light up when you read to them. You are a natural." In the afternoon we gathered a small group of children together to read the new story. Ms. Markieta looked at me as if to say, "Okay, you said you would do this!" I gave her a smile and said to the children, "We are going to have some fun acting out some steps we can use when we get mad, do you ever get mad?" Some nodded, others just looked at me, and a few said, "Yes, mad!"

I read the simple story and asked Ms. Markieta to practice role-playing the steps with me as the teacher and her using a turtle and an owl puppet. Ms. Markieta moved the puppets to pretend that the owl took a toy from the turtle and the turtle said, "Hey that's mine!" The owl ran away. The turtle said, "I am mad!" Then the turtle said, "Teacher, help me!" Then, as the teacher in the story, I reminded the turtle, "I know you're feeling mad, but you can calm down. Just stop, walk, and breathe!" Ms. Markieta made the turtle figure walk a few steps, take three giant breaths, and say, "Stop, walk, and breathe. Ahhh…now I feel less mad and more calm." Ms. Markieta and I both had to keep from laughing a little bit. The kids laughed and wanted a turn. Ms. Markieta eagerly read the story again and this time the toddlers already joined in reciting, "Stop, walk and breathe!"

When I returned the following week I asked how things were going and Ms. Markieta reported that some of her parents said their toddlers had told them to, "Stop, walk, and breath!" I guess the strategy worked!

DISCUSSION QUESTIONS

1. **The consultant supported a teacher to follow through with a self-initiated strategy. How might this approach be more effective than a consultant suggesting tips?**

2. **The teacher asked the consultant to model the strategy first. What are some ways you have used modeling within the consultation process?**

Additional social and emotional strategies to use with children can be found on the Center for Early Childhood Mental Health Consultation website on the page titled, "Everyday Ideas for Increasing Children's Opportunities to Practice Social Skills and Emotional Competencies." http://www.ecmhc.org/ideas/index.html

VIGNETTE

11

Talking to a Family about a Community Referral for Additional Services

Today was the day I was going to approach Jeanette, the mother of four year old Michael who attended High Hopes Child Care Center, about a community referral for additional evaluation and services. I had been engaging in child/family-centered consultation for several months with the team and after a series of observations, consistent preventative strategies and interventions that we had all discussed in our plan, Michael was not responding as everyone had hoped. The child care director and Michael's teachers felt they had been trying consistently to help and although some things had improved, there were still challenges that felt beyond their control.

I had spent time reflecting on our intervention efforts so far, to make certain that we (the parents, the child care center staff, and myself) had consistently tried and fully implemented the agreed-upon strategies and interventions discussed during our planning meetings. I had seen some indicators that Michael may need additional support and intervention, but felt that it was extremely important to honor the consultation process. Rather than jump to recommending additional, outside services immediately on my own, we worked together as a team to implement the agreed upon plan and then adjust the plan as the work moved forward. In this way, the parent is engaged in the process, part of the decision making, and perhaps more prepared to consider additional services if needed. At this point, it was time to explore community referrals for services to help support Michael.

In addition to the concerns mentioned by his teachers (hitting, kicking, yelling), upon observation, I noted what appeared to be sensory sensitivities that were not responding to classroom and home interventions. Michael displayed a high level of intense dysregulation that would erupt during the slightest change in routine. Transition times were extremely difficult for Michael even with cues in place to prepare him for changes. Again, remaining open to the scope of possibilities, in addition to sensory calming techniques and routine visual charts and cues, we also considered the possibility of the impact of allergy related triggers per information from Michael's doctor. Michael's mother, Jeanette, was quite agreeable to experimenting with not feeding Michael common allergenic foods, as a starting point. This still resulted in no significant changes for Michael.

I asked Jeanette how she was feeling about the progress we were making with Michael. She said that she is glad that she and the teachers get along now, but it sounds like Michael still has a few behaviors to grow out of. I joined her in her hope that time would be an ally in Michael's progress, but suggested that we may need to consider additional help for him. Jeanette's demeanor visibly shifted, "I thought you were going to 'fix' this," she said.

I proceeded, "Jeanette, if you allow me, we'll work through this together. If you choose to consider looking into these services for Michael, I want you to know that I'm with you every step of the way." My goal was to again place the center of control back in Jeanette's hands, hoping to relieve at least

a little of the helplessness she may have been feeling. I also wanted her to know that she had my continued support.

Her eyes softened. The foundation of our working together was quickly restored. The relationship that we had developed was proving to be a sturdy one. We were gravitating back toward solid ground.

She spoke with a sense of hesitant openness and curiosity, "Well, what kind of services are you talking about?" "The school district has wonderful specialists that may help to give us a clearer picture of how we can better help Michael." I could see her tension once again rise. She quickly stated, "They're going to label him. I don't want him labeled." I explained to her that the school district staff often works with children and helps to prepare them for kindergarten. I asked her if we could just take it one step at a time. I asked her if she would be open to a conversation with one of the staff and see what she thinks of what they have to offer. I also let her know, that if she wanted me to, I would be with her if she decided to make the call. Additionally, I would attend any visits with the school district that she wanted me to.

Again, I reassured her that she guides this process, its course, and its direction. I told her that I will respect her decision and for her to take time thinking about this. I wanted to make sure that she held on to the understanding that this process was something that was being done with her—and not to her. I also wanted to return to the clarity that I am there to support her and her child.

With that, I told her that I would check back with her in two weeks unless she wanted to talk with me before then. I wanted to dissolve any feelings of urgency that may have added to her anxiety. Jeanette gave me a soft, "Thank you." I smiled at her, and then made a gentle shift to lighter conversation as she headed to the classroom to gather up Michael's things. She seemed to welcome the transition in topic and told me of their weekend plans coming up. After a few minutes, we parted with warm goodbyes.

The next week, I saw Jeanette again at the child care center when she came to pick up Michael. I initiated a light conversation and did not return to the topic of the referral to SID. I knew that in order to maintain trust, it was important that I did exactly what I said I would do—not talk with her about this for two weeks unless she chose to contact me first. With confidence that the process was in her hands, she began to ask about the school district program. She wondered what they would do and how it works. I gave her the highlights of the program but said that they could describe their services much better than me. "Would you like their number just to get more information?" I offered. "Yeah, I guess it won't hurt just to find out what they're about," Jeanette responded. "I'd be happy to be with you when you call them, Jeanette. Whatever you're most comfortable with," I offered. "I'll be okay making the call. Thanks, though," Jeanette replied. We agreed to talk about how the call went.

REFLECTION

I knew that this was not an easy moment for Jeanette. I knew that for her to approach me regarding a referral most likely took a lot of contemplation and thought leading up to her decision to explore this option. For now, I detected that she still needed some space to process some of this on her own. For me to address her feelings about this experience seemed premature.

Jeanette and I spoke the following week regarding her phone call to the Intermediate School District (ISD). She began with, "Well, I have a meeting set up with them. They want me to bring Michael. If he doesn't do well there, they might be going out to see Michael at the child care after that." Now was the time to address feelings. "If he doesn't do well," I softly repeat. "Can you help me understand what that means to you?" I ask. She surprised me with, "You know, if he acts around them the way he does around us."

There was so much in that one simple sentence. Jeanette was acknowledging for the first time that Michael's concerning behaviors exceeded being "all boy," to which as she had previously attributed his behaviors. In her way, she was expressing her amplified worries about her child. She also placed herself in union with the teachers and myself; we were "us." Again, the relationship was showing that it was solid enough to bear the weight of a heavy decision; we could all move forward together.

Heading to our favorite quiet area of the child care center, we sat and chatted. We discussed how this juncture in our course of action was not easy for her. I thought about the tremendous amount of trust it took for her to allow me to join her in this portion of her journey. Since she was now more in the emotional place where she could take in information, we talked more in depth about what she may be able to anticipate with the ISD. I shared with her all of the resources they have and the skillful and patient approach they take in working with children. Having worked in close collaboration with the ISD staff, I was glad to be able to tell her with confidence how they would listen to her and include her every step of the way.

Jeanette asked that I join her during her and Michael's first meeting at the ISD. Of course I agreed. Since it was Jeanette's first meeting and introduction to new services, I would be with her as a familiar and secure presence. I would provide support for her to ask questions and to vocalize her apprehensions and fears, should she chose to express them. My primary objective was to be a solid and familiar support to Jeanette, but also, in my consultative role, to collaborate with the ISD staff on any services for Michael and to support the child care staff in implementing new strategies recommended or offered.

When a family decides to seek additional resources, this adds a new dimension to my work and requires new elements to the team's original strategy. My over-arching objective is to keep all parties invested in the process and give the child time to benefit from the interventions. Once all systems are in place and functioning together, I may step back so that the parent, child care program, and the new staff can further strengthen their work together.

As time went on, Jeanette and the ISD established their own working-relationship. The child care center was implementing and following through on the ISD interventions. Most importantly, Michael's change in affect and behavior showed us that we had found the appropriate help he needed. Michael's increasing success in functioning became the ultimate motivation for follow-through. The parent and teachers were reunified by their common desire to support Michael.

DISCUSSION QUESTIONS

1. **The consultant mentions that she had wondered about the need for referring Michael early on but let the consultation process unfold—what are your thoughts around this approach?**

2. **This child and family were linked with outside services for further evaluation and support. What kinds of services did the consultant and the child care provider refer too?**

3. **What resources might be important for you to know about in your community?**

4. **How might you further involve the child care provider in this referral process?**

5. **The consultant reflects upon how additional service providers can be woven into the consultation framework. How does she take on a role of liaison in consultation?**

For more information on engaging and working with families see
Tutorial 8: Partnering with Families, on the Center for Early Childhood Mental Health Consultation website http://www.ecmhc.org/tutorials/family-engagement/index.html

VIGNETTE

12

Reflective Supervision: The Day It Made Sense to Me

As I walked up to my new supervisor's office door to meet with her for reflective supervision, I felt as I had felt the previous several weeks: dread. Yes, as I journeyed down that hallway for our meetings, I felt a sense of dread.

When I first began attending reflective supervision, I had no idea what was going on. And once I did realize that it included reflecting on…me! I felt a discernable discomfort with the whole notion. I was certain there was a visible bubble thought above my head reading, "Is this really about me? Isn't this about my consultation services and my clinical perspective? And if I found that I needed support with my consultation, it didn't seem appropriate that I find that support talking about me and my experience. I should be talking about the teachers, the children and their families.

So once again, I was sitting in my supervisor Barbara's office. It was a lovely welcoming setting: plants, art and photos, a beautiful array of books, and the comfortable stuffed chair always waiting for me. Her warm smile greeted me, and I reciprocated with a polite but guarded smile in return. I began my usual business of reporting on my consultation; telling the details of the children, families, and centers. I moved on to recapping their demographics and presenting issues, somewhat mechanically, stating how each referral for consultation services, programmatic and child/family centered, was progressing and seeking advice on the areas where situations seemed to be stalled. I truly valued her expertise, and her insights were very helpful.

But once again, she ventured a little beyond what was contained in my notes; making her way to me. She would ask how it felt for me to observe a child in extreme emotional distress or to watch the mounting tension build on a provider's face. Was she really asking me that; about my reaction? It felt like I was doing my job. It felt like I was where I needed to be. I was effective; wasn't that all that mattered?

While appreciating her invitations to discuss how consultation was impacting me, I didn't really know what to do with the invitation. So I simply avoided it. I once again, offered the protective buffered response, "I'm fine." And as far as I could tell, I was.

As a mental health professional, I felt that there is an unspoken value in presenting yourself as personally unaffected by your clients. Should glimmers of the wear and tear from the day or self-doubt surface, I reach for my personal sense of unwavering sturdiness and confidence. A self-assured exterior is what is what I typically aim for—not a display of vulnerability. With these images and expectations of myself in my profession so ingrained, this process of reflective supervision actually seemed somewhat unprofessional and too personal. As I saw it, I was doing a service to my clients by keeping myself out of the equation; not muddying up the work by considering how it impacted me.

The work place is typically where I want to show how capable I am to meet the challenges of the day—it is not usually where I lay down my burdens or let on how difficult the work might be.

REFERENCES

Cohen, E., and Kaufmann, R. (2005). *Early childhood mental health consultation*. DHHS Pub. No. CMHS-SVP0151. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Retrieved June 15, 2011, from http://store.samhsa.gov/shin/content//SVP05-0151/SVP05-0151.pdf

Duran, F., Hepburn, K., Irvine, M., Kaufmann, R., Anthony, B., Horen, N., Perry, D. (2009). *What works? A study of effective early childhood mental health consultation programs*. Georgetown University Center for Child and Human Development. Retrieved June 16, 2011, from http://gucchdtacenter.georgetown.edu/publications/ECMHCStudy_Report.pdf

Hepburn, K. S., & Kaufmann, R. K. (2005). *A training guide for the early childhood services community*. DHHS Pub. No. CMHS-SVP0152. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Mackrain, M. (In press). *Project LAUNCH promising practice brief number 1, early childhood mental health consultation in early care and education settings*. Rockvillle, MD: Substance Abuse and Mental Health Services Administration.