

ILLINOIS MODEL FOR INFANT/EARLY CHILDHOOD MENTAL HEALTH CONSULTATION





Illinois Model for Infant/Early Childhood Mental Health Consultation

INTRODUCTION

Countless studies have shown that access to early childhood mental health consultation can reduce preschool expulsions, improve parent-child relationships, increase the development of positive social skills, and support the quality of the workforce by increasing retention rates of early childhood professionals.

In order to incorporate best practices and support consistency in the delivery of infant/early childhood mental health services across the state, Illinois is working to design a model that is informed by the diverse nature of early childhood systems in our state and, yet, is adaptable for use by each.

The model serves to:

- *identify best practices,*
- *define the specific nature of infant/early childhood mental health consultation,*
- *help coordinate consultation practices across the state,*
- *and describes the necessary structures and supports that need to be in place to support I/ECMH consultants and ensure the development of an adequate workforce to provide these services*

WHAT IS INFANT/EARLY CHILDHOOD MENTAL HEALTH CONSULTATION?

Infant and Early Childhood Mental Health Consultation (I/ECMHC) is a multi-level, proactive approach that teams multi-disciplinary infant early childhood mental health professionals with people who work with young children and their families to support and enhance children’s social emotional development, health and well-being.

I/ECMHC recognizes that social and emotional development is the foundation for success in learning and in life, and can be supported by strong partnerships between families, providers, programs, systems and I/ECMHC professionals. These partnerships promote and support infant/young children’s healthy social emotional development; are a catalyst for building the capacity

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of providers and families to recognize the powerful influence of their relationships on young children’s development (prenatally through early elementary), recognize young children’s developmental needs, and support responsive care giving.

Strategies used include: a relational, strengths-based and individualized approach to working with a wide variety of children, families, providers, and systems in diverse communities and settings; skilled observation, screening, assessment; and the development of individualized, targeted plans designed to help children reach their full potential.

Although it is acknowledged that the consultative role covers a broad spectrum of responsibilities, the work is



always based on a collaborative, consultative agreement. Consultants use their knowledge to assist providers, programs, systems and families in understanding typical development, addressing challenging behaviors in young children, and promoting environments that foster healthy development and relationships. I/ECMHC work includes: monitoring and supporting infants/young children’s well-being and healthy development; education and emotional support for responsive and developmentally appropriate care of young children; early identification of unmet social and emotional needs, and possible signs of developmental and mental health problems; and, a focus on prevention and/or mitigation of social, emotional, behavioral and mental health problems.

I/ECMHC is:

- **Promotion-Oriented/Preventive** – Supports healthy development, emphasizing social emotional development and nurturing responsive relationships for the benefit of children and focuses on early identification of social, emotional, behavioral and developmental challenges in infants and young children.
- **Multi-level** – Supports young children’s social emotional and mental health needs by mobilizing the

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collective resources of families, providers, programs, systems and communities; enhances collaboration on behalf of children’s wellbeing.

- **Relationship-based** – Recognizes the critical role and power of positive relationships and the parallel process that is reflected at all levels—among families, children, providers, programs, colleagues, communities and systems, and values and employs reflective practice.
- **Capacity building** – Increases the ability of infant/early childhood staff, providers, programs, systems, and policies to recognize children’s physical health and developmental needs—emphasizing social emotional and mental health needs—within the context of their family, culture and community; works collaboratively to meet the needs of children and their families, and increases the capacity of providers to be more reflective in their work.

Based on SAMHSA Expert Convening on Infant/Early Childhood Mental Health Consultation, September 11-12, 2014. Convening Summary

WHAT IS THE ROLE OF THE I/ECMH CONSULTANT?

The consultant’s role is to engage in relationships that support and enhance children’s social and emotional development, health, and well-being by providing I/ECMHC. Consultants use their knowledge to assist providers, programs, systems

and families in understanding typical development, addressing challenging behaviors, and promoting environments that foster healthy development and relationships by focusing on problem solving and capacity building.

WHAT COMPETENCIES DO I/ECMH CONSULTANTS DEMONSTRATE?

1. – A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education

Consultants have foundational knowledge of child development within the context of family, culture, and communities, combined with a solid grounding in children’s mental health and experience in working with young children and their families.

What does this look like in practice?

Consultants engage with providers, programs, systems and families building relationships using a strengths-based approach that focuses on listening, observing, mutual exploration and collaborative problem solving. Consultants recognize variations in early development from typical to atypical across domains of social/emotional, cognitive, language, motor and adaptive behaviors and are aware of the interrelatedness of areas of development and the impact of environmental and cultural contexts on the child. They may provide training to the consultee, both formally and informally, thus increasing the ability of the consultee to support children’s social and emotional development, health and well-being in their everyday work

2. – Ability to Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems

Consultants are able to successfully engage families, providers, programs, and systems in genuine and collaborative relationships. They are aware of the internal and external factors that influence relationships and reflect this understanding as they work to achieve and maintain collaborative relationships. Consultants use an approach that is culturally sensitive and strengths-based, emphasizing capacity building and creating partnerships that support the social emotional health of young children. In the consultation process, the consultant continually

works to foster a sense of trust and openness among all of the partners.

What does it look like in practice?

The infant/early childhood mental health consultant works to develop a relationship by being open, approachable, focusing on strengths, and demonstrating careful consideration of contextual issues such as culture and community. The consultant engages with the providers, programs, systems and families to assess the needs of the consultee and collaboratively develop a plan with clear expectations and goals. This relationship is based on an understanding of the consultee as the “expert” in his or her world, and includes an openness to on-going feedback reflecting successes and challenges in the work being done in the I/ECMH consultation

3. – Ability to Work Effectively Throughout Diverse Cultures and Communities

Consultants are aware of the influence of culture on the values, beliefs and practices related to parenting and how this effects the social and emotional development of children. Cultural beliefs can impact the manner in which families and communities approach the sensitive topics of children’s mental health and social and emotional skills, and are integral to the forming of trusting, collaborative partnerships. Consultants actively and sensitively seek to understand the culture and climate of the families and programs with whom they work, and are aware of their own responses and reactions to any differences.

What does this look like in practice?

Consultants support the healthy social and emotional development of children through their work within relationships, with parents, caregivers, communities and systems, including any person connected with the child. Consultants provide an environment in which to explore the various influences of culture on perspectives, approaches to child rearing, and mental health,

demonstrating mutual respect for each of the parties involved. Consultants respect and value the home culture, accept the legitimacy of culturally-based practices, and promote and involve all families, including extended and nontraditional family units. Being sensitive to the idea that each person brings their own experience, beliefs and history with them to any relationship, the consultant supports the on-going exploration of similarities, differences, and practices. Consultants engage in routine self-assessments to increase sensitivity and awareness of their own cultural influences and potential reactions to relationships in which they are working.

4. – Ability to Effectively and Sensitive Gather Information

Consultants are skilled in collecting information through multiple methods including, but not limited to, observation, discussions, and the use of social emotional screening tools that contribute to a better understanding of the child, family, provider, program, and system contexts. Consultants strive to be unbiased and objective in their use of methods and in their practice of documenting and reporting of information in order to accurately reflect the situation in all its dimensions.

What does this look like in practice?

Consultants are skilled in active listening, reflective inquiry, collaborative exploration, sharing information, and in regulating affect. In order to best understand children, programs, systems and parents, consultants observe from multiple perspectives, and are skilled in noticing verbal and non-verbal behaviors, affects, and the possible impact of culture and environments. Consultants assist consultees in making meaning out of the information gathered (verbal and written), in communicating effectively and empathically, and exploring the value of using self-awareness in practice, both the consultee's and their own.



5. – Ability to Collaboratively Develop a Plan and Shared Measures of Success

Consultants work to build and support capacity within families, providers, programs and systems through the intentional, conjoint development of consultation plans that are aligned with the agency's program or with plans required by the system. They work collaboratively to implement activities that support the plan and then measure outcomes. Consultation can have any of the following focuses: Child-Family, Classroom, Center, Home, Program or System. Consultants use various consultation methods such as reflecting, coaching, modeling, exploring, problem-solving and training, as they engage in a mutually agreed upon scope of work. Consultants regularly engage in assessment/evaluation at multiple levels – individual, organizational, systemic and self.

What does this look like in practice?

The infant/early childhood mental health consultant initially focuses on developing a relationship with the provider, program, system or family which is the beginning of the consultation process. The consultant takes a non-expert stance, acting as a member of the team who facilitates a collaborative discussion. Planning may be informal or more strategic, depending on the need of the consultee. The team works to gather information through evaluation, need identification, and by assessing capacity. Together the team develops a shared agreement that identifies goals and objectives, strategies,

CONSULTANT COMPETENCIES cont'd.

resources, and includes a plan to evaluate and modify the approach as the consultation unfolds. The consultation continues, according to the agreement.

6. – A Knowledge of Community Systems and Resources and Ability to Develop Partnerships

Guided by their professionalism, ethics, standards and knowledge of best practices, consultants create partnerships by collaborating and joining with existing systems, services, and community resources.

Consultants work to build reputations in their communities as reliable professionals who can bring the voice of infant and early childhood mental health to the table. It is critical that consultants have the capacity to understand local, regional and state systems, policies, and protocols. The results of these partnerships are the sharing of resources, and the linking of services so that consultees can be connected to appropriate services. Consultants pursue opportunities to advocate for policies, practices, and linkages that support I/ECMH accessibility for communities, programs, and families, where appropriate.

What does this look like in practice?

Consultants are mindful of the social and emotional needs of children and families as they consult in infant/early childhood systems. Consultants help to bring an I/ECMH voice to conversations in each setting that serves infants and young children and their families, increasing the awareness of others about the importance of the prenatal to 8 years for the healthy development of children. Consultants work to become knowledgeable about the relevant aspects of local and state systems and to understand the impact they have on I/ECMH work. Consultants maintain ongoing relationships in the community

that help to engage partners in the work of referrals, follow up, and support of young families.

7. – Commitment to Ethical Behavior and Reflective Practice

Consultants are guided by their own professional scope of practice which defines the boundaries of their role, while also being able to represent the field of I/ECMH.

Consultants understand that reflective practice is for the

purpose of learning and enhancing competence. They actively participate in on-going learning and reflection. By continually using self-assessment and supervision to ensure the development and use of reflective capacity, and adoption of a consultative stance, the I/ECMH engages in ethical practices consistent with their discipline's standards of practice and/or code of ethics. The consultant responds with cultural humility, and develops relationships based on sensitive listening and responding, and the sharing of responsibility and power.

WHAT ARE THE QUALIFICATIONS REQUIRED TO BECOME AN I/ECMH CONSULTANT?

- An advanced degree in Mental Health such as Social Work, Counseling, Psychology, Marriage and Family Therapy, and Psychiatry; also Nursing or Child Development (specifically early childhood) with additional education in Mental Health.
- A minimum of Master's Degree. Licensure optional.
- A minimum of 5 years of experience in areas related to infant and early childhood development and mental health.
- A demonstrated ability to engage in reflective practice and maintain a consultative stance.

What does this look like in practice?

Infant/early childhood mental health consultants maintain their current professional credentials, licenses, certifications, and professional association obligations. The consultant is aware of the ethical code for the profession and performs in adherence to that code and accesses on-going learning opportunities for professional growth. The I/ECMH consultant engages in regularly scheduled reflective supervision and on-going learning opportunities to grow as a knowledgeable, reflective practitioner and to develop and deepen the capacity to employ and maintain a consultative stance in a variety of situations.

WHAT ARE THE CORE COMPONENTS OF I/ECMH?

Although I/ECMHC consistently includes the role, competencies and skills described above, the form it takes in practice can be quite different.

From the first contact where service is requested, to entering and beginning work with a consultee, to what the method of delivery and frequency and dosage of service are, there are variations in how this work will unfold.

This necessarily happens because the basis of I/ECMHC is responsiveness to the needs of the consultee and the development of collaborative partnerships to accomplish the goals that will support the needs of the population receiving services. So while consultation with a home visiting team and consultation with a childcare home provider will both include essential core elements, the activities being engaged in, the frequency of contact and the length of the contractual agreement may vary greatly.

Several variations of the way I/ECMH consultation can be delivered are described below.

No matter how consultation begins, the first step always involves developing a relationship between the consultee and the consultant. Where applicable, it is important to meet with the program administrator or owners, providers and other leaders to ensure that there is a shared understanding of what can be expected from the consultation, what the role of the consultant will be, and

what length of time and frequency of visits will best meet the needs of the consultee.

The consultant is aware that the effectiveness of the consultation will be enhanced through the development of a trusting relationship at all levels. At each contact the consultant works to develop open communication with the consultees – inviting feedback about

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how their work together is progressing, encouraging them to reflect on the process, their feelings, views and concerns, and to assess success in dealing with the identified goals. The consultant similarly engages in self-reflection and shares his/her observations of their work together.

Request by an agency or system to contract for I/ECMH Consultation

Consultation may begin as a contracted service that is provided to specific pro-

grams with a formal agreement that outlines the scope of service, including expectations and the number of hours to be worked. In this case, the consultation is ongoing and may be made available to staff in a variety of formats such as team meetings, individual meetings, and supervisory sessions. Educational sessions for staff and/or families may also be included.

In a contractual arrangement such as the home visiting model as outlined by the ICMHP, the time allotted for direct consultation to the program is typically between 10 and 12 hours a month, for a period of 2 years. Effort is made during that 2-year process to assist in developing reflective practice, reflective supervision, a deeper understanding of infant/early childhood mental health, and an environment that supports the staff and engages in trauma informed practices. This skill development of the consultee is the basis for sustainability of the consul-



I/ECMH CORE COMPONENTS *cont'd.*

tation work, and will help the consultant determine when to transition out of the work with the program.

Request related to a concern about a specific child or family

Consultation may also begin when a consultant is contacted because of a concern about a specific need of a child and/or family at the request of staff, teacher, administrator, or family.

Although the need of the child and family may be the catalyst for reaching out to a consultant from the beginning, establishing and building connections with the adults who work with that child and family is essential to the consultant's work. The consultant meets with the staff and

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tion settings, the consultant may work more intensely with a program for a period of 4-6 weeks, spending an average of 3 hours per week. The initial focus is the concern for which the consultant was contacted, but often the work will shift to supporting the staff to consider the child and family's situation, their own reaction to the presenting issue, and to considering options for addressing similar situations in the future. At times, the consultation evolves from this crisis type of work, to requests for some form of on-going consultation or training, which can then range from weekly or monthly contacts to having the consultant available on an as-needed basis.

Request related to an emergency or trauma-based situation in an agency, system or community

When emergencies occur in communities or systems, I/ECMH consultants can be asked to join and work with a program, administration, staff or children and families to provide information on best ways to support and cope with the situation at hand. Just as mental health professionals are often called into these situations for older children and families, the I/ECMH consultant possesses knowledge and skills specific to the early childhood population that is often not well represented in times of crisis.

This type of consultation would involve responding to specific requests of an immediate nature. The consultant would need to be immediately available and would probably visit for several consecutive days for 6-8 hours at a time. Follow-up might include a visit several weeks later or as requested by the consultee.

teacher, exploring all aspects of the situation, processing issues with the consultee(s) and possibly his/her supervisor. These conversations lead to a shared understanding of the prepresenting problem and an agreed upon plan of action that is either verbal or written.

When beginning work in this type of situation which is characteristic of consultation to child care or early educa-



WHAT ACTIVITIES CAN BE INCLUDED IN THE ON-GOING CONSULTATION PROCESS?

1 REFLECTIVE CONSULTATION:

The work of the consultant is based upon infant mental health principals including relationship-based reflective practice and a strengths-based orientation. Within the relationship that is built between the consultant and the various roles (which may include administrator, supervisor, program support staff, classroom staff, family support staff or home visitors) the consultant works to create a safe opportunity for individuals to communicate and reflect on aspects of the system, program, practices and situations, concerns and themselves. As they engage in these discussions with the consultant, an understanding and awareness develops which will help to strengthen their capacity to understand and support the development of social and emotional skills that promote positive mental health in young children.

There are several ways this reflective consultation can be provided:

- **Meeting with the Administrator** - The consultant meets with the Administrator of the program to discuss the progress of the consultation to the program, staff and families in the specific location. Obtaining the commitment and support of the Administrator strengthens the likelihood of success and sustainability. In addition, the consultant creates a relationship which allows reflection with the Administrator on issues related to his or her own role, when desired. The frequency of meetings with the Administrator is decided through a collaborative agreement and can be regularly scheduled or based on requests that occur because of a specific need or situation.
- **Meeting with the Supervisor** - Regular meetings with the direct supervisor of the teaching staff, home visitors or family support staff is essential for the consul-

tation process. These interactions provide a space for the supervisor for reflection, problem solving, planning, and processing concerns that arise when supporting staff as they navigate the world of challenging family work where issues of social and emotional well-being are addressed. The supervisor plays an essential role in supporting the staff/educators/providers as they engage in the consultative process to sustain the work of infant mental health and deserves her/his support as well.

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- **Meeting with an individual(s) identified as the consultee** - The consultant provides an opportunity for reflection to the individual, in a confidential meeting that allows them to discuss issues concerning the child and family, their own reactions or thoughts that have surfaced during their work, and other challenging situations. Consultation may help in promoting confidence and being able to discuss what the consultee is experiencing, and has been shown to reduce burn-out, compassion fatigue and increase job retention. At times, this reflective process may occur during the supervisory sessions with the program supervisor present, as the consultant joins this already established meeting.



ON-GOING CONSULTATION PROCESS? *cont'd.*

- **Team meetings** - The consultant meets with the supervisor and staff in a regularly scheduled team meeting. The consultant spends time with the group supporting listening and problem solving skills as a way to encourage the development of trusting relationships. This can encourage the group to process issues, address case concerns, and think about influences to behavior and interactions, sharing various perspectives and conceptualizations of situations.

2. OBSERVATION, SCREENING, ASSESSMENT AND STRATEGIZING

In some consultations, the I/ECMH consultant is asked to observe children, families, classrooms or employees. Depending on the specific agreement in place, the consultant may provide screenings or assessment and engage in discussions with the consultee, or even with families themselves, about the results of these observations and screenings. The emphasis in I/ECMH consultation is on providing sensitive and global views and to collaborate with the early childhood educators, administrators, family or system on how the information obtained can best be used to meet the needs of a child or family. The knowledge that the consultant brings regarding trust and relationship building helps create a foundation for developing strategies that include all perspectives at the table and increase the likelihood of success for accomplishing the desired outcomes.

Usually, I/ECMH consultants are involved in screening, observation or assessment as first steps in an evaluation process. Referrals can be made if it is determined that more extensive evaluations are needed and the consultant can offer support to everyone involved to ensure the process continues, and the child receives the services that have been decided upon.

3. PROVIDING PROFESSIONAL DEVELOPMENT OPPORTUNITIES

I/ECMH consultants possess information and skills that can add valuable support to a consultee and to systems and can be offered as formal on-going learning opportunities. Training, seminars, information-based team meetings or reflective groups are all possible offerings the I/ECMH consultant can provide once they have established some form of relationship within a setting. It is often not clear what the I/ECMH professional has to offer besides consultation, but while engaging in these relationships, the I/ECMH consultant can introduce possible professional development opportunities that may be of benefit. Topics may be focused on mental health or social/emotional development such as brain development and relationship to behavior, impact of early exposure to violence and trauma, attachment and attunement, self-regulation, stress and self-care for caregivers, maternal depression, etc.

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attachment and attunement, self-regulation, stress and self-care for caregivers, maternal depression, etc.

4. CO-FACILITATION OF GROUPS

- Some programs offer the experience of group sessions to parents/care givers in order to help strengthen the support a parent/caregiver needs or to further develop an understanding of a concept or idea. Groups can focus on a variety of topics such as breast feeding, nutrition, child development, maternal depression, etc. At times there may be some groups that would benefit from having a consultant present during the groups, utilizing their infant/early childhood mental health knowledge.

The groups are program specific, and the topics are generated by the program itself. The I/ECMH consultant is there

at the request of the program, and supports the staff that will be facilitating the group. The consultant will co-facilitate, and communicates prior to the group meeting with the program facilitator, and will process any observations following the meeting. Together the I/ECMH consultant and the program facilitator determine what changes to the group may be beneficial, and how to proceed the following session.



5. DIRECT MEETINGS WITH FAMILIES

Consultation is most often an indirect service that enhances the work of those directly involved in the education, care, or support of a child/family relationship. There are times, however, when an I/ECMH Consultant may find that a direct meeting with a child/family is the preferred method of engagement. At all times the consultant keeps in mind that the work being done directly with families is temporary, and the staff/educators are the ones with an ongoing relationship.

Care must be taken to explain the role of the consultant to the parent/family. Many times there is confusion and stigma related to the term “mental health” and the traditional role of counselors, and with that comes reluctance or resistance. The programs can assist in sharing information about the role of the consultant in various ways, helping families to understand the supportive role of consultation

and the opportunity afforded to discuss challenges and concerns with a mental health consultant.

Relationships are central to consultation, and this holds true with parents/families as well. The I/ECMH Consultant is respectful of the family’s beliefs and practices in child rearing. The consultant is aware of the family’s traditions and customs, and keeps those in mind as they interact with that family. The I/ECMH Consultant also reflects upon their own culture and beliefs to assess the impact on the relationship with the family.

Various ways of connecting with parents are offered. One of the first contacts may be a presentation by the I/ECMH to a group of parents/stakeholders. This could be on topics that are generated by the staff along with families, or may be on the subject of I/ECMH itself. These presentations allow the families the opportunity to become familiar with the consultant prior to any individual meeting.

Consultants may also be invited to attend a child/family review or staffing. The consultant focuses on ways to strengthen the social and emotional development of the child, and is able to listen to parents/care givers and offer them a safe space to share their thoughts, feelings and concerns. The consultant will assist as goals are discussed and set, and plans developed to support the family/child in meeting those goals.

The consultant may engage with the staff and families in an intervention when a child is experiencing social/emotional disruption and requires more support than is available in the setting. The role of the consultant is to assess the situation, listen to the presenting concerns, have direct contact with the staff and families, and help to move toward a plan to address the concern. This plan may involve problem solving with all invested parties, identifying resources, or referral to a therapeutic intervention.

WHAT GOES INTO THE DEVELOPMENT OF A I/ECMH WORKFORCE?

The competencies listed earlier require that a highly qualified workforce is available throughout the state of Illinois. Ensuring that such a cadre of professionals who can do the work of I/ECMH consultation exists requires workforce development, continual efforts that will support professionals' ability to acquire the skills that are enumerated in the competencies, developing opportunities that will support the growth of reflective practitioners, and the establishment of macro supports that will ensure the foundations of success of the model.

WORKFORCE DEVELOPMENT

In Illinois, I/ECMH consultants come to the field from a variety of professions. These include social work, counseling, psychology, education, or health care. There are various certificates and credentials that assist in identifying individuals who would be highly qualified in the field. Among those are the Infant Studies Certificate and the Infant Mental Health Certificate from Erikson Institute in Chicago, and the Infant Mental Health Credential offered through the Illinois Association of Infant Mental Health. There are social work preparation programs, as well as those in other disciplines, in the state that offer additional classes in the area of infant mental health. These can all be pathways to becoming an infant mental health consultant, but they are not exclusive. Efforts will need to be made to collaborate with Higher Ed to create opportunities to promote the knowledge and skills needed for I/ECMH consultation work. Consideration also must be directed toward recruit-

ment strategies, especially toward engaging young professionals and regarding diversity in the workforce to secure the future of the field.

Supports must be developed so that a professional in the field who has education and experience with infant/early childhood work can receive the training and mentoring necessary to become a consultant. Through reflective

supervision, reflective group work, professional development and networking, the consultant can gain the skills and knowledge necessary to successfully do this work. The competencies listed above can serve as a guide for evaluating the readiness of an individual to assume the role of an I/ECMH Consultant.

Sources that Support and Enhance the Development of Skills Represented in the Competencies

On-Going Professional Development Opportunities

Infant/Early Childhood Mental Health Consultants are continually engaged in

learning opportunities that support growth and development of their skills and knowledge. Those opportunities may be offered by agencies in the state that focus on infant/early childhood mental health training such as the Ounce of Prevention and the ICMHP, as well as other sources for

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individualized learning opportunities. It is important that trainings are available to consultants that enhance the skills and knowledge needed for infant/early childhood mental health work. The six core competencies included above guide learning opportunities and reflective practice opportunities that are necessary to ensure a quality workforce.

Opportunities for the Development of Reflective Practitioners

Reflective Supervision

A key relationship for supporting the work and the growth of I/ECMH consultants is reflective supervision. This provides the consultant an opportunity for problem solving, thinking about the work being done, and self-reflection that supports awareness and personal and professional growth. When a consultant is self-employed and does not receive reflective supervision as a part of their employment, it is important that they seek out and have access to other quality experiences that allow opportunities for reflection. Core elements of reflective supervision are that it be distinct and separate from administrative supervision and is a regularly scheduled, protected time for a relationship that is collaborative and reflective.

Macro Supports to Ensure the Success of the Model

Reflective Learning Groups

The Reflective Learning Groups provide cross-initiative gatherings for I/ECMH Consultants to reflect on their work. Such peer-reflective learning groups are recognized by national leaders as one of the most significant, as well as cost effective, tools available to support consultants in their work with early child-care providers, teachers, early interventions staff, families and young children. These groups can be peer-led or include a facilitator who supports logistical issues, promotes reflective practices, and is available at locations throughout the state. Meeting on a regular, scheduled basis, the agenda is set by the group as they determine what their needs are for reflective learning experiences.

State-wide Annual Retreat

Since consultants are often working independently, they profit from opportunities to network and gain new skills and knowledge with others doing similar work and facing similar challenges. Holding an annual retreat for infant early childhood consultants provides that opportunity for networking as well as to hear presentations by professionals on essential topics that support the skill development of the I/ECMH consultants.



I/ECMH WORKFORCE DEVELOPMENT cont'd.

Credentialing

The Illinois Association for Infant Mental Health offers a credential for Infant Early Childhood Mental Health specialists, including consultants. The credential is for professionals with at least five years of experience with infants, toddlers, young children and their families/care-givers as well as experience with reflective practice. The availability of this year-long credentialing process, which includes regular group and individual reflective supervision opportunities, required reflective written essays and a final paper of a case presentation, allows consultants to gain recognition of their achievement in the I/ECMH consultation field.

Membership in the Association

The Illinois Association of Infant Mental Health (ILAIMH) is a membership organization of diverse professionals working with infants, toddlers and their families. Members come from the fields of education, social work, psychology, medicine, academia, public policy, child development, physical and occupational therapy, and other allied disciplines. With over 200 members, the diverse and multidisciplinary scope of the members reflects the nature of infant mental health practice.

Though developed as a clinical specialty, infant mental health practice is infused into every setting where practitioners work with or on behalf of very young children and their families.

Leadership Team

In order to determine if the model is continuing to meet the needs of the field, a Leadership Team will be convened regularly that will address and update the model, and ensure fidelity. This team will be comprised of stakeholders throughout the state, and will address issues of compatibility with national models, research and evaluation, and funding, and will consider modifications to the model as recommended by professionals and agencies across the state.

Workforce Development Plan

The Mental Health Initiative convened a Workforce Development Committee that reviewed practices in our state and nationwide, determined steps needed for a sustained approach to workforce development, and a matrix to support that plan. Those two documents can be accessed on the Illinois Children's Mental Health Partnership's website at www.icmhp.org.



Final Thoughts

In undertaking the task of working toward a statewide Infant/Early Childhood Mental Health Consultation Model, adaptable for use by all sectors, it becomes clear that delineating the required commonalities that define a model, while at the same time not presenting something that is unworkable in certain settings is a significant challenge. What is outlined in this document is a description of what I/ECMH is, what the role of the I/ECMH consultant is and components that comprise the work. The details of actual delivery may vary by sector in terms of how often consultants engage or for how long, but this model describes the work that will be common to all and the requirements required of those presenting as Infant/Early Childhood Mental Health Consultants.

GLOSSARY OF TERMS

Boundaries - unwritten rules that guide roles about professional relationships with those we are working with and trying to help.

Children’s Mental Health - reaching developmental and emotional milestones, and learning healthy social skills and how to cope when there are problems (from CDC)
Code of ethics - the ethical principles based on the organization's core values and the standards to which the professional is held.

Confidentiality - respect the family’s right to privacy, refraining from disclosure of confidential information and intrusion into family life. However, when we have reason to believe that a child’s welfare is at risk, it is permissible to share confidential information with agencies, as well as with individuals who have legal responsibility for intervening in the child’s interest. (http://www.naeyc.org/files/naeyc/image/public_policy/Ethics%20Position%20Statement2011_092020_13update.pdf)

Consultative Stance - A consultant’s “**way of being**”; ten identified elements: mutuality of endeavor, avoiding the position of expert, wondering instead of knowing, understanding another’s subjective experience, considering all levels of influence, hearing and representing all voices, the centrality of relationships, parallel process as an organizing principle, patience, and holding hope (Johnston & Brinamen, 2006). (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/ECMHC_Toolkit%5B1%5D.pdf)

Core competencies - Observable skills, values, and attitudes needed by professionals in order to provide high quality services. (ZERO TO THREE: A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and Their Families: 51 Core Knowledge, Competencies, and Dispositions)

Cultural humility - Having a sense that one’s own knowledge is limited as to what truly is another’s culture; to reject the unconscious stereotypes of others and not use them as a “safety net” to help explain behavior; to understand that we can’t know everything about every culture and because our clients are complex humans who intersect in a variety of cultures, be they race, gender, class, age, work status, disability status, etc., (<http://socialwork.sdsu.edu/insitu/diversity/cultural-humility-a-lifelong-practice/>)

Developmental capacity building - To improve or increase the ability of early childhood programs, providers, family members, and community partners to address the social and emotional needs of young children (adapted from Cohen Kaufmann, 2005) (<http://www.ecmhc.org/tutorials/glossary.html>)

Foundational knowledge - a strong background in three core areas: child development (encompassing families, culture and community), early education, and children’s mental health

Parallel process - A process through which the relationship between the consultant and practitioner influences the relationship between the practitioner and the child because feelings and interactions from one relationship can be carried forward to another relationship. (ZERO TO THREE: A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and Their Families: Core Knowledge, Competencies, and Dispositions)

Infant/early childhood mental health - ZERO TO THREE’s Infant Mental Health Task Force (2002) defines infant and early childhood mental health as “the developing capacity of the child from birth to three to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environ-

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ment and learn, all in the context of family, community and cultural expectations for young children.”

Mental Health Consultant - can assist the child and family in integrating their services through a team approach: identifying community resources; advocating for the type, frequency, and intensity of services that meet the child and family needs; and facilitating planning and communication among families, caregivers, and service providers so that services are well coordinated. (<http://gucchd.georgetown.edu/products/ECMHCToolkit.pdf>)

Multidimensional poverty - is made up of several factors that constitute poor people’s experience of deprivation – such as poor health, lack of education, inadequate living standard, lack of income (as one of several factors considered), disempowerment, poor quality of work and threat from violence. (<http://www.ophi.org.uk/policy/multidimensional-poverty-index/>)

Program consultation - Early childhood mental health consultation that focuses on improving the quality of the early childhood program or agency and assists the program to address challenges that impact more than one child, family, or staff member (Cohen & Kaufmann, 2005). (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/ECMHC_Toolkit%5B1%5D.pdf)

Programmatic consultation - focuses on improving the overall quality of the program or agency and/or assisting the program to solve a specific issue that affects more than one child, staff member, and/or family. This type of early childhood mental health consultation is typically provided to program staff and administrators. (from <http://gucchd.georgetown.edu/products/ECMHCToolkit.pdf>)

Provider consultation - in which a consultant helps providers assess and improve the quality of the services

they provide to children and families and build their competence and confidence in caring for children with varying needs. The purpose of consultation is to offer information, strategies and resources to meet current and future challenges. (<http://www.dhhs.saccounty.net/BHS/Documents/Mental-Health-Services/Children%20Mental%20Health/Quality%20Child%20Care%20Collaborative.pdf>)

Professionalism - conduct ourselves with a high level of integrity and in ways that are ethical, honest, trustworthy, lawful, and responsible and maintain a high level of professional competence and work to continuously acquire new knowledge and skills (<https://www.zerotothree.org/resources/1459-values-and-ethical-standards>)

Reflective capacity - Reflective capabilities are developed, supported and maintained through intentional practice and supportive relationships. Regularly engaging in reflective consultation or supervision is one way to nurture this skillset in infant and early childhood professionals. (<http://wiaimh.org/endorsement/reflective-supervisionconsultation/>)

Reflective consultation - Reflective supervision/consultation (RSC) supports the professional’s growing understanding of themselves in relationship with the young children and families with whom they work. RSC consists of three primary characteristics:

1. It is collaborative between the supervisor or consultant and professional,
2. It is regular and takes place at a regular, scheduled time, and
3. It is relationship based and reflective—the supervisor or consultant helps the professional to step back and consider the situation and the relationships from multiple perspectives.

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The relationship between the reflective supervisor or consultant and supervisee sets the tone that echoes throughout the system, and therefore must be experienced as safe, open and trusting. The reflective supervisor works to create a respectful and thoughtful atmosphere where staff members feel comfortable discussing information, feelings, and thoughts (Shahmoon-Shanok, 2006); (IL Children’s Mental Health Partnership). (<http://wiaimh.org/endorsement/reflective-supervision-consultation/>)

Reflective Learning Groups - Reflective Learning Groups (RLG) are cross-initiative gatherings for early childhood mental health consultants to reflect on their work. Reflective learning groups are recognized by national leaders as a cost-effective approach to ongoing professional development and support for consultants in their work with early childhood professionals. (<http://icmhp.org/>)

Reflective practice - Refers to the process of studying one’s own teaching methods and determining what works best for young children, youth, or adult learners. Reflective practice can help an individual to develop and grow professionally. (ZERO TO THREE: A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and Their Families: Core Knowledge, Competencies, and Dispositions)

Reflective supervision - The act of providing guidance, oversight, or shared responsibility in the work or tasks of another in a work, professional, or personal context. In early childhood mental health consultation, a mental health consultant may experience including reflective practices and guidance on identifying motivations, feelings, and insight toward self-awareness by a mental health professional trained in this type of supervision

associated with relationship-based work. (<http://www.ecmhc.org/tutorials/glossary.html>)

Strengths-based - The strengths-based approach offers guiding principles that shape the lens for viewing human behavior. The fundamental premise is that individuals will do better in the long run when they are helped to identify, recognize, and use the strengths and resources available in themselves and their environment. The strengths perspective as a philosophical principle of social work practice emanates from social work values: self-determination (the act of giving clients the freedom to make choices in their lives and to move toward established goals in a manner that they see as most fitting for them), empowerment (lays the groundwork for informed self-determination), inherent worth and dignity (a core value of the profession is respect for every human being’s)

Theory of change - The theory of change is based on available knowledge and previous research with an evidence base that guides the selection of intervention strategies. (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/ECMHC_Toolkit%5B1%5D.pdf)

Trauma informed - recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family; assess a child’s trauma history and

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symptom profile; to determine whether a child is developmentally on target in the social, emotional, and behavioral domains; to inform case conceptualization and drive treatment planning; and to monitor progress over time. (<http://nctsn.org/>)

Wondering - Asking questions to further the idea that is being explored, together wondering about how to solve a problem. This promotes looking at all sides of an issue, thinking it through out loud with another person, and using reason to determine a plan of action.

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