Early childhood mental health consultation (ECMHC) has become a common approach to delivering mental health services and supports for young children, their families, and community-based providers of early childhood services. While many states and communities are implementing some form of ECMHC, the evidence base is still developing. One obstacle to building a rigorous evidence base has been a limited number of manualized approaches to delivering ECMHC which, in turn, has limited the development of tools to measure fidelity of implementation.

One potential model for developing a framework for ECMHC fidelity assessment was pioneered by the developers of “wraparound”—a planning process developed to address the needs of children with serious emotional disturbances in systems of care. Like wraparound, ECMHC is not a curriculum developed by a single author, but rather a process driven by a set of principles. The National Wraparound Initiative (NWI) developed a practice model for wraparound through a collaborative, consensus-building process with stakeholders to define what “high fidelity” implementation looks like. Then, the NWI developed a fidelity process to measure adherence to this “program practice model” embracing a set of principles, defining components, and delineating different types of activities.

Several members of the early childhood team at the Georgetown University Center for Child and Human Development undertook a similar process with funding provided by the A.L. Mailman Family Foundation. The team developed a set of definitions for 10 practice-based principles as well as a definition for ECMHC and the primary goals of ECMHC. A pool of experts was recruited from a national conference call series that was conducted to disseminate the findings from the What Works2 study report. Using a two-stage Delphi process,3 we sent these definitions to the team of national experts, who provided feedback on the centrality and relevance of these practice-based principles. They also provided specific editorial suggestions on the wording for the definitions and principles. The early childhood team reviewed each of the comments and made edits as appropriate, based upon the scientific literature and feedback provided by other stakeholders in the Delphi pool. Each round of edits was reviewed by the expert pool, and the consensus of the experts—including the early childhood team—is reflected in the definitions that follow. The next stage of this work will generate the phases and activities that research-based ECMHC service delivery requires.

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Components of Effective Early Childhood Mental Health Consultation (ECMHC)

Definition of ECMHC
Mental health consultation is a capacity-building and problem-solving intervention implemented in early childhood settings and homes. A professional consultant with infant/early childhood mental health (ECMH)* expertise develops a collaborative and reflective relationship with one or more consultees (e.g., an early care and education (ECE) provider, service provider, and/or family member). Mental health consultation focuses on enhancing the quality of young children’s social and emotional affective environments, as well as the needs of individual children.

The Primary Goals of ECMHC
Early childhood mental health consultation aims to strengthen the capacity of staff, families, programs, and systems to promote positive social and emotional development as well as prevent, identify, and reduce the impact of mental health problems among children from birth to age 6 and their families. The consultant works with consultees, strengthening their capacity to reflect, problem solve, and change practices that will help them be effective in their roles. With new perspective, knowledge, skills, and strategies, consultees can promote infant and early childhood mental health, address current problems and prevent future concerns that might arise.

ECMHC Practice-Based Principles

1. Relationship-based
Positive relationships between the mental health consultant and the consultees are central to successful consultation and require building trust, making a connection, and interaction over time. The relationships between the consultant, families, and other consultees model empathy, warmth, and positive interactions that, in turn, affect how the consultees interact with others (e.g., in the home or ECE program). The process requires mutual respect, sensitivity to culture and context, and ongoing communication.

2. Collaborative
Early care and education (ECE) providers and families are full participants in all aspects of the initiation, planning, implementation, and evaluation of ECMHC services. Each individual brings his or her own values, perspective, and expertise to the relationship. Consultants often set aside their own agendas in order to meet the individual needs and goals of the consultees, strengthen their capacity, and build their skills.

3. Individualized
Consultation services evolve from and reflect an understanding of the unique needs, strengths and values of the child, family, staff, and early childhood program. Individualizing consultation requires information gathering, skilled observation, and collaborative planning with consultees. Consultants consider the child’s unique course of development, the family’s and ECE staff’s well-being, culture, attitudes, and skills in the context of their community. All these elements determine an individualized and effective approach to consultation services.

4. Culturally and linguistically responsive
The ECMH consultant works to understand how culture, language, and community impact all aspects of caregiving and child-rearing, including values, beliefs, and practices. Through a dynamic process, consultants continuously reflect upon their own culture, values, and context as they seek to gain insight and understanding about the culture and values of the families, ECE providers and programs they serve.

5. Grounded in developmental knowledge
ECMHC is based upon a strong foundation of knowledge about typical and atypical development in infants, toddlers and preschool-aged children. Individualized strategies offered to ECE providers as well as families must reflect developmentally appropriate practices for young children in each

*Throughout this document ECMH will be used to reflect infant and early childhood mental health.
of these age groups. Consultants also apply an understanding of adult development, well-being, and learning styles to maximize the impact of their interactions with consultees.

6. Evidence-informed
ECMH consultants incorporate and encourage the use of strategies that research has shown to be effective in promoting social emotional development, preventing behavior problems, and addressing challenging or concerning behaviors.

7. Data-driven
In collaboration with early care and education providers and families, ECMH consultants collect and use process and outcome data to inform and improve practices. Data assessing needs are used to set goals and guide the development and implementation of a written consultation plan. These data—provided in a clear, useful format—are also used to provide ongoing feedback to modify strategies for individual children, ECE providers and families.

8. Delivered in natural settings
ECMHC is provided in environments where children and the adults who care for them spend significant amounts of time together—most often at home and in ECE settings. It is through observation and understanding of children as they negotiate their daily routines, interact with peers, siblings, parents and other caregivers, that ECMH consultants are best able to understand a child’s social and emotional development and provide meaningful support to the adults with whom they consult.

9. Spans the continuum from promotion through intervention
ECMHC consultants support families, ECE providers and other adult caregivers to build their capacity to: promote well-being and healthy relationships in all young children; prevent social, emotional and behavioral problems in children at risk; and successfully reduce problems and intervene when there are identified developmental or behavioral challenges.

10. Integrated with community services and supports
ECMHC is not a stand-alone service, but rather is part of a larger, community-based system of services and supports to help young children grow and flourish. Since individual therapy is outside the scope of ECMHC, consultants facilitate referrals for children, parents and ECE providers to mental health treatment and other formal services and informal resources in their communities. Through advocacy and collaboration, ECMH consultants promote engagement and relationship-building between community partners, ECE providers and families.