infant and Early Childhood Mental Health Consultation—It's Time*, is one of the resources that SAMHSA developed to help describe the importance of IECMHC and explain why now is the best time to promote IECMHC to help create change on a national level. Take a moment to watch this video at [https://www.youtube.com/watch?v=mm\\_SMN-JN3Pk](https://www.youtube.com/watch?v=mm_SMN-JN3Pk).

## DO



Take a moment to read the *Substance Abuse and Mental Health Services Administration: Expert Convening on Infant and Early Childhood Mental Health Consultation*. The report is at [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/IECMHC/iecmhc-expert-convening-summary.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/iecmhc-expert-convening-summary.pdf).

## Questions for the SAMHSA report review:

- How would you define “infant and early childhood mental health consultation”?
- The unfamiliar terms or words I encountered while reading this handout are ...
- I could summarize this handout by saying ...
- The questions I have for my supervisor about infant and early childhood mental health consultation are ...

### HELPFUL RESOURCE:

The resource **Glossary and Definitions for IECMHC** offers definitions for terms used in the IECMHC field. Find this resource at [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/IECMHC/glossary-definitions-iecmhc.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/glossary-definitions-iecmhc.pdf).

## Summary

IECMHC involves a collaborative, problem-solving approach that is designed to improve child outcomes by involving those who provide direct care to the child to build sustainable changes in caregiving practices. Very few IECMHC models provide clinical, therapeutic intervention services; most often children and families who need these kinds of services are referred to other specialized service providers.

## Reflection

Revisit the concept map you started at the beginning of this section. Take time to review what you wrote. Add any new information you learned and what you want to remember about IECMHC. Share this information with your supervisor.

## Support for Supervisors

Take time to review and discuss the concept map the consultant created in response to “What Is IECMHC?”

### Discuss together:

- What comes to mind when you think of infant and early childhood mental health consultation?
- What do you think families think of? Early care and learning professionals? Community stakeholders?
- How do we describe our IECMHC services to others?
- How do our IECMHC services work within the other child and family service agencies in our community?
- How is providing IECMHC different from delivering mental health treatment services?
- What additional support do you need to strengthen your understanding of IECMHC?

In addition you could watch the recorded webinar presented on April 27, 2017, *Infant and Early Childhood Mental Health Consultation and the Center of Excellence*, at <https://www.youtube.com/watch?v=lqhkzOB-CAuc&feature=youtu.be>.

## Additional Resources

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National Resource Center for Mental Health Promotion & Youth Violence Prevention. Retrieve from <https://healthysafechildren.org/topics/mental-health-consultation-early-care-and-education>

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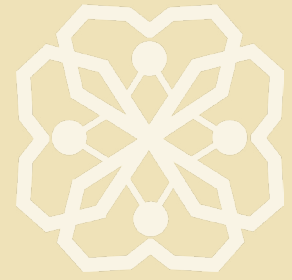
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# Section Two



## *Infant and Early Childhood Mental Health Consultation Across Settings*

### **Overview:**

*Estimated time: 45 minutes*

In this section, you will be introduced to infant and early childhood mental health consultation (IECMHC) as a service within an early childhood system of care.



### Objectives:

- Identify settings in which IECMHC can be embedded
- Describe types of IECMHC services

### Connection to Competencies:

<b>Center of Excellence for Infant and Early Childhood Mental Health Consultation</b>	<b>Michigan Association of Infant Mental Health</b>
<b>1A.</b> Distinguishes IECMHC from Other Related Endeavors	<b>Systems Expertise:</b> Service delivery systems

**KNOW:** *IECMHC Across Settings*

IECMHC is an ongoing, multilevel approach that can occur across a variety of child-serving settings, including early care and education, home visiting, foster care, and homeless shelters. Across these settings, IECMH consultants can offer a variety of strategies to support a child, the family, a

provider, the program, and the community. These services can exist across a continuum of increasing support and include promotion, prevention, and intervention.

### Considering Promotion:

- Promoting and helping maintain healthy social and emotional well-being in young children requires a universal approach that includes all young children and the adults who support them.
- Services support a general awareness and understanding of infant and early childhood mental health.
- Services help enhance the overall resilience of a community, program, classroom, etc.
- Examples include providing training sessions related to social and emotional well-being and distributing information and educational resources related to resilience.



## Considering Prevention:

- Preventing social and emotional challenges in young children requires a holistic approach to supporting the adults who care for them and the environments in which they learn and grow.
- Services support children, families, caregivers, and early childhood educators who might be identified as being at-risk of developing poor social and emotional or mental health outcomes.
- Services provide resources and support to reduce risk factors, build protective factors, and enhance resiliency.
- Examples include screening several children and planning strategies that address the needs of more than one child and that build the children's skills, often of whole environments.

## Considering Intervention:

- Intervening when young children experience social or emotional challenges requires a targeted approach to working with the adults who support children and to evaluating and changing their responses and environments.
- Services focus on an individual child and the child's caregiver.
- Services help build the capacity of the caregiver to reduce challenging behavior and to address any mental health symptoms a young child may be experiencing.
- Examples include action planning for an individual child and family, or referrals for more intensive services, such as parent-child interaction therapy.

IECMHC offers a collaborative approach within child-serving settings and services to strengthen the knowledge and capacity of caregivers, educators, program leaders, families, and others so they can better support the social, emotional, and behavioral health of infants and young children.

Additional information related to the role of an infant and early childhood mental health consultant within a system is in Module Two.





## A Closer Look at Michigan

*Michigan's approach to providing infant and early childhood mental health prevention services through consultation began in the mid-1990s. These services have been effective in supporting young children at risk of expulsion to stay in their care setting and in helping early care and learning professionals and families to promote the social and emotional growth of all young children within their care.*

*Take a moment to explore additional information specific to Michigan's IECMHC services in early care and education by visiting the Michigan Department of Health and Human Services website:*

[https://www.michigan.gov/mdhs/0,5885,7-339-71550\\_2941\\_4868\\_7145\\_81755\\_81782-431109--,00.html](https://www.michigan.gov/mdhs/0,5885,7-339-71550_2941_4868_7145_81755_81782-431109--,00.html).

### SEE



Take a moment to watch a video, *Voices from the Field: A Day In the Life of An Infant and Early Childhood Mental Health Consultant*, another resource from the *Infant and Early Childhood Mental Health Consultation Toolbox* created by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). This video gives an overview of how an infant and early childhood mental health consultant can connect with program leaders, staff, families, and children as part of support offered within an early care and learning setting. This video can be found at

<https://www.youtube.com/watch?v=N8GTe0NUE-w>.

### DO



Read the article "Enhancing Home Visiting with Mental Health Consultation" (Goodson, Mackrain, Perry, O'Brien, & Gwaltney, 2013) in your handouts. You can also access the article at

[http://pediatrics.aappublications.org/content/pediatrics/132/Supplement\\_2/S180.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/132/Supplement_2/S180.full.pdf).



## Reflection

Using the *Crosswalk of Early Childhood Mental Health Services* (introduced in Section One), consider the ways that IECMHC fits into your local system of care for young children. Share and discuss this with your supervisor. This document is in your handouts and also at

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/IECMHC/crosswalk-early-childhood-mental-health-services.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/crosswalk-early-childhood-mental-health-services.pdf)

## Support for Supervisors

Create with the consultant a list of IECMH services offered within his or her role. Divide into three sections: promotion, prevention, and intervention.

## Digging Deeper

Read through “Research Synthesis: Early Childhood Mental Health Consultation” to learn more about IECMHC services across settings. This article can be found in your handouts and also at

[http://csefel.vanderbilt.edu/documents/rs\\_ecmhc.pdf](http://csefel.vanderbilt.edu/documents/rs_ecmhc.pdf)



## SUMMARY

Infant and early childhood mental health consultation is a critical part of a comprehensive system of mental health supports and services for young children. IECMHC can be embedded within a variety of settings serving young children and their families. Most IECMHC approaches include services that support the indirect promotion of social and emotional skills in young children (e.g., training on social-emotional topics for caregivers and families, and universal social-emotional screening) and prevention of longer-term risks (e.g., designing targeted supports for children who are experiencing challenging behavior, modeling effective social and emotional strategies).





## Additional Resources

Ash, J., Mackrain, M., & Johnston, K. (2013). Early childhood mental health consultation: Applying central tenants across diverse practice settings. *ZERO TO THREE*, 33(5), 28–33.

Brinamen, C. F., Taranta, A. N., & Johnston, K. (2012). Expanding early childhood mental health consultation to new venues: Serving infants and young children in domestic violence and homeless shelters. *Infant Mental Health Journal*, 33(3), 283–293.

Donahue, P. J., Falk, B., & Provet, A. G. (2000). *Mental health consultation in early childhood*. Paul H. Brookes Publishing.

Green, B. L., Everhart, M., Gordon, L., & Gettman, M. G. (2006). Characteristics of effective mental health consultation in early childhood settings multilevel analysis of a national survey. *Topics in Early Childhood Special Education*, 26(3), 142–152.

## References

Duran, F. B., Hepburn, K. S., Kaufman, R. K., Le, L. T., Allen, M. D., Brennen, E. M., & Green, B. L. (n.d.). *Research Synthesis: Early Childhood Mental Health Consultation*. Nashville, TN: Vanderbilt University, The Center on the Social and Emotional Foundations for Early Learning. Retrieved from [http://www.vanderbilt.edu/csefel/pdf/rs\\_ecmhc.pdf](http://www.vanderbilt.edu/csefel/pdf/rs_ecmhc.pdf)

Goodson, B., Mackrain, M., Perry, D., O'Brien, K., & Gwaltney, M. (2013). Enhancing home visiting with mental health consultation [Supplement 2]. *Pediatrics*, 132. doi: 10.1542/peds.2013-1021S

Substance Abuse and Mental Health Services Administration (SAMHSA). (2016, August 17). *A day in the life of an infant and early childhood mental health consultant* [Video file]. Retrieved from <https://www.youtube.com/watch?v=N8GTe0NUE-w>.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). Crosswalk of early childhood mental health services. Retrieved from [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/IECMHC/crosswalk-early-childhood-mental-health-services.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/crosswalk-early-childhood-mental-health-services.pdf)



# Section Three



## The Consultative Stance

### Overview:

*Estimated time: 45 minutes*

In this section, you will be introduced to the relationship-based features of infant and early childhood mental health consultation (IECMHC) and the Consultative Stance.

## Objectives

- Describe the relationship-based features of high-quality infant and early childhood mental health consultation
- Define the Consultative Stance
- Identify core elements and practices inherent in the Consultative Stance
- Identify infant and early childhood mental health consultant preparation, supervision, and support that enhance the effectiveness of consultation and the Consultative Stance



## Connection to Competencies

Center of Excellence for Infant and Early Childhood Mental Health Consultation	Michigan Association of Infant Mental Health
1A. Distinguishes IECMHC from Other Related Endeavors	<b>Direct Service Skills:</b> Observation and listening
1D. Embraces the Consultative Stance and Reflective Practice	<b>Direct Service Skills:</b> Responding with empathy
2D. Understands the Importance of Self-Awareness and the Nature of Reflective Practice	<b>Working With Others:</b> Building and maintaining relationships
	<b>Working With Others:</b> Supporting others
	<b>Working With Others:</b> Collaborating
	<b>Working With Others:</b> Resolving conflict
	<b>Working With Others:</b> Consulting

**KNOW:** *The Consultative Stance*

While IECMHC programs across the nation differ in implementation and practice, one essential element remains consistent: the idea that high-quality relationships are essential to the work. The lens through which infant and early childhood mental health consultants engage in this relational work has been described by Johnston and Brinamen (2006) as the Consultative Stance.

The Consultative Stance refers to qualities and characteristics of how infant and early childhood mental health consultants are in relationships with others, or how consultants behave within the context of those relationships. The Consultative Stance distinguishes IECMHC from other types of support, such as coaching and supervision. Johnston and Brinamen (2006) identified ten elements of the Consultative Stance:

- 1 The centrality of relationships
- 2 Parallel process as an organizing principle
- 3 Avoiding the position of the expert
- 4 Mutuality of endeavor
- 5 Understanding another's subjective experience
- 6 Considering all levels of influence
- 7 Hearing and representing all voices
- 8 Wondering instead of knowing
- 9 Patience
- 10 Holding hope

To learn more about this relationship-based work and the consultative stance, work through *Tutorial 4: Mastering the Consultative Stance*, available at [https://www.ecmhc.org/tutorials/consultative\\_stance/index.html](https://www.ecmhc.org/tutorials/consultative_stance/index.html). Focus specifically on the following modules:

**Module 1** Relationship Based Work and the Consultative Stance

**Module 2** Mastering the Consultative Stance

**Module 3** Strategies for Mastering the Consultative Stance: Training, Preparation, and Ongoing Supervision and Supports

While you might notice specific references to consultants who work directly within an Early Head Start or Head Start program across this tutorial, the key elements of the Consultative Stance remain the same, regardless of the program or organization in which a consultant is working.

**SPECIAL FOCUS:**

Read “Early Childhood Mental Health Consultation: Applying Central Tenets Across Diverse Practice Settings” (Ash, Mackrain, & Johnston, 2013). This article can be found in your handouts.






## A Closer Look at Michigan

Michigan’s early approach to IECMHC, the Child Care Expulsion Prevention Program (CCEP), has evolved over time based on new research and information related to infant and early childhood development and infant and early childhood mental health consultation, in addition to data and findings associated with national–and state–level evaluations. Remaining consistent is the belief that the quality of relationships among the individuals involved in the consultation process is key to its effectiveness. Consultants work in partnership with the adults caring for an infant or young child offering an approach that

conveys to providers, program staff, families, and programs that supporting young children’s mental health is a shared responsibility. This approach, also known as the Consultative Stance, is a critical component to infant and early childhood mental health consultation, including Michigan’s approach.

**SEE**



Watch the video clip at <https://eclkc.ohs.acf.hhs.gov/mental-health/learning-module/mental-health-consultation-tool> on Head Start’s “The Mental Health Consultation Tool” webpage. The clip features several infant and early childhood mental health consultants as they describe their role and the consultative stance. Click on the featured video to begin. After an introduction, you’ll see a Main Menu that allows you to select the bubble titled “Role.” Then,

- Click on “Common Understanding,” and review the information.
- Click on the video icon and watch the first video, Role: Common Understanding.

**DO**



Complete the activity “Observing the Do’s and Don’ts,” found within Tutorial 4, Module 2 from the Center for Early Childhood Mental Health Consultation (Hepburn, n.d.) at [https://www.ecmhc.org/tutorials/consultative\\_stance/mod2\\_4.html](https://www.ecmhc.org/tutorials/consultative_stance/mod2_4.html).

Then identify from the list below the practices used in the scenario that are also associated with the consultative stance:

- Building relationships
- Acknowledging and valuing the experience of others
- Understanding different perspectives
- Information gathering
- Observation
- Sharing ideas clearly and soliciting ideas from others
- Developing hypotheses in collaboration
- Planning intervention in collaboration
- Supporting step-by-step change
- Enduring setbacks
- Encouraging reflection



## Reflection

Complete the activity “My Current Capacity to Practice the Consultative Stance” within Tutorial 4, Module 2, from the Center for Early Childhood Mental Health Consultation (Hepburn. n.d.) at [https://www.ecmhc.org/tutorials/consultative\\_stance/mod2\\_2.html](https://www.ecmhc.org/tutorials/consultative_stance/mod2_2.html). Share your reflections with your supervisor.

## Support for Supervisors

Take time to meet with the consultant and discuss his or her learning experience and reflections. Also, read through the suggested “Digging Deeper” resources (see below), and ask the consultant the following questions:

- 1 Have you changed any previous ideas about the work of an infant and early childhood mental health consultant?
- 2 What did you learn about yourself as you worked through this material related to the consultative stance?
- 3 How would you describe your own stance as a consultant?
- 4 What would you consider modifying in your own approach based on what you learned?
- 5 How might you better reflect the consultative stance in your work?

## SUMMARY

In essence, the Consultative Stance encompasses the relational, collaborative approach that an infant and early childhood mental health consultant assumes to help build the capacity of adults and programs to promote young children’s mental health. The consultative stance helps convey the idea that supporting young children’s mental health is everyone’s business and a shared responsibility.

Review Vignette 2, “Visiting a Child Care Site for the First Time: Meeting With the Director,” which is part of the resource titled *A Day In the Life of An Early Childhood Mental Health Consultant*, available at [https://www.ecmhc.org/documents/Day\\_in\\_the\\_Life\\_MH\\_Consultant.pdf](https://www.ecmhc.org/documents/Day_in_the_Life_MH_Consultant.pdf). This resource can also be found in your handouts. Talk through the discussion questions (on page five of the resource) with the consultant. Take time to connect the consultative stance with the consultant’s approach to his or her work.

## For additional learning:

Review “Early Childhood Mental Health Consultation: Defining Characteristics and Core Features,” Section 2 of *Early Childhood Mental Health Consultation: An Evaluation Tool Kit*, available at <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/ecmhc-toolkit.pdf>.

## Digging Deeper

Read through the article “The Consultation Relationship—From Transactional to Transformative: Hypothesizing About the Nature of Change” (Johnston & Brinamen, 2010). This article is in your handouts.

Read the first chapter of *Mental Health Consultation in Child Care: Transforming Relationships Among Directors, Staff, and Families* (Johnston & Brinamen, 2006).

Review Vignette 2 in “Visiting a Child Care Site for the First Time: Meeting With the Director,” part of *A Day In the Life of An Early*



*Childhood Mental Health Consultant*, available at [https://www.ecmhc.org/documents/Day\\_in\\_the\\_Life\\_MH\\_Consultant.pdf](https://www.ecmhc.org/documents/Day_in_the_Life_MH_Consultant.pdf). You can also find this resource in your handouts. Take time to answer the discussion questions after the vignette, and share your thoughts with your supervisor.

## Additional Resources

Duran, F. B., Hepburn, K. S., Kaufmann, R. K., Le, L. T., Allen, M. D., Brennan, E. M. Green, B. L., (2010). *Research synthesis: Early Childhood Mental Health Consultation*. Nashville, TN: Vanderbilt University, Center on the Social and Emotional Foundations for Early Learning.

Johnston, K., & Brinamen, C. (2005). Integrating and adapting infant mental health principles in the training of consultants to childcare. *Infants and Young Children, 18*(4), 269–281

Johnston, K. & Brinamen, C. (2009). Mental health consultation: A transactional approach in child care. In C. Zeanah Jr. (Ed) *Handbook of Infant Mental Health* (3<sup>rd</sup> ed., pp. 564–579). New York: Guilford Press.

Pawl, J., & St. John, M. (1998). *How you are is as important as what you do in making a positive difference for infants, toddlers and their families*. Washington, DC: ZERO TO THREE.





## References

Ash, J., Mackrain, M., & Johnston, K. (2013). Early childhood mental health consultation: Applying central tenants across diverse practice settings. *ZERO TO THREE*, 33(5), 28–33.

Hepburn, K. S. (n.d). *Tutorial 4: Mastering the consultative stance*. Washington, DC: Georgetown University Center for Child and Human Development, Center for Early Childhood Mental Health Consultation. Retrieved from [https://www.ecmhc.org/tutorials/consultative\\_stance/index.html](https://www.ecmhc.org/tutorials/consultative_stance/index.html)

Hepburn, K. S., Kaufmann, R. K., Perry, D. F., Allen, M. D., Brennan, E. M., & Green, B. L.(2007). *Early childhood mental health consultation: An evaluation tool kit*. Washington, DC:Georgetown University.

Johnston, K., & Brinamen, C. (2006). *Mental health consultation in child care: Transforming relationships among directors, staff, and families*. Washington, DC: Zero to Three.

Johnston, K., & Brinamen, C. F. (2010). The consultation relationship—From transactional to transformative: Hypothesizing about the nature of change. *Infant Mental Health Journal*, 33(3), 226–233.

Mackrain, M. (2011). *A day in the life of an early childhood mental health consultant*. Washington, DC: Georgetown University Center for Child and Human Development, Center for Early Childhood Mental Health Consultation. Retrieved from [https://www.ecmhc.org/documents/Day\\_in\\_the\\_Life\\_MH\\_Consultant.pdf](https://www.ecmhc.org/documents/Day_in_the_Life_MH_Consultant.pdf)

National Center on Health, Head Start Center for Child and Human Development. The mental health consultation tool: Role—Common understanding. Retrieved from <https://eclkc.ohs.acf.hhs.gov/mental-health/learning-module/mental-health-consultation-tool>



# Section Four



## *The Evolution of Infant and Early Childhood Mental Health Consultation*

### **Overview:**

*Estimated time: 45 minutes*

In this section, you will learn how the infant and early childhood mental health consultation (IECMHC) approach has evolved and the major milestones in that evolution.

## Objectives:

- Describe the evolution of IECMHC
- Identify major milestones in the evolution of IECMHC

## Connection to Competencies:

Center of Excellence for Infant and Early Childhood Mental Health Consultation	Michigan Association of Infant Mental Health
1A. Distinguishes IECMHC From Other Related Endeavors	<b>Working With Others:</b> Supporting others
	<b>Working With Others:</b> Collaborating
	<b>Working With Others:</b> Resolving conflict
	<b>Working With Others:</b> Consulting

**KNOW:** *The Evolution of Infant and Early Childhood Mental Health Consultation*

Across the nation, investments are being made in IECMHC as a key strategy for promoting the mental health and well-being of infants, young children, caregivers, and families, as well as for preventing challenging behavior in young children. These efforts and the current understanding of the benefits of IECMHC reflect historical and conceptual influences. In fact, mental health consultation originated from a post-World War II perspective that grew out of the need to care for thousands of immigrant adolescents with mental health challenges, and the commensurate need for consultation between individuals and community-

based social service organizations in order to effectively provide that care. The growing awareness of the mental health needs of infants and young children, which, in conjunction with their unique developmental trajectories, required a field of its own that recognized the need for consultation between individuals and community-based social service organizations. Numerous additional contributing factors influenced the evolution of mental health consultation and its approach.



This section examines the following factors, steps, and movements in the field:

- The evolving definition of IECMHC
- The eventual evidence that consultation works
- The factors that contribute to effective IECMHC
- The creation National Centers of support for building the capacity of states, communities, and Tribes to fund, deliver, and evaluate IECMHC services

## Defining Infant and Early Childhood Mental Health Consultation

In 1999, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded funding to the Georgetown University Center for Child and Human Development (GUCCHD) to explore key questions about infant and early childhood mental health consultation, including the most basic: “What is it?”

Through a roundtable discussion with infant and early childhood mental health experts, the group agreed on the following definition:

Over time, the definition has been slightly modified to emphasize the need to collaborate with family members as well as with child care providers. The original core elements of the definition, however, remained unchanged:

- An intervention designed to improve child outcomes through enhancing the abilities of caregivers

- An intervention focused on young children in early care and education settings and their caregivers
- An intervention dependent upon collaborative relationships between the consultant and consultees

In addition to crafting that original definition of IECMHC, the members of the roundtable provided guidance on essential features of consultation as well as on challenges and strategies in the consulting process. This information, detailed in Cohen and Kaufmann’s monograph titled *Early Childhood Mental Health Consultation* (2000), became a valuable resource for those seeking to implement consultation services in their states and communities.

The field of IECMHC and its supporting resources continues to evolve, with SAMHSA providing a recent national definition.

*“A prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and their home. The aim is to build adults’ capacity to strengthen and support the healthy social and emotional development of children early and before intervention is needed.”*

*(Substance Abuse and Mental Health Services Administration, 2017)*



## Establishing the Evidence Base:

As state and community interest in IECMHC began to grow in the early part of this century, a critical question emerged: “Is it effective?” A highly publicized 2005 study by Yale Child Study Center researcher Walter Gilliam helped shed light on the answer by indicating that access to IECMHC significantly decreases the likelihood of expulsions from preschool programs. Further, researchers at Georgetown University and Portland State University conducted a thorough review and synthesis of the research on IECMHC, concluding that there is a growing body of evidence supporting the efficacy of IECMHC in producing positive outcomes for children, families, and early care and education (ECE)

providers and programs (Brennan et al., 2008). More specifically, the research suggests that consultation is effective in:

- Reducing problematic behavior in young children
- Increasing young children’s social skills
- Decreasing expulsions from ECE settings
- Building the skills of ECE providers to work with children’s behavior and manage classrooms
- Enhancing the ability of parents to manage problem behaviors
- Reducing turnover in ECE staff

*“A prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and their home. The aim is to build adults’ capacity to strengthen and support the healthy social and emotional development of children early and before intervention is needed” (SAMHSA, 2017).*

## Additional research shows:

Child and Family Outcomes Associated with IECMHC	Staff Outcomes Associated with IECMHC	Program-level Outcomes associated with IECMHC	Systems-level Outcomes Associated with IECMHC
Reduced preschool suspensions and expulsions	Demonstrated improvements in teaching children about regulating their feelings and managing their behavior	Increased supportive policies and reflective supervision practices	Increased ongoing developmental screening with referral and follow-up
Decreased problem behaviors	Engaged families in home visiting	Reduced feelings of stress and burnout among staff	Increased offerings of specialty services, such as . . . and improved rates of appropriate referrals
Increased gains on socialization, emotional competence, and communication	Improved staff interactions with children	Reduced staff turnover	Improved rates of early identification for mental health problems
Improved social skills and peer relationships	Increased frequency of home visits with families	Improved children's attachment/resilience	Increased offerings of specialty services for early intervention and mental health, and improved rates of appropriate referrals for these services
Reduced missed work days for parents	Improved home visiting retention	Improved Children's school readiness	

Adapted from the National Center on Early Childhood Health and Wellness Mental Health Newsletter, May 2017, <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/mental-health-201709.pdf>

Further information related to IECMHC as an evidence-based practice can be found in the fifth section of this module.





## Capacity Building for Delivering and Evaluating Consultation

An increasing number of states, communities, and programs have been building their capacity to deliver and evaluate mental health consultation services for young children and their caregivers. In some states and communities, this work has focused on helping to design and deliver consultation services through specialized programs that are specifically designed to provide IECMHC. In others, the work has focused on facilitating partnerships at the state level between ECE providers, such as Head Start and Early Head Start, other early childhood services, and mental health agencies and providers with the goal of delivering IECMHC services through existing programs. These partnerships support collaboration and planning for early childhood mental health services and supports, including consultation, at the state and community levels. Some early care and education programs and local mental health agency providers focus on their unique program and community concerns, also establishing working relationships with existing agencies and private practitioners who could be contracted to provide consultation.

## Determining What Makes Consultation Effective

Despite affirming findings about the efficacy of IECMHC as an intervention, the research syntheses by Brennan, Perry, and colleagues (2008, 2009) also highlighted a lack of data to guide what makes IECMHC effective. To fill this void and continue to advance the field, GUCCHD embarked on a study examining the essential components of effective consultation (Duran et al., 2009). Through in-depth site visits to six IECMHC programs demonstrating positive outcomes, researchers identified five critical elements in designing an effective consultation program and, more broadly, providing effective consultation services:

- Solid program infrastructure (e.g., strong leadership, clear model design, strategic partnerships, regular and rigorous evaluation protocols)
- Highly qualified mental health consultants
- High-quality services
- Strong relationships between and among consultants and consultees
- Readiness for IECMHC among families and ECE providers/programs (e.g., openness to gaining new skills and knowledge, opportunities for collaboration)

*Adapted from Duran, F., & Hepburn, K. S. (n.d.). Tutorial 1: Strengthening Early Childhood Mental Health Consultation in Head Start and Early Head Start Programs. Washington, DC: Georgetown University Center for Child and Human Development, Center for Early Childhood Mental Health Consultation. Retrieved from <https://www.ecmhc.org/tutorials/strengthening/index.html>*



## A Closer Look at Michigan

*Michigan's state's legislature began appropriating funds for mental health prevention services to the Michigan Department of Health and Human Services in 1974, with that specific funding focus not ending until 1999. Those earlier funds were granted to community mental health agencies around the state to pilot, evaluate, and replicate innovative service models designed to prevent mental and emotional disabilities and related negative outcomes in young children. The prevention services models that MDHHS developed for children and families include the following:*

- Infant mental health
- School success (early elementary absenteeism prevention)
- Bereavement services
- Services for children with a parent with mental illness
- Services for children with an incarcerated parent
- Services for children with divorcing parents

Through these models, infant mental health services were spread extensively across the state and became thoroughly integrated within the state's mental health system.

As the focus on infant and early childhood mental health evolved in the state, Michigan's infant mental health practitioners came to be defined as those professionals who supported the optimal development of infants and toddlers by promoting secure and stable infant caregiver relationships through home-based services (i.e., Medicaid-covered service under Michigan's mental health specialty services and supports 1915[b] [c] waiver). Then in the late 1990s, Betty Tableman, Prevention Services Director, experienced two defining presentations.

Tableman heard Kadija Johnston, the Program Coordinator of Daycare Consultants at the University of California, San Francisco, Infant-Parent Program, speak about her positive experience providing consultation for parents and child care providers using an infant mental health approach that focused on strengthening relationships among parents, providers, and children. Tableman was also profoundly influenced by Jane Knitzer, Deputy Director of the National Center for Children in Poverty and a research and policy specialist on early childhood, child welfare, and child mental health issues. Tableman heard Knitzer speak at a national meeting sponsored by the Georgetown University Center for Child and Human Development about the overwhelming need for mental health services for children ages 3–5.





Shortly thereafter, Tableman was approached by Head Start staff who were concerned about the lack of access to mental health services for the increasing number of young children being expelled from early care and education settings because of challenging behaviors. Tableman ultimately concluded that there was a significant need to strengthen links between child care programs and community mental health service programs in Michigan. She conceived these links to

- 1 help child care providers learn more about how to meet the social-emotional needs of children in their care, and
- 2 provide children in child care with access to mental health services. A literature review and an exploration of existing programs in other states revealed two basic approaches that were being implemented to assist young children with social and emotional challenges in child care settings:
  - The child care mental health consultation approach, such as the one developed by Kadija Johnston, and
  - The classroom-based group psychotherapy approach, such as the Early Childhood Group Therapy Program, developed by Rebecca Shahmoon Shanok, Director of the Institute for Infants, Children, and Families of the Jewish Board of Family and Children’s Services.

Tableman determined that Michigan would benefit from the programs that emerged from the child care mental health consultation approach and that these programs would provide access to appropriate mental health services, especially in instances where the child’s presenting problems proved symptomatic of more complex family issues.

Through Tabelman’s experience and guidance, the state’s Childcare Expulsion Prevention Program (CCEP) has been expanding and evolving since its inception.

In 2013, CCEP’s model was replicated within MI’s Project LAUNCH program in Saginaw, Michigan with the infusion of the Pyramid Model framework into the consultation model equip consultants with additional early childhood practices to support social and emotional health within early care setting.

In 2016, through federal Race to the Top funding, this enhanced model was replicated within 18 counties with a special emphasis on serving child care sites engaged in the Quality Rating Improvement System. Michigan’s state systems partners are supportive of sustaining and scaling this model after Race to the Top ends in December of 2018.





## SEE



Take a moment to watch *Setting Children Up for Success: Beginning with IECMHC and the Center of Excellence*, a video clip that describes the virtual toolbox created to help guide the promotion of mental health and school readiness of young children. Access the video clip at [https://www.youtube.com/watch?v=vqRopYeh-Qu8&index=2&list=PLBXgZMI\\_zqfSphRqk-JQkvaNZmKtaBOB25](https://www.youtube.com/watch?v=vqRopYeh-Qu8&index=2&list=PLBXgZMI_zqfSphRqk-JQkvaNZmKtaBOB25).

## DO



Review “Major Milestones for Infant and Early Childhood Mental Health Consultation.” This resource is located in the handouts section and at [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/IECMHC/iecmhc-major-milestones-timeline.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/iecmhc-major-milestones-timeline.pdf). As you read the handout, consider additional elements that have influenced the implementation of IECMHC.

## Summary

A series of seminal events, along with the continuing work in the field of IECMHC, has helped to inform and strengthen consultation services across services and programs. At the same time these events served as contributing factors in the decision by the U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration (SAMHSA) to launch the National Center of Excellence in Infant and Early Childhood Mental Health Consultation in October 2015. The center’s mission is to build strong, sustainable mental health consultation systems across the nation. An extensive toolbox of information about and supportive resources for adopting, implementing, and building the infrastructure of this kind of system is at <https://www.samhsa.gov/iecmhc/toolbox>.

## Reflection

Read “Major Milestones for Infant and Early Childhood Mental Health Consultation,” available at [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/IECMHC/iecmhc-major-milestones-timeline.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/iecmhc-major-milestones-timeline.pdf). Then select one of the events, products, or research pieces highlighted in this handout that has helped advance the field of IECMHC. Conduct your own additional research about this topic.

Next, reflect on your own experiences and how you have changed in your attitudes and practices in the field of IECMHC. Create a timeline of those altering experiences to highlight what has happened to you. Then annotate the timeline with explanations of what you have learned through these experiences. Share your experiences with a colleague or your supervisor.



## Support for Supervisors

Review “Major Milestones for Infant and Early Childhood Mental Health Consultation.” This resource can be found in the handouts section or by going to [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/IECMHC/iecmhc-major-milestones-timeline.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/iecmhc-major-milestones-timeline.pdf).

Next, review “SAMHSA: Expert Convening on Infant and Early Childhood Mental Health Consultation,” which discusses gaps and next steps in the field and includes the definition, competencies, evidence of effectiveness, and future research opportunities within IECMHC (and which was also reference in Section One of this module). This resource can be found in the handouts section or by going to

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/IECMHC/iecmhc-expert-convening-summary.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/iecmhc-expert-convening-summary.pdf).

- Review and discuss these two handouts with the consultant, and ask what stood out for him or her. What was the consultant curious about?
- How might you use the information in these handouts to support a consultant’s understanding of the field of IECMHC?

## Digging Deeper

The milestones discussed and information provided in this section related to IECMHC are referenced in a video, *Infant and Early Childhood Mental Health Consultation and the Center of Excellence*. This video presents the highlights from an introductory webinar held on April 27, 2017, by the Center of Excellence for IECMHC team. You can access the video at <https://www.youtube.com/watch?v=lqhkzOBCAuc&feature=youtu.be> or directly from the Center of Excellence for IECMHC website at <https://www.samhsa.gov/iecmhc/podcasts-webinars>.

Read “Caplanian Mental Health Consultation: Historical Background and Current Status,” found in the handouts section and also available at <https://pdfs.semanticscholar.org/ebfd/5ade36968105a58989c713113bcda60b6813.pdf>. This article explains how Gerald Caplan’s work influenced consultation within mental health settings.



## Additional Resources

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# Section Five



## *IECMHC As an Evidence-Based Practice*

### **Overview:**

*Estimated time: 45 minutes*

In this final section of Module One, you will learn about research and findings specific to infant and early childhood mental health consultation (IECMHC) as an evidence-based practice.

## Objectives:

- Identify outcomes related to IECMHC services
- Understand the importance of identifying approaches to evaluating IECMHC services

## Connection to Competencies:

Center of Excellence for Infant and Early Childhood Mental Health Consultation	Michigan Association of Infant Mental Health
1A. Distinguishes IECMHC from Other Related Endeavors.	<b>Systems Expertise:</b> Service Delivery Systems
2E. Understands the Functioning of and Relationship Between Families, Caregivers, IECMH Consultants, and Systems	

### KNOW:

*IECMHC As an Evidence-Based Practice*

Social and emotional well-being is a critical aspect of child development and helps to support young children’s readiness for school. Research shows that infants, toddlers, and preschoolers with social, emotional, and behavioral challenges are at increased risk for suspension and expulsion, which may negatively influence their ongoing educational and developmental experiences.

Since the mid 1990s, a considerable amount of information and research has highlighted the need for an awareness of the fundamental importance of a child’s earliest years and of effective interventions to change the developmental pathways when they are impacted by untreated social, emotional,

and behavioral challenges (Shonkoff & Phillips, 2000). The critically important task of supporting young children’s social and emotional well-being and preventing disruptions in early childhood development requires attention and effective approaches. There is growing evidence that IECMHC is an effective evidence-based strategy for supporting social and emotional well-being and thus preventing and addressing challenging behaviors of young children in early childhood care and education settings. The research indicates that IECMHC provides positive benefits to families and early childhood providers as well. (Perry et al., 2010).

In fact, a recent review and synthesis of evaluation reports across seven statewide IECMHC programs yielded the following outcomes:

- Reductions in young children’s challenging behaviors
- Improvement in children’s pro-social behaviors
- Reduced expulsions
- Improved teacher skills, efficacy and confidence
- Reduced teacher stress and turnover
- Positive teacher-child interactions
- Improved classroom climate (Hepburn, Perry, Shivers, & Gilliam, 2013).

Given the growing body of evidence related to the efficacy of IECMHC, it’s important to identify areas to monitor and evaluate—including program outcomes, child outcomes, staff/provider outcomes, and family outcomes—in order to advance the field. And as the field continues to evolve, it will also be important to continue to consider ways to assess fidelity of the relationship-based,

capacity-building interventions used within the work of an infant and early childhood mental health consultant.

Additional information about outcome measures and evaluation can be found within the Infant and Early Childhood Mental Health Consultation Center of Excellence Toolbox: <https://www.samhsa.gov/iecmhc/toolbox/research-evaluation>

DO



Take a moment to watch a video, *Voices from the Field: A Day In the Life of An Infant and Early Childhood Mental Health Consultant*, another resource from the Infant and Early Childhood Mental Health Consultation Toolbox created by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). This video gives an overview of how an infant and early childhood mental health consultant can connect with program leaders, staff, families, and children as part of support offered within an early care and learning setting. This video can be found at

<https://www.youtube.com/watch?v=N8GTe0NUE-w>

### TELL ME MORE:

To better understand what is meant by an evidence-based practice, review “Evidence-Based Practice Empowers Early Childhood Professionals and Families” in your handouts. This article can also be accessed at [http://community.fpg.unc.edu/sites/community.fpg.unc.edu/files/imce/documents/FPG\\_Snapshot\\_N33\\_EvidenceBasedPractice\\_09-2006.pdf](http://community.fpg.unc.edu/sites/community.fpg.unc.edu/files/imce/documents/FPG_Snapshot_N33_EvidenceBasedPractice_09-2006.pdf).

### SPECIAL FOCUS:

Take time to read additional information related to IECMHC as an evidence-based practice in “Early Childhood Mental Health Consultation as an Evidence-Based Practice: Where Does it Stand?” This article can be found in the handouts section.



## A Closer Look at Michigan

*Michigan's CCEP team knew from the program's inception that it needed outcome data about the services the program was providing to show efficacy and to secure future funding. While funds were not initially available to support a comprehensive statewide evaluation of CCEP efforts, the CCEP director and MDCH administrator asked MDHHS in 2007 for evaluation funds for a first year (2006–2007) of a three-year evaluation effort (at \$125,000/year). First-year funds were granted, with money for the second and third years of the evaluation plan contingent on the availability of MDHHS funds.*



An RFP was quickly broadcast nationally. Two technical assistance phone meetings, facilitated by the MDCH administrator and the CCEP director, were held before the proposal's due date to field questions from applicants. The state team and a representative from MDHHS reviewed the proposals that were subsequently submitted and selected an interdisciplinary team of researchers who applied from Michigan State University. (Members of the team represented the departments of School Psychology, University Outreach and Engagement, and Human Development and Family Studies.) This team was selected because of the thoroughness of their evaluation design, the rigor of their evaluation methods, their experience evaluating other early childhood programs, and their clear and appropriate use of the budget allowance. In 2009, MDCH awarded an additional year of funding to allow this team to reach recruitment goals (N> 400 child/family-centered consultations) prior to data analysis and dissemination of the research and evaluation results.

The team applied three evaluation strategies between 2006–2009 to better understand the child outcomes, family outcomes, and child care provider/program outcomes related to CCEP services:

- A longitudinal study of the degree of improvement over time on the key outcomes in all participating children, families, and providers, targeting the characteristics of the dosage, services, participants, and consultants associated with outcome variation. Data were collected 6 months after CCEP services ended to yield information pertaining to the maintenance of service outcomes.
- A quasi-experimental comparison study of outcomes between children and families who participated in CCEP services and those who were referred for challenging behaviors but did not have CCEP or other ECMHC services available within their county.
- Case studies of a selected group of participants to provide in-depth understanding of the processes, successes, and challenges that emerged within CCEP services.





In addition to these three approaches, the team examined a number of CCEP processes via an online cross-sectional survey of all consultants who were actively working with caregivers and families. Data from that study have been disseminated to early childhood researchers across the nation.

Major findings regarding child outcomes, parent outcomes, provider outcomes, and fidelity of the intervention include:

- Parents of children receiving CCEP services reported greater improvements in the hyperactivity, attention problems, and social skills of their children than did the parents in the comparison group.
- Child care providers reported greater reductions in hyperactivity among children receiving services than did the providers of comparison children.
- Six months post CCEP services, most of the behavioral concerns of the children receiving services continued to show improvements.
- The parents receiving CCEP services reported at the end of service completion a “significant, moderate decrease in parenting stress” and “significant, moderate increases” in their sense of empowerment in advocating for their child.

- When the evaluation data was first collected, almost one-third of CCEP parents had missed or been late to work due to child care issues; by the time of the second data collection, 63 percent of these parents had not lost work or school time because of child care or school issues.
- Child care providers reported significant improvements in their ability to deal with challenging behavior.
- Everyone involved viewed CCEP consultation services very positively. Ratings reflected “strong agreement” about the benefits of this consultation approach.

A complete evaluation report and findings (Van Egeren, et al., 2011) can be found at [https://cerc.msu.edu/upload/documents/FINAL\\_COMPLETE\\_CCEP\\_REPORT\\_V2\\_2011-03-16.pdf](https://cerc.msu.edu/upload/documents/FINAL_COMPLETE_CCEP_REPORT_V2_2011-03-16.pdf).

## SUMMARY:

The field of IECMHC continues to develop and grow as an evidence-based practice that connects an infant and early childhood mental health consultant with adults and families who care for and support infants and young children across a variety of settings. The IECMHC movement represents an ongoing opportunity to improve the developmental experiences and trajectories of young children.



## Reflection:

As an infant and early childhood mental health consultant, you are often communicating with different individuals and answering questions about the service and support you offer. Take time to respond to the following questions for reflection and share your thoughts with your supervisor.

- How might you describe IECMHC as an evidence-based practice?
- How did the information in this section expand your thinking about IECMHC as an evidence-based practice?
- In what ways do you think this information will be important to the caregivers, teachers, and program directors you work with? Families? Others?
- What are you curious about? What questions feel important to ask?

## Support for Supervisors:

In addition to reviewing this section, you can access *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs*, which highlights the critical factors that make early childhood mental health consultation an effective intervention in support of a child's social, emotional, and behavioral development, as well as the structures needed to make an IECMHC program successful. You can find this document at <https://gucchd.georgetown.edu/products/FINAL%20formatted%20executive%20summary.pdf>.

- Take time to discuss with the consultant his or her reflections. Consider such follow-up steps as:
- Create a “cheat sheet” together that highlights useful information about this topic.
- Create with the consultant an “elevator pitch” to help summarize the main points from this section. Share this pitch with each other or with colleagues during a meeting.



## Digging Deeper:

To learn more about outcome measures and evaluation, review *Tutorial 9: Implementing and Evaluating ECMHC Services from the Center for Early Childhood Mental Health Consultation*, available at <https://www.ecmhc.org/tutorials/effective-consultation/index.html>. Focus specifically on the part of Module 3 titled “Using Outcome Measures and Evaluation for Continuous Quality Improvement.”

*Early Childhood Mental Health Consultation: An Evaluation Toolkit* provides a brief review of the literature and research examining the effectiveness of IECMHC. This toolkit also offers guidance for designing and implementing approaches to program evaluation. The toolkit can be found at <https://gucchd.georgetown.edu/products/ECMHCToolkit.pdf>.

## Additional Resources

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## IECMHC

*Infant and Early Childhood  
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