**Promotion of Mental Health and Prevention of Mental and Behavioral Disorders**
***2005 Series***
Volume 2

# *A Training Guide for the Early Childhood Services Community*

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

**Promotion of Mental Health and Prevention of Mental and Behavioral Disorders**
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Volume 2

# *A Training Guide for the Early Childhood Services Community*

*Kathy Seitzinger Hepburn*
*Roxane K. Kaufmann*
*Georgetown University*
*Center for Child and Human Development*

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
Substance Abuse and Mental Health Services Administration
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## Originating Office

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration,
1 Choke Cherry Road, Rockville, MD 20857

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# Foreword

> We envision a future when everyone with a mental illness will recover, a future when mental illness can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and participating fully in the community.
>
> "Vision Statement," President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*.

We are living in exciting times for the promotion of mental health and the prevention of mental disorders. Prevention science has made enormous strides in advancing the health of those at risk for a number of illnesses, such as cancer and heart disease. The research community is beginning to yield promising results for the mental health field.

In 2005, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Mental Health Services is launching its first series on the *Promotion of Mental Health and Prevention of Mental and Behavioral Disorders.* This series has six monographs, and each topic conveys the work of national experts in the fields of prevention science and child development. The first two monographs are *Early Childhood Mental Health Consultation* (Volume 1) and *A Training Guide for the Early Childhood Services Community* (Volume 2). This set addresses young children's mental health.

SAMHSA recognizes the critical role of child care providers in facilitating a young child's social, emotional, and cognitive development in collaboration with the child's parent and significant caretakers. Increasingly, child care providers report difficulty working with children who are experiencing multiple challenges. Mental health consultants, trained to work with young children and their families, can serve as important resources to help the child care provider find effective ways to work with these children. *A Training Guide for the Early Childhood Services Community* offers a guide for trainers to use when teaching the early childhood community how to use the blueprint. The companion piece to this monograph, *Early Childhood Mental Health Consultation,* provides a blueprint for child care providers to use when hiring a mental health consultant.

We are very grateful to child care providers for their invaluable work in giving our children a solid foundation for future growth. Please help us create a health care system in which all individuals, including our youngest and most vulnerable, can access quality services to promote mental health and can live quality lives in their community.

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health Services Administration

A. Kathryn Power, M.Ed.
Director
Center for Mental Health Services

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# Early Childhood Mental Health Consultation

## A TRAINING GUIDE FOR THE EARLY CHILDHOOD SERVICES COMMUNITY

### DEAR TRAINER:

Welcome to the training guide companion to the publication *Early Childhood Mental Health Consultation*. After reading the publication, you will be prepared to use the training materials to inform and guide programmatic planning for mental health consultation within the context of early childhood services.

The training is intended to be **one full day.** The Overview and Introduction and four modules are sequential and build on one another as a day of progressive learning and planning for mental health consultation. If necessary, the modules may be used independently. As always, it is important to tailor the materials and discussions to a particular audience. We encourage making the learning most meaningful to your audience by supplementing the materials with relevant, culturally appropriate local information and resources to support the major themes and outcomes of the training activities.

The training guide derives most of its content **directly** from the publication *Early Childhood Mental Health Consultation* and, refers to specific pages in it that are relevant to a module, activity, or discussion.

The design of the training materials relies on the basic principles of adult learning:

- Motivation
- Experience
- Active involvement
- Climate of respect

The training is interactive, and the materials and activities are appropriate for various learning styles to maximize the experience and benefit of all participants.

We welcome your interest, energy, and creativity as you use this training guide and support early childhood mental health consultation services. In doing so, you join us in (1) caring about young children and their families and (2) building productive interdisciplinary relationships between the early childhood community and the mental health specialists who understand the unique challenges of working with infants, toddlers, preschoolers, and their families.

## AUDIENCE

This manual is written for use with early childhood program administrators, directors, supervisors, and staff; mental health service administrators and providers; and families. Any individuals interested in early childhood mental health consultation are potential participants. Trainers can be early childhood or mental health staff or administrators with experience in human resource development.

## OVERVIEW AND INTRODUCTION

Administrators and providers of early childhood services have the opportunity to greatly impact the lives of the young children and their families for whom they provide care. The years between birth and age 6 are a time of close relationships with adult caregivers who offer the nurturing, love, protection, guidance, stimulation, and support that are critical to the emotional health and well-being of each child. Prevention and early intervention efforts to address social and emotional development and mental health problems in early childhood make a difference in the lives of the children and their families.

Mental health consultation, as one effort, provides an avenue and opportunity for both early childhood and mental health administrators, as well as early childhood and mental health service providers, to work together to offer a supportive environment for children and families. This manual is a companion training guide to the *Early Childhood Mental Health Consultation* publication. It represents a learning process and text for defining, designing, and implementing mental health consultation in early childhood settings. Its dual purpose is ultimately to:

- Broaden the discussion on mental health consultation.
- Help integrate mental health consultation into early childhood services and systems of care.

## MAJOR THEMES

The major themes of this Guide are:

- Mental health consultation is an effective preventive intervention that addresses mental health problems in early childhood. This type of consultation also may reduce significant personal and social difficulties in later childhood, adolescence, and adulthood.
- On-site consultation with a mental health expert can provide helpful assistance to support early childhood providers and build staff capacity in caring for children with challenging behaviors.
- Specific skills and understanding relevant to early childhood are essential for the effective mental health consultant.
- Collaborative relationships among consultants, early childhood service staff, and families are the essential contexts in which support for early social and emotional development and intervention for mental health concerns takes place.

- Directors and administrators of early childhood programs can meet the challenge of offering creative ways to support and build their staff's capacity to address the mental health concerns of children and families.
- Mental health consultants and early childhood staff should increase their cultural competence so that they can work together effectively to best meet the needs of the children and families they serve.

## OUTCOMES

After completing the training guided by this manual, participants will be able to:

- Describe the ***value of mental health consultation,*** including its ***definition,*** in supporting young children and their families.
- Clarify the essential ***knowledge, skills, roles, and responsibilities*** of the mental health consultant and the ***administrative process*** for implementing a consultation model within an early childhood setting.
- Understand the importance of ***collaborative relationships*** in effective mental health consultation.
- Identify the ***critical issues and challenges*** in the consulting process and strategies to address them.

## MODULES

This guide includes the following sections:

- **Overview and Introduction to the Training:** This section helps participants learn the intent and structure of the training and describe their experiences and learning expectations.
- **Module 1: Valuing and Understanding Mental Health Consultation** helps participants describe the ***value of mental health consultation,*** including its ***definition,*** in supporting young children and their families.
- **Module 2: *The Effective Mental Health Consultant*** helps participants clarify the essential ***knowledge, skills, roles, and responsibilities*** of the mental health consultant and the ***administrative process*** for implementing a consultation model within an early childhood setting.
- **Module 3: The Importance of a Collaborative Relationship** helps participants understand the importance of ***collaborative relationships*** in effective mental health consultation.
- **Module 4: Understanding Challenges and Developing Strategies** helps participants identify the ***critical issues and challenges*** in the consulting process and strategies to address them.
- **Appendix A: Selected Resources on Mental Health Consultation in Early Childhood Settings.**

## SPECIAL NOTES

### Module Structure

Each **Module** is written in a format that encourages planning, preparation, and presentation. Most modules include sections with headings as follows: Goal, Objectives, Key Concepts, Background Information: A Mini-Lecture, and Activity 1-1 (1-2 and 1-3). In addition, each **Activity** is written in a format that includes subsections titled Purpose, Preparation, Leading the Activity, Discussion Guide, and Summing Up.

### Background Information: A Mini-Lecture

Those sections titled **Background Information: A Mini-Lecture** provide content information relevant to the module or activity within which it appears. The content can be presented in 10–15 minutes and used as an introduction to the module or activity. In some cases, this content is supported by an **Overhead** or **Handout** for use during the presentation and distribution to the participants as they continue to use the information through the activities or back-home learning.

### Planning Guides

A Planning Guide, intended to be used by participants for note taking, individual planning, and as a take-home tool, accompanies each of the four modules. The Planning Guide is used in Module 4 to synthesize and integrate learning from throughout the training. The first mention of the Planning Guides appears in the Opening, Overview and Introduction to the Training, Activity 1, in which participants learn the intent and structure of the training.

### At-A-Glance

The **At-A-Glance** table, on pages xiv through xvi, offers a quick reference for planning and preparation. The columns from left to right provide information about each module and its specific goal; each activity and its purpose or objective; the estimated time for each training activity; and the materials to support the activity. The materials are noted by category (HO–Handout and OH–Overhead) and, where appropriate, by title. For example, under the Materials heading in Module 1, Activity 1-1, HO 1 is Handout 1 titled "Children's Mental Health in America." Each handout and overhead is provided in the training materials for reproduction on paper or transparencies.

## AT-A-GLANCE

| MODULE | ACTIVITY | TIME | MATERIALS |
|---|---|---|---|
| **OVERVIEW AND INTRODUCTION TO THE TRAINING**<br>**Goal:** Participants will describe the intent of the training, the structure of the training event or day, and their personal expectations for the training. | **Activity 1**<br>**Introducing the Training**<br>Participants will learn the intent and structure of the training event or day and will become familiar with the training materials. | 15 minutes | Training materials include:<br>▪ Name badges<br>▪ Agenda<br>▪ Handouts<br>▪ Publication—*Early Childhood Mental Health Consultation*<br>▪ Planning Guides 1, 2, and 3<br>▪ Easel, chart paper, Post-it notes, and markers |
| | **Activity 2**<br>**Experience and Expectations (Warm-Up)**<br>Participants will introduce themselves and identify their experience with mental health consultation and their individual expectations for the training. | 15 minutes | ▪ Easel, chart paper, and markers |
| **MODULE 1**<br>**Valuing and Understanding Mental Health Consultation**<br>**Goal:** Participants will describe the ***value of mental health consultation, including its definition,*** in supporting young children and their families. | **Activity 1-1**<br>**Values Clarification**<br>Participants will reflect on their own assumptions about early childhood mental health, current trends, and the mental health perspective. | 30 minutes | ▪ Planning Guide 1<br>▪ HO 1: Children's Mental Health in America<br>▪ HO 2: Values Inherent in the Mental Health Perspective<br>▪ Easel, chart paper, markers, and masking tape |
| | **Activity 1-2**<br>**Defining Mental Health Consultation**<br>Participants will define two types of mental health consultation and will practice differentiating between the two. | 40 minutes | ▪ HO 3: Definition of Mental Health Consultation<br>▪ HO 4: Other Capacity-Building Interventions<br>▪ HO 5: Scenes 1–6: Takes 1 and 2<br>▪ HO 6: Steps in Problem Solving and Capacity Building<br>▪ HO 7: Reminders About Communication<br>▪ OH 1: Definition of Mental Health Consultation<br>▪ OH 2: Other Capacity-Building Interventions<br>▪ OH 3: Scene Instructions<br>▪ OH 4: Steps in Problem Solving and Capacity Building<br>▪ Overhead projector and screen, easel, chart paper, markers, and masking tape |

*continued*

## AT-A-GLANCE (Continued)

| MODULE | ACTIVITY | TIME | MATERIALS |
|---|---|---|---|
| **MODULE 2**<br>**The Effective Mental Health Consultant**<br>**Goal:** Participants will clarify the essential ***knowledge, skills, roles, and responsibilities*** of the mental health consultant and the ***administrative process*** for implementing a consultation model within an early childhood setting. | **Activity 2-1**<br>**Imagine and Create…**<br>Participants will begin to identify desirable qualities and traits of an early childhood mental health consultant. | 30 minutes | ▪ Planning Guide 2<br>▪ HO 1: Consultant Skills and Areas of Expertise<br>▪ HO 2: Consultant Roles and Responsibilities<br>▪ OH 1: Consultant Skills and Areas of Expertise<br>▪ OH 2: Consultant Roles and Responsibilities<br>▪ Colored paper, markers, scissors, crayons, glue, other craft materials as desired, masking tape, and a large sheet of poster paper |
| | **Activity 2-2**<br>**Wanted: The Perfect Mental Health Consultant**<br>Participants will understand the importance of a philosophical match and will describe knowledge, skills, roles, and responsibilities of the mental health consultant. | 60 minutes | ▪ HO 3: Philosophy Cards<br>▪ OH 3: Wanted: The Perfect Mental Health Consultant<br>▪ Flip chart paper, masking tape, and markers |
| | **Activity 2-3**<br>**Engaging the Mental Health Consultant**<br>Participants will learn the administrative process for including mental health consultation in program services. | 20 minutes | ▪ HO 4: Administrative Process for Engaging a Consultant<br>▪ HO 5: Interviewing and Reaching Agreement<br>▪ OH 4: Administrative Process for Engaging a Consultant<br>▪ Overhead projector and screen, easel, chart paper, markers, masking tape, and envelopes for puzzle pieces |

*continued*

## AT-A-GLANCE (Continued)

| MODULE | ACTIVITY | TIME | MATERIALS |
|---|---|---|---|
| **MODULE 3**<br>**The Importance of a Collaborative Relationship**<br>**Goal:** Participants will understand the importance of **collaborative relationships** in effective mental health consultation. | **Activity 3-1**<br>**What Does Collaboration Mean?**<br>Participants will experience the complexity of collaboration, which is the basis for positive collaborative relationships. | 15 minutes | ▪ Planning Guide 3<br>▪ HO 1: Key Elements of Partnership<br>▪ OH 1: Key Elements of Partnership<br>▪ Overhead projector and screen, easel, chart paper, markers, masking tape, pieces of string or ribbon, and pen or pencil |
| | **Activity 3-2**<br>**Essential Principles of a Collaborative Relationship**<br>Participants will explore principles that contribute to the success of relationship-based work among the mental health consultant, staff, and parents. | 30 minutes | ▪ HO 2: Principles of a Consultative Relationship<br>▪ HO 3: Role-Play Cards<br>▪ OH 2: Principles of a Consultative Relationship<br>▪ Overhead projector, screen, and slide or a flip chart |
| | **Activity 3-3**<br>**The Roles of Culture, Race, Sex, Gender, and Class in Influencing Relationships**<br>Participants will explore the importance of culture as an influence on the collaborative process (a two-part activity). | ***Part 1***<br>15 minutes<br>***Part 2***<br>30 minutes | ▪ HO 4: The Cultural Iceberg<br>▪ HO 5: Vignette<br>▪ HO 6: Key Definitions<br>▪ OH 3: The Cultural Iceberg<br>▪ Easel, chart paper, markers, masking tape, and overhead projector (if available) |
| **MODULE 4**<br>**Understanding Challenges and Developing Strategies**<br>**Goal:** Participants will identify **critical issues and challenges** in the consulting process and will develop strategies to address them. | **Activity 4-1**<br>**Identifying My Own Challenges**<br>Participants will identify challenges to mental health consultation in an early childhood setting based on the publication and will identify their own system or program challenges and share them with others. | 30 minutes | ▪ OH 1: Common Challenges<br>▪ HO 1: Common Challenges<br>▪ Pens, Post-it notes, easel and flip chart paper, and markers |
| | **Activity 4-2**<br>**Problem-Solving Strategies for the Challenge**<br>Participants will problem solve strategies to overcome challenges. | 40 minutes | ▪ Worksheet 1: My Own Challenges<br>▪ Post-it notes, pens, flip chart paper, and markers |
| | **Activity 4-3**<br>**Next Steps and Who Do I Need**<br>Participants will develop their own individualized system or program profile of challenges, strategies, next steps, and whom they need. | 20 minutes | ▪ Worksheet 1: My Own Challenges<br>▪ Planning Guides 1, 2, and 3<br>▪ HO 2: Financing Early Childhood Mental Health Consultation Services<br>▪ Pens |

# Overview and Introduction to the Training

**GOAL** Participants will describe the intent of the training, the structure of the training event or day, and their personal expectations for the training.

## OBJECTIVES

After completing the Overview and Introduction to the training, participants will be able to:

- Describe the intent of the training.
- Describe the general design of the training and the materials provided.
- Identify their individual expectations for the training.

## ACTIVITY 1 INTRODUCING THE TRAINING *(15 Minutes)*

### Purpose

This activity will help participants understand the intent of the training, have an overview of the content of the training modules, and become familiar with the training materials.

### Preparation

**Arrange for:** Room setup of rounds for 4–6 participants
Name badges for each participant
Easel, chart paper, Post-it notes, and markers
Copies of the publication *Early Childhood Mental Health Consultation* for each participant

**Duplicate:** Training materials including the agenda and handouts for each participant for initial distribution. These should include Planning Guides 1, 2, and 3 and materials selected by the trainer and appropriate to her training style.

### Leading the Activity

1. Introduce yourself and the intent of the training.
2. Welcome participants, and describe an overview of the content of the training modules and the intended outcomes.
3. Review the training agenda and time frames for each module.

4. Review the packets and materials. Explain that the training is based on the publication *Early Childhood Mental Health Consultation* and that although most of the content is from this publication, it does not follow the text in sequence. Advise the group that you will give page references when appropriate during the training activities; however, the publication can help them back home when they have a better opportunity to read it and apply their learning from today's training.

5. Make particular note of Planning Guides 1, 2, and 3 for the respective modules. Explain that these are intended as note-taking pages to support their learning, the planning process in Module 4, and back-home implementation.

## ACTIVITY 2 EXPERIENCE AND EXPECTATIONS (WARM-UP)

*(15 Minutes)*

### Purpose

Participants will introduce themselves and identify and describe their experiences with mental health consultation and their individual expectations for the training.

### Preparation

**Arrange for:** Easel, chart paper, and markers

### Leading the Activity

1. Invite participants to introduce themselves and briefly (1–3 sentences) identify their experiences with mental health consultation and their expectations for the training.

2. Use the flip chart to record expectations, if desired.

**MODULE 1**

# Valuing and Understanding Mental Health Consultation

**GOAL 1** Participants will describe the value of mental health consultation and its definition in supporting young children and their families.

## OBJECTIVES

After completing Module 1, participants will be able to:

- Identify reasons that mental health consultation is important to the well-being of children, families, and providers.
- Define two types of mental health consultation: Program Consultation and Child- and Family-Centered Consultation.

## KEY CONCEPTS

- The mental health perspective in early childhood programs is based on a set of values that underpin its models and approaches in policy, practice, and attitude.
- Changes in child and family relationships, the home environment, and the community context have increased the need for mental health consultation support to children, families, and staff.
- Changes in mental health financing (e.g., managed care and restricted eligibility for funding) may limit mental health services and access to care for mental health concerns of young children.
- There is a lack of infant mental health "specialists" as well as a limited number of those who serve young children and their families.
- Mental health consultation is one piece in a continuum of support and capacity-building interventions for early childhood program staff, young children, and their families.
- Two types of mental health consultation—Child- and Family-Centered Consultation and Program Consultation—are the most effective in supporting young children and families as well as the programs and staff that serve them. Both are uniquely different from other types of capacity-building interventions, such as teaching and training, clinical supervision, and psychotherapy.

## BACKGROUND INFORMATION: A MINI-LECTURE

Promoting healthy development and the future well-being of infants, toddlers, and preschool children is a vital public health issue. This issue has important implications for families, businesses, private philanthropy, and government. Fostering mental health in the early childhood years is a special opportunity to prepare a child for school and life and, when possible, to avoid future developmental and emotional problems. Early childhood providers have a particular opportunity to provide mental health support in a wide variety of settings. These are child care providers, early childhood educators, and early intervention specialists for children with special needs (including mental health service providers).

Early childhood service providers report increasing numbers of children under stress for whom violence, abuse, parental substance exposure, losses due to incarceration or death, or residing with multiple caregivers or in foster homes has had an impact. Challenging behaviors increase with the complexity of the difficulties that families and communities confront. Teachers and parents of infants and young children need support to respond to these challenging behaviors and to promote healthy development. Directors, administrators, and providers of early childhood programs must consider and offer creative ways to build their staff's capacity to address the mental health concerns of children and families living with many risks and stressors.

Recent neurobiological research has produced a solid basis for introducing an early childhood mental health perspective into programs and systems that serve young children and their families. The way in which the brain develops during the early years of life, and the role nurturing relationships play, is crucial in young children's social and emotional development. This information has influenced the understanding of early childhood mental health. This information is also influencing the perspective and practices of child care and other early childhood-focused programs. The mental health perspective focuses on enhancing the well-being of all children, minimizing or avoiding behavioral problems in children under stress. Programs that emphasize the mental health of children and families reflect this mental health perspective and include preventive intervention activities.

For more background information, see **pages vii–ix** in Volume 1, *Early Childhood Mental Health Consultation*. Use **Handout 1: Children's Mental Health in America** to reinforce information about children's mental health.

## ACTIVITY 1-1 VALUES CLARIFICATION *(30 Minutes)*
## PERSONAL REFLECTIONS (Optional) *(20 Minutes)*

### Purpose

This activity will help participants reflect on their own values and assumptions about early childhood mental health. Discussion will identify current trends that focus our attention on early childhood mental health and that clarify the underpinning values of the mental health perspective in early childhood.

## Preparation

**Arrange for:** Easel, chart paper, markers, and masking tape

**Duplicate:** ***Handouts:***
Planning Guide 1: Ideas to Take Home
Handout 1: Early Childhood Mental Health in America: The Need for Early Childhood Mental Health Consultation
Handout 2: Values Inherent in the Mental Health Perspective

**Make:** Line of tape on the wall, with ends marked "1" and "10" and midpoint marked "5".

## Leading the Activity

1. Remind participants to use **Planning Guide 1** for note taking.

2. Introduce the activity and review its purpose with the participants. Emphasize that understanding the underpinning values provides the foundation necessary for defining early childhood mental health consultation.

3. Note that this exercise will use statements that take an extreme point of view to illustrate the diversity of perspectives toward mental health.

4. Ask 8 volunteers to stand under the line of tape on the wall. Explain that you will be asking them to take on the identity of particular groups, such as parents, child care workers, and others. Define their job as representing a particular group's beliefs or assumptions. Tell them that you will be reading some provocative statements about early childhood mental health. After each statement, you want them to stand at the point on the line that represents a particular group's beliefs or assumptions. Explain that the line represents a scale of 1–10, with 1 being strongly disagree and 10 being strongly agree.

5. Ask the rest of the participants to observe where members of the group stand on the Agree-Disagree scale. Encourage them to notice the different perspectives of each group as they shift on the scale.

6. Read 3–5 of the statements below. When you read each statement, pose the following:

   - From the perspective of our current society in America…
   - From the perspective of parents in your community…
   - From the perspective of early childhood service providers…
   - From the perspective of mental health professionals…

Therefore, you will pose each statement 4 times.

*Statements:*

- Families with mental health problems may pass the problems on to the next generation.
- Mental health is a major focus of an early childhood program.
- Mental health services apply only to those with social emotional and addiction problems.
- Infants do not have mental health "issues."
- If we train child care providers appropriately, they should be able to take care of behavioral problems in their program.

7. Invite the group to describe beliefs and values that they have noted from the activity. Facilitate the discussion. Refer to **Handout 1: Children's Mental Health in America** and the mini-lecture to support the need to focus attention on mental health services to young children. Emphasize that we each have our own perspective and values about early childhood mental health.
8. Distribute and review **Handout 2: Values Inherent in the Mental Health Perspective** that reflects the underpinning framework for early childhood mental health services and supports (see Discussion Guide and Summing Up below).

## OPTIONAL ACTIVITY

On a more personal level, ask each participant to take a moment to reflect on the discussion thus far. Use the following questions as a guide:

- Think about your time as a young child. How are the stressors today different from those during your childhood? How might mental health consultation support children, families, and staff working in a community-based program?
- Think about your choice to work in your field. How were your expectations different from the reality of your work? How might mental health consultation change the work you do?

### Discussion Guide

Use the following points to guide the large-group discussion:

- When discussing the statements on the 1–10 scale and perceptions of early childhood mental health, point out the variety of perceptions about early childhood mental health. Many simply think about mental illness and the stigma associated with this perspective. It is important to think about social and emotional development as a critical aspect to a child's growing up. It is also important to consider promoting mental health as a way to support not

only a child's development but also the and foundation of a positive future for each and every child. Add that it is important to address a "holistic" approach to mental health, which includes prevention, early intervention, and treatment for children and families as well as providers.

- Optional: In facilitating the personal reflections about early childhood, help the participants to consider how today's level of stress on young children and families has changed. Use some of the statistics and current trends from **Handout 1: Children's Mental Health in America** to emphasize these points. Remind them of some critical factors that positively impact young children (e.g., the importance of close relationships, consistent and available caregivers, stimulation and support, and nurturing love).
- Optional: In facilitating the personal reflections about working with children, help the participants consider their personal values and beliefs about young children and mental health. Also help them consider their level of concern and stress in their work. What are some strategies that would support them? Present the idea that mental health consultation is one strategy that we will be looking at as a supportive, strengthening, and skill-developing experience that can enhance personal and professional capacity.

### Summing Up

Summarize some key points of the activity and the discussion. Lay out the challenges that face the participants (whatever their role—administrators, service providers, and others—see **page ix** in the publication *Early Childhood Mental Health Consultation*)—and the need for creative ways to support young children and families and respond to mental health developmental needs. Review the mental health perspectives and values, point by point, using **Handout 2: Values Inherent in the Mental Health Perspective,** and emphasize that the training they have begun will help them think more completely and creatively about the potential for early childhood mental health consultation.

## ACTIVITY 1-2 DEFINING MENTAL HEALTH CONSULTATION

*(40 Minutes)*

### Purpose

In this activity, participants will define two types of mental health consultation: Child- and Family-Centered Consultation and Programmatic Consultation. Participants will understand each type and be able to differentiate between consultation and other problem-solving and capacity-building interventions.

### Preparation

**Arrange for:** Easel, chart paper, markers, and masking tape
Tables in rounds of 4–6
Overhead projector and screen

**Duplicate:** ***Handouts:***
Handout 3: Definition of Mental Health Consultation
Handout 4: Other Capacity-Building Interventions
Handout 5: Vignettes—Scene 1: Take 1 through Scene 6: Take 1, double sided on card stock
Handout 6: Steps in Problem Solving and Capacity Building
Handout 7: Reminders About Communication

***Overheads:***
Overhead 1: Definition of Mental Health Consultation
Overhead 2: Other Capacity-Building Interventions
Overhead 3: Scene Instructions
Overhead 4: Steps in Problem Solving and Capacity Building

**Make:** Fold the 6 vignettes on card stock in half so that the heading Scene 1: Take 1 appears on the outside. Seal the folded cards with a replaceable sticker or tape at the bottom. Have enough copies to give 1 vignette to each group.

## Leading the Activity

1. Introduce the activity and review its purpose with the participants. Explain that the focus of this activity is to help participants learn about mental health consultation as a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional mental health consultant and early childhood service providers.

2. **Mini-Lecture:**

   Review the definition of mental health consultation. Clarify the term "capacity building" as any interaction or activity that improves the ability of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among children from birth to age 6 and their families. Present information about the two types of mental health consultation. Define Child- and Family-Centered Consultation and Programmatic Consultation, giving examples (**pages 5–9** in *Early Childhood Mental Health Consultation*). Highlight the differences. Then, continue to discuss other problem-solving, capacity-building activities including teaching and training, clinical supervision, and psychotherapy, being clear about the differences (**pages 4 and 5** in *Early Childhood Mental Health Consultation*). Use **Overhead 1: Definition of Mental Health Consultation** and **Overhead 2: Other Capacity-Building Interventions** and their corresponding **Handout 3 and Handout 4** with the same titles to share this information.

   **Part 1:**

   1. Divide the large group into small groups of 4–6 (or smaller). Now that they understand the definitions of each type of mental health consultation, begin this segment by encouraging them to keep these definitions in mind **(Overhead 1).**

2. Distribute 1 vignette **(Handout 5, Scenes 1–6: Take 1)** to each table. Be sure to use a mix of vignettes that represent both types of consultation. Use **Overhead 3: Scene Instructions** to give instructions to the group.

3. Tell participants that this activity has two parts. Each group has received a different vignette that represents a true consultation story from an early childhood setting. Ask participants not to break the seal during the first part of the exercise. You will tell them when to begin Part 2.

4. Make sure each group has a facilitator who will read the vignette and lead the discussion.

5. Give instructions to the group that they are to read the vignette and decide as a group what type of mental health consultation is appropriate—***without breaking the seal on the card.*** Like the director of a play, they must imagine that they have a scene before them and must decide the "rest of the story" and how it might play out. Remind them that these are true events and that during Part 2 of the exercise they can see how close their decisions came to the real story.

**Part 2:**

1. After giving groups 15–20 minutes to discuss the scenario and reach a group decision, have them break the seal and read Take 2 to see how the real scenario played out. Use **Overhead 3: Scene Instructions.**

2. Small groups report out (select 3 or 4 if time is limited). Have each group's participants read their vignette and share their decision about which type of consultation they selected and why. Then, have them share Take 2 with the group.

## Discussion Guide

When presenting the definitions of the types of mental health consultation, be sure to emphasize the capacity-building and problem-solving aspects of this collaborative relationship. Use the following points to guide the large-group discussion:

- Guide programmatic decisions and quality care for young children.
- Support social and emotional development in prevention and promotion.
- Help parents and providers address challenging behavior.
- Contribute to staff development.

The consultant is not there to "fix the child" but to work with staff members. Both programmatic and child- and family-centered consultation assist staff in understanding and incorporating the mental health perspective into their work and enhance their own roles, skills, and experience.

- Remind the group that the Scene 1: Take 1 vignettes are based on real stories within an early childhood program setting. As each group reports out, facilitate discussion about what "process" they followed to review the scenario, what points came up in their discussion or decision making, and what they decided. Emphasize that in real life, the specific type of mental health consultation may not be so clear and separate. In fact, many vignettes combine the two types of consultation and other strategies, with one being primary and the other secondary, so it makes sense that they influence one another.

  Hint: The following list identifies each vignette and the primary type of consultation:

  - Scene 1: Dr. Stuart—Programmatic
  - Scene 2: Ms. Jones—Programmatic
  - Scene 3: Dr. Pryor—Programmatic
  - Scene 4: Mr. Adams—Child and Family Centered
  - Scene 5: Dr. Gregory—Child and Family Centered
  - Scene 6: Ms. Raven—Child and Family Centered

- Emphasize the point that the primary role of either type of early childhood mental health consultation is problem solving and capacity building. In working with a consultant, the process will include several steps—just as they noticed in their small groups. These steps include the **assessment phase, selection of interventions, implementation of the plan, and evaluation and feedback.** Review each of these steps briefly using **Overhead 4: Steps in Problem Solving and Capacity Building** and its related handout, **Handout 6: Steps in Problem Solving and Capacity Building** (see **text pages 12 and 13 and Appendixes B and C** in *Early Childhood Mental Health Consultation*).

## Summing Up

In bringing the discussion to a close, inform the participants that they now know the basic definition of mental health consultation and the two primary types within an early childhood service setting. Summarize the definition of each type and use an example from one of the scenarios to illustrate each type of mental health consultation. The process for deciding what type of mental health consultation might be most useful may have been reflected in some of their small-group discussions and fits with the steps of the problem-solving and capacity-building process. The collaborative relationships between staff and consultants and a continuous communication feedback loop are critical to supporting this interactive process.

The interactive process between staff and consultants is most effective when it occurs on a regular schedule. The program director, the childhood staff, and the mental health consultant must value and build in adequate time and other supports for team meetings, problem solving, discussing observations, expressing concerns, and planning and evaluating strategies. Distribute **Handout 7: Reminders About Communication.**

# Planning Guide 1:
## Ideas to Take Home

While the information is still fresh, jot down some notes and ideas to take back home as next steps in planning for mental health consultation:

**Good Information:**

**Great Ideas:**

**Next Steps Back Home:**

**HANDOUT 1-1**

# Children's Mental Health in America

## THE NEED FOR EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

**Never before have we known so much about how infants and young children learn, think, and act.** The earliest interventions are important because:

- The newborn brain develops at an astonishing rate and is directly influenced by the quality of relationships
- Strong, stable relationships give infants and toddlers their best chance to become emotionally competent
- Forty-six percent of kindergarten teachers said that half their class had specific problems in basic social and emotional development
- Children who have poor academic achievement early on are at risk for delinquent and antisocial behavior
- Risk and protective factors need to be identified early, and interventions should target both

**Developmental psychopathology arises from the complex interplay of child characteristics, family characteristics, and community-level factors.** Although biological factors are implicated in some conditions (e.g., autism and Attention-Deficit/Hyperactivity Disorder), psychosocial factors present significant risks for many conditions. The most prevalent psychosocial risk factors are:

- Poverty (1 in 4 children are born poor)
- Quality of early attachments
- Parental depression (1 in 10 women experience postpartum depression)
- Parental substance abuse (the majority of parents with children in child protective services have problems with alcohol and drugs)
- Divorce (1 in 60 children sees their parents divorce each year)
- Inconsistent or harsh parenting (3 million children are maltreated each year)
- Exposure to domestic violence (1 million incidents of intimate partner violence in 1998)
- Exposure to community violence (40 to 60 percent of urban youth reported seeing a shooting)

*continued*

**HANDOUT 1-1** *(Continued)*

**Seventy percent of children with mental health problems are not receiving needed services.** (U.S. Department of Health and Human Services, 1999; Yoshikawa & Knitzar, 1997). Barriers include:

- Lack of early identification, intervention, and prevention
- Lack of diagnosis
- Lack of health insurance
- Lack of pediatric specialty providers
- Stigma
- Cost of treatment services
- Lack of reimbursement for consultative services

**Effective prevention and intervention programs are available.** Targeting high-risk families when children are younger yields larger savings and generates better development outcomes, for example:

- High/Scope Perry Project: for every dollar spent, $7 was shared in avoided costs by age 27 (Karoly, Greenwood, & Everingham, 1998)
- Prenatal/Early Infancy Home Visiting Project: higher risk families showed $20,000 net savings in 15 years (Karoly et al.)
- Infant Health and Development Program: treatment children had fewer behavioral problems (Shonkoff & Phillips, 2000)
- AVANCE: treatment mothers were more verbally active and initiated more playful interactions (Kaufmann & Wischman, 1999)

*continued*

**HANDOUT 1-1** *(Continued)*

## References:

Karoly, L. A., Greenwood, P. W., & Everingham, S. S., et al. (1998). *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions.* Santa Monica, CA: RAND Corporation.

Kaufmann, R., & Wischman, A. L. (1999). Communities supporting the mental health of young children and their families. In Roberts, R., & Magrab, P. *Where children live: Solutions for serving young children and their families.* Stamford, CT: Ablex Publishing Corporation.

Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academy Press.

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general.* Rockville, MD: Author.

U.S. Public Health Services. *Report of the surgeon general's conference on children's mental health: Developing a national action agenda.* Washington, DC: Author.

Yoshikawa, H., & Knitzer, J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs.* New York: National Center for Children in Poverty and American Orthopsychiatric Association.

**HANDOUT 1-2**

# Values Inherent in the Mental Health Perspective*

- All young children deserve to spend their days in a safe, stable, caring, and nurturing environment.
- A safe, stable, caring, and nurturing environment is crucial to promoting healthy social and emotional growth and resiliency, to protecting young children from psychological harm, and to creating conditions conducive to appropriate social and emotional well-being.
- The quality of the child's many relationships with parents and other important people in her life is critical to positive social and emotional development.
- The mental health of a child's parents and caregivers is important in meeting the mental health needs of very young children.
- Families are considered to be full participants in all aspects of design, implementation, and evaluation of programs and services for their young children.
- Early childhood mental health services are responsive to the cultural, racial, and ethnic differences of the populations that they serve.
- Practices build on, promote, and enhance the strengths of the individual, the family, and child care staff.

*These values were developed by a group of mental health experts at a roundtable convened by Georgetown Child Development Center (now known as the Georgetown University Center for Child and Human Development) for SAMHSA.

**HANDOUT 1-3**

# Definition of Mental Health Consultation

## MENTAL HEALTH CONSULTATION

A problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise or parenting responsibilities.

## CHILD- AND FAMILY-CENTERED CONSULTATION

- Is the most traditional form of mental health consultation
- Addresses a child's behavior and functioning through the collaborative development of a plan that can be implemented by the staff and family members that interact with the child.

## PROGRAMMATIC CONSULTATION

- Focuses on improving the overall quality of the program
- Assists the program in solving a specific issue that affects more than one child, staff member, or family
- Improves the capacity of the program to respond to the needs of all young children in their care

**HANDOUT 1-4**

# Other Capacity-Building Interventions

## TEACHING AND TRAINING

A teacher or trainer uses a didactic, expert approach toward their students and chooses the content and format of information to be conveyed. By contrast, a mental health consultant to an early childhood program provides information on topics specifically requested by program staff. Teaching is commonly used as a tool in the consultative process, but much of that teaching is informal and involves various forms of modeling, rather than presentations in a typical classroom format.

## CLINICAL SUPERVISION

Both clinical supervisors and mental health consultants help program staff improve their skills to understand and accomplish their work, and to crease their capacity to master future problems. A supervisory relationship implies administrative and legal accountability of staff members for following the supervisor's recommendations, but in a consulting relationship, staff take responsibility for deciding whether or not to implement the consultant's recommendations.

## PSYCHOTHERAPY

In therapy, as in consultation, a client seeks assistance (or treatment) to solve a problem. Both therapeutic and consultative relationships are characterized by genuineness and trust, and the goal of each is to foster understanding in the client. Therapists focus completely on personal, psychological problems. Consultants may look at the factors in a staff member's experience that contribute to his subjective perception of the situation. Sometimes, consultants may suggest that a staff member seek therapeutic services; at other times, the actual consultation can have coincidental therapeutic results. But consultation mainly focuses on improving the effectiveness of the individual staff member in her work with the child and family.

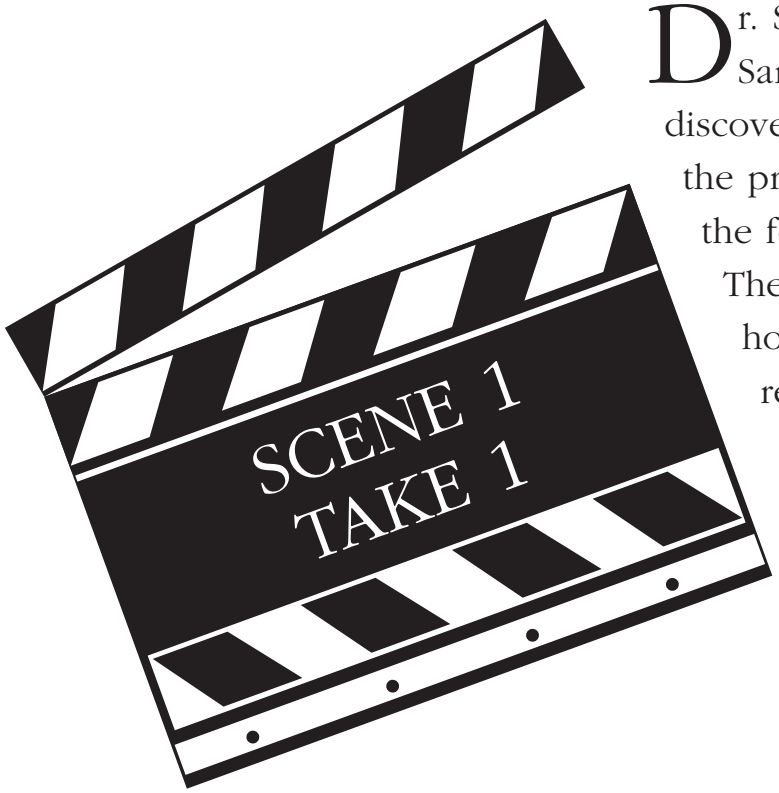
A variety of **factors** enter into **choosing the best intervention** to address a particular issue. Among them are:

- Specific goals of the mental health consultation
- Nature of the issues or concerns
- Setting
- Availability of the mental health practitioners and other experts in the field
- Time frame
- Cost

**HANDOUT 1-5**

# Scenes 1–6: Takes 1 and 2

**SEE FOLLOWING PAGES FOR ALL SCENES.**

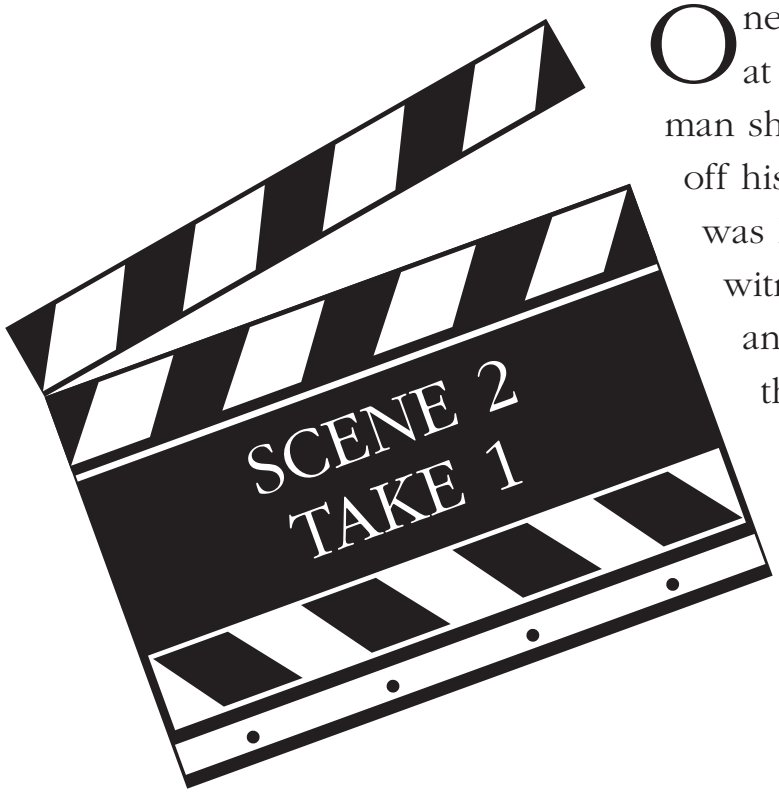



Dr. Stuart was scheduled to observe Sandra in her classroom. When he discovered that she was no longer in the program, he realized that she was the fourth child to leave suddenly. The school is located near a public housing development that is being relocated. Neither the program director nor staff, families, or children have addressed this issue.

**WHAT'S YOUR TAKE ON THIS SCENE?**

**SCENE 1**

Dr. Stuart convened a meeting for staff to discuss separation and loss. Together, they designed a way to talk about "goodbyes and missing friends" with children in the classroom. The program director asked Dr. Stuart to come to the next family meeting to share ways to prepare children for moving to new homes and child care programs. As a consultant to the program and as someone only a step removed from the classroom experience and community events, Dr. Stuart was able to observe the situation from a different perspective. He helped program staff and families recognize how changes in the community can impact children and their families—one at a time or as a large group. He also helped them develop specific preventive intervention approaches and strategies to deal with a community issue that had an impact on all children and families—those who were moving and those who remained behind.

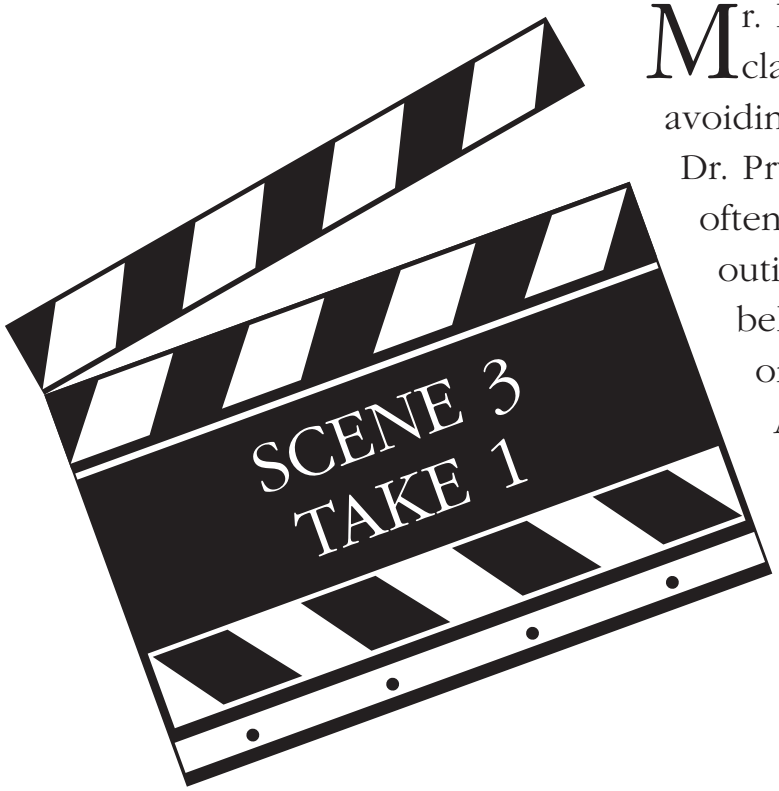



One morning as children were arriving at the Head Start program, a young man shot a father who had just dropped off his child. Although no one else was hurt, some children and staff had witnessed the event. The teachers and staff immediately implemented their emergency procedures, and the program director secured the building. Everyone was very anxious and upset. The director called the police.

**WHAT'S YOUR TAKE ON THIS SCENE?**

**SCENE 2**

Once the director was sure that all children and teachers were in the classroom, secure in the building, and police on their way, her own anxiety level guided her to contact the program's mental health consultant. Ms. Jones assured the director that she had taken all the appropriate immediate steps. The consultant then helped to calm the director and agreed to come to the school immediately. Ms. Jones arrived within a half-hour and met with the director. Ms. Jones worked with the director to develop a crisis intervention plan. Ms. Jones went into each classroom to talk directly with staff and children. She knew that this kind of trauma affects individuals differently and is best resolved over time. Parent and staff support groups were initiated to process fears about safety and reactions to the event. Through the use of conversation, dramatic play, books, and storytelling, children were encouraged to share their feelings and fears. By offering immediate and longer term support, the consultant was able to help everyone deal with this trauma.

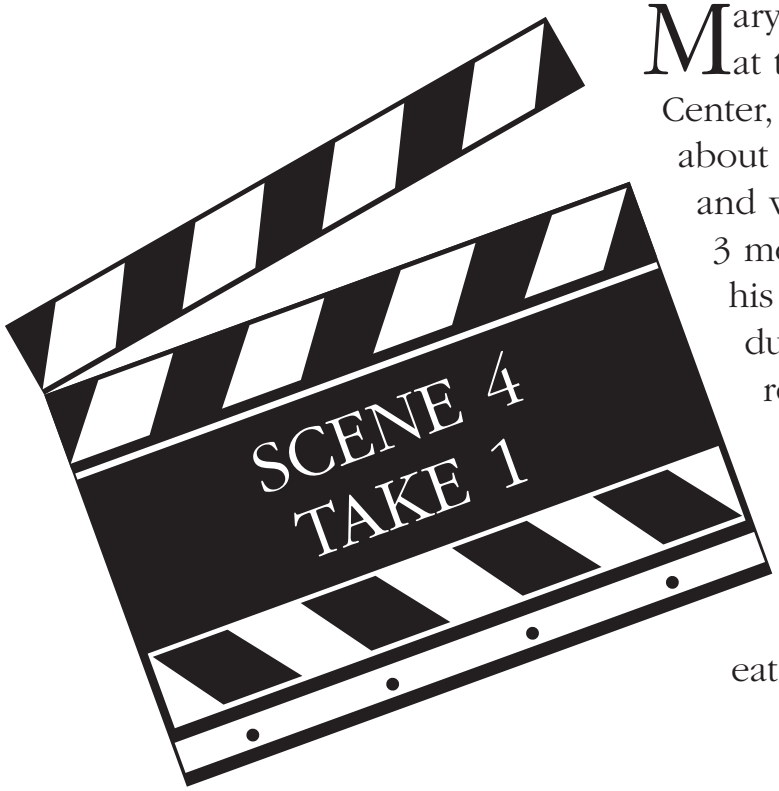



Mr. Neil, the three-year-olds' classroom teacher, seemed to be avoiding the mental health consultant, Dr. Pryor. On consultation days, he often scheduled special activities or outings. He was very verbal in his belief that "consultants" look for only what's wrong with children. Although he sometimes described his own concern about some children in his class, he strongly believed that they would grow out of most of their problems.

**WHAT'S YOUR TAKE ON THIS SCENE?**

**SCENE 3**

Dr. Pryor arranged a meeting with Mr. Neil at a time that was convenient to the teacher. During the meeting, he asked Mr. Neil to share his observations about the strengths and interests of the children in his classroom. After acknowledging that Mr. Neil's observations were very astute, Dr. Pryor shared that he also looked for the strengths in children and families. They found a common understanding of the roles that growth and development play in helping children learn new skills to manage their own emotions and behavior. Together, they explored the many ways that Dr. Pryor could be useful to Mr. Neil, the children, and their families. A clear understanding of expectations, communication, and professional respect is essential to building rapport between the teacher and the mental health professional, which is in the best interest of children and families.

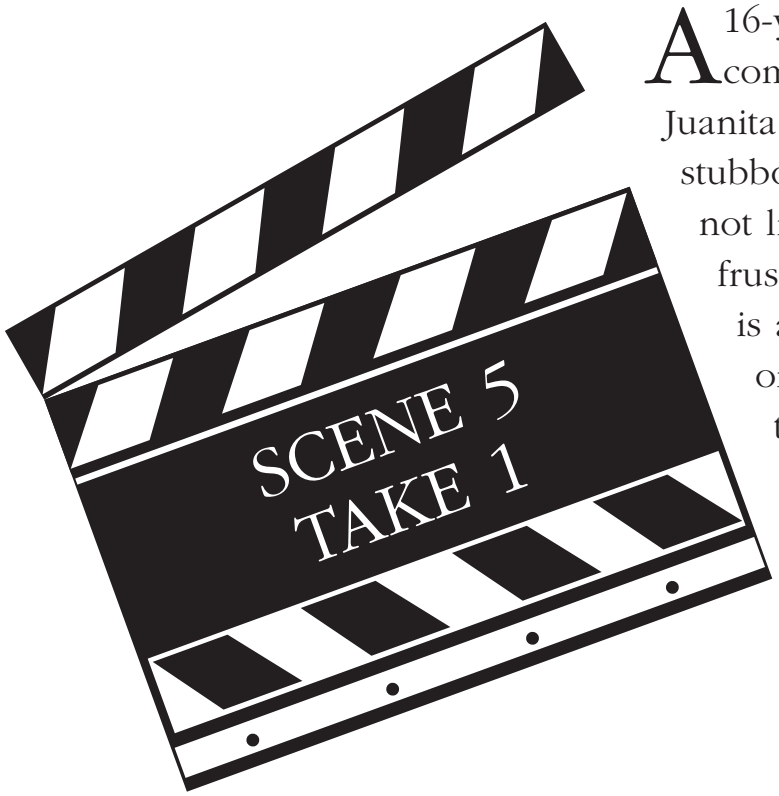



Mary, the toddler classroom teacher at the Flower Street Child Care Center, has been increasingly concerned about Robert. He has always been shy and withdrawn, but during the last 3 months—ever since he moved to his new class—he has had difficulty during naptime. He often cries, revealing his own distress as well as disturbing other children. He stops crying when Mary is by his side but starts up again the minute she leaves. She also noted that he has not been eating much lately.

**WHAT'S YOUR TAKE ON THIS SCENE?**

**SCENE 4**

Mary approached Mr. Adams, the consultant, to discuss her concerns about Robert's change in behavior. To assess Robert's abilities, limitations, vulnerabilities, and strengths, the consultant visited the center and observed him at various times during the course of a day. He also assessed the quality of the interactions in the classroom—those involving Robert as well as the other children. The consultant met with Robert's parents and discovered that because of a new work schedule, there were frequent disruptions in their family schedule. The consultant shared this information with staff to increase their understanding of Robert's behavior. With the consultant's assistance, staff developed new strategies to help Robert develop a sense of predictability, including consistent contact with one staff member, transition to nap time, and a routine and "rules" under which Robert would be given the same toy or book before he went to sleep. By observing and encouraging communication between staff and parents, Mr. Adams helped Robert's caregivers implement strategies to help him adjust to change.

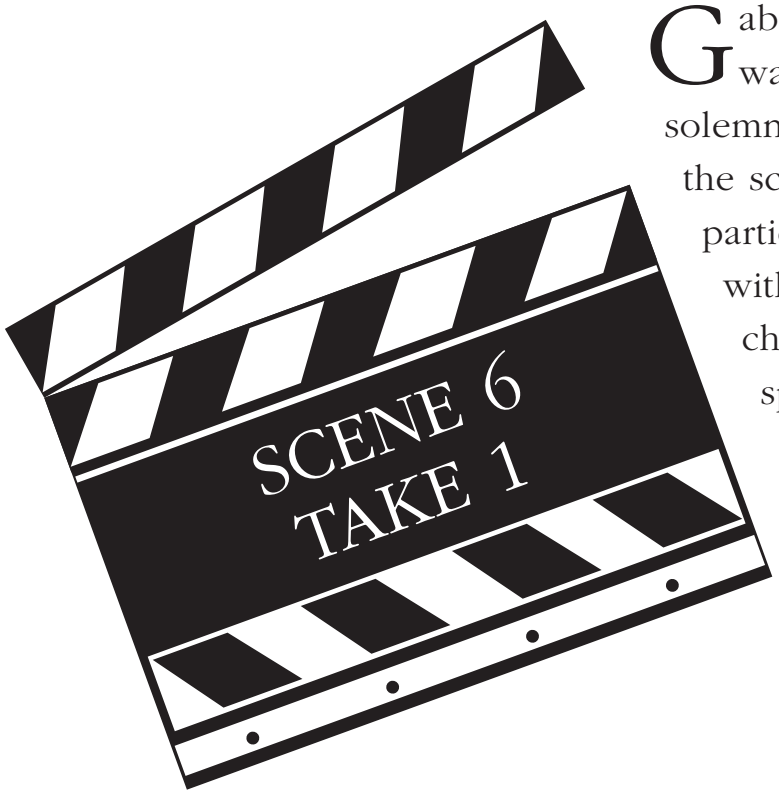



A 16-year-old mother, Wanda, complained to the teacher that Juanita, her 18 month old, was a stubborn, "bad" little girl who did not listen to her. Wanda expressed frustration and anger, saying that she is afraid that she might lose control one day. She went on to say that she has tried talking to her, threatening to put her to bed, and taking away toys. Nothing seems to make a difference in Juanita's willful behavior.

**WHAT'S YOUR TAKE ON THIS SCENE?**

**SCENE 5**

The teacher suggested that Wanda speak with Dr. Gregory, the mental health consultant, about her frustration and concerns for Juanita. They arranged a home visit where Dr. Gregory could observe Juanita at play and mealtime. After they met, Dr. Gregory helped Wanda to better understand typical 18-month-old behavior. He also helped her structure their daily routine, set reasonable limits, and build in time for Wanda and Juanita to play together. By joining with Wanda in her concerns about her daughter, by offering support, and by increasing her understanding of her daughter's development, Dr. Gregory was able to help Wanda find new strategies to feel more in control and to enjoy her daughter and their relationship.




Gabrielle, a 4-year-old girl who was small for her age, had a sad, solemn expression during much of the school year. She did not willingly participate in group activities or play with other children. Instead, she chose to look at books or stare into space, holding a favorite stuffed animal. She also seemed tired a lot of the time.

**WHAT'S YOUR TAKE ON THIS SCENE?**

**SCENE 6**

The mental health consultant, Ms. Raven, noticed Gabrielle's lack of affect and asked to meet with her teacher and parents. She shared her observations and asked whether these were consistent with the observations at home and school. Ms. Raven also then recommended that Gabrielle see her pediatrician to rule out any health problems. At a follow-up meeting, after the doctor found no health problems, Ms. Raven designed a sequenced plan to engage Gabrielle in classroom activities. She suggested that the teacher pair Gabrielle with another gentle child around a preferred activity, as a place to start. They agreed that the teacher would regularly observe Gabrielle for any progress and report back to Ms. Raven and Gabrielle's parents. Through the consultation process, the teachers and parents were coached to observe, offer specific support, and follow up with one another to monitor Gabrielle's mood and progress.

**HANDOUT 1-6**

# Steps in Problem Solving and Capacity Building

## ASSESSMENT

- Joint examination of the issues between the consultant and staff
- Consideration of factors including characteristics of the child and family, staff, and the environment
- Broad assessment including all relevant factors and complexities of the concern or circumstance
- Clarification and problem definition
- Sufficient time to assess and clarify goals
- Family role and involvement

## SELECTION OF INTERVENTIONS

- Joint discussion of intervention options
- Selection of the most effective and most easily implementable
- Considerations given to time, staff availability, "fit," impact, duration, and expected results
- Cultural sensitivity and appropriateness
- Family role and involvement
- Final decision by program staff

## IMPLEMENTATION OF THE PLAN

- Understanding and skills of program staff
- Opportunities for support and frequent contact between program staff and the consultant
- Observations of impact and effect
- Family role and involvement
- Evaluation of effectiveness and outcomes

**HANDOUT 1-7**

# Reminders About Communication

**IN MY PROGRAM:**

- ✓ Planned, regular team meetings take place between the mental health consultant and staff
- ✓ The mental health consultant meets with the program director
- ✓ The team reviews and evaluates mental health recommendations and strategies
- ✓ All children in each group or classroom are discussed
- ✓ We understand issues about confidentiality
- ✓ We meet with family members at times convenient to them

# Definition of Mental Health Consultation

## MENTAL HEALTH CONSULTATION

A problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise or parenting responsibilities.

## CHILD- AND FAMILY-CENTERED CONSULTATION

- Most traditional form of mental health consultation
- Addresses a child's behavior and functioning through the collaborative development of a plan that can be implemented by the staff and family members interacting with the child

## PROGRAMMATIC CONSULTATION

- Focuses on improving the overall quality of the program
- Assists the program in solving a specific issue that affects more than one child, staff member, and family
- Improves the capacity of the program to respond to the needs of all young children in their care

**OVERHEAD 1-1**

# Other Capacity-Building Interventions

## TEACHING AND TRAINING

A traditional teacher or trainer chooses the content and format of the information to be conveyed. By contrast, a mental health consultant to an early childhood program provides information on topics specifically requested by program staff. Teaching is commonly used as a tool in the consultative process, but much of that teaching is informal and involves various forms of modeling, rather than presentations in a typical classroom format.

## CLINICAL SUPERVISION

Both clinical supervisors and mental health consultants help program staff improve their skills to understand and accomplish their work and to increase their capacity to master future problems. A supervisory relationship implies administrative and legal accountability of staff members for following the supervisor's recommendations, but in a consulting relationship, staff take responsibility for deciding whether or not to implement the consultant's recommendations.

## PSYCHOTHERAPY

In therapy, as in consultation, a client seeks assistance (or treatment) to solve a problem. Both therapeutic and consultative relationships are characterized by genuineness and trust, and the goal of each is to foster understanding in the client. Therapists focus completely on personal, psychological problems. Consultants may look at the factors in a staff member's experience that contribute to her subjective perception of the situation. Sometimes, consultants may suggest that a staff member seek therapeutic services; at other times, the actual consultation can have coincidental therapeutic results. But consultation is mainly focused on improving the effectiveness of the individual staff member in his work.

**OVERHEAD 1-2**

# INSTRUCTIONS

- Read the SCENE on the front of the card or envelope
- Discuss your TAKE on the scene and decide:
  - What type of consultation is indicated?
  - What might be the role of the Mental Health Consultant?
- Read TAKE 2 and check your thinking

**OVERHEAD 1-3**

# Steps in Problem Solving and Capacity Building

## ASSESSMENT

- Joint examination of the issues between the consultant and staff
- Consideration of factors including characteristics of the child and family, staff, and the environment
- Broad assessment including all relevant factors and complexities of the concern or circumstance
- Clarification and problem definition
- Sufficient time to assess and clarify goals
- Family role and involvement

## SELECTION OF INTERVENTIONS

- Joint discussion of intervention options
- Selection of the most effective and most easily implementable
- Considerations given to time, staff availability "fit," impact, duration, and expected results
- Cultural sensitivity and appropriateness
- Family role and involvement
- Final decision by program staff

*continued*

# Steps in Problem Solving and Capacity Building (Continued)

## IMPLEMENTATION OF THE PLAN

- Understanding and skills of program staff
- Opportunities for support and frequent contact between program staff and the consultant
- Observations of impact and effect
- Family role and involvement
- Evaluation of effectiveness and outcomes

**OVERHEAD 1-4B**

**MODULE 2**

# The Effective Mental Health Consultant

**GOAL 2** Participants will clarify the essential knowledge, skills, roles, and responsibilities of the mental health consultant and the administrative process for implementing a consultation model within an early childhood setting.

## OBJECTIVES

After completing Module 2, participants will be able to:

- Identify expert knowledge and skills of an effective early childhood mental health consultant.
- Define roles and responsibilities that a mental health consultant may have in an early childhood mental health consultation model.
- Describe the administrative process for mental health consultation.

## KEY CONCEPTS

- Early childhood mental health consultants working with infants, young children, and families are licensed or certified within their state.
- Effective early childhood mental health consultants have particular skills and expertise relevant to working with young children, parents, families, and program staff.
- Specialized knowledge, expertise, or experience in certain content areas depends on the community and families served by the program and the consultant.
- A consultant has interpersonal skills that move staff and families to action. These skills are critical for working within a program and for building alliances with families.
- A match between the early childhood program and the mental health consultant in philosophy, values, and approach is critical to a successful consulting relationship and partnership.
- The roles and responsibilities of the early childhood mental health consultant are determined by the match between the program's needs and the consultant's skills.
- The administrative processes for mental health consultation include selection of a consultant to match program needs and approach as well as entry, contracting, termination, and evaluation processes.

## BACKGROUND INFORMATION: A MINI-LECTURE

Although States license diverse types of professionals as mental health providers, the most commonly licensed specialties are child psychiatry, psychology, clinical social work, marriage and family therapy, counseling, and psychiatric nursing. Mental health consultants who interact with staff, families, and young children should be State-licensed or certified mental health professionals.

The licensed or certified professional as the mental health consultant brings skills, experience, and areas of expertise to individual families, staff, and the program setting. Early childhood programs face the challenges of (1) knowing what a consultation has to offer, (2) knowing what they want from a consultant, (3) determining what philosophy and approach match their needs, and (4) determining how they can use the consultant's services effectively. Programs also face the challenge of accessing resources and making changes within their own program to design and implement a consultation model. Mental health providers have their own challenges in determining the best way to apply their clinical skills in the context of an early childhood setting and ways to provide services in a consultant role.

## ACTIVITY 2-1 IMAGINE AND CREATE... *(30 Minutes)*

### Purpose

In this activity, participants will begin to identify desirable qualities and traits of an early childhood mental health consultant.

### Preparation

**Arrange for:** Colored paper, markers, scissors, crayons, glue, other craft materials as desired, masking tape, and a large sheet of poster paper

**Duplicate:** ***Handouts:***
Planning Guide 2: Ideas to Take Home
Handout 1: Consultant Skills and Areas of Expertise
Handout 2: Consultant Roles and Responsibilities

***Overheads:***
Overhead 1: Consultant Skills and Areas of Expertise
Overhead 2: Consultant Roles and Responsibilities

**Make:** On the large sheet of poster paper, draw the outline of a human figure (the mental health consultant)

## Leading the Activity

1. Refer to **Planning Guide 2** for note taking throughout this module.
2. Tell the participants that they will be using their imagination and creativity to identify desirable qualities and traits of an early childhood mental health consultant.
3. Ask the participants to take a minute to think about a quality or trait that they believe is the most important for a consultant to have working in early childhood mental health.
4. Encourage participants to use the paper, markers, and other craft materials to create a representation of that quality or trait.
5. Ask each participant to tape his "trait" to the previously drawn figure of the mental health consultant that you have prepared (see p. 54 preparation) to identify the quality or trait, and to explain why it is so important.

## Summing Up

Summarize some key points of participants as they are added to the illustration of the mental health consultant. List some qualities or traits emphasizing the ones that were repeated as perhaps the most valued. Emphasize that programs should seek individuals with these traits as they contract with a mental health consultant. Using **Overheads 1: Consultant Skills and Areas of Expertise** and **2: Consultant Roles and Responsibilities** and the corresponding **Handouts 1 and 2,** review desirable skills and attributes for consultants as well as real knowledge, skills, roles, responsibilities, and activities for the consultant within the context of an early childhood setting. Reflect on examples under each type of consultation from ***Module 1.*** For example:

- ***Scene 1*** with Dr. Stuart required a consultant who had knowledge of child development and specifically grief and loss; possessed good communication, facilitation, and group work skills; and could observe classroom interaction, meet with staff, and offer therapeutic group work in the classroom environment.
- ***Scene 6*** with Ms. Raven required a consultant who had knowledge of child development; possessed good observation skills; could take a holistic approach to behavioral concerns; and could engage staff and parents in a team approach to intervention that involved systematic support and follow-up.

Suggest that the group keep these ideas in mind for the next activity. It is important, however, to realize that no consultant will possess all the skills and attributes mentioned. They will need to consider their program's philosophy, set priorities for their needs, and consider training options for consultants to obtain the best possible results from mental health consultation.

## ACTIVITY 2-2 WANTED: THE PERFECT MENTAL HEALTH CONSULTANT *(60 Minutes)*

### Purpose

In this activity, participants will focus on understanding the importance of a philosophical match between an early childhood services program and the mental health consultant. This activity will help participants understand the important aspects of philosophy and approach, program needs, and a consultant's expert knowledge and skills in defining the roles and responsibilities of a mental health consultant in an early childhood mental health consultation model.

### Preparation

**Arrange for:** Philosophy Cards (1 set per table group or 4–6 participants)
Flip chart paper and markers, enough for each table
Masking tape

**Duplicate:** Copy philosophy statements onto card stock

***Handout:***
Handout 3: Philosophy Cards

***Overhead:***
Overhead 3: Wanted: The Perfect Mental Health Consultant

**Make:** Create sets of Philosophy Cards by cutting copies apart on dotted lines and binding sets with rubber bands.
***Option 1:*** Additional cards can be created to individualize content or context for particular audiences.
***Option 2:*** For groups of fewer than 25, cards can be divided so that no table receives the same selections and each group chooses a different philosophy.

### Leading the Activity

1. Introduce the activity and describe its purpose to the participants. Explain that the design of this activity is to have participants (1) assume the role of an early childhood program team and identify their program's philosophy about mental health; (2) discuss their philosophy's influence on their mental health consultant needs; and (3) identify the specific knowledge, skills, services, and desirable attributes of the "perfect mental health consultant."

2. Set the stage by telling the participants that each table team must imagine being an early childhood program in search of a mental health consultant. Explain that this activity has two steps. In the first part of the activity, they must determine their program philosophy about mental health services to young children and families. In the second part of the activity, they will write a newspaper Want Ad for the perfect mental health consultant to fit within their philosophical framework.

**Part 1:**

1. Distribute the packets of Philosophy Cards **(Handout 3: Philosophy Cards)** and request that someone at each table spread them face down on the table.
2. Explain that each card represents diverse—and sometimes extreme—beliefs, values, and philosophies about mental health. State that these thoughts are drawn from the mental health and child-serving community, to stimulate discussion.
3. Have each team member select two cards and keep the ONE card with which they can most agree. (Participants can select another card if neither is agreeable.) Now they each have an individual philosophy.
4. Ask each team member to read her individual philosophy to her group.
5. Have the group reach consensus or agreement on ONE card or philosophy for their early childhood program. Once this step is completed, they are ready for Part 2.

**Part 2:**

1. Explain that, on the basis of their program philosophy, they will spend the next 20–30 minutes creating a newspaper Want Ad for the perfect mental health consultant.
2. Using **Overhead 3, Wanted: The Perfect Mental Health Consultant,** instruct the groups to discuss and identify the knowledge, skills, expected services, and any special attributes they would like their job candidate to possess. Explain that they will transfer this information onto the flip chart paper for reporting out. Suggest the format outlined on the overhead.
3. Have each group place its flip chart paper on the wall and identify someone to report out to the large group.
4. As they report out, have them read their Philosophy card first, and then read the Want Ad.
5. After the first group reports out, ask the participants to describe how their ad reflects their program philosophy. Are there any particular consultant qualities, such as special knowledge, skills, and attributes, unique to their program approach?
6. As each subsequent group reports out, ask the participants if they notice any differences between groups. Follow up with your observations of differences between Want Ads that reflect the differences in philosophy.

***For Example:***

- If the philosophy is that behavioral management is the basis for early childhood mental health intervention, the consultant should have behavior management skills.

- If the philosophy is that teamwork is key to a supportive environment for children, the consultant should have expertise in organizational dynamics and team building.

### Summing Up

Emphasize the following points:

- Statements on the cards represent beliefs and philosophies with which mental health and early childhood providers struggle everyday.
- Each early childhood program and mental health consultant comes with his own philosophy and approach to early childhood mental health services.
- Reaching team or program consensus on a mental health philosophy or approach can be challenging but is essential.
- Choosing a philosophy that is too narrow can limit the range and scope of services available to children, families, and staff.
- A program's philosophy and approach will greatly influence the match between the program and the consultant, as well as the preferred knowledge, skills, roles, and responsibilities of the consultant.
- Certain core knowledge and skills are essential for early childhood mental health consultants. Other areas of content expertise may be desirable, depending on the needs of the early childhood program or the community they serve. Remind participants to write notes, ideas, and next steps on their **Planning Guide 2.**

## ACTIVITY 2-3 ENGAGING THE MENTAL HEALTH CONSULTANT *(20 Minutes)*

### Purpose

In this activity, participants will learn the essential administrative process for engaging a mental health consultant. The steps in the process represent the way that consultation "unfolds" within an agency or service setting. The administrative process may be unique in each particular setting but comprises key elements or "pieces of the puzzle."

### Preparation

**Arrange for:** Envelopes for puzzle pieces—2 puzzles per table
Easel, chart paper, markers, and masking tape
Overhead projector and screen

**Duplicate:** Oversized pages of Administrative Process for Engaging a Consultant puzzle copied onto cover stock (1 for every 2 or 3 people or 2 per table)

***Handouts:***
Handout 4: Administrative Process for Engaging a Consultant
Handout 5: Interviewing and Reaching Agreement

***Overhead:***
Overhead 4: Administrative Process for Engaging a Consultant

**Make:** Cut out puzzle pieces, detaching each structure's interlocking definition and the 4 separate pieces of the puzzle (end up with 8 pieces for each puzzle).
Put each complete set of puzzle pieces into 1 envelope per table.

## Leading the Activity

1. Introduce the activity and review its purpose with the participants. Point out that these elements are administrative steps for including mental health consultation in program services as a component of an early childhood program.
2. Distribute 1 envelope to each table.
3. Explain that each group has all the pieces to the puzzle inside the envelope.
4. Give instructions that it takes 2 steps to get the big picture of the puzzle. First, the group must connect the puzzle pieces that represent each structure and its definition. Then, they must connect those combined pieces together to produce the whole puzzle.
5. Explain that they have 5 minutes to do the puzzle. The first group of participants to finish the puzzle should raise their hands.
6. Have the first group to finish report out the first piece of the puzzle. As they provide a brief definition, add more material by using **Overhead 4: Administrative Process for Engaging a Consultant** as a guide (also see the Discussion Guide that follows). Ask for volunteers for each remaining piece to further engage the whole group.
7. Distribute **Handout 4: Administrative Process for Engaging a Consultant** to all participants.

## Discussion Guide

Use the following points to guide the large-group discussion:

- In discussing the entry stage of the consultant into the program, emphasize the importance of matching the consultant to the program. Remind the group that in addition to matching qualifications, skills, and experience to program needs, it is important to match the philosophy or approach. Other considerations include race, class, language, and other program or consultant attributes. Exploring shared or varying beliefs and values around mental health, young children, and support to families is a critical part of building trust and beginning a collaborative relationship. Briefly refer to

the "values exercise" in Activity 1-1. Emphasize that once this common ground is established, the group can discuss the roles and responsibilities more specifically. Distribute **Handout 5: Interviewing and Reaching Agreement.**

- In discussing the contracting stage of the collaboration, remind participants that this is the stage when the consultant and the agency negotiate and reach agreement on roles, responsibilities, activities, scope of work, and financial arrangements. Review the specific topics that should be covered during this phase of the collaboration, using **Handout 5: Interviewing and Reaching Agreement.** Remind participants that a written contract representing a clear understanding and agreement by both parties and the responsibilities of each party is recommended.

- In discussing the evaluation stage of the collaboration, review the two types of evaluation: formative and summative:

  **Formative:**

  - "Nuts and bolts"
  - "What we are doing"
  - "Describing our activity"

  **Summative:**

  - "What happened"
  - "Did we make a difference?"
  - "Did we change any behavior? policy? procedure?"

  Remind participants that evaluation assists programs in making decisions by answering such key questions as, "How is consultation being used?", "Is this consultation helpful and useful?", "How is consultation making a difference and for whom?", and "What aspects of consultation do we want to do differently?"

- In discussing the termination stage of the collaboration, remind participants that termination should be part of the early discussion with the potential consultant. Termination may be either based on the consultant's success in building the skills and capacity of staff to work effectively on their own or related to dissatisfaction with the consultant's services, job performance difficulties, or other violations of the contractual terms. Point out that the process for termination should be clear, should include appropriate staff, and should be binding for both parties.

## Summing Up

Summarize the key points of the activity and the discussion, reviewing the pieces of the puzzle. Remind the participants that this session has described the process of engaging a mental health consultant and the relevant administrative structures. These administrative structures provide the framework for the consultative relationship. Encourage participants to take a few minutes to jot down some notes, ideas, and next steps back home on their **Planning Guide 2** for this module.

# Planning Guide 2:
## Ideas to Take Home

While the information is still fresh, jot down some notes and ideas to take back home as next steps in planning for mental health consultation:

**Good Information:**

**Great Ideas:**

**Next Steps Back Home:**

**HANDOUT 2-1**

# Consultant Skills and Areas of Expertise

## STATE LICENSURE OR CERTIFICATION REQUIREMENTS

### KNOWLEDGE

- Child developmental milestones
- Normal growth and development of young children
- Atypical behavior in infants, toddlers, and preschoolers
- Underlying concepts of socio-emotional development such as attachment, separation, and relationship development
- Basic medical and genetics information
- Understanding of cultural differences (cultural competence)
- Treatment alternatives, including behavioral intervention
- Family systems
- Early childhood, child care, family support, and early intervention systems, both public and private
- Adult learning principles

### SKILLS AND EXPERIENCE

- Ability to integrate mental health activities and philosophies into group settings
- Observation, listening, interviewing, and assessment
- Ability to work with adults
- Sensitivity to community's attitudes and strengths
- Cultural competence
- Ability to recognize diverse perspectives of program staff and families
- Communication facilitation
- Interventions, including behavioral interventions, working with families, and other treatments

*continued*

**HANDOUT 2-1** *(Continued)*

## SPECIALIZED EXPERTISE

- Separation and loss
- Substance abuse
- Maternal depression
- Adolescent mothers
- Abuse and neglect issues
- Childhood mental health disorders
- Issues related to prematurity and low birth-weight infants
- Failure-to-thrive infants
- Children with aggressive behavior
- Learning disabilities and speech and language difficulties
- Infants, toddlers, and preschoolers with developmental disabilities
- Working with fathers

**HANDOUT 2-2**

# Consultant Roles and Responsibilities

- Help staff in a collaborative manner to understand and problem solve when faced with challenging child behaviors, both in and out of the classroom
- Provide a receptive atmosphere to explore cultural differences and workplace conflicts
- Overcome resistance to mental health services by being a regular, reassuring presence at the classroom, program, or agency
- Provide staff with specialized workshops, training, support groups, and team-building exercises
- Offer a mental health and wellness perspective to participants in case discussion meetings
- Support staff in discussing their own stressors, concerns, and personal problems and the ways in which these factors affect their work
- Provide immediate and follow-up crisis intervention when crises occur
- Consult closely with parents and families (e.g., through workshops, crisis intervention, family therapy, and parent groups)
- Refer a child or families for follow-up or more intensive services

## HANDOUT 2-3 ■ PHILOSOPHY CARDS

Diagnosis of a mental disorder or social/emotional disability helps in the understanding of a child's difficulties.

The most important role of the mental health consultant is to support staff.

One primary focus of mental health is mental well-being.

Teamwork and the team approach maximize the impact of any mental health intervention.

Programs should have the option and a procedure for determining whether a child's behavior should lead to removal from the program.

Programs should consider adopting behavior management strategies that all staff learn and apply throughout the program.

When program and staff meetings are held about a family, all family members should be present and encouraged to be participants.

Families with mental health problems may pass the problems on to the next generation no matter what the staff do.

Program staff should reach out to troubled families, even when they are not asking for help and even when they resist efforts of help.

Crises occur when families are out of control and not caring about things that they should.

*continued*

## HANDOUT 2-3 ■ PHILOSOPHY CARDS

Staff members bring their own issues to the relationships they have with children and families.

The most important role of the mental health consultant is to support families.

Young children learn best about getting along with others through experience and one-on-one caregiver guidance.

Behavioral intervention in the classroom is a powerful support to a child.

Families with immediate daily living demands and difficulties cannot focus on feelings and relationships.

Program staff should recognize and remember the impact of limitations on a child's behavior.

Behavior management is the primary mental health intervention needed for young children.

Mental wellness is a central purpose of an early childhood program.

Mental health consultants must be open to learning from families.

Mental health is a minor part of an early childhood program.

*continued*

## HANDOUT 2-3 ■ PHILOSOPHY CARDS

Most parents known to early childhood programs need counseling.

Families are resistant to talking about feelings and relationships.

Early intervention minimizes or prevents the development of more serious emotional, social, and academic problems.

Without parental involvement and family intervention, work with the child on behavioral problems is less effective.

Therapy in the classroom singles out children and interrupts the daily routine.

Mental disabilities and diagnoses should not be used to label a young child.

Crises are part of any family's life.

When a number of agencies are involved with a family, it's a good idea to meet and work together.

Young children can learn about getting along with others through structured curricula.

Asking for help is a sign of strength in staff and families.

*continued*

## HANDOUT 2-3 ■ PHILOSOPHY CARDS

Child care programs are a "dumping ground" for children with behavioral problems whose parents do not know what else to do.

Mental health services apply only to those individuals with social, emotional, behavioral, or addiction problems.

The most important role of the mental health consultant is to support children.

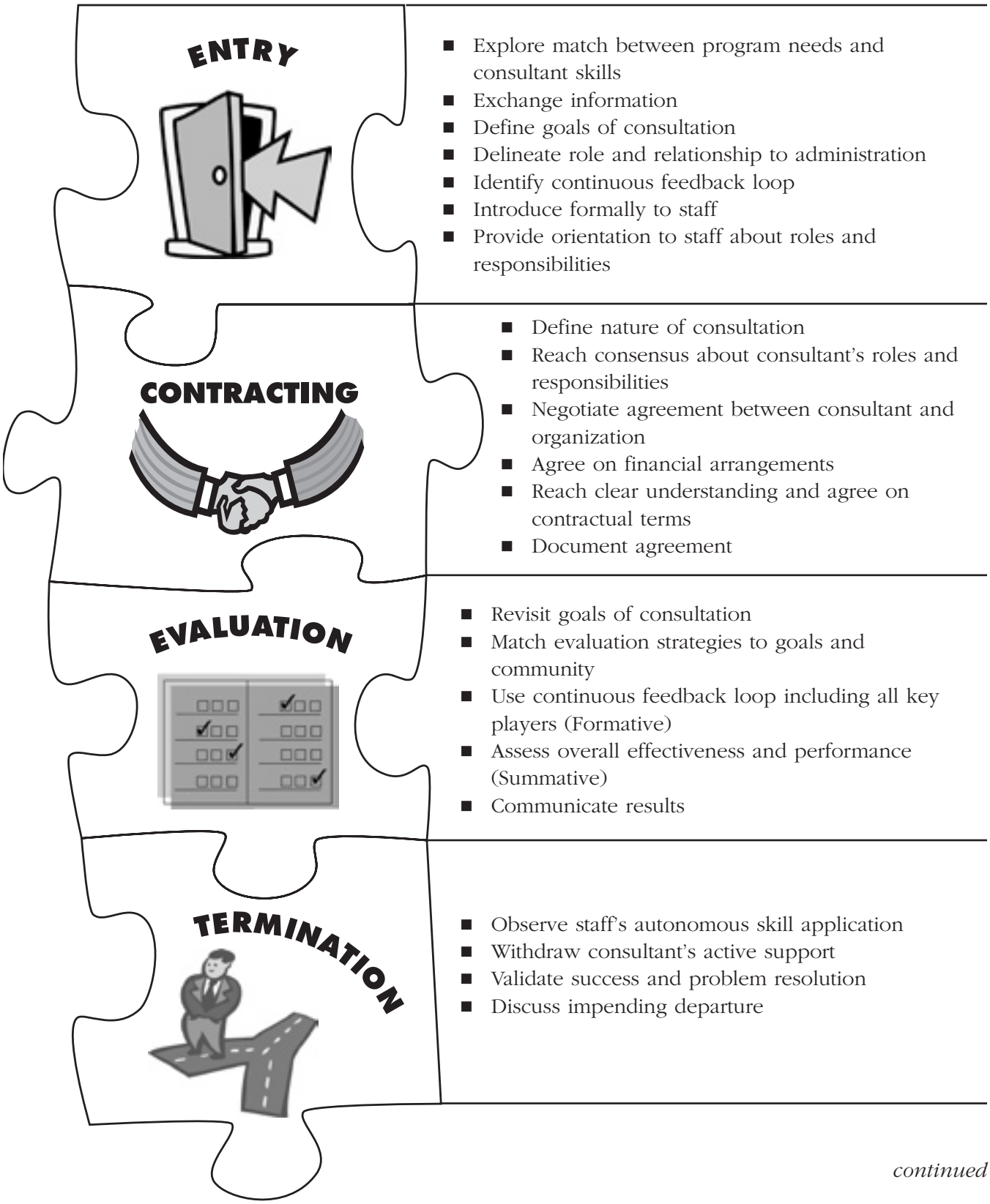
Mental health and challenging behaviors are major concerns in early childhood programs.

Discipline and child-rearing practices should be universal.

Child rearing is based on culture.

**HANDOUT 2-4**

# Administrative Process for Engaging a Consultant




**ENTRY**

- Explore match between program needs and consultant skills
- Exchange information
- Define goals of consultation
- Delineate role and relationship to administration
- Identify continuous feedback loop
- Introduce formally to staff
- Provide orientation to staff about roles and responsibilities

**CONTRACTING**

- Define nature of consultation
- Reach consensus about consultant's roles and responsibilities
- Negotiate agreement between consultant and organization
- Agree on financial arrangements
- Reach clear understanding and agree on contractual terms
- Document agreement

**EVALUATION**

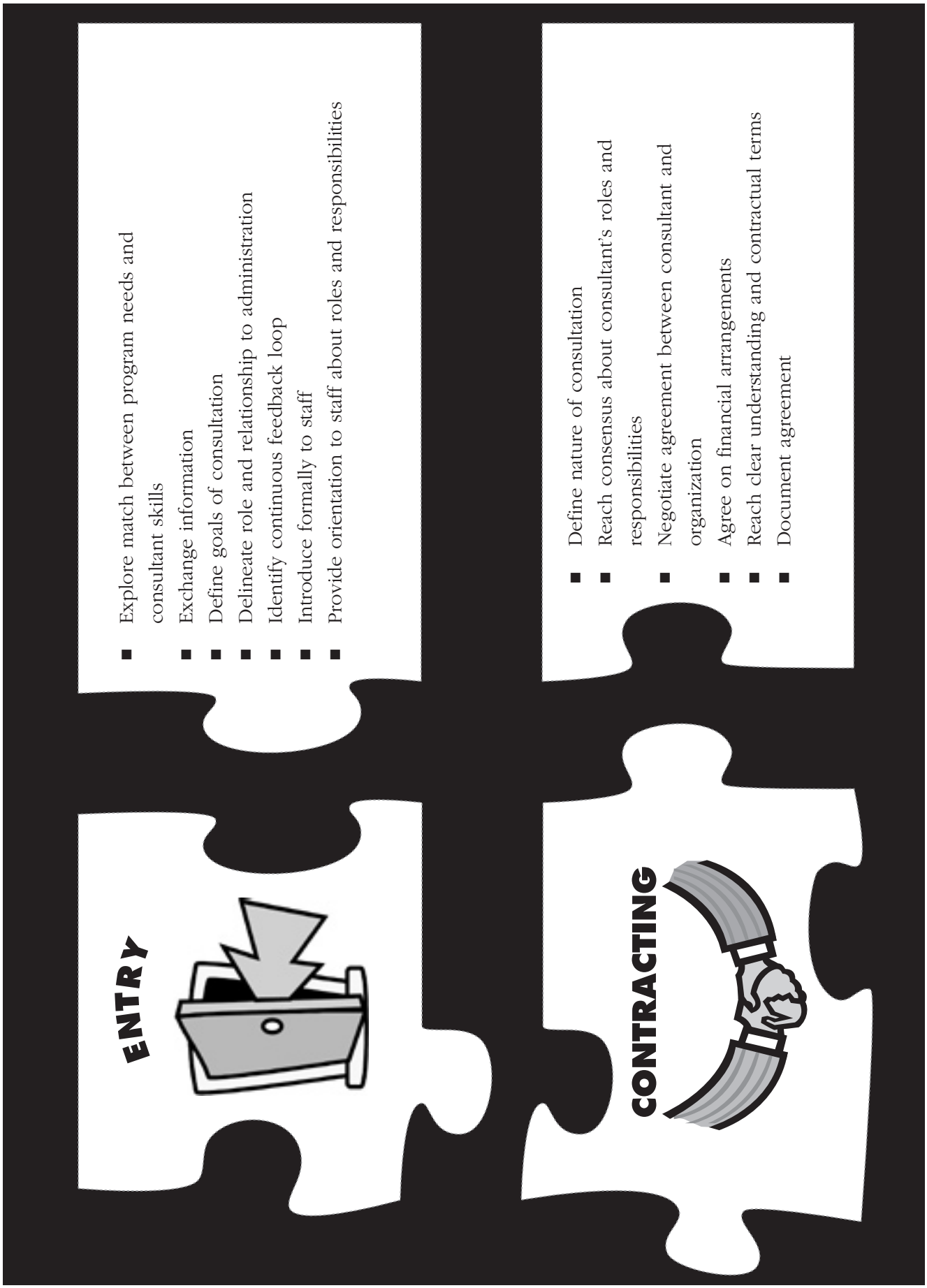
- Revisit goals of consultation
- Match evaluation strategies to goals and community
- Use continuous feedback loop including all key players (Formative)
- Assess overall effectiveness and performance (Summative)
- Communicate results

**TERMINATION**

- Observe staff's autonomous skill application
- Withdraw consultant's active support
- Validate success and problem resolution
- Discuss impending departure

*continued*

**HANDOUT 2-4** *(Continued)*

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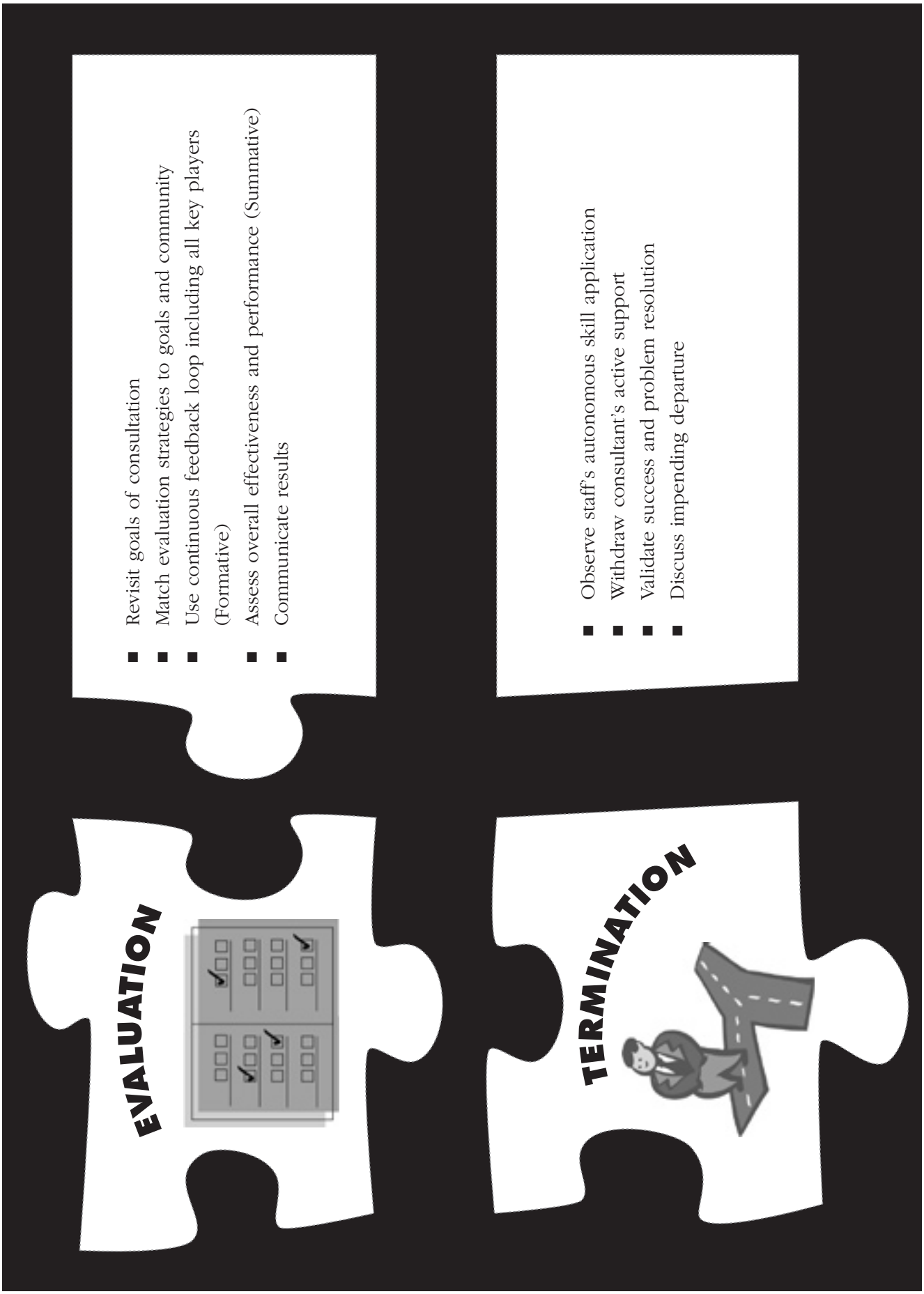
**HANDOUT 2-4** *(Continued)*



**HANDOUT 2-5**

# Interviewing and Reaching Agreement

- Do the consultants have the skills to meet the needs of your agency?
- Is their general philosophy of service consistent with your program philosophy?
- Do they have a background in, and experience working with, children from birth to 5 or with expectant mothers? Was it a supervised internship? Was it paid employment?
- Do they have an educational background in normal development (especially courses in child development), developmental problems, and psychopathology (such as abnormal psychology and abnormal behavior)?
- Do they have the skills to identify developmental problems, emotional and mental disorders, or family problems?
- Are they as adept in identifying strengths as they are in identifying needs?
- Are they comfortable with a "wellness approach" that focuses on preventing problems or addressing minor problems before they get out of hand?
- Are they willing to learn from parents?
- Are they willing to learn from children?
- Are they willing to learn from staff?
- Are they aware of and sensitive to cultural differences, including low-income, racial, and ethnic factors?
- Do they possess language skills that match those of the community?
- Do they have good interpersonal skills?
- How comfortable are you with the individuals in general? Do they seem as if they can get along well with staff and with parents?

*continued*

**HANDOUT 2-5** *(Continued)*

## NEGOTIATION CONSIDERATIONS

- Be clear about job expectations:
  - How many hours a week are expected?
  - What are the job responsibilities?
  - Does the work include parent meetings, consultation with staff, observation, direct interaction with children, or other responsibilities?
  - What documentation is required?
  - What other meetings might be required?
- Ensure that the consultants understand the chain of authority within your agency. Clarify how the consultants will be introduced to staff and expected to interact with them.
- Also ensure that the consultants understand the agency policies that would impact their work within the agency and with staff, children, and families.
- Try to have the consultants on site frequently so that parents and staff are familiar and comfortable with them.
- Will the professional provide the services directly or will a supervisee actually deliver the services? If a supervisee delivers the services, describe the nature and frequency of the supervision. Will the nature and frequency of supervision be adequate to ensure good quality services?
- How much travel is involved? Consultants, like employees, typically pay for their travel to the worksite. However, some consultants may want to get paid for travel between worksites on the same day.
- Are expenses (travel, photocopying, and others) involved? If so, are they reimbursed?
- How will the consultants be paid? What are the customary rates for the professionals with whom you are negotiating and what is the flexibility?

# Consultant Skills and Areas of Expertise

## STATE LICENSURE OR CERTIFICATION REQUIREMENTS

### KNOWLEDGE

- Child developmental milestones
- Normal growth and development of young children
- Atypical behavior in infants, toddlers, and preschoolers
- Underlying concepts of socio-emotional development such as attachment, separation, and relationship development
- Basic medical and genetics information
- Understanding of cultural differences (cultural competence)
- Treatment alternatives, including behavioral intervention
- Family systems
- Early childhood, child care, family support, and early intervention systems, both public and private
- Adult learning principles

### SKILLS AND EXPERIENCE

- Ability to integrate mental health activities and philosophies into group settings
- Observation, listening, interviewing, and assessment
- Ability to work with adults
- Sensitivity to community's attitudes and strengths
- Cultural competence
- Ability to recognize diverse perspectives of program staff and families
- Communication facilitation
- Interventions, including behavioral interventions, working with families, and other treatments

*continued*

**OVERHEAD 2-1A**

# Consultant Skills and Areas of Expertise (Continued)

## SPECIALIZED EXPERTISE

- Separation and loss
- Substance abuse
- Maternal depression
- Adolescent mothers
- Abuse and neglect issues
- Childhood mental health disorders
- Issues related to prematurity and low birth-weight infants
- Failure-to-thrive infants
- Children with aggressive behavior
- Learning disabilities and speech and language difficulties
- Infants, toddlers, and preschoolers with developmental
- Working with fathers

**OVERHEAD 2-1B**

# Consultant Roles and Responsibilities

- Help staff in a collaborative manner to understand and problem solve when faced with challenging child behaviors, both in and out of the classroom
- Provide a receptive atmosphere to explore cultural differences and workplace conflicts
- Overcome resistance to mental health services by being a regular, reassuring presence at the classroom, program, or agency
- Provide staff with specialized workshops, training, support groups, and team-building exercises
- Offer a mental health and wellness perspective to participants in case discussion meetings
- Support staff in discussing their own stressors, concerns, and personal problems and the ways in which these factors affect their work
- Provide immediate and follow-up crisis intervention when crises occur
- Consult closely with parents and families (e.g., through workshops, crisis intervention, family therapy, and parent groups)
- Refer a child or families for follow-up or more intensive services

**OVERHEAD 2-2**

# W•A•N•T•E•D

## The Perfect Mental Health Consultant

- Select your team's "philosophy" about mental health
- Consider the implications for who would be the "perfect" consultant
- Write a Want Ad that includes information about:
  - Knowledge + experience desired
  - Skills required
  - Services expected
  - Other attributes preferred

**OVERHEAD 2-3**

# Administrative Process for Engaging a Consultant

**ENTRY**

- Explore match between program needs and consultant skills
- Exchange information
- Define goals of consultation
- Delineate role and relationship to administration
- Identify continuous feedback loop
- Introduce formally to staff
- Provide orientation to staff about roles and responsibilities

**CONTRACTING**

- Define nature of consultation
- Reach consensus about consultant's roles and responsibilities
- Negotiate agreement between consultant and organization
- Agree on financial arrangements
- Reach clear understanding and agree on contractual terms
- Document agreement

**EVALUATION**

- Revisit goals of consultation
- Match evaluation strategies to goals and community
- Use continuous feedback loop including all key players (Formative)
- Assess overall effectiveness and performance (Summative)
- Communicate results

**TERMINATION**

- Observe staff's autonomous skill application
- Withdraw consultant's active support
- Validate success and problem resolution
- Discuss impending departure

**OVERHEAD 2-4**

**MODULE 3**

# The Importance of a Collaborative Relationship

**GOAL 3** Participants will understand the importance of collaborative relationships in effective mental health consultation.

## OBJECTIVES

After completing Module 3, participants will be able to:

- Identify the principles that provide the framework for collaborative relationships.
- Identify where key relationships that build effective mental health consultation develop: child and family, child care setting, and community.
- Identify the roles that race, culture, sex, gender, and class play in influencing relationships.

## KEY CONCEPTS

- Collaborative relationships are built on respect, sensitivity, commitment to change, shared goals and decision making, and open communication.
- Professional perspectives and experiences that each partner brings to the consultation process help build trust and positive working relationships.
- Cultural diversity appropriate to each situation and achieving cultural competency is a critical requirement of the collaborative consultation process.

## BACKGROUND INFORMATION: A MINI-LECTURE

In the consultation process, two or more professionals with different areas of expertise come together to solve problems, usually more effectively than if just one works alone to tackle the problem. The mental health consultant and early childhood staff are viewed as experts in their own fields. The consultant has no authority over the early childhood staff, who are free to accept or reject any of the consultant's suggestions.

In consultation, a productive working relationship is not taken for granted; rather, it develops over time. Strong personal relationships enable a consultant and staff to establish the trust and mutual respect essential to "hearing" each other and being able to discuss issues despite differences of opinion. For more information, see **pages 11 and 12** of Volume 1, *Early Childhood Mental Health Consultation*.

## ACTIVITY 3-1 WHAT DOES COLLABORATION MEAN? (WARM-UP) *(15 Minutes)*

### Purpose

In this workshop activity, participants will experience the importance of clear communication and the variety of ways that problems can be solved collaboratively.

### Preparation

**Arrange for:** Easel, chart paper, markers, and masking tape
Pieces of string or ribbon cut into 10-inch lengths
Pen or pencil for each pair
Overhead projector and screen

**Duplicate:** ***Handouts:***
Planning Guide 3: Ideas to Take Home
Handout 1: Key Elements of Partnership

***Overhead:***
Overhead 1: Key Elements of Partnership

### Leading the Activity

1. Refer to **Planning Guide 3: Ideas to Take Home** for participants to continue their note taking and planning process.
2. Ask the participants to divide into pairs.
3. Give each pair a piece of string or ribbon and a pen or pencil.
4. Ask participant pairs to hold onto a single, shared pen or pencil, using one hand each.
5. Tell them that they can communicate with each other but must work as a team. Using their other hands, and working together, they should use the ribbon to tie a bow on the pen or pencil.
6. Give them 2 minutes to accomplish the task.

### Discussion Guide

Discuss the experience with the group using the following key questions:

- How did you work together?
- What made you feel successful?
- What made you feel frustrated?
- Were both parties heard?
- Was this an equal partnership?

- Was this a collaborative process?
- Did diversity or culture play a role in the outcome?

### Summing Up

Ask the participants to brainstorm (use newsprint) the elements they think are critical for good partnerships (2 minutes). Then pass out **Handout 1: Key Elements of Partnership** and **Overhead 1** with the same name. Reinforce the following general points that lead to a better understanding of the collaborative process:

- People approach problems differently.
- Clear communication is essential.
- Goals should be mutually developed.
- Developing a joint strategy leads to greater success.
- Avoid blaming and labeling.
- Avoid stereotypes.
- Everyone has different strengths to bring to the collaborative process.

## ACTIVITY 3-2 ESSENTIAL PRINCIPLES OF A COLLABORATIVE RELATIONSHIP *(30 Minutes)*

### Purpose

In this activity, participants will explore principles that contribute to the success of relationship-based work between the mental health consultant, staff, and parents.

### Preparation

**Arrange for:** Overhead projector, screen, and overhead slide showing the 5 principles or a flip chart with the 5 principles written in large print

**Duplicate:** ***Handouts:***
Handout 2: Principles of a Consultative Relationship
Handout 3: Role-Play Cards

***Overhead:***
Overhead 2: Principles of a Consultative Relationship

## Leading the Activity

1. Explain that this activity will use brief role plays to focus on essential features that characterize early childhood mental health collaboration. The role plays are very short examples of effective and ineffective collaboration and are exaggerated to make specific points in a humorous way. These role-play characterizations are out of context and do not provide full pictures of a situation. Several principles may apply and both positive and negative approaches may be illustrated. The discussion that follows each role play helps illustrate the many factors that influence successful mental health consultation.

2. Using **Handout 2 and Overhead 2: Principles of a Consultative Relationship** or a flip chart listing each principle, review the principles that provide the context for building a collaborative relationship. Read each one, telling participants that they will have a chance to see how these principles facilitate collaboration. However, when these principles are not adhered to, collaboration is much more difficult to achieve.

   ***Principles:***

   - Respect for the person
   - Sensitivity to context
   - Commitment to evolving growth and change
   - Mutuality of shared goals
   - Open communication

3. Tell participants that the activity is a "fish bowl" where the group gets to watch the action and make a judgment about each role.

4. Choose 3 or 4 role plays for this activity.

5. Ask for volunteers to come up to the front one at a time to act out a situation.

6. Give each volunteer a card **(Handout 3: Role-Play Cards)** with a role to act out. Tell volunteers that all they have to do is read what is printed on the card. If no one volunteers, act out the first role and ask again for volunteers for the next role play.

7. Ask participants to watch the role play.

8. Ask participants to identify which principles are or are not being implemented. Elicit different perspectives; point out the complexity of the collaborative relationship.

**Role 1** The mental health consultant says to the staff member, "Hello, I am Dr. Kay. I am your new mental health consultant, and I want to tell you some of the things I can do for you. For instance, I know that you do not have enough rules in your classroom and that is why the children are acting out. I will give you some rules to use."

**Role 2** The staff member says to the mental health consultant, "We all agree that James is having trouble at school and at home and that his mom, Mrs. Smith, wants help. I don't think you should go to his home on your own. I live near Mrs. Smith and know that the neighborhood is very dangerous, and I am concerned for your safety. Maybe I can pick up Mrs. Smith and bring her to the center, or we can go on the home visit together."

**Role 3** The mental health consultant says to the child care program director, "Based on conversations with the classroom teaching team, I think that staff in the bluebird group are feeling like failures because Tomika is so hard to manage. I will spend more time with them in the classroom to model some new behavior management techniques. I also know about a free evening workshop, 'Teachers Avoiding Burnout: Strategies for Taking Care of Yourself,' at the community college. Maybe I can call and get tickets so that your staff can attend the event."

**Role 4** The teacher says to the assistant teacher, "I don't want that new mental health consultant in our classroom. I don't quite understand how she can help. I asked her to help us stop Mica from crying all the time, but she said she is going to check out our daily schedule and transitions between activities. I'm not sure what that means—she seems to be blaming us instead of doing something to solve our problem."

**Role 5** The staff member says to the mental health consultant, "I am glad you asked me about Johnny, because what I am really concerned about is his not participating in class. He just doesn't seem to have any friends. I think we need to figure out ways to get him to feel more comfortable in the group. What do you think we can work on first?"

**Role 6** The program director says to the mental health consultant, "You can tell me what you observe in the classroom rather than talk directly with staff. I will convey the information to staff, because they really don't have any free time to meet with you and because I want to hear your observations before staff do."

## Discussion Guide

- Share your own experiences about the complexity of collaboration, illustrating that sometimes the best intentions are not adequate for the situation.
- Ask participants to share any experiences they have had with mental health consultation. What has worked well and what has not worked well?

## Summing Up

Drawing on points made in the discussion by the group, review each principle with a brief description of its definition (**pages 11 and 12** of *Early Childhood Mental Health Consultation*):

- **Respect for the person.** This principle implies an attitude of positive regard toward individuals, including recognition of both strengths and vulnerabilities.
- **Sensitivity to context.** The staff member and the consultant must understand each other as influencing and being influenced by their environment.
- **Commitment to evolving growth and change.** Consultants must be equally dedicated to promoting the development and mental health of both children and caregivers.
- **Mutuality of shared goals.** Sharing and communicating goals forms the basis for the consulting work. It is an ongoing process that occurs throughout the consultation.
- **Open communication.** The channels and process of communication must be clarified from the beginning of the consultation process. Communication must be regular, frequent, and consistent.

## ACTIVITY 3-3 THE ROLES OF CULTURE, RACE, SEX, GENDER, AND CLASS IN INFLUENCING RELATIONSHIPS

*(Total Time: 45 Minutes)*

**A. Your Own Culture** *(15 Minutes)*
**B. Diversity and Consultation** *(30 Minutes)*

### Purpose

In these activities, participants will explore the importance of culture as an influence on the collaborative process.

### Preparation

**Arrange for:** Easel, chart paper, markers, and masking tape
Overhead projector (if available)

**Duplicate:** ***Handouts:***
Handout 4: The Cultural Iceberg
Handout 5: Vignette
Handout 6: Key Definitions

***Overhead:***
Overhead 3: The Cultural Iceberg

### Leading the Activity

Tell participants that this activity comprises 2 parts:

A. Your own culture
B. Diversity and consultation

## A. YOUR OWN CULTURE

1. Ask participants the following questions:

   a. When you were a young child and had a bad cold, how did your family or caregivers respond?

   b. What do you do when your own children have colds?

2. Solicit answers and write key responses on a flip chart. Answers may include orange juice, hot tea, chicken soup, lots of clothing and covers, Vicks rub eaten or put on the chest, open windows, and closed windows.

3. Ask the group why there are so many different answers and whether some answers are better than others. Ask why the group was unaware of all these perspectives.

4. Use **Overhead 3: The Cultural Iceberg** of the iceberg diagram or draw an iceberg on flip chart paper with 1/3 above the "water" line and 2/3 below the line. This example will further illustrate how culture influences who we are, what we do, and what we value and believe. Distribute **Handout 4: The Cultural Iceberg.**

5. Ask participants to list the ***visible*** attributes of culture, and record their ideas (such as language, foods, skin color, gender, music, and dance) on the top part of the iceberg.

6. Ask participants to list attributes that are ***invisible*** and that go below the water line (such as values, attitudes, religion, health practices, child-rearing beliefs, patterns of superior or subordinate roles, and patterns of handling emotion).

### Discussion Guide

Use the following points to guide the large-group discussion:

- Emphasize that we all have our own cultural beliefs and customs, based on our experiences. We often repeat what we saw as children because it is familiar or natural. As this exercise illustrates, there are many ways to show we "care," and it is important that we be aware of the variety of practices and approaches that are considered correct and normative.

- Remember to encourage participants to transition their discussion on the intrapersonal and interpersonal aspects of cultural beliefs and customs to the ways in which these aspects manifest in the professional area. Some examples include effective communication across cultures, quality assessments, and formulation of treatment plans and treatment interventions.
- Point out that the culturally competent consultant is familiar with how self-help and other concepts might manifest differently among various racial, ethnic, and cultural groups. The consultant acknowledges and respects the significant role assigned to any prominent caregiver (mother, father, extended family member, clergy, and community members). Additionally, the consultant must be informed about valued community resources and natural supports within majority and minority communities.

### Summing Up

Emphasize the following points:

- Tell participants that we are all influenced in some way by our own experiences, culture, sex, belief system, and class.
- Culture is very powerful in determining who we are but is not always visible to others. As the culture iceberg illustrates, the majority of culture is out of conscious awareness.
- Denying cultural and belief differences can interfere with building authentic relationships. A willingness to examine these factors helps acknowledge both difference and common ground that can eventually lead to a warm and effective collaboration.
- Effective cross-cultural consultants have an awareness of their own personal values and beliefs, a well-developed awareness of their personal ways of both relating to others and showing care and respect, and the ability to adapt interventions appropriately to meet staff members' and families' needs.

## B. DIVERSITY AND CONSULTATION

### Background Information: A Mini-Lecture

To ensure cultural competence among consultants and to promote effective response to the mental health of diverse populations, consultants should obtain knowledge and skills in the following areas:

- Understanding of populations' backgrounds
- Clinical issues (differences in symptom expression and nonverbal language)
- Provision of appropriate treatment (use of culturally informed individuals and interpreters)
- Agency or provider role (personal biases)

- Effective communication across cultures (listening and establishing rapport using socially and culturally appropriate conventions)
- Provision of quality assessments (using culturally appropriate instruments and other tools)
- Formation and implementation of quality care and treatment plans (using culturally appropriate community resources)
- Provision of quality treatment (using preferred language)
- Using one's self-knowledge (recognizing one's own limitations)
- Attitudes (demonstrating attitudes that indicate respect for diverse heritages)

### Leading the Activity

1. Pass out **Handout 5: Vignette** and read the following vignette (point out that this is a real situation): Dr. Shannon, a Caucasian therapist beginning work as a consultant at a preschool program, met for the first time with an experienced Mexican American teacher to discuss the children he had observed. Historically reticent to share "her" children with outsiders, the teacher joined Dr. Shannon for a review of her class, all of whom lived in a poor neighborhood where violence and drug abuse were common. Dr. Shannon chose to address two children as his first concerns. He remarked that one well-liked, African American boy might develop gender identification problems because he wore a diamond earring in his left ear. He also expressed concern that a petite, doll-like Mexican American girl came to school adorned in a party dress, crinolines, and shoes with inch-high heels. He felt that these clothes were inappropriate for a school setting and that her parents might not understand what is developmentally appropriate attire.
2. Ask the participants to break into small groups.
3. Have each group choose a recorder and someone to report back to the larger group.
4. Ask each group to answer the following questions that are posted on a flip chart, provided on **Handout 5,** or shown on the overhead projector:

   ***Questions:***

   a. Why do you think Dr. Shannon chose to focus on these issues?

   b. What might the teacher feel in this situation?

   c. What message might this convey to these children if the recommendation to deal with the appearance of each child moves forward?

   d. Is the consultant being culturally sensitive?

   e. What can be done to turn this situation into a learning opportunity that will lead to better consultation?

5. After the groups finish deliberating, ask for answers to each question. Encourage discussion of different points of view.

## Discussion Guide

As groups present the answers to the questions, ask them to look at the role of cultural empathy (the ability to understand cultural differences and appreciate the cultural perspective of others) and cultural knowledge (the willingness to learn about other cultures). Participants might say that the consultant should be fired. Point out that experienced early childhood mental health consultants are hard to find, that we all learn from our mistakes, and that in a consulting relationship, all parties have some responsibility to help one another learn and grow. Encourage the group to address the last question that asks how to turn this situation into an opportunity for growth and change. Ask the participants whether they have been in similar situations.

## Summing Up

Summarize the activity by referring to the principles and pointing out that respect, sensitivity, commitment, and mutuality are critical to dealing effectively with cultural differences. Also make the following points:

- The success of collaboration ultimately relies on the personal relationships forged between consultants, staff, and families. Many variables, including race, culture, class, gender, and sex, impact those relationships. It is important to recognize and examine differences and commonalities to develop good relationships.
- Cultural understanding is part of an ongoing learning process. It starts with an open-minded approach to learning about oneself and others. A good way to begin the learning process is to ask others to share information about their culture.
- The attitude that we are all the same may have a negative impact on the consulting relationship and eventually have a stifling effect on the classroom, where children notice differences and want to address issues of race and culture.
- Consultants, staff, and parents can plan together to develop an atmosphere that is rich in promoting cultural diversity and competence. All aspects of the classroom curriculum, program policies and procedures, and open communication among children, staff, families, and consultants lead to better communication and mutual understanding.

Pass out **Handout 6: Key Definitions** for participants to use as a resource. Encourage participants to use the handout to further clarify the language and concepts of cultural diversity. Remind participants to write notes, ideas, and next steps on this module's **Planning Guide 3.**

# Planning Guide 3:
## Ideas to Take Home

While the information is still fresh, jot down some notes and ideas to take back home as next steps in planning for mental health consultation:

**Good Information:**

**Great Ideas:**

**Next Steps Back Home:**

**HANDOUT 3-1**

# Key Elements of Partnership

- Mutual respect for skills
- Honest and clear communication
- Understanding and empathy
- Mutually agreed-upon goals
- Shared planning and decision making
- Exchange of resources
- Accessibility and responsiveness
- Joint evaluation process
- Absence of labeling and blame

**HANDOUT 3-2**

# Principles of a Consultative Relationship

- **Respect for the person.**

  This principle implies an attitude of positive regard toward individuals, including recognition of both strengths and vulnerabilities.

- **Sensitivity to context.**

  The staff member and consultant must understand each other as influencing and being influenced by their environment.

- **Commitment to evolving growth and change.**

  Consultants must be equally dedicated to promoting the development and mental health of both children and caregivers.

- **Mutuality of shared goals.**

  Sharing and communicating goals forms the basis for the consulting work. It is an ongoing process that occurs throughout the consultation.

- **Open communication.**

  The channels and process of communication must be clarified from the beginning of the consultation process. Communication must be regular, frequent, and consistent.

**HANDOUT 3-3 ■ ROLE-PLAY CARDS**

## Role 1

The mental health consultant says to the staff member, "Hello, I am Dr. Kay. I am your new mental health consultant, and I want to tell you some of the things I can do for you. For instance, I know that you do not have enough rules in your classroom and that is why the children are acting out. I will give you some rules to use."

## Role 2

The staff member says to the mental health consultant, "We all agree that James is having trouble at school and at home and that his mom, Mrs. Smith, wants help. I don't think you should go to his home on your own. I live near Mrs. Smith and know that the neighborhood is very dangerous, and I am concerned for your safety. Maybe I can pick up Mrs. Smith and bring her to the center, or we can go on the home visit together."

## Role 3

The mental health consultant says to the child care program director, "On the basis of conversations with the classroom teaching team, I think that staff in the bluebird group are feeling like failures because Tomika is so hard to manage. I will spend more time with them in the classroom to model some new behavior management techniques. I also know about a free evening workshop, 'Teachers Avoiding Burnout: Strategies for Taking Care of Yourself,' at the community college. Maybe I can call and get tickets so that your staff can attend the event."

*continued*

**HANDOUT 3-3 ■ ROLE-PLAY CARDS**

## Role 4

The teacher says to the assistant teacher, "I don't want that new mental health consultant in our classroom. I don't quite understand how she can help. I asked her to help us stop Mica from crying all the time, but she said she is going to check out our daily schedule and transitions between activities. I'm not sure what that means—she seems to be blaming us instead of doing something to solve our problem."

## Role 5

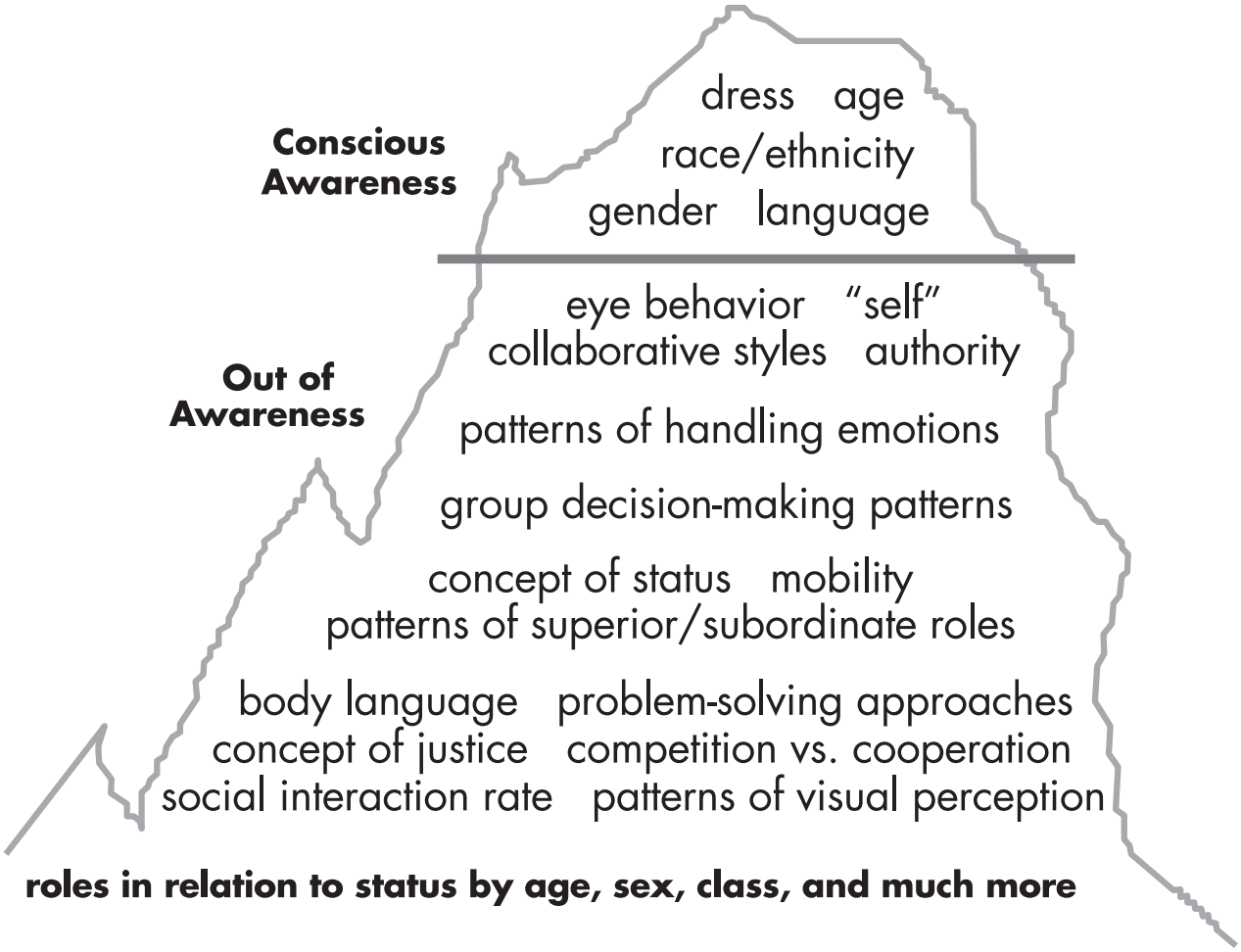
The staff member says to the mental health consultant, "I am glad you asked me about Johnny, because what I am really concerned about is his not participating in class. He just doesn't seem to have any friends. I think we need to figure out ways to get him to feel more comfortable in the group. What do you think we can work on first?"

## Role 6

The program director says to the consultant, "You can tell me what you observe in the classroom rather than talk directly with staff. I will convey the information to staff, because they really don't have any free time to meet with you and because I want to hear your observations before staff do."

**HANDOUT 3-4**

# The Cultural Iceberg



**HANDOUT 3-5**

# Vignette

## READ THE FOLLOWING VIGNETTE AND DISCUSS THE KEY QUESTIONS.

Dr. Shannon, a Caucasian therapist beginning work as a consultant at a preschool program, met for the first time with an experienced Mexican American teacher to discuss the children he had observed. Historically reticent to share "her" children with outsiders, the teacher joined Dr. Shannon for a review of her class, all of whom lived in a poor neighborhood where violence and drug abuse were common. Dr. Shannon chose to address two children as his first concerns. He remarked that one well-liked, African American boy might develop gender identification problems because he wore a diamond earring in his left ear. He also expressed concern that a petite, doll-like Mexican American girl came to school adorned in a party dress, crinolines, and shoes with inch-high heels. He felt that these clothes were inappropriate for a school setting and that her parents might not understand what is developmentally appropriate attire.

## QUESTIONS:

A. Why do you think Dr. Shannon chose to focus on these issues?

B. What might the teacher feel in this situation?

C. What message might this convey to these children if the recommendation to deal with the appearance of each child moves forward?

D. Is the consultant being culturally sensitive?

E. What can be done to turn this situation into a learning opportunity that will lead to better consultation?

**HANDOUT 3-6**

# Key Definitions

**Acculturation:** Cultural modification of an individual, group, or people by adapting or borrowing traits from another culture; a merging of cultures as a result of prolonged contact.

**Assimilation:** To assume the cultural traditions of a given people or group.

**Bi-cultural:** The ability to understand and function effectively in two or more cultural environments. An individual who is bi-cultural is not necessarily culturally competent.

**Bilingual:** The ability to speak effectively in two or more languages. Individuals who are involved in serving limited English-proficient persons shall be certified to do so.

**Competence:** The application of knowledge and the interpersonal, decision-making, and psychomotor skills expected for the practice role (National Council of State Boards of Nursing, Inc., 1996).

**Competent:** Properly or well qualified and capable.

**Culture:** The integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. Culture defines the preferred ways to meet needs.

**Cultural Competency:** An acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of minority populations.

**Cultural Sensitivity:** Understanding the needs and emotions of your own culture and the culture of others.

**Ethnic:** Of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background.

**Ethnicity:** Ethnic quality or affiliation.

**Race:** There is an array of different beliefs about the definition of race and what race means within social, political, and biological contexts. The following definitions are representative of these perspectives:

- A tribe, people, or nation belonging to the same stock; a division of humankind possessing traits that are transmissible by descent and sufficient to characterize it as a distinctive human type.

*continued*

**HANDOUT 3-6** *(Continued)*

- Race is a social construct used to separate the world's peoples. There is only one race, the human race, comprising individuals and characteristics that are more or less similar to others.
- Evidence from the Human Genome project indicates that the genetic code for all human beings is 99.9% identical; there are more differences within groups (or races) than across groups.

Definitions 1 and 2 and 9–12 taken from Tawara D. Goode, Georgetown University Child Development Center, Center for Child Health and Mental Health Policy, University Affiliated Program, 1997, Revised 2000.

Definitions 3–8 taken from from *Cultural Competence Standards In Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups,* Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. To obtain a copy, call 1-800-789-2497 or www.mentalhealth.org to view Standards online.

Other valuable information can be found in *Towards A Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed* (1989). Written by Cross, T.L., B.J. Bazron, K.W. Dennis, and M.R. Isaacs. Available through Georgetown University Center for Child and Human Development, www.gucchd.georgetown.edu.

# Key Elements of Partnership

- Mutual respect for skills
- Honest and clear communication
- Understanding and empathy
- Mutually agreed-upon goals
- Shared planning and decision making
- Exchange of resources
- Accessibility and responsiveness
- Joint evaluation process
- Absence of labeling and blame

**OVERHEAD 3-1**

# Principles of a Consultative Relationship

- **Respect for the person.**

  This principle implies an attitude of positive regard toward individuals, including recognition of both strengths and vulnerabilities.

- **Sensitivity to context.**

  The staff member and the consultant must understand each other as influencing and being influenced by their environment.

- **Commitment to evolving growth and change.**

  Consultants must be equally dedicated to promoting the development and mental health of both children and caregivers.

- **Mutuality of shared goals.**

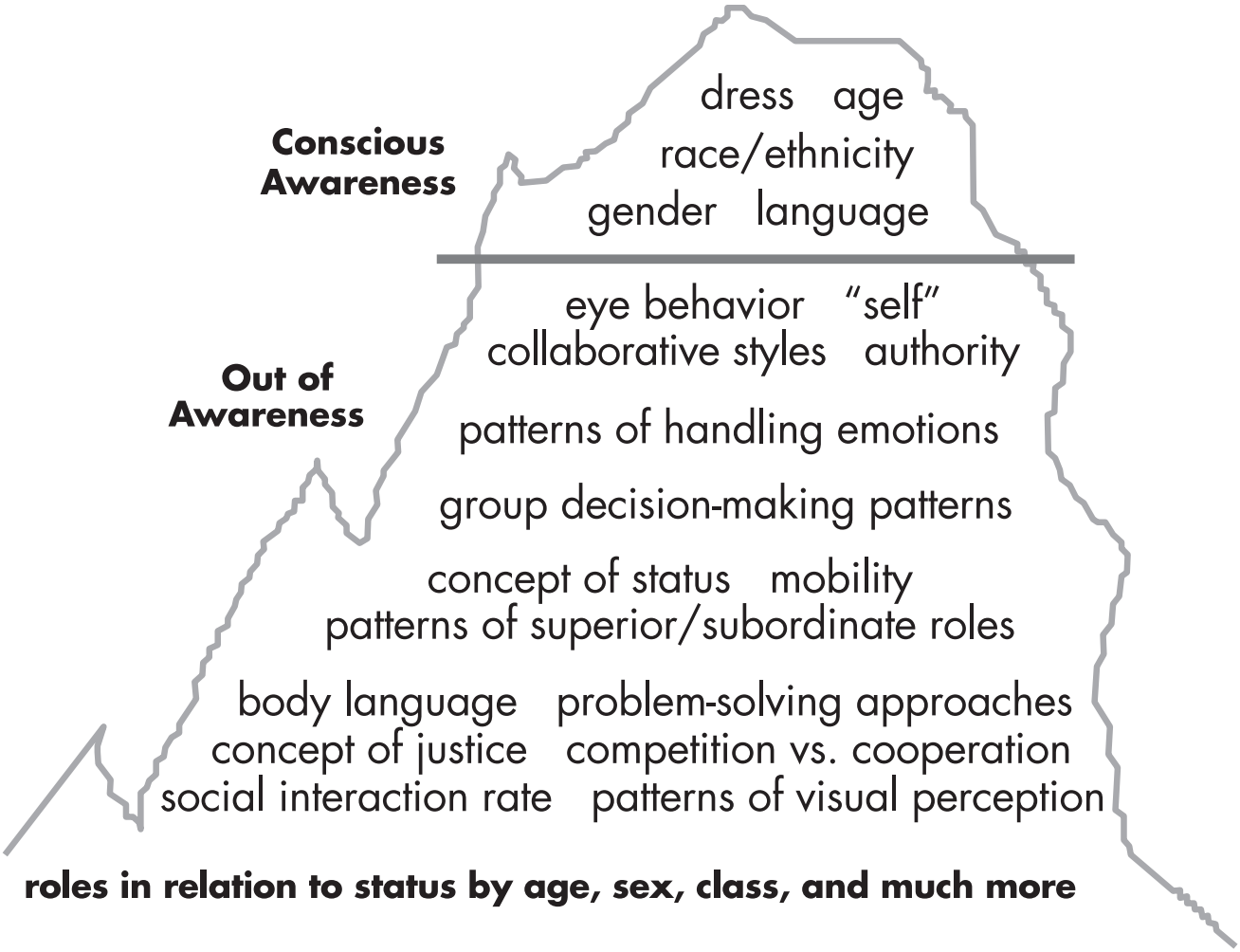
  Sharing and communicating goals forms the basis for the consulting work. It is an ongoing process that occurs throughout the consultation.

- **Open communication.**

  The channels and process of communication must be clarified from the beginning of the consultation process. Communication must be regular and consistent.

**OVERHEAD 3-2**

# The Cultural Iceberg




OVERHEAD 3-3

**MODULE 4**

# Understanding Challenges and Developing Strategies

**GOAL 4** Participants will identify critical issues and challenges in the consulting process and will develop strategies to address them.

## OBJECTIVES

After completing Module 4, participants will be able to:

- Identify their own specific challenges to early childhood mental health consultation from their perspective or role.
- Identify several strategies for each challenge.

## KEY CONCEPTS

- Challenges are a natural part of any problem-solving effort including the consultative process.
- Awareness of challenges is important; solutions and strategies need to be implemented to address these challenges.
- Developing consensus and working with community partners are essential to meeting the challenges.
- Strategies should be culturally sensitive and relevant to the settings.

## BACKGROUND INFORMATION: A MINI-LECTURE

Early childhood mental health consultation enhances the well-being of children, families, and staff and program capacity. The consultant has the personal satisfaction of making a difference. However, developing an early childhood mental health consultation effort presents challenges. Some of these challenges include:

- Difficulty in implementing the intervention plan
- Organizational setting
- Value conflicts
- Racial, ethnic, cultural, and socioeconomic issues

- Lack of mental health professionals with early childhood consultation experience
- Funding

Use **Overhead 1 and Handout 1: Common Challenges** to share information from ***Section IV*** **(pages 19–23)** ***in Early Childhood Mental Health Consultation.***

***Challenges to implementing an intervention plan*** include ambiguity in the plan itself and lack of clarity about the consultative process; lack of awareness of work load or time demands on staff; complexity of the plan itself and difficulty in implementing it; and other entrenched habits.

***Challenges in the organizational setting*** include overworked staff, high staff turnover and low morale, autocratic decision making, and inadequate resources. Consultants begin the process of consultation by defining the organizational structure, establishing the different roles and boundaries within the organization, and setting achievable goals and outcomes.

***Challenges around values*** focus on moving away from the traditional approach of identifying an individual's problems toward assuming a strengths-based approach and capitalizing on the strengths of both children and their families. It is essential for the mental health consultant to be aware of strengths as problems are being addressed.

***Challenges around racial, ethnic, cultural, and socioeconomic issues*** may inhibit the success of the consultation. The consultant needs to be both culturally empathic and culturally knowledgeable. A consultant working in cross-cultural situations should be aware of cultural differences and address these differences openly and in a nonjudgmental manner with staff.

***Challenge of lack of mental health professionals with early childhood experience, training, and consultation skills.*** It is sometimes difficult to identify mental health consultants who are knowledgeable about child development, family systems, child care issues, and early childhood education. Few higher education programs offer mental health training courses that teach students how to be consultants.

***Challenges of funding*** is one of the most frequently cited barriers to mental health consultation. Obtaining funds for program consultation is even more challenging than paying for child-focused consultation in which Medicaid may provide some funds through its Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Some states and communities are recognizing the benefits of providing mental health services to young children and their families and are using creative approaches to plan, provide, and pay for these services.

## ACTIVITY 4-1 IDENTIFYING MY OWN CHALLENGES

*(30 Minutes)*

### Purpose

In this activity, participants will identify challenges to mental health consultation in an early childhood setting and will identify their own system or program challenges and share them with others.

### Preparation

**Arrange for:** Post-it notes, pens, easel and flip chart paper, and markers

**Duplicate:** ***Handouts:***
Handout 1: Common Challenges

***Overhead:***
Overhead 1: Common Challenges

**Make:** On 8 separate flip chart pages posted around the room, make headings for:

- Difficulty in implementing the intervention plan
- Organizational setting
- Value conflicts
- Racial, ethnic, cultural, and socioeconomic issues
- Lack of mental health professionals with early childhood consultation experience
- Funding
- Other

### Leading the Activity

1. Present information on Common Challenges to the large group.
2. Have participants count off by two and give each pair some Post-it notes and markers.
3. Give the following instructions:
   - Based on **Handout 1: Common Challenges,** as well as what you know about early childhood mental health consultation, talk with your partner about what you think may be the challenges to mental health consultation as part of your own system or program.
   - Write at least 2 or 3 challenges on separate Post-it notes.

4. Have the participants read one challenge aloud and place all their Post-it notes under the appropriate headings on the flip chart paper around the room.

### Summing Up

Using **Overhead 1** point out the variety of challenges that may be related to the particular organizational and operational issues. Inquire about headings with no Post-it notes, and explore whether participants did not think about this category or whether it is not an issue or challenge.

## ACTIVITY 4-2 PROBLEM-SOLVING STRATEGIES FOR THE CHALLENGE *(40 Minutes)*

### Purpose

In this activity, participants will problem solve strategies to overcome challenges.

### Preparation

**Arrange for:** Pens, Post-it notes, flip chart paper, and markers

**Duplicate:** ***Handout:***
Worksheet 1: My Own Challenges

### Leading the Activity

1. Acknowledge that challenges are normal and expected but that there may be specific interventions or strategies that we can do either immediately or long range that could be helpful to overcoming the challenges.
2. Describe a few helpful strategies either from the publication *Early Childhood Mental Health Consultation* or from your own experience. Emphasize that mental health consultation is a mutual problem-solving approach.
3. Create small groups, one for each poster with Post-it notes indicating specific challenges.
4. Assign each group a flip chart poster.
5. Give the following instructions:
   - Explain that each group is a mini-consultant team.
   - As a team, they will review the challenges listed on their flip chart poster and will discuss possible solutions to the barriers posted. Try to be as realistic as possible.
6. As a team, identify possible solutions, and post them on the flip chart paper next to the relevant challenges. If time allows, invite each individual participant to wander around the room to each poster and add strategies where they can.

7. Finally, have all the participants walk around the room using their **Worksheet 1: My Own Challenges** to record the specific challenges and strategies they want to remember for their individual challenges.

### Summing Up

Offer observations about the group process of teamwork in identifying specific strategies. Note that it is often helpful to engage others in a problem-solving process to generate a variety of ideas. However, another challenge is to make the strategies specific and doable and something that can really make a difference back home within the context of your own early childhood or mental health services program.

## ACTIVITY 4-3 NEXT STEPS AND WHO DO I NEED *(20 Minutes)*

### Purpose

In this activity, participants will prioritize challenges and strategies, delineate next steps, and think about who might be needed to accomplish the tasks.

### Preparation

**Arrange for:** Pens

**Duplicate:** ***Handouts:***
Planning Guide 1, 2, and 3 Worksheets
Worksheet 1: My Own Challenges
Handout 2: Financing Early Childhood Mental Health Consultation Services

### Leading the Activity

1. Discuss the importance of formulating clear next steps for each strategy.
2. Encourage participants to spend some time reviewing their **Planning Guide 1, 2, and 3 Worksheets** from the three previous modules, in addition to the strategies they have learned from the flip charts.
3. Explain that this is an opportunity to integrate the ideas and next steps that they noted throughout the training. Have people recognize that they may need others to help them implement a strategy.
4. Give the following instructions:
   - Spend a few minutes alone and review your **Worksheet 1: My Own Challenges** and Planning Guides.
   - Select a strategy that you want to work on very soon after this training. Pick something doable.
   - Write your Next Steps.

5. In the large group, ask for someone to share one priority—a challenge, a strategy to address the challenge, a next step or steps, and others they need to enlist in the effort.

## Summing Up

Remind participants that they can use the planning sheets when they get back to their programs to further develop a plan for early childhood mental health consultation. Suggest that they can use a planning process similar to the one in which they just participated, pulling together a team of colleagues to complete the work. Distribute **Handout 2: Financing Early Childhood Mental Health Consultation Services,** acknowledging that financing is one of the most common challenges.

**HANDOUT 4-1**

# Common Challenges

***Challenges to implementing an intervention plan*** include ambiguity in the plan itself and lack of clarity about the consultative process; lack of awareness of work load or time demands on staff; complexity of the plan itself and difficulty in implementing it; and other entrenched habits.

***Challenges in the organizational setting*** include overworked staff, high staff turnover and low morale, autocratic decision making, and inadequate resources. Consultants begin the process of consultation by defining the organizational structure, by establishing the different roles and boundaries within the organization, and by setting achievable goals and outcomes.

***Challenges around values*** focus on moving away from the traditional approach of identifying an individual's problems toward assuming a strengths-based approach and capitalizing on the strengths of both children and their families. It is essential for the mental health consultant to be aware of strengths as problems are being addressed.

***Challenges around racial, ethnic, cultural, and socioeconomic issues*** may inhibit the success of the consultation. The consultant needs to be both culturally empathic and culturally knowledgeable. A consultant working in cross-cultural situations should be aware of cultural differences and address these differences openly and in a nonjudgmental manner with staff.

***Challenge of lack of mental health professionals with early childhood experience, training, and consultation skills.*** It is sometimes difficult to identify mental health consultants who are knowledgeable about child development, family systems, child care issues, and early childhood education. Few higher education programs provide mental health training courses that teach students how to be consultants.

***Challenges of funding*** is one of the most frequently cited barriers to mental health consultation. Obtaining funds for program consultation is even more challenging than paying for child-focused consultation in which Medicaid may provide some funds through its Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Some states and communities are recognizing the benefits of providing mental health services to young children and their families and are using creative approaches to plan, provide, and pay for these services.

**HANDOUT 4-2**

# Financing Early Childhood Mental Health Consultation Services

- **A broad array of public and private entities provides early childhood services.** Half of all preschool-aged children have a mother in the labor force. Children are cared for by their relatives, by their in-home sitter, in family day care homes, in public and private child care centers, in public preschool programs, and in private preschools.
- **A complex system exists for financing children's mental health services.** A variety of public agencies and programs provide for mental health services for young children, including child welfare and protective services, Part C early intervention systems, preschool special education programs, Medicaid, and Head Start. Foundations and private nonprofit groups also pay for services in communities.
- **Private health insurance plans typically pay for a narrow array of direct services provided.** Our current health care financing systems fail to cover mental health services to the same extent as physical health services. Barriers often exist for providers seeking reimbursement for consultation services.
- **Major sources of funding do exist for early childhood mental health services, including some types of consultation:**
  - Medicaid
  - Head Start and Early Head Start
  - Individuals with Disabilities Education Act (Part B, Section 619; and Part C)
  - Mental Health and Substance Abuse Block Grants
  - Child Care and Development Fund
  - Child Welfare funds (Title IV-E of the Social Security Act)
  - Maternal and Child Health Block Grant (Title V of the Social Security Act)
  - Temporary Assistance to Needy Families (TANF, replaced AFDC)
  - Housing and Urban Development
  - State and County Appropriations
  - Foundations (e.g., Annie E. Casey Foundation and Ounce of Prevention Fund)
  - Community Organizations (e.g., churches, Elks clubs, sororities, and Junior League)

# WORKSHEET 1 ■ MY OWN CHALLENGES

| CHALLENGES | STRATEGIES | NEXT STEPS | WHO DO I NEED |
|---|---|---|---|
| | 1.<br>2.<br>3. | | |
| | 1.<br>2.<br>3. | | |
| | 1.<br>2.<br>3. | | |
| | 1.<br>2.<br>3. | | |

# Common Challenges

## Challenges to implementing an intervention plan:

- Ambiguity in the plan itself
- Lack of clarity about the consultative process
- Lack of awareness of work load or time demands on staff
- Complexity of the plan and difficulty in implementing it
- Other entrenched habits

## Challenges in the organizational setting:

- Overworked staff
- High staff turnover
- Low morale
- Autocratic decision making
- Inadequate resources
- Beginning the process of consultation by defining the organizational structure, by establishing the different roles and boundaries within the organization, and by setting achievable goals and outcomes

*continued*

# Common Challenges (Continued)

## Challenges around values:

- Moving away from the traditional approach of identifying an individual's problems
- Moving toward assuming a strengths-based approach and capitalizing on the strengths of both children and their families as problems are being addressed

## Challenges around racial, ethnic, cultural, and socioeconomic issues:

- May inhibit the success of the consultation
- Consultant is culturally empathic and culturally knowledgeable
- Awareness of cultural differences
- Willingness and ability to address these differences in an open and nonjudgmental manner

*continued*

# Common Challenges (Continued)

**Challenge of lack of mental health professionals with early childhood experience, training, and consultation skills:**

- Difficult to identify consultants who are knowledgeable about child development, family systems, child care issues, and early childhood education
- Few higher education programs offer courses that teach students how to be consultants

**Challenges of funding:**

- Obtaining funds for program consultation
- Available reimbursement for services through Medicaid and its Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program
- Other creative approaches to plan, provide, and pay for these services

**OVERHEAD 4-1C**

**APPENDIX A**

# Selected Resources on Mental Health Consultation in Early Childhood Settings

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

Donohue, P., Falk, B., & Provet, A. G. (2000). *Mental health consultation in early childhood programs.* Baltimore: Brookes.

Green, B., Simpson, J., Everhart, M., Vale, E., & Gettman, M. (2004). Understanding integrated mental health services in Head Start: Staff perspectives on mental health consultation. *National Head Start Association Dialog,* 7(1), 35–60.

Johns, B. (2003). *The early childhood mental health project: Child care consultation in action.* San Francisco: Jewish Family and Children's Services.

Johnston, K., & Brinamen, C. (2005). *Mental health consultation in childcare.* Washington, DC: Zero to Three.

Gilliam, W. S. (2005). *Prekindergartners left behind: Expulsion rates in state prekindergarten systems.* New Haven, CT: Yale University Child Study Center.

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