

# The Essential Activities of Infant and Early Childhood Mental Health Consultation: Guidance for the Field from a Consensus-Building Study

## BACKGROUND

Infant and Early Childhood Mental Health Consultation (IECMHC) is an evidence-based service in which a mental health professional builds the capacity of early childhood providers and programs to improve the social-emotional development of infants and young children and enhance equity in early childhood settings. A defining feature of IECMHC is its flexibility; consultants build responsive relationships with consultees based upon the consultative stance<sup>1</sup>, learn about the larger context and culture of the child-serving program, and co-create a vision and plan for consultation with consultees<sup>2</sup>. Over decades of implementation, research has indicated that IECMHC, implemented with this flexibility, has positive outcomes for children’s social-emotional development and the skills of the adults who work with them (Tidus et al., 2022).

Many other evidence-based early childhood services are less flexible in implementation; rather, an authoritative manual and/or fidelity measure articulates the actions that providers should take in order to meet criteria for implementing the particular service. With an emphasis on sharing expertise and power with consultees and communities, IECMHC has approached this task differently: by articulating core principles and then supporting communities to set up their own consultation programs. It is, therefore, unsurprising that there is notable variability in IECMHC service provision. This variability provides richness for the task of retrospectively, rather than prospectively, developing a shared understanding of the defining activities of consultation.

The rapid expansion of IECMHC into different settings over recent years has created an impetus to clearly define the activities of consultation and to ensure that those activities reflect the diverse settings in which consultation is provided. IECMHC is implemented in early childhood education (ECE), home visiting, primary care, early intervention, child welfare, and other settings that serve young children – all of which have different structures, demands, and preferences for support. These differences across

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<sup>1</sup> A term used to capture and describe the consultant’s “way of being” in this relationship-based work. See Johnston & Brinamen, 2006.

<sup>2</sup> Consultees include, but are not limited to: teachers, home visitors, child care directors, program leaders, child welfare case workers, and early intervention providers

settings affect the format and content of consultation. For example, consultants in some settings may never engage directly with families or may not have access to engage with someone in a program leadership role. Universal guidance must be sensitive to these nuances while working to bring greater cohesion to the field.

Clarity in the defining activities of consultation would also bolster equity efforts. There is growing recognition that IECMHC is aligned with best practices in anti-bias interventions (Davis et al., 2020) and may reduce racial disparities in key outcomes for young children (Shivers et al., 2021). Yet, many consultants report feeling unsure about the specific actions they can take with consultees towards that larger goal.

One of the first studies to investigate the activities of IECMHC (Duran et al., 2009) used qualitative data collection to inventory the activities of six established IECMHC programs across diverse communities, all serving ECE settings. Input from the field suggested six key activities: 1) information gathering; 2) individualized service plan development; 3) individualized service plan implementation support; 4) early care and education (ECE) provider/family education; 5) ECE provider/family emotional support; and 6) linkages to/provision of services beyond consultation. More detail is needed to expand upon this foundational resource to build shared understanding about not only what consultants do but also how they do it, including what elements of consultation are essential across settings and which can be flexibly adapted to each situation. A clear list of activities would decrease ambiguity about the defining elements and activities of consultation regarding communication, training, and coherence as a field-balanced with respect for the need to prioritize relationship-building.

To address this nuanced task, the Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE) conducted a consensus-building research study to distill the essential activities of IECMHC. The resulting list of IECMHC activities offers direction for programs and practitioners seeking to deliver equitable, high-quality consultation in any setting. Further, it provides the foundation for developing a fidelity tool to guide training, implementation, and evaluation efforts.

## THE STUDY

The CoE embarked on this consensus-building research study to provide a clear and unifying vision of the core activities of IECMHC. After reflection on all the learnings to date and the current landscape of the field, several priorities for this study emerged:

- To identify activities of IECMHC that are universal to all settings, not just ECE (which has received the majority of the research attention for IECMHC to date);
- To create a comprehensive summary of consultation activities that encompasses both the concrete actions of consultants as well as their “way of being” in this role;

- To document the actions of consultation that are thought to promote equity for consultees, programs, children, and families; and,
- To document the ways in which consultants build the responsive and respectful relationships that are critical to effective consultation

Research methods were selected with careful consideration of the task—which required gathering data from diverse expert informants across the country, building upon scanty existing research or agreement from the field. The Delphi method begins with researchers selecting a panel of subject-matter experts who participate in an iterative process until consensus is reached on the identified topic. This method employs multiple rounds of researcher-created surveys; the first is more open-ended, and the second and third summarize consensus areas from the first survey and gauge panelists’ agreement with their summary (Iqbal & Pison-Young, 2009).

### Participants

The quality of results from a Delphi method depends in large part on the recruitment of expert panelists, so the research team approached this task carefully. IECMH Consultants and supervisors (who had previously been consultants) were invited to apply to participate in this study via the CoE listserv. Out of 154 applicants, 30 were selected to be panelists for the Delphi study. Selections balanced the priorities of 1) a geographically and racially/ethnically diverse group, 2) extensive professional experience with IECMHC, and 3) high-quality responses to open-ended prompts about the consultative stance and equity. Of the 30 who were invited to participate, 29 participated in at least one of the three surveys and the majority (26) completed all three surveys. See **Table 1** for a description of the panel.

### Procedures

Three iterative waves of survey data were collected such that initial, more open-ended responses were synthesized by the research team and shared back with panelists to reach group consensus ([see Figure 1](#)). The first survey asked for detailed information about all of the activities that consultants undertake in their role, with prompts to elaborate on the cultural and relational considerations for each. Panelists provided rich qualitative data and the research team coded activities within three core overlapping areas: IECMHC process activities, relationship-building actions, and equity-enhancing actions. After this analysis, the research team proposed a list of five essential elements and 27 activities to comprehensively summarize the detailed information shared by panelists.

In survey 2, the panelists were asked to rate how essential they thought each element and activity was on a scale from 0-100. In accordance with other Delphi studies (Bedi & Duff, 2014; Berk et al., 2011; Runyan et al., 2019), any items for which 80% of panelists rated the item as 80 or above were deemed to have reached group consensus. All five of the elements met this standard, and only 4 of the 27 activities did not meet this standard. In survey 3, panelists were asked to react to the proposed changes to the items that did not reach consensus. As a result of their responses, three items were edited and included, and one item was dropped because it was not considered essential.

**Table 1**

<i>Characteristics of Panelists</i>	<i>n=29</i>			
	<i>n</i>	<i>%</i>	<i>Mean</i>	<i>SD</i>
Gender				
Female	27	93.10%		
Male	1	3.45%		
Prefer to self-describe	1	3.45%		
Race(s)*				
Asian	2	6.06%		
Black/African or Caribbean Descent	5	15.15%		
Middle Eastern/North African	0	0%		
Native Hawaiian/Pacific Islander	1	3.03%		
Native, Indigenous, or Aboriginal (e.g., Native American, Alaskan Native, Aboriginal Australian)	0	0%		
White/European Descent	23	69.70%		
Other	2	6.06%		
Ethnicity**				
Hispanic or Latinx	1	3.45%		
Not Hispanic or Latinx	28	96.55%		
Highest educational level				
Bachelor’s Degree (B.A., B.S.)	1	3.45%		
Master’s degree (MSW, M.A.)	26	89.66%		
Doctorate (PsyD, PhD, EdD, MD)	2	6.90%		
Settings in which they provide(d) IECMHC*				
Head Start	17	16.19%		

Home visiting	16	15.24%	
Early Intervention	14	13.33%	
Elementary Schools	8	7.62%	
Center-based child care	17	16.19%	
Home-based child care	11	10.48%	
Child Welfare	5	4.76%	
Primary Care	4	3.81%	
Other	13	12.38%	
Years of experience			
Total length of time working in IECMHC field	29	11.66	6.83
IECMH consultant	29	8.81	5.39
IECMHC supervisor	28	2.09	3.62
Program director/manager	29	2.3	4.28

\*Response to a multi-select multiple choice question

\*\* Race /ethnicity were also collected as an open-ended question

## Results

Ultimately five essential elements and 26 activities reached consensus.

**Table 2**

### Essential Elements and Activities

*Element 1: Structure the process for consultation*

*Activities*

Begin consultation: Clarify role and orient to consultation

Identify the central issue(s) or challenge(s) to be addressed in consultation and decide which individuals to engage in consultation based on their spheres of influence\*

Initially, and repeatedly, gather information and explore context to develop shared understanding

Collaboratively develop a shared vision and plan for consultation

Support consultees as they implement the vision/plan

Recommend and/or facilitate linkages for children, families, and/or consultees to supplemental services or supports that are contextually, culturally, and linguistically appropriate whenever possible\*

Monitor progress, make adjustments, and address new issues as needed

Support and empower consultees through staff transitions, shifts in the focus of consultation, or case closures (in time-limited consultation).\*

*Element 2: Build and nurture strong, equitable consultative relationships that foster readiness for and commitment to consultation*

*Activities*

Establish and maintain rapport, trust, and respect

Communicate using best practice interpersonal skills, both verbal and nonverbal

Create a sense and an expectation of belonging and inclusion

Share power, value mutual expertise, and allow consultees to lead in goal-setting and decision-making

Attend to consultees' personal wellbeing while maintaining boundaries of consultant role

*Element 3: Optimize consultee capacity to support IECMH through new ways of thinking and acting*

*Activities*

Share knowledge to enhance consultees' understanding of IECMH and how to support it

Promote strategies that will strengthen consultee capacity to foster healthy, equitable, responsive relationships and environments

Strengthen interpersonal relationships and communication between and among consultees, families, and others who directly or indirectly care for children

Foster consultees' ability and inclination to reflect

Explore the contextual, cultural, developmental, and environmental influences on the situation being discussed in consultation

*Element 4: Empower consultees to enhance equity in their roles*

*Activities*

Discuss interpersonal dynamics related to culture, bias, and discrimination within the consultative relationship

Provide information and perspectives on critical equity topics

Facilitate consultee reflection on systemic equity issues and how they affect the consultee and children/families

Collaboratively develop strategies to address identified concerns and areas for improvement around equity

*Element 5: Attend to consultant skills, self-care, and self-awareness*

*Activities*

Actively engage in consultant self-care

Actively engage in consultant capacity-building

Continuously build consultant cultural humility, awareness of their own cultural identity and how it may affect consultation, and ability to engage in potentially challenging conversations

Exemplify desirable skills and behaviors for consultees to adopt

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\*Did not reach consensus in round 2, and language was edited and reached consensus in round 3

## IMPLICATIONS

The list of essential IECMHC activities derived from the Delphi process (aka The Essential IECMHC Activities list) is an invaluable tool with a wealth of applications. It answers the question “what do consultants do?” – a question that has led to a great deal of ambiguity regarding the scope of IECMHC services. It also integrates what consultants do with how they do it – often referred to as the consultative stance, which distinguishes consultation from other practices (Johnston & Brinamen, 2006). It provides a unified roadmap for IECMHC programs and practitioners on how to implement high-quality consultation services in any setting.

Of note, unlike prior definitions of IECMHC disseminated by Georgetown University, the resulting list of essential IECMHC activities is no longer organized into the categories: child-specific, classroom, and programmatic consultation. There are several important reasons for this shift in the field. First, as IECMHC is being implemented across multiple settings and systems, those categories are not universally



applicable in home visiting, primary care, or child welfare. Moreover, relying on this schema can oversimplify the consultant's nuanced task of considering context and dynamics at multiple levels simultaneously. Instead, in this list the activities are organized thematically to highlight the multifaceted nature of the work and to reinforce that each activity is fundamental to consultation regardless of where, when, and with whom it is delivered.

The creation of The Essential IECMHC Activities list has implications for communication, training, supervision, evaluation, and policy. Implications within each of these areas are discussed in turn below.

### **Communication**

Communication is perhaps the most clear-cut application of these findings. The list of essential activities, coupled with the existing definition and principles of IECMHC, offer a comprehensive picture of what consultation is and is not. This clarity can help to:

- Introduce and accurately describe IECMHC to those unfamiliar with this practice – from policymakers to new program staff;
- Provide consistency and common understanding across IECMHC programs and practitioners to ensure that all service providers are offering consultation within mutually agreed-upon parameters; and,
- Avoid role confusion – remove ambiguity among consultees about what a mental health consultant (MHC) does and does not do

### **Training/Professional Development**

As the field of IECMHC continues to grow, concerted effort is needed to ensure a robust pipeline of qualified consultants. Once hired, a well-trained staff is critical to successful consultation efforts. To this end, the essential activities list can support the workforce in the following ways:

- Inform the educational pathway for those interested in pursuing a career in IECMHC (i.e., what content needs to be covered in a degree or certificate program?); and,
- Develop and/or revise training curricula for consultants to ensure adequate preparation across all essential activities.

### **Mental Health Consultant Supervision – Administrative & Reflective**

For supervisors, the list of essential activities offers an organizing framework for guidance and oversight. Further, for supervisors who support more than one network of consultants, it provides a core set of expectations for MHCs regardless of the programs or settings in which they work. Specifically, The Essential IECMHC Activities list can assist with the following supervisory tasks:

- Guide administrative supervision of MHCs by providing a mechanism to gauge consistency and quality of IECMHC implementation across a consultation program; and,
- Support reflective supervision of MHCs by organizing conversations around IECMHC activities.



### Research and Evaluation

The emergence of The Essential IECMHC Activities list helps to align IECMHC with best practices in program evaluation and service implementation. A universal list of IECMHC activities opens new opportunities for researchers and evaluators. Specific ways that the list can facilitate evaluation efforts are to:

- Bolster efforts to explore the link between specific activities and outcomes;
- Support pre-post assessments of consultant skills around the essential activity areas;
- Illuminate the degree to which high-quality consultation is taking place within and across programs; and,
- Inform development of a fidelity measure.

### Policy & Financing

Sustaining IECMHC programs is a complicated and time-intensive task. Engaging champions, securing funding, and embedding policies that support advancement of the field requires a targeted set of tools. The Essential IECMHC Activities list can be a great asset to this sustainability toolbox in several ways:

- By demonstrating the complexity of IECMHC work, it can support policy efforts to create pay structures that are commensurate with this unique skillset;
- By supporting more rigorous research – particularly around outcomes - it can help programs demonstrate their efficacy and impact, leading to more funding opportunities and greater program stability; and,
- By distinguishing it from other services, it helps justify support for consultation within a larger set of IECMH services.

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### Recommended Citation

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