



Early Childhood Mental Health Consultation:

Brief Report of Adaptations in the Virtual Learning Environment



EARLY CHILDHOOD MENTAL HEALTH CONSULTATION:

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Table of Contents

Background on Early Childhood Mental Health Consultation	6
School-Based Model of ECMHC in a Public Charter School System	6
School Context for Implementation of ECMHC	9
Teaching and Learning in the Virtual Classroom	10
Adaptation of ECMHC Services to Meet the Needs of the Virtual Classroom	12
Core Consistencies in ECMHC in the Virtual Classroom	17
Satisfaction with ECMHC in the Virtual Setting	18
Key Points for Adapting ECMHC to Virtual Learning	19
Conclusion and Future Considerations	22
References	23

Abstract

Early Childhood Mental Health Consultation (ECMHC) is traditionally a classroom and center-based intervention in early childhood settings with goals of enhancing social emotional learning and coping among learners and improving the caregiving environment. The Georgetown Model for School-Based ECMHC guides service delivery in preschool and prekindergarten classrooms at AppleTree Early Learning Public Charter School (AppleTree) in Washington, DC. ECMHC services were adapted to AppleTree's virtual setting in March 2020 and during the 2020-2021 school year. This paper describes the core tenets of ECMHC, ECMH consultants core competencies, ECMHC adaptations in the virtual settings at AppleTree, identifies the central elements of in-person ECMHC that remained consistent during virtual learning, and presents key points for virtually adapting ECMHC. Key modifications included virtual classroom observations, meetings with educators, professional development and parent seminars, flexible meetings, consultant attendance at staff meetings, increased focus on teacher wellness, and sharing of self-care and wellness tips with families. Program evaluation data reflect high rates of satisfaction from educators and principals and acceptability of ECMHC when adapted in a virtual setting. With flexibility and modifications in the tenets of ECMHC, utilization of this intervention is possible in a virtual setting. Joining the core tenets of ECMHC with the targeted adaptations may add to the overall effectiveness during in-person delivery of services.

Keywords: Early Childhood Mental Health Consultation, ECMHC, virtual classrooms, COVID adaptations

Background on Early Childhood Mental Health Consultation

Early Childhood Mental Health Consultation (ECMHC) is an intervention delivered in early childhood settings, including early learning environments, to promote children's mental health by supporting key adults in children's lives. In early learning settings, this problem-solving and capacity-building process typically utilizes in-person observations and collaborative meetings with educators to assess classroom climate and to promote social and emotional learning (Duran et al., 2009). Educator professional development and parent seminars are also essential components in the implementation of services and focus on best practices that support emotional growth and development in early childhood. Likewise, individual family consultation is provided as requested to address unique family needs or student behaviors that are challenging to manage in the home but may not manifest in the classroom setting.

School-Based Model of ECMHC in a Public Charter School System

Our school-based ECMHC program for preschool and prekindergarten classrooms is delivered at the programmatic, classroom, and individual student/family levels guided by the Georgetown Model for School-Based ECMHC (Hunter et al., 2016). Programmatically, the consultant meets with the principal at the beginning of the school year and throughout the school year to discuss the needs of the individual campus. Campus-wide policies and practices that influence social and emotional development are considered, and the principals may examine their own professional development. Consultation is tailored to the campus based upon topics identified for professional development and parent seminars through collaboration between the ECMH consultant and school personnel. The ECMH consultant and school social worker may jointly plan and implement educator and parent seminars to address the presenting staff and family

needs which may be the same or vary across the network of schools. Close collaboration among the ECMH consultant, principal, and school-based social worker is a pillar in this model of school-based ECMHC. While programmatic ECMHC intends to address the unique needs of individual campuses, overarching goals of this level of consultation are to advance programmatic practices that incorporate trauma-informed care and staff and family wellness in the educational setting.

A consultant typically spends one day per week at a campus. Weekly meetings between the consultant and principal are held throughout the year to review the classroom observations and the consultative meeting summaries. The principal also provides updates on the campus dynamics and culture, campus wide initiatives, policies, practices and/or staff changes, and may be reflective on his or her role as a leader. The school-based social worker and/or the instructional coach may join these meetings at the principal's discretion.

Classroom consultation focuses on the classroom climate encompassing the emotional tone established within the classroom, the interactional patterns between and among students and staff within the classroom, and educator responses to student behavior and facilitation of prosocial behavior. The educator's incorporation of age appropriate social and emotional learning (SEL) is a foundation of classroom consultation. Thus, consideration is given to the educator's efforts that assist students with connecting behavior to outcome, managing emotions and behavior, understanding social norms, enhancing interpersonal skills that support the formation of healthy relationships, and that guide early learners in making constructive choices. Consultative meetings also provide educators with opportunities to examine means for engaging and building rapport with parents and for examining classroom practices through the lens of equity and diversity.

Classroom climate is formally assessed using The Preschool Mental Health Climate Scale (PMHCS; Gilliam, 2008) and the Preschool Observation of Social Emotional Teaching (POST; Mathis & Hartz, 2018). The PMHCS is a 59-item validated measure

comprising separate sections with positive and negative indicators. The positive indicators' subscales assess Transitions, Directions and Rules, Staff Awareness, Staff Affect, Staff Cooperation, Staff-Child Interactions, Feelings and Problem-Solving, Pedagogy, and Child Interactions. The negative indicators section of the PMHCS consists of nine items that comprise one scale. All items are rated on a 1 to 5 scale (1 = never/not true, 5 = consistently/completely true), which are averaged to create scale scores. The POST is an unpublished measure that incorporates frequency counts of general and specific praise, pre-corrections, effective and ineffective commands, and a harsh tone. The POST also includes an additional 12 items that are scored on a scale from 1 to 5 and assess educator practices that obtain and maintain students' attention, reinforce and manage behavior, and teach problem-solving and the identification and labelling of feelings. Descriptive anchors are used to guide the scoring for each of the 12 items on the POST.

Classrooms are identified for consultation using the quantitative data from the PMHCS and the POST along with principal and school-based social worker input. Subsequently, weekly observations and consultative meetings occur in classrooms designated for consultation.

The consultative meetings with teachers include the ECMH consultant's overview of the classroom observations regarding classroom routines and practices, interpersonal exchanges, behavior management strategies, and incorporation of social and emotional learning. The follow-through with and effectiveness of the mutually crafted action steps and classroom interventions are also considered along with the existing or potential barriers to the action plan's implementation. While the consultative meetings focus on classroom dynamics and interventions that enhance classroom climate and promote social and emotional learning, they also provide a space for problem-solving, monitoring of teacher wellbeing, and examination of issues related to culture, diversity, and equity in the classroom.

Case-based consultation focuses on the classroom behavior of individual students who may benefit from more individualized educator supports or whose self-management, self-regulation, or social development may lag given developmental milestone expectations. Generally, educators will have informed the school-based social worker, principal, and parent regarding the observed needs that may be a barrier to learning or hinder the formation of social relationships. Through the school personnel's collaboration with parents on how to best maximize student development and when communication and collaboration with parents is ongoing, parents often view ECMHC as an additional classroom resource.

The social worker and principal typically make case-based consultation referrals, and parental consent is required for observations of individual students. Targeted classroom interventions are collaboratively developed by the consultant and teaching team to address individual student behavior in the classroom. The school-based social worker, as a collaborative partner in the consultative process, may join the ECMH consultant in developing in-class mental health supports to address individual student behavior. Case-based consultation does not include direct service. Rather, teachers are supported in managing the classroom behavior of a particular student, and family consultation is provided if parents are interested.

This three-tiered approach to ECMHC is comprehensive. Social and emotional learning in early childhood and the overall caregiving environment are addressed across three dimensions – program, classroom, and individual student.

School Context for Implementation of ECMHC

Our ECMHC program serves, AppleTree, a DC-based nonprofit which serves exclusively 3- and 4-year-olds in the District of Columbia. More than fifty percent of AppleTree campuses including the eight that received consultation during the 2020 – 2021 school year are located in underserved communities with many students

and families experiencing the added stress of homelessness and involvement with the foster care system. A total of 684 students were enrolled across the 8 campuses that received consultation, and students identified as Black/African American (82.81%), White (13.74%), Latina (1.79%), Asian (1.08%), and Native American (0.58%).

AppleTree is a well-resourced network with supports in place to address the mental health, social emotional development, and family needs of the young children it serves. The positive behavior support manager is a strong collaborator in the provision of ECMHC, promotes the inclusion of social emotional learning and the assessment of classroom climate, and advocates for ECMHC not only within the AppleTree network but also with the local educational system. Instructional coaches support the delivery of educational content that stimulates learning and students' access of the curriculum. The school-based social workers provide direct clinical services, assists with the design and implementation of campus wellness initiatives, actively plans and facilitates family engagement events/activities, is a key collaborator with the ECMH consultant, and may follow-up on classroom and case-based action plans when the ECMH consultant is not at the campus.

Teaching and Learning in the Virtual Classroom

AppleTree has utilized ECMHC across its network of schools since 2016. ECMHC continued at AppleTree throughout the COVID-19 pandemic. Like many school systems, AppleTree transitioned to virtual learning in March of the 2019 – 2020 school year and began its 2020 – 2021 academic year with virtual learning.

Because education is both an academic and social endeavor, particularly in early childhood settings when young children's social-emotional skills are developing rapidly, questions naturally arose regarding the creation of a virtual learning environment for young learners that would continue to promote overall development. In addition, virtual instruction presented a unique set of challenges for educators and early learners

(Weir, 2020). Teachers and students were off-site without the physical boundaries of a classroom that serve as a learning space and that contain learning materials to support and reinforce the curriculum. There was a departure from the routine of transitioning from home to the classroom which serves as an organizing agent to prepare students for instruction. Likewise, there was considerable reliance on technology for interpersonal connections and to provide the medium to deliver the curriculum. Student peer-to-peer engagement was also redefined and relied heavily on verbal communication and virtual interaction rather than play. In addition, early learners required the support of home-based caregivers to assist with logging on to the virtual class and facilitating the student's participation. In essence, the home-based caregiver often functioned as a part of the virtual class.

The ECMHC program has been a powerful tool in helping teachers, administrators, and families meet the demands of the virtual learning environment including enhancing the virtual classroom climate, supporting teacher wellbeing, offering caregivers strategies for effectively supporting their children with virtual learning, and collaborating with administrators to address the individual campus needs that surfaced or were magnified due to this unprecedented mode of educating young children. The following discussion describes the adaptations made to ECMHC services in the virtual classroom settings at AppleTree, identifies the core elements of the in-person ECMHC program that remained consistent across AppleTree's virtual learning settings, and presents key points for adapting ECMHC to the virtual learning environment.

Adaptation of ECMHC Services to Meet the Needs of the Virtual Classroom

During the COVID-19 pandemic, adaptations were made to the ECMHC services at AppleTree. The adaptations served to accommodate the virtual learning environment. In particular, there were (1) shifts in how classroom observations were made, (2) changes in the frequency and manner of contact and communication with school-based staff, (3) expansions in the focus of consultation meetings with additional time spent on staff wellbeing, (4) additional school-wide educator wellbeing supports, and (5) increased parent resources.

Classroom Observation Adaptations

Classroom observations are critical in assessing class dynamics and remained a key component of ECMHC. However, observations were conducted virtually with the consultant joining the virtual class as a muted and nonvisible participant with staff consent. Parents were informed that the consultant would be a regular silent, unseen presence in the virtual class.

Adaptations in the Quantitative Measures

The virtual classroom observations provided data on the unique aspects of the virtual classroom climate regarding student engagement with learning and with teachers and peers primarily through technology, teacher virtual facilitation of student peer interactions, caregiver presence and support of students and further illuminated the demands of the virtual learning setting. Consultants continued to utilize the PMHCS (Gilliam, 2008) and the POST (Mathis & Hartz, 2018), quantitative measures that inform consultation, to assess classroom climate using data from the virtual observations. These measures were modified by eliminating subscales and questions that did not apply to the virtual setting. For instance, the Transitions subscale of the PMHCS assesses the presence of staff during in-person transitions, staff facilitation of school-based transitions, whether transitions

are quick and flexible, and whether subsequent activities have been prepared. The Staff Awareness subscale of the PMHCS measures staff's circulation within the physical classroom and the staff's awareness of in-person student interactions. Because these dynamics were nonexistent or less apparent with students' remote participation, the Transitions and Staff Awareness subscales were not scored and were removed from the total climate calculations. In addition, questions on the PMHCS that related to students' physical interactions and students' play were eliminated. Likewise, some of the negative indicator items were also removed because the contents were not relevant to the virtual class (e.g., teachers' physical contact with students, noise level, visual stimulation/classroom walls). Some questions on the POST were rephrased to capture characteristics of the classroom that are unique to virtual instructions. Because caregivers were often present during the virtual class, a question on the POST was added to assess teachers' engagement with caregivers.

An item-by-item analysis of the PMHCS and the POST was completed by a minimum 5-member ECMH consultant team to determine the item's applicability to the virtual class, to consider whether the items captured the unique aspects of the virtual class, and to ensure that the fundamental elements of classroom climate would continue to be assessed with the adjustments in the measures. Psychologists with training and background with creating measures comprised the team conducting the line-by-line analysis of the instruments.

Adaptations in Meetings

Just as classroom observations moved to a virtual format, so did the weekly consultation meetings with teachers and the regular check-ins with principals. The consultation meetings continued to provide an avenue to reflect with teachers on student engagement, the incorporation of social-emotional learning, teamwork among teachers, interactions among the students, and the teachers' stress levels. However, the structure for contact with classrooms, teachers, principals, and social workers changed in the virtual setting.

Consultation Schedule Adaptations

When the ECMHC program is implemented in in-person school-based classroom settings, the consultant typically spends one designated day a week at each school. In contrast, in the virtual learning setting, the consultant's touchpoints with classrooms and administrators at a given campus took place over the course of the week rather than on a single day. This required the consultant's flexibility in scheduling and understanding that multiple campuses could be supported on the same day of the week rather than on separate days of the week. The consultant's coordinated plan for observing virtual classes and meeting with administrators could shift over the course of the day or vary from week to week based upon changes to the campus schedule, student attendance in the virtual class, or technology issues. Flexible observation and meeting days added an element of convenience for staff and allowed for the consultant's increased points of contact with campuses. This expanded contact with teachers and campuses increased the opportunities for the consultant to gather information for assessing classroom and campus climate. The schedule flexibility also required the consultant's adaptation to often fluid changes in plans over the course of a day or week.

The mode of communication and contact with teachers and campus personnel was also adapted. Staff were decentralized and somewhat disconnected during virtual learning. Thus, the consultant made increased and intentional efforts using various avenues to connect and partner with educators. The consultants attended weekly campus-wide virtual staff meetings to maintain a visual connection to the campus community, to remain updated on campus events and occurrences, to gauge the emotional climate of the campus, and to ascertain the needs related to teacher wellbeing. In coordination with principals and school social workers, the consultant sometimes discussed wellbeing and self-care recommendations at campus staff meetings. In addition, the consultant contributed wellness and self-care entries to the weekly campus newsletters - providing an additional touchpoint with staff.

Adaptations in Caregiver Supports

Communication with staff expanded, so did the avenues of communication with and support of families. Wellness and self-care inspired posts were delivered to care-givers using the campus communication platform. The consultant offered weekly tips for care-givers to inspire and promote wellness as they supported their children with virtual learning. Parent psychoeducational seminars also continued and were presented virtually. It is of note that the attendance at parent seminars increased when conducted virtually.

While the ECMH consultant's engagement with parents looked differently and was adapted to accommodate parents in the virtual setting, outreach to and support of parents were sustained. The ECMH consultant attended the virtual back-to-school night meetings to provide parents with an overview of the consultation services, and recorded introduction videos were used at back-to-school nights when schedule conflicts did not permit the ECMH consultant's virtual attendance. Through live participation or recorded videos, the ECMH consultant's availability for support with mental health needs or in-home parenting strategies was communicated to caregivers. In addition, a series of "Connected Families" videos (found here: <https://www.ecin.org/videos>) was scripted and narrated by ECMHC partners that supported caregivers in navigating with their children while at home during the COVID-19 pandemic. The video topics focused on building strong parent/child relationships, encouraging and reinforcing positive behavior, effectively giving instructions, applying logical consequences, establishing clear family rules and routines, and facilitating children's emotional self-awareness. The videos were available on all the partners' websites along with an accompanying one-page tips sheet for each topic.

Adaptations in Educator Well-being Supports

Staff well-being was a part of ECMHC when it was implemented in in-person classroom settings prior to the COVID-19 pandemic. It became central to ECMHC during the COVID-19 pandemic when classrooms switched to a virtual learning environment and teachers began to navigate delivering educational content in a historically unprecedented manner

for the early learners. The transition from an in-person classroom environment to fully on-line instruction created a set of demands and challenges that taxed teachers' capacity and resources and resulted in elevated stress. With the backdrop of a global deadly virus, teachers were off-site which limited the natural and fluid connections to colleagues which often buffer teachers from increased levels of stress. During remote instruction, teachers did not have the benefit of stepping out of their classroom to a neighboring class to confer with a colleague regarding practices to manage student behavior or to strategize and brainstorm instructional techniques nor could they spontaneously share exciting news as they gather in the staff lounge during a break. An added resource for teachers included COVID-19 specific social emotional learning (SEL) lessons prepared by the ECMHC team that focused on calming tools and de-escalation spaces for physical distancing, showing affection without touching, coping with changes, talking with young children about wearing masks, how to recognize emotions when someone is wearing a mask, and a social story to teach young children about coronavirus and how to stay healthy and safe. These SEL lessons were available for use by teachers during the virtual classes.

Teachers made valiant efforts to navigate the new and persistent demands but needed and requested a space to connect, decompress, and recharge with each other. Therefore, consultants offered a voluntary bi-weekly virtual group to provide a safe, supportive, mentally affirming space for staff to share their thoughts and feelings, where they could be transparent regarding the stressors of the virtual classroom, to laugh, and to experience a climate of positivity. As staff faced the rigors of teaching in a virtual setting, the virtual group offered an atmosphere for staff to "slow the pace" and engage with colleagues around their experiences. The goal of this "pulse check" was for staff to collectively reflect, decompress, relax, recharge and refresh in an effort to mitigate stress and burnout and to enhance staff wellbeing. In this space, the consultant facilitated staff self-reflection and open discussion, normalized staff experiences, thoughts, and feelings, supported their efforts at utilizing self-care strategies, encouraged social connections, and monitored levels of stress that would warrant individual referrals for mental health services.

Core Consistencies in ECMHC in the Virtual Classroom

The core components of ECMHC were consistently implemented during virtual learning with the goals of (1) ensuring and enhancing a positive and nurturing classroom climate, (2) assisting educators and primary caregivers in building self-awareness among young children, (3) supporting these key adults in facilitating emotional expression, problem-solving, and emotional regulation in the early stages of a child's development, and (4) advancing programmatic practices that incorporate trauma-informed care and educator wellness in the educational setting.

Classroom observations, meetings with teachers and administrators, professional development for teachers, parent psychoeducation, and individual parent consultation are central to ECMHC and continued to be provided during virtual learning. Consultation continued to focus on social emotional learning practices that influence classroom climate and children's social-emotional development. Specifically, ECMHC continued to address interactions between students and teachers, teachers' facilitation of students' emotional expression and problem-solving, cooperation among teachers, staff affect, and communication among teachers, families, and administrators. Individual student behaviors, classroom management strategies, and student engagement, safety and security continued to be addressed.

From its inception, one of the foundational goals of ECMHC programs has been to address implicit bias in preschool classroom, particularly for African American boys (Davis et al, 2020; Meek et al, 2020). In order to build upon and expand the ECMH consultants' cultural competence, consultants participated in and/or viewed webinars (2020) and/or chats (2021) on equity in infant and early childhood mental health consultation (iecmhc.org) which focused on African-American, Latino, and tribal communities, systematic racism, and an equity "toolkit." The goals of these activities were to support consultants in facilitating reflection with teachers on culture and equity in the classroom, to guide consultants in

engaging with educators in conversations regarding overt and implicit bias, and to support educators in considering diversity within the classroom and utilizing culturally responsive practices. Consultants utilized consultative meetings to consider and discuss culture, diversity, and equity issues that may influence interpersonal interactions.

Likewise, the ECMH consultant's core competencies contributed to its effective implementation in the virtual setting. The consultant's visibility across the virtual environment, availability for collaboration, and attunement to the individual needs of campus personnel are hallmarks for successful implementation. Also, the consultant's ability to build and maintain trust creates a pathway for consultation recipients to perceive services as a resource rather than an unwanted demand that is imposed upon them and adds to their stress load. Building trust requires authenticity and genuineness. A sincere interest in educators and early learners is a bedrock. Lifting up the magnitude of the whole-child development of young learners and the need for equity in the classroom and offering consultation as an opportunity to enhance the efforts that educators are making at the classroom, programmatic, and individual student level builds trust. The consultant's continued presence, availability, and flexibility are central to ECMHC. To maintain the integrity of the ECMHC program, these core consistencies must remain in place, although how these consistencies are deployed may shift when education is virtual.

Satisfaction with ECMHC in the Virtual Setting

Program evaluation is a standard component of our implementation of ECMHC. The evaluation provides feedback on service delivery and program and consultant effectiveness. It also informs modifications of services when planning for subsequent years.

Satisfaction surveys were completed by both the teachers of the virtual classes that received ECMHC and principals at campuses where ECMHC was implemented during Fall 2020. Satisfaction with the services and with the consultant was rated on a Likert-scale from 1 (indicating low satisfaction) to 6 (indicating high satisfaction). Across the eight campuses,

the average teacher rating of total satisfaction (n = 35 teachers), including satisfaction with services and with the consultant, was 5.19 (range: 3.22 to 5.89). Teachers' narrative reports indicated that ECMHC in the virtual setting (1) provided a safe space to share thoughts and feelings, (2) provided opportunities for collaborative problem-solving of challenging issues, (3) reinforced teachers' perceptions of classroom dynamics, and (4) provided an external point of view. In addition, the consultant reportedly offered a "listening ear," "an open mind," immediate feedback from the virtual observation regarding the classroom dynamics, recognition of teacher skill with virtual instruction and with managing the virtual environment, and recommendations to enhance the virtual class climate.

The average principal rating (n = 8 principals) of their satisfaction with the ECMHC, including satisfaction with services and with the consultant, was 5.45 (range: 5.09 to 5.64). Principals reported that the most helpful aspects of ECMHC in the virtual setting included (1) professional development seminars and wellness initiatives, (2) the consultant serving as a resource of support for the entire staff given the stressors related to the COVID-19 pandemic and remote teaching, (3) the consultant's collaborative partnership with the principal, and (4) the social-emotional learning support in the virtual classroom. Principals also highlighted the consultants' approachability, genuineness, and regard for the student and staff community.

Key Points for Adapting ECMHC to Virtual Learning

The COVID-19 pandemic changed the landscape of education. The onset of this public health crisis elevated anxiety, influenced how socialization occurred, and resulted in modified educational practices. AppleTree shifted to virtual instruction to continue providing educational opportunities for its young learners.

Our ECMHC program also adapted to the virtual setting. ECMHC is applicable to virtual learning. Key modifications are noted:

- Classroom climate can be assessed and monitored through virtual observations and regular virtual meetings with teachers, principals, and social workers. However, some of the measures' items may need adapting for the virtual learning setting. Should the modification of quantitative measures take place to accommodate the virtual classroom environment, it is recommended that the analysis include team members with training and a background in psychometrics.
- Flexibility in scheduling meetings provided greater access to the consultant and decreased stress for teachers and staff.
- Since informal conversations occur much less frequently in the virtual setting, the ECMH consultant attended more campus-wide staff meetings which increased the touchpoints to school staff. This allowed for easier transmission of information, built interpersonal connections, and created another contact point with the campus community.
- Teacher wellness received increased attention. Bi-weekly staff support groups served to mitigate stress and provided a means for community-building when staff were de-centralized.
- Utilization of weekly newsletters and online platforms provided channels for communicating self-care and wellness tips to staff and families. Preparation of video resources for parents focusing on social emotional learning extended the reach to parents and provided a source of psychoeducation for parents to access at their discretion and when parties were decentralized such as the ones used by this team here: <https://www.ecin.org/videos>.
- While AppleTree is a well-resourced network that serves young children academically and utilizes internal and local services to support families, it also has personnel that elevate social and emotional learning and seek out partnerships

that bring interventions and psychoeducation to its campuses and classrooms to enhance the overall caregiving climate. However, smaller, rural, center-based, or less resourced programs may benefit from this model of ECMHC when consultants cultivate relationships with agency personnel (e.g., center directors) and gain buy-in for ECMHC early on. Center directors or other agency personnel (e.g., program directors) could serve as a collaborator with the ECMH consultant and elevate the message that program and classroom climate impact social and emotional development of its students to promote staff acceptance of ECMHC as a valuable resource. The agency point of contact would then work in unison with the ECMH consultant to monitor the implementation of strategies identified through collaboration and maintain consistent communication with the ECMH consultant for continued intervention planning and evaluation of service effectiveness. With ECMHC in such programs, the availability of the ECMH consultant on off-site days would likely be required for sustained consultative support.

Conclusion and Future Considerations

Implementation of ECMHC continued at AppleTree during its period of virtual learning. Core elements of ECMHC were retained during the virtual provision of services, and consultant competencies were maintained in the virtual environment. Quantitative and qualitative data from Fall 2020 reflect educator and principal acceptability of ECMHC when adapted to the virtual setting. With ECMHC's goal of building the capacity of the caregiving environment to promote academic and social-emotional development, adapting the provision of services to a virtual setting and addressing programmatic and classroom issues through a diversity and equity lens continues the reach of ECMHC.

Thus, caregiving settings are enhanced and early childhood development is supported and promoted and disparities reduced. With flexibility and modifications in the tenets of ECMHC, utilization of this intervention is possible in a virtual setting.

The return to in-person instruction has commenced. With ECMHC returning to in-person delivery, some of its adaptations may have utility in person. When considering the future implementation of ECMHC, recommendations are as follows.

- Continuation of virtual parent seminars increases accessibility, and attendance potentially improves.
- Consultant attendance at campus-wide staff meetings will continue to be an avenue to connect with staff which may facilitate the transition of teachers into consultation.
- Virtual meetings with teachers and principals may serve as an option when schedule conflicts surface and staff are unavailable to meet on a designated day.
- Continued focus on culture and diversity and emphasis on equity disrupts bias
- Utilizing parent satisfaction surveys may inform service provision to caregivers and evaluate impact.

Joining the core tenets of ECMHC with the targeted adaptations used in the virtual setting may add to the overall effectiveness of ECMHC during the in-person delivery of services.

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