

MI Department of Health and Human Services



The Role of an Infant and Early Childhood Mental Health Consultant Within a System

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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



The Role of an Infant and Early Childhood Mental Health Consultant

Overview

Estimated time: 60 minutes

In this first section of Module Two, you will learn about the role of an infant and early childhood mental health consultant, and the required qualifications and preparation for infant and early childhood mental health consultation (IECMHC) in the state of Michigan.

Objectives:

- Describe the roles of an infant and early childhood mental health consultant
- Identify national competencies for effective infant and early childhood mental health consultants
- Identify qualifications and preparation for Michigan's infant and early childhood mental health consultants



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	Working With Others: Supporting Others
2E. Understands the Functioning of and Relationships Between Families, Caregivers, IECMH Consultants, and Systems	Working With Others: Consulting

KNOW: What Services Are Involved in IECMHC

From Module One, you learned that IECMHC is primarily an indirect service. IECMHC, however, involves more than observing and supporting referrals to other community services. While these activities represent some of the responsibilities of an IECMH consultant, the consultant's primary role is to support and enhance the adult caregiver's capacity to promote infant and young

children's mental health. Those caregivers include families, teachers, directors of early care and learning programs, home visitors, and those working within community organizations, such as child welfare agencies and pediatric offices. In all instances, the goal of IECMHC is to help the adult caregivers promote the social and emotional well-being of the infants and young children in their care. Since this well-being can positively impact child, family, staff, and program outcomes, it is important to consider the role of IECMHC within the context or environment in which the consultant will be providing services, as well as the type of infant and early childhood mental health consultation provided.

IECMHC typically does *not* include:

- · Formal diagnostic evaluations
- Therapeutic play groups
- Individual therapy
- Family therapy or support groups

In some circumstances, however, an IECMH consultant may offer direct treatment services while working as part of a community mental health agency. This can be particularly true in rural areas, where there may be fewer early childhood service providers. In these instances, it is important for the consultant to be clear about his or her role at different times (for example, treatment versus consultation). To better understand the role of an infant and early childhood mental health consultant, first examine the conceptual model of effective infant and early childhood mental health consultation, which was informed by a study conducted by Georgetown University's Center for Child and Human Development (Duran, et al, 2009). This model is designed around five factors that contribute to an effective IECMHC program.

Tell Me More

General information about the types of infant and early childhood mental health consultation can be found in Modules One and Four. In your handouts you can also review *Types of Consultation Services*, which was prepared for the U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration, by the Center of Excellence for Infant and Early Childhood Mental Health Consultation. This resource can also be accessed at <u>https://www.</u> <u>samhsa.gov/sites/default/files/programs_cam-</u> paigns/IECMHC/types-consultation-services.pdf.



Within this model, three core program components first must be in place for a program to achieve positive outcomes:

- Solid program infrastructure: strong leadership, clear organizational structure, a commitment to hiring and training high-quality IECMH consultants, supervision and support, strategic partnerships, evaluation, and financing
- Highly qualified infant and early childhood mental health consultants: consultants with relevant knowledge, skills, characteristics, and attributes
- High-quality services: rigorous initiation processes for consultants, collaboration among consultants and consultees, family involvement, cultural and linguistic competence, integration of consultation in routines and operations, and any other additional enhancement to program quality.

Two catalysts support movement toward positive outcomes:

- **Positive relationships:** the ability of IECMH consultants to establish trust and build relationships with providers, teachers, families, and others
- Readiness for IECMHC: readiness of programs, providers, families, and other stakeholders; which includes a willingness to collaborate and learn new skills.

In general, this level of service delivery emphasizes relationship-based practices, one of the core mental health principles shared in Module One and that represent more than a sequenced delivery of activities. IECMHC also includes an array of strategies that can be implemented across all levels: child, family, program or organization, and community.

This conceptual model of IECMHC helps to put in context the role of an IECMH consultant and to clarify exactly what the consultant does these two elements can help answer two questions: "What is the role of an infant and early childhood mental health consultant?" and "What do infant and early childhood mental health consultants do?"

What the Roles of an IECMH Consultant Are and What a Consultant Does

Infant and early childhood mental health consultants are fully engaged in capacity building and maintaining relationships across a program. The child-related work of an IECMH consultant is connected to a larger effort to improve overall care in a program or classroom, as well as to enhance adult and staff well-being. Infant and early childhood mental health consultants often:

- Provide support, training, and information for program staff on ways to identify and work more effectively with young children with difficult behaviors
- Help build and enhance relationships between adults (staff and families) and children
- Collaborate and consult with program staff and families around specific concerns related to an individual child
- Help communities, program staff, and families understand the importance of infant and early childhood mental health



What the Roles of an IECMH Consultant Are and What a Consultant Does (cont.)

- Help link families to mental health and other community services outside of the program
- Provide training and consultation on staff relationships and healthy communication and interactions across a program

The role of the IECMH consultant is collaborative in nature. And as IECMH consultants recognize, respect, and understand a system's hierarchy, they remain separate from its parameters and constraints in order to first observe, then understand, and finally respond to everyone involved in providing social and emotional support for a young child. What an IECMH consultant does is clearly different from what, for example, a therapist does.

Qualifications, Characteristics, and Skills of an IECMH Consultant

Infant and early childhood mental health consultants can come from a variety of disciplines—for example, infant mental health, psychology, social work, or counseling (Kaufman, et al., 2013). Typically, IECMH consultants will hold a minimum of a master's degree in a related field and possess content knowledge of infant and early childhood mental health, child development, and relationship- and evidence-based practices. In addition, consultants will seek to have knowledge of and understand:

- Early childhood programs and settings
- Community resources
- · Culture and cultural influences
- Typical and atypical behavior
- Medical and genetics information
- Adult learning principles

Since IECMHC builds the capacity of adults to recognize and understand the powerful influences of relationships and environments on young children's development, it's important for IECMH consultants to be able to build positive relationships with providers, program staff, and families (Duran, et al., 2009). Some ideal consultant attributes, as outlined in Duran et al. (2009), include:

- · Respectful, values others' opinions
- Open-minded/nonjudgmental, accepts people for who they are
- Reflective
- Flexible, will adjust schedules and modify strategies as needed
- Approachable/easy to talk to
- Good listener
- Trustworthy
- Compassionate/empathetic
- Team player
- Willing to be hands-on and not just observe
- Reliable/dependable
- Self-motivated
- Positive/upbeat
- Patient, recognizes that change takes time
- Persistent, does not give up if there is resistance to change
- Loves children, shares the "children come first" mentality
- Warm/people person

Special Focus: Take a moment to review another SAMHSA document, "Qualifications of an Infant and Early Childhood Mental Health Consultant," which lists the qualifications that IECMHC's should possess and considerations for hiring consultants. This document can be found at <u>https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/qualificationsinfant-early-childhood-mental-health-consultant.pdf</u>.

Qualifications, Characteristics, and Skills of an IECMH Consultant (cont.)

Complementary to consultant characteristics are the IECMH consultant's skills. Some of the skills that effective IECMH consultants have are the ability to:

- Work collaboratively as part of a group or in group settings
- Listen, observe, and assess respectively (children, adults, relationships, interactions, and situations)
- Remain sensitive to the strengths, attitudes, values, and beliefs of individuals, programs, and communities
- Be culturally competent and responsive
- Respect diverse perspectives
- Be responsive and communicate effectively
- Be familiar with community resources and interventions appropriate for the population
- Use and provide evidence-based strategies for promoting the social and emotional development of infants and young children and for preventing and responding to challenging behavior



To help bring all of these critical aspects together, the Center of Excellence on Infant and Early Childhood Mental Health Consultation (established in September 2015 by SAMHSA), provided in 2017 an updated version of national competencies for infant and early childhood mental health consultants. The competencies include the skills, knowledge, and abilities of effective IECMH consultants. This document, Center of Excellence for Infant and Early Childhood Mental Health Consultation: Competencies. can be found in your handouts or by using this link: https://www.samhsa.gov/sites/ default/files/programs_campaigns/IECMHC/ infant-early-child-mental-health-consult-competencies.pdf.

SPECIAL FOCUS:

Take a moment to review the document "About Infant and Early **Childhood Mental Health Consul**tation," which is part of the Infant and Early Childhood Mental Health **Consultation Toolbox launched** by the U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration (SAMHSA). This document highlights what IECMHC is, what **IECMH** consultants do, and what the expected outcomes of IECMHC are. This document can be found at https://www.samhsa.gov/sites/ default/files/programs_campaigns/ IECMHC/about-infant-and-earlychildhood-mental-healthconsultation.pdf.

A Closer Look at Michigan

Mental health consultants need a broad knowledge base from which to draw (Johnston & Brinamen, 2006). Most consultants enter their positions without all of the skills they need. Specialized training and support are necessary.

To provide high-quality services, Michigan's IECMHC Model requires consultants to be mental health professionals with special qualifications that enable them to address the complex issues faced by the population served. Consultants must have:

- A master's degree in social work, psychology, or a related field
- The Michigan Association for Infant Mental Health Endorsement at a minimum of a Level II; Level III/IV preferred.

In addition, Michigan IECMH consultants must have:

- Two years of experience as a mental health clinician specializing in relationship-based work with young children and their families
- Knowledge of infant and early childhood development (ages 0–5), particularly social and emotional development
- Experience with social and emotional assessment
- Experience working in child care settings
- Experience providing training and facilitating groups
- Warm, empathic personalities and excellent communication skills
- Culturally responsive

IECMH consultants are supported in multiple ways; through, for example:

- Program orientation
- Ongoing technical assistance
- Opportunities to shadow experienced consultants (i.e., those with more than 2 years of experience providing Michigan's IECMH consultation services within a project)

Initial orientation to Michigan's IECMHC Model policies and practices is carried out via in-person, phone and virtual meetings/ trainings with MDHHS state coordinator. A standardized yet flexible approach to carrying out Michigan's IECMH consultation services is shared with consultants as part of their orientation. This approach includes disseminating these modules online and in written form along with review of the local

contract obligations. Consultants also have access to on-site quarterly meetings and participate in statewide technical assistance calls involving state- and local-level staff.



SPECIAL FOCUS:

Take a moment to read the article "Toward Common Guidelines for Training, Comportment, and Competence in Early Childhood Mental Health Consultation" (Johnston, et al. 2013), part of the May 2013 issue of *Zero to Three*, page 52. This article, which is in your handouts, includes information about the need to develop IECMH consultant competencies in response to the growing understanding of the essential contributions of IECMHC.

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State-level support has also organized to provide for all consultants core training related to the essential IECMHC knowledge areas reported across research studies. These areas include:

- Evidence-based practices, best practices, and other promising practices related to infant and early childhood mental health
- Culturally and linguistically responsive practices
- · Family-centered practice
- Trauma research and resources
- Screening and assessment
- · Adult learning principles

These trainings are provided as part of the ongoing technical assistance and support and are aligned with infant mental health competencies. TELL ME MORE: For additional information about the Michigan Association for Infant Mental Health (MI-AIMH) and its endorsement, go to http://mi-aimh.org/.

Reflective supervision, another key component of Michigan's IECMHC Model, is required to support consultants so they are able, in turn, to hold and support the families, children, and caregivers they are working with. Each Michigan IECMH consultant must have access to regular, ongoing administrative and reflective supervision. Reflective supervision provides consultants with opportunities to communicate with their supervisor individually and target specific issues that occur during consultation services, ideally giving them the opportunity for confidential reflection and feedback. Within Michigan's IECMHC Model, consultants engage in a minimum of 24 hours of one-on-one reflective supervision within a fiscal year (i.e., an average of two hours per month).

Reflective supervision must be provided by individuals who are knowledgeable about IECMHC (meeting requirements set by the Michigan Association for Infant Mental Health [MI-AIMH]), infant mental health, and child care practices. If the administrative supervisor is unable to provide reflective supervision, then the community mental health services programs (CMHSP) agency contracts with a private practitioner to provide this service. Additional information related to reflective supervision can be found in Module Three of this series.



SEE

Watch the video clip titled Veronica 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 a parent sharing how her connection with an infant and early childhood mental health consultant helped her with her daughter's behavior.

Click on the featured video to begin. After an introduction, click "Continue." You'll see a Main Menu that allows you to select the bubble titled "Child and Family." Then:

- 1. Click on "Common Understanding."
- 2. Click on the video icon and select the video titled *Veronica*.

Learn more about the role of an IECMH consultant from "The Mental Health Consultation Tool," which offers an interactive lesson with multiple-choice questions and scenarios. Use the following website address to access this tool: <u>https://eclkc.ohs.acf.hhs.</u> gov/mental-health/learning-module/ mental-health-consultation-tool.

The introductory video describes how to navigate the tool. Then click on "Continue," which will bring you to the Main Menu. From there, you will explore the following options:

- Click on "Role." Read through "Common Understanding."
- 2. Then go back and click on "What Do You Know?" Read through and respond to the 10 multiple-choice questions.

Summary:

An infant and early childhood mental health consultant often holds multiple roles that require not only familiarity with infant and early childhood mental health but also an understanding of the dynamics and ways of working with program staff (as a member of a team), families, and others.



DO





Reflection

Consultants working through Michigan's IECMHC Model must complete an IECMHC competencies self-assessment, located in Appendix A. This assessment, developed by the IECMHC Center of Excellence, contains comprehensive standards based on a national consensus about the foundational knowledge, skills, and abilities of infant and early childhood mental health consultants. These standards apply in early care, education, and home visiting settings, as well as in such other early childhood settings as pediatric offices and homeless shelters. Michigan professionals use the results of the survey to drive professional development opportunities throughout the year. Take time to review and complete the Infant and Early Childhood Mental Health Consultation Competency Self-Assessment found in your handouts. Share the resulting information with your supervisor and state coordinator.

Support for Supervisors

Review two resources that are part of the Infant and Early Childhood Mental Health Consultation Toolbox, which was launched by the U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration (SAMHSA):

- Arizona's "Smart Support" approach for "goodness of fit," a checklist for supervisors to use for reflecting on the developing skills of the infant and early childhood mental health consultant following supervision. <u>https:// www.samhsa.gov/sites/default/files/ programs_campaigns/IECMHC/az-smartsupport-approach-goodness-fit.pdf</u>
- Colorado's IECMHC interview questions: "Kid Connects Mental Health Consultant," which includes sample questions for hiring an infant and early childhood mental health consultant. <u>https://</u> <u>www.samhsa.gov/sites/default/files/</u> <u>programs_campaigns/IECMHC/colora-</u> <u>do-iecmhc-interview-questions.pdf</u>



From the Infant and Early Childhood Mental Health Consultation Toolbox you can also access resources that are specific to workforce development and that outline such supports for IECMH consultants as training and supervisory practices. Find this resource at <u>https://</u> www.samhsa.gov/iecmhc/toolbox/ workforce-development.

Digging Deeper

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

In addition, read chapter one, "Principles, Practices, and the Consultative Stance," of Mental Health Consultation in Child Care: Transforming Relationships Among Directors, Staff, and Families (Johnston & Brinamen, 2006).

You can also access *Tutorial 2: Fostering a Positive Attitude Toward Early Childhood Mental Health*, available through the Center for Early Childhood Mental Health Consultation website, at <u>https://www.ecmhc.org/tutorials/defining/mod2_2.html</u>. Within Module 2, focus specifically on:

- Role #1: Fostering a Positive Attitude Toward Early Childhood Mental Health
- Role #2: Empowering Caregivers
- Role #3: Enhancing Mental Health Services and Supports

Additional Resources

Allen, M. D., & Green, B. L. (2012). A multilevel analysis of consultant attributes that contribute to effective mental health consultation services. *Infant Mental Health Journal*, 33(3), 234–245.

Ash, J., Mackrain, M., & Johnston, K. (2013). Early childhood mental health consultation: Applying central tenets across diverse practice settings. *Zero To Three*, 33(5). 28–33.

Brooks, J. B. (2011). *The process of parenting* (8th ed.). New York: McGraw-Hill.

Cohen, E., & Kaufmann, R. (2005). *Early childhood mental health consultation* (DHHS Pub. No. CMHS-SVP0151). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Conners-Burrow, N., McKelvey, L., Sockwell, L., Ehrentraut, J. H., Adams, S., & Whiteside-Mansell, L. (2013). Beginning to "unpack" early childhood mental health consultation: Types of consultation services and their impact on teachers. *Infant Mental Health Journal*, 34(4), 280–289.

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

Hepburn, K. S., & Kaufmann, R. K. (2005). A training guide for the early childhood services community (DHHS Pub. No. CMHS-SVP0152). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Retrieved from <u>http://store.samhsa.gov</u>

Heller, S. S., Boothe, A., Keyes, A., Nagle, G., Sidell, M., & Rice, J. (2011). Implementation of a mental health consultation model and its impact on early childhood teachers' efficacy and competence. *Infant Mental Health Journal*, 32(2), 143–164. Holmes, E. K., Sasaki, T., & Hazen, N. L. (2013). Smooth versus rocky transitions to parenthood: Family systems in developmental context. *An Interdisciplinary Journal of Applied Family Studies* 62(5), 824–837.

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Perry, D., & Kaufmann, R. (2009, November). Issue brief: Integrating early childhood mental health consultation with the pyramid model. Technical Assistance Center on Social Emotional Intervention for Young Children. Retrieved from <u>https://files.eric.ed.gov/fulltext/ED526383.pdf</u>

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Walsh, F., & McGoldrick, M. (1998). A family systems perspective on loss, recovery, and resilience. In P. Sutcliffe, G. Tufnell, & U. Cornish (Eds.). *Working with the dying and bereaved: Systematic approaches to therapeutic work* (pp. 1–26). New York: Rutledge.

Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations*, 51(2), 139–137.

Zaman, A., Amin, R., Momjian, I. E., & Lei, T. (2012). Complexities in managing the child care industry: An observation on challenges and potentials. *Education*, 132(4), 739–753.



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Duran, F., & Hepburn. K. S. (n.d.). *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 <u>https://www. ecmhc.org/tutorials/defining/index.html</u>

Johnston, K., & Brinamen, C. F. (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.

Johnston, K., Steier, A., & Heller, S. (2013). Toward common guidelines for training, comportment, and competence in early childhood mental health consultation. *Zero to Three*, 33(5), 52–60.

Kaufmann, R. K., Perry, D. F., Hepburn, K. S., & Hunter, A. (2013). Early childhood mental health consultation: Reflections, definitions, and new directions. *Zero to Three*, 33(5), 4–9.

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.

Head Start: Early Childhood Learning and Knowledge Center. (n.d.). The mental health consultation tool. Retrieved from <u>https://eclkc.ohs.acf.hhs.gov/</u> <u>mental- health/learning-module/</u> <u>mental-health-consultation-tool</u> Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). About infant and early childhood mental health consultation. Retrieved from <u>https://www.samhsa.gov/sites/default/</u> <u>files/programs_campaigns/IECMHC/</u> <u>about-infant-and-early-childhood-</u> <u>mental-health-consultation.pdf</u>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). Infant and early childhood mental health consultant toolbox: Competencies. Retrieved from https://www.samhsa.gov/iecmhc/toolbox/ competencies

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). Kid connects mental health consultant [interview questions]. Retrieved from https://www.samhsa.gov/sites/default/files/ programs_campaigns/IECMHC/coloradoiecmhc-interview-questions.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). Qualifications of an infant and early childhood mental health consultant. Retrieved from <u>https://www.samhsa.gov/sites/default/</u> files/programs_campaigns/IECMHC/ qualifications-infant-early-childhoodmental-health-consultant.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). Smart support: Arizona's early childhood mental health consultation system. Retrieved from https://www.samhsa.gov/sites/default/files/ programs_campaigns/IECMHC/az-smartsupport-approach-goodness-fit.pdf

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Section Two



Michigan's Infrastructure and State-Level Support

Overview:

Estimated time: 45 minutes

In this section, you will learn about Michigan's infrastructure for delivering and supporting infant and early childhood mental health consultation.

Objectives:

 Describe the development of Michigan's IECMHC infrastructure Identify state-level support for Michigan's IECMHC consultants

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	Working With Others: Supporting Others
2E. Understands the Functioning of and Relationships Between Families, Caregivers, IECMH Consultants, and Systems	Working With Others: Consulting
	Working With Others: Collaborating
	Systems Expertise: Service Delivery Systems

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KNOW:

Infant and early childhood mental health often refers to a range of services and supports that are necessary to promote healthy social and emotional development, prevent mental health concerns, and treat mental health disorders in infants and young children. A supportive and comprehensive system provides services and support across all of these areas—an entire continuum.

Because of the importance of infant and early childhood mental health and the need to bring awareness to, interest in, and access to a comprehensive approach to providing appropriate services and supports, Zero to Three has compiled a list of resources that includes materials to help stakeholders learn about and better understand the importance of providing a full range of services. This list can be accessed using the following link: <u>https://www.zerotothree.org/resources/</u> 2195-think-babies-infant-and-early-childhood-mental-health-resource-list.

Infant and early childhood mental health consultation is part of this continuum. Therefore, developing a clear, sound, and systematic infrastructure for the delivery and support of IECMHC programming statewide can help ensure that services are understood, shared, well organized, high quality, stable, and accessible. State departments that fund and administer IECMHC programs have a critical responsibility to maintain quality services for children, families, early care and education providers, and others.

The figure below offers a visual for Michigan's current (2018) state-level infrastructure for supporting infant and early childhood mental health consultation services and support through the Michigan IECMHC model: Although funding for the implementation of Michigan's IECMHC model has ebbed and flowed, the history of the development of this program's extensive infrastructure serves as a guide for others developing programs that may be expanded or replicated across counties or states.

Let's look more closely at the roles and responsibilities for Michigan's state-level staff:

- Social and Emotional Coordinator Meghan Schmelzer provides state oversight of contracts, budgets, and program implementation.
- IECMHC Purveyor Mary Mackrain advises systems leaders and coordinator on IECMHC fidelity implementation and quality improvement efforts.

Michigan Infant and Early Childhood Mental Health Consultation Infrastructure

Michigan Department of Health and Human Services

Behavioral Health and Developmental Disabilities Administration Division of Mental Health Services to Children and Families

Community Mental Health Service Programs (CMHSP's)

Provide the direct infant and early childhood mental health consultation Services

Office of Great Start:

Regional Child Care Resource Agencies (Referral management source) The following outline demonstrates the intentional (ongoing and individualized), state-level technical assistance and support provided by Michigan's state-level team. As highlighted in section one, it's important to consider not only the qualifications of an infant and early childhood mental health consultant and each individual's approach to the work, but also ways to provide ongoing support for consultants through mentoring, training, skill-building, and supervision.

The orientation phase for a new consultant is managed by the state coordinator and consists of the following activities:

- Participate in a welcome call with state coordinator
- Meet 1:1 with state coordinator and direct supervisor to review:
- Welcome packet
- System orientation
- Practice orientation
- Reflective process
- Attend model onboarding, including IECMHC modules 1–3
- Participate in general orientation, including:
- Racial Equity and Cultural Responsiveness
- Trauma Informed Approaches
- Receive technical orientation, including IECMHC data collection system
- Attend local partnership meeting
- Shadow 1–2 other consultants
- Complete assessment training to review:
 - eDECA
 - CHILD
 - Review Devereux Programmatic
 Webinar
 - Pyramid Model

- eLearning CSEFEL Infant Toddler modules
- eLearning CSEFEL Pre-School modules
- Complete short bio with picture and send to state coordinator
- Review IECMHC competencies, and complete self-assessment
- Review and save training certificate template
- Additional training topics are provided within quarterly team meetings or special events based on results of the IECMHC self-assessment and the program's priorities. The topics encourage ongoing reflection and the application of content to practice.
- Quarterly in-person meetings involve consultants coming together for content training, peer-to-peer learning, state updates, and progress review.
- Team technical assistance conference calls give consultants the opportunity to share progress, discuss barriers, engage in peer-to-peer learning, and plan for in-person meetings.
- On-site visitation to orient the supervisor and consultant to the contract and service requirements
- 1:1 coaching and shadowing; calls and onsite visits for specialized training or problem-solving
- Email and phone conversations with state coordinator

This ongoing state-level support helps facilitate Michigan's IECMHC Model fidelity and ensure that community projects, supervisors and consultants receive everything they need to engage consistently in highquality work.

A Closer Look at Michigan

To learn more about Michigan's range of infant and early childhood mental health services, visit the Michigan Department of Health and Human Services using the following link: <u>https://www.michigan.gov/mdhhs/</u>. In addition, take time to review the Michigan o-8 Social and Emotional Toolkit, which highlights different resources and information that can be shared across communities throughout the state. The toolkit can be accessed using the following link: <u>https://www.michigan.gov/mdhs/0,5885,7-339-</u> 71550_2941_4868_7145_64838---,oo.html.



Review with your supervisor the statelevel technical assistance document The Michigan IECMHC Model Fidelity Checklist with your supervisor, located in Appendix A.



Take a moment to watch Systems: Collaboration as an Ongoing Commitment to Implementation and Innovation, a video clip that highlights IECMHC as a shared effort among groups and organizations across a state, Tribe, community, or program. Access the video clip at https://www.youtube.com/watch?v=n9A-xL7NsH8&feature=youtu. be&list=PLBXgZMI_zqfSphRqkJQKvaNZmKtaBOB25.

To learn more about another specific state-level approach, take a moment to watch Systems: Colorado Case Study, a video clip that shares the story of building an IECMHC program state-wide in Colorado. Access the video clip at <u>https://www.youtube.com/</u> watch?v=m5ai8blaPRA&feature=youtu. be&list=PLBXgZMI_zqfSphRqkJQKvaNZmKtaBOB25%3F.

SUMMARY

Infant and early childhood mental health consultants are often navigating multiple and complex issues. Michigan's state-level support has anticipated the need for and provides opportunities for ongoing skill-development, training, and reflection. The extent and scope of these supports is more than justified given the challenge. stress, and importance of this work. Research and experience both confirm that all infants and young children need social and emotional champions, and everyone's voice counts in changing practice and influencing systems to make infant and early childhood mental health a first priority.

Reflection

Use the handout "Pre & Post Shadowing Experience: Infant and Early Childhood Mental Health Consultation" when you shadow another consultant cross-county.

In addition, access ECLKC's "The Mental Health Consultation Tool" webpage, which offers an interactive lesson with reflective questions and program examples. Use the following address to access this tool:

https://eclkc.ohs.acf.hhs.gov/ mental-health/learning-module/ mental-health-consultation-tool. First view the introductory video, which describes how to navigate the tool. Next, click on "Continue," which will bring you to the Main Menu. From there, select the "Systems" bubble and explore:

- Systems: Common Understanding
- Systems: Area of Focus (view "Collaboration and Strategic Partnerships")

Support for Supervisors

Take time to meet with the consultant to discuss his or her learning experience and reflections following a cross-county shadowing experience. Ask the consultant the following questions:

- · What went well?
- What felt challenging?
- How did this shadowing experience allow you to see the work of an IECMH consultant differently? What did you already know or believe that was then confirmed by this experience?
- Are there topics that you would like to know more about or resources that you might need to help you implement what you have been learning?

Digging Deeper

Review additional approaches to supporting IECMH consultants by accessing "Training and Workforce Development Activities That Prepare and Support IECMH Consultants." This resource can be found at the following link:

https://www.samhsa.gov/sites/default/ files/programs_campaigns/IECMHC/ training-workforce-dev-activities-prepare-support-iecmhc-consultants.pdf.

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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.





Section Three



Developing Partnerships

Overview:

Estimated time: 45 minutes

In this section, you will learn about the importance of building partnerships within programs, communities, and larger state systems, as well as learn about specific local and state partnerships for Michigan IECMH consultants.



Objectives

- Define partnership
- Identify practices associated with building partnerships
- Recognize local and state partnerships for Michigan's infant and early childhood mental health consultants

KNOW:

What It Means to Be in a Partnership

Take a moment to think about the partnerships you have developed and had in your own life. How would you describe these partnerships? What words, thoughts, and feelings come to mind?

While partnerships can mean different things to different people, it can be helpful to consider a generally accepted definition. The Center for Early Childhood Mental Health Consultation provides a useful definition of partnership in its *Tutorial 5: Partnering with Families in Early Childhood Mental Health Consultation is: A partnership is a two-way venture between people who agree to share responsibility for achieving a specific goal*

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	Working With Others: Supporting others
2E. Understands the Functioning of and Relationships Between Families, Caregivers, IECMH Consultants, and Systems	Working With Others: Consulting
	Working With Others: Collaborating
	Systems Expertise: Service Delivery Systems

Building partnerships—including partnerships with community and statewide organizations—takes time, respect, and support from all involved. When everyone involved in a partnership seeks to understand each other, considers their role in supporting infants and young children, remains open to new ideas and strategies, and reflects on and discusses the thoughts and feelings elicited in their work, partnerships can develop, grow, and become enhanced.

Infant and early childhood mental health consultants help to create and sustain important partnerships when they find a shared set of assumptions and goals related to their work with others, and when they recognize the influences and opportunities of an environment. In great part, the work of an IECMH consultant is dependent upon not only the consultants' qualifications and characteristics, but also on the understanding and integration of an IECMH consultant and consultation services within the larger system—through partnerships.

Practices associated with building partnerships and collaborative relationships include (Hepburn, et al., 2007):

- Attitude of mutual respect
- Mutual appreciation for knowledge and skills
- · Understanding, empathy, and trust
- Time spent together
- Clear communication (listening and dialogue)
- · Shared planning and decision-making
- Predictable, reliable, and responsive contact
- Cultural and linguistic responsiveness



These practices can help ensure that partners—IECMH consultants with early childhood program directors and providers, community leaders, researchers, funders, and other service providers—work together to:

- Bring awareness of IECMH consultation services to a program and community
- Support sustainability and/or expansion of IECMH consultation services
- Support referrals and connections between complementary services
- Discuss and offer guidance to ensure program and service quality

IECMH consultation also involves collaborating and partnering with local early childhood programs, including staff and families. Studies suggest that the IECMH consultative relationship has the power to change other relationships within a childcare system, a power that stems from the IECMH consultant's approach in the "Consultative Stance." Introduced in Module One, the consultative stance embraces a sense of mutual responsibility and the importance of shared experience for an IECMH consultant working in a state of self-awareness and service alongside others.



While the IECMH consultant brings knowledge and a level of expertise to the partnership, studies also show that positive changes occur when the IECMH consultant joins with the consultee (Johnston & Brinamen, 2006) in a collaborative and co-creative process, which is the essence of the consultative stance. Johnston and Brinamen (2012) propose that the relationship between an IECMH consultant and consultee creates an opportunity for exploring ideas and feelings, offers a model of relationship, and can change the consultee's internal experience.

This level of partnership requires IECMH consultants to be self-aware and recognize what they are bringing to the partnership and interactions. Consultants who know themselves are aware of their own personal values and beliefs and how (or if) their behaviors consistently reflect those values and beliefs. In addition, self-aware consultants understand and accept their own temperament, can see the role culture plays in their experiences, acknowledged their personal strengths, recognizes their emotions, and has the tools to respond to those emotions in healthy ways. With this kind of self-knowledge and awareness, consultants can better navigate complex moments by calling upon their strengths and resources, and they can better anticipate moments that might serve as personal triggers. In general, high levels of self-awareness can help consultants build stronger partnerships with others.

Additional information related to the importance of self-awareness and reflection can be found in Module Three.







A Closer Look at Michigan

Michigan's IECMHC Model has developed key collaborative partnerships at both local and state levels. Local teams are part of each Michigan IECMHC program; and local and state representatives have leadership roles and take part in meetings to help inform, guide, support, and influence state-level partners. This participation helps ensure that awareness and attention is given to infant and early childhood mental health across both local and state levels.

Michigan IECMHC programs and consultants also work collaboratively with other agencies that have established relationships with child care programs, such as Great Start to Quality, IDEA Part C and education staff, and Head Start and Early Head Start staff and local Substance Abuse Prevention Specialists starting in fiscal year 2020.



Watch the video clip title Paula 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 a director of a child care center and a mental health consultant partnering to discuss a concern and support for a specific child enrolled in the program.

To access this video, click on the featured video to begin. After an introduction, click on "Continue." You'll see a Main Menu that allows you to select the bubble titled "Child and Family." Then,

- Click on "Common Understanding," then on "Proceed."
- Click on the video icon and watch the video, *Paula*.

At the state level, partnerships include the Michigan Department of Health and Human Services (MDHHS); Michigan Department of Education (MDE), Office of Great Start; Michigan Association for the Education of Young Children (MiAEYC); Michigan Association of Infant Mental Health (MI-AIMH); Head Start State Collaboration Office; Michigan State University; and the Early Childhood Investment Corporation (ECIC), which is a statewide public/private partnership. Michigan IECMH state-level staff meet regularly with these state partners to discuss program progress.



Review the information and work through the activities in Tutorial 5, Module 2, "Key Elements of and Practices Associated with Strengthening Family Partnerships within ECMHC Programs," by the Center for Early Childhood Mental Health Consultation. This resource can be found at <u>https://www.ecmhc.org/tutorials/family-engagement/mod2_0.html.</u>

In addition, as part of knowing yourself and what you bring to this work, reflect on why you entered the field of infant and early childhood mental health consultation. Take 5 minutes to free-write in response to this question. Consider sharing your response with a colleague or your supervisor.

Summary

Establishing partnerships at all levelsprogram, local, and state—can help build bridges throughout settings and across services to ensure positive mental health outcomes for infants, young children, and their families. These partnerships represent a dynamic process in which individuals come together to share knowledge, experiences, ideas, understanding, resources, and strengths to help enhance the services and support being offered. IECMH consultants play an important role in helping to establish awareness, understanding, and goals across various partnerships. Within these partnerships, the important work of promoting infant and early childhood mental health can begin and develop.

Reflection

Take time to read the article "The Dance of Partnership: Why Do My Feet Hurt" (Fialka, 2001), located in your handouts in Appendix B. The author compares collaboration with dancing, reflects on her experiences creating and nurturing partnerships, and shares the complexities of the dancing-collaborating experience. After reading the article, what new insights do you have about developing partnerships?

Next, work through the reflection activities in Tutorial 5, Module 1, "Setting the Stage for Partnerships: Entering a Partnership with Families," from the Center for Early Childhood Mental Health Consultation and found at <u>https://www.ecmhc.org/tutorials/</u> <u>family-engagement/mod1_6.html</u>. While the examples will reference consultation and support offered within a Head Start program, the goal of this activity is to consider ways to establish a trusting, collaborative, and supportive approach to working with families in any setting. Share your reflections with your supervisor.

Support for Supervisors

Take time to meet with the IECMH consultant and discuss his or her learning experience and reflections. Also read through the suggested Digging Deeper resources listed below, as well as the "Collaborative Partnership Guiding Questions" on page 8 in the resource titled *Center of Excellence for Infant and Early Childhood Mental Health Consultation: Overview of the IECMHC Approach Within the Early Childhood System*, at https://www.samhsa. gov/sites/default/files/overview-iecmhc-approach-within-early-childhood-system.pdf.

In addition, review Vignette 11, "Talking With a Family About a Community Referral for Additional Services," which is on page 50 of the resource titled A Day In the Life of an Early Childhood Mental Health Consultant, at <u>https://www.ecmhc.org/documents/</u> Day_in_the_Life_MH_Consultant.pdf. This resource can also be found in your handouts. Talk through the discussion questions with the consultant, and consider the importance of community-level partnerships.

Digging Deeper

To learn more about effective ways to communicate the importance and benefit of collaboration and developed partnerships to IECMH consultation, review the resources made available through the U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration, by the Center of Excellence for Infant and Early Childhood Mental Health Consultation, at <u>https://www.samhsa.gov/iecmhc/toolbox/</u> communications.

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