CENTER OF EXCELLENCE FOR
Infant & Early Childhood
Mental Health Consultation
Growth. Advancement. Impact.

Status of the Evidence for Infant and Early Childhood Mental Health Consultation

Infant and Early Childhood Mental Health Consultation (IECMHC) is an evidence-based service in which mental health professionals, with early childhood training, partner with the adults in young children's lives to build their capacity to foster healthy social-emotional development. With roots in infant mental health and community psychiatry, IECMHC enhances equity by strengthening caregiving environments for children who are at risk for negative mental health outcomes and affected by systemic inequities.

IECMHC is currently being implemented in a range of settings including early childhood education (ECE), home visiting, primary care, and child welfare in states, localities, and tribal communities across the country. While each setting may have unique outcomes for consultation, the mechanisms through which IECMHC leads to outcomes are thought to be universal. As depicted in the theory of change for IECMHC, the activities of consultation are inextricably linked to the characteristics of the consultant and consultee(s), and the relationship they form. These factors directly affect the consultees' change in knowledge, attitudes and behaviors, and indirectly lead to outcomes for children, their families, and early childhood programs.

The Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation has undertaken an exhaustive review of the literature base for IECMHC, including both peer-reviewed literature and program evaluation reports. The purpose of the current document is to synthesize the current status of the literature base as of Spring 2022 and to provide an agenda for next steps in IECMHC research.

Much of the research and evaluation on IECMHC to date has been motivated by persistent disparities in rates of expulsion from preschool for boys of color. For this reason, the majority of studies reviewed in this brief have been implemented in community child care, Head Start and preschool/pre-kindergarten programs. Despite this limitation, the vast majority of the findings presented in this brief are consistent with the theory of change for IECMHC; because the theory of change is thought to be agnostic to the setting in which IECMHC is being implemented, there is reason to believe that these findings would generalize to IECMHC delivered in other settings (i.e., home visiting, early intervention for infants and toddlers with disabilities, child welfare, etc.). Nevertheless, more work in those settings is needed to build the evidence base for the

effectiveness of IECMHC. Further, while there is considerable evidence that IECMHC leads to positive impacts for children, providers, and programs, most studies have not been focused on quantifying reductions in disparities and have not disaggregated outcomes by race/ethnicity. More research is needed to measure the role of IECMHC in enhancing equity for young children.

WHAT IS THE EVIDENCE FOR IECMHC?

Of central importance to policy, practice, and community audiences is the question: does IECMHC have positive outcomes? According to findings from dozens of studies, children and adults involved in IECMHC show improvement in a range of domains after engaging in consultation.

Children's social-emotional wellbeing improves. Specifically, children demonstrate both increased social-emotional competency[1; 2; 3; 4; 5; 6; 7; 8; 9; 10; 11; 12; 13; 14; 15] as well as reduced challenging behavior[1; 2; 6; 10; 12; 13; 14; 16; 17; 18] over the course of consultation. Social-emotional competencies that increase after consultation include social skills, self-regulation, protective factors, and adaptive behaviors. Challenging behaviors that decrease after consultation include hyperactivity, defiance, and aggression. Research has not yet demonstrated an impact of IECMHC on children's internalizing behaviors (e.g., anxiety). Critically, studies show that after consultation in ECE settings, children's expulsion and/or suspension risk decreases[5; 6; 8; 9; 13; 14; 19; 20; 21; 22; 23]. Overall, these positive impacts for children have been replicated many times with different settings, measures, and research designs, underscoring their credibility.

Consultees' improve their social-emotional support for young children. Specifically, consultees demonstrate changes to their knowledge, attitudes, and behavior over the course of consultation—and these changes align with best practices in fostering social-emotional development. For instance, consultees report improved knowledge about social-emotional development [2; 5; 9; 10; 24; 25; 26; 27] and increased self-efficacy in managing challenging behavior[2; 7; 8; 24; 28; 29]. Further, consultees' observed and self-reported interaction styles with children become more positive and sensitive to mental health needs, characterized by reduced permissiveness and detachment and increased sensitivity and closeness[1; 3; 4; 8; 23; 30; 31; 32; 33]. Some studies found lower stress[5; 25; 34] and reduced turnover[3; 4; 24] for consultees after consultation. These changes in provider capacity accumulate into healthier social-emotional climates for young children.

IECMHC may yield programmatic changes. In ECE, consultation for teachers has been linked with improvements to classroom climate[3; 4; 7; 8; 9; 12; 28; 29; 30; 32; 35; 36] and to center quality[24]. Because consultation is a multilevel service, consultants intervene across spheres of influence, including leadership, to affect program policies and program culture. The rates of expulsion and/or suspension from ECE programs have been shown to be lower after consultation [3; 4; 17; 20;

[21; 22; 37], although there is no evidence to date that it closes the well-documented racial disparities in expulsion and suspension rates.

Emerging findings. The evidence base for IECMHC includes a range of other important findings that were not mentioned above because they have not been extensively replicated. Nevertheless, they provide additional insight into IECMHC's outcomes and mechanisms of impact and provide a starting point for future research. The findings explained below can be categorized as pertaining to additional outcomes, mechanisms, and populations.

Outcomes:

- Consistent with the theory of change, one study demonstrated **a reduction in racial disparities** over the course of consultation. The data revealed that teachers rated their conflict with Black children as significantly higher than their conflict with White children prior to consultation. This disparity was eliminated after six months of consultation and reversed after one year of consultation such that Black children had lower ratings of conflict than White children. [23]
- Staff, including both educators and home visitors, demonstrated growth in two measures of **reflective capacity** after participating in one year of Illinois' IECMHC program. [38]
- One consultation program serving pre-kindergarteners in public charter schools found that children in schools receiving IECMHC had higher **academic achievement** scores (math, literacy, and writing) after one academic year of consultation. Strikingly, this applied to all children in the schools receiving consultation even if they were not in a classroom that received consultation. [12]

Mechanisms of change:

- **The centrality of relationships** has been assessed in several studies, which demonstrated that the strength of the consultant-consultee relationship predicted better outcomes for consultees and children[28; 39]. Furthermore, the relationship may be a particularly salient predictor of child and teacher outcomes when the child is a boy of color, and when the consultant has expertise in cultural diversity, suggesting that relationships may be particularly important when exploring issues of culture, race, and bias[29].
- **Reflective supervision** has been shown to bolster consultants' ability to engage in reflective practice with consultees[40].
- For some outcomes, a higher **"dose" of consultation** (i.e., frequency and duration of consultation) predicted greater positive changes[4; 9; 17; 24; 31; 33; 39].
- In one study, the impact of IECMHC on child challenging behaviors was mediated by improved **parent-child interactions**. In other words, participation in IECMHC affected parent-child interactions, which in turn affected child behavior[41].

- A study of Arkansas' IECMHC program demonstrated that higher **teacher engagement in the consultation process** (as rated by the consultant) predicted lower levels of child behavioral concerns and higher prosocial behaviors post-consultation.

Populations/Settings:

- **Home visitors** who worked with an IECMH consultant reported increased knowledge of child and adult mental health[27].
- IECMHC is provided to caregivers who are not formally licensed or accredited child care providers (often referred to as **Family, Friend and Neighbor care** or FFN). A research team articulated considerations for integrating IECMHC into FFN and a created a theory of change to guide future work [42].

HOW DO WE KNOW?

These findings can be best understood in the context of the participants and research methods used.

Setting. The vast majority of the studies evaluated ECE-based IECMHC programs[1; 2; 6; 7; 8; 11; 12; 13; 14; 15; 16; 17; 19; 20; 21; 22; 23; 24; 26; 28; 29; 31; 33; 35; 37; 41; 43; 44; 45] with a subset in Head Start[18; 32; 39; 46]. While the literature based on IECMHC in home visiting has grown in the past several years no studies have reported impacts on children and families to date[27; 38; 47].

Participants. Most of the recipients of IECMHC in these studies were ECE teachers; other recipients included childcare directors, home visitors, and parents. Outcome data are also commonly reported for children who are the indirect beneficiaries of IECMHC. Samples of teachers and young children varied in terms of racial/ethnic makeup, including studies of predominantly White communities[6; 7; 23; 41], predominantly Black communities[12; 18; 32], and one study from a predominantly Latinx community[30]*. Study samples also included both rural[7; 11; 45] and urban communities[2; 20; 24; 32].

Research Methods. To date, IECMHC has been evaluated in two **randomized-controlled trials**[15; 16], a rigorous research design that allows for causal claims. The vast majority of peer-reviewed studies employed **quasi-experimental**[2; 6; 7; 13; 14; 23; 24; 25; 26; 28; 29; 30; 33; 35] research designs. These designs collect data about participants in IECMHC before and after consultation to measure change. They cannot claim that IECMHC *caused* changes from pre- to post-consultation (because unmeasured variables could have driven the change) nor can they assert that the changes would not have happened over time without intervention. A handful of the quasi-experimental studies

* Here, "predominantly" is defined as 75% or more of the study group

use a **comparison group**[1; 12; 17; 18; 41] meaning that they are able to analyze whether individuals participating in IECMHC demonstrated greater improvement in key outcomes from baseline to follow-up when compared to individuals who did not engage in consultation. In terms of data analysis, most studies analyzed outcomes using traditional inferential statistics (e.g., linear regression, t-tests). Some studies levels used **multilevel modeling**[11; 16; 21; 28; 29; 32; 35; 46] to statistically account for the nested nature of variance in the data (e.g., multiple children per classroom and multiple classrooms per consultant). Many studies used **mixed methods**, meaning that they incorporated both quantitative and qualitative data (e.g., interviews and focus groups) into their studies[11; 24; 27; 30; 48], while a handful of studies use only **qualitative data**[19; 43; 45]. Qualitative methods bring essential voices from the field into the evidence base and allow for exploration of nuanced and subjective topics. Additionally, a number of reviews of IECMHC literature[22; 34; 36; 49; 50; 51] have synthesized the literature based from different perspectives over time, and additional articles have described IECMHC programs or practices without reporting data[52; 53; 54; 55; 56; 57; 58; 59; 60].

FUTURE DIRECTIONS FOR RESEARCH

1. Most of the evidence base describes and assesses the overall (or average) effects of IECMHC for all participants. The next generation of research should shift to focus on whether and how IECMHC enhances equity. To answer these questions requires intentional focus on providing services and engaging in evaluation with children and programs from historically marginalized communities and demographic groups. Some important questions to answer include:
    a. Does IECMHC close disparities in outcomes other than teacher-child conflict? If so, which outcomes, for whom, and with what intervention?
    b. What are the disparities in access to consultation based on child characteristics (e.g., race/ethnicity, gender, age, disability, child welfare involvement, linguistic background) as well as caregiver and program-level variables?
    c. What are the outcomes of consultation that more explicitly incorporates issues of race, bias, and disparities into discussion with consultees and families? What are the best practices for doing so, how can consultants be trained, when is it most useful, and how do consultees react?
    d. How can the future workforce of consultants be diversified via the creation of additional pathways into the work such that the consultant workforce better aligns with the cultural and linguistic backgrounds of programs served? And, how can the current workforce, which primarily consists of White women, be supported to better serve communities of color through cultural humility and anti-racist action?

2. Strong evidence is when one conclusion is supported by a range of "ways of knowing" rather than centering the priorities and practices of Western science. As new evaluations and studies are designed, they should utilize a community-engaged approach in which individuals embedded in the community help develop the research questions, adapt the theory of change for their own context, define and measure success, and interpret and disseminate findings, using diverse methods.
3. As mentioned above, the evidence base is primarily comprised of ECE-based studies. This no longer reflects the current state of IECMHC implementation, which has been growing into other child-serving systems. While these studies have made valuable contributions, the next generation of studies should be conducted in settings other than ECE (e.g., home visiting, child welfare) to fill in gaps in the literature.
4. When adequate funding is available, it is useful for some researchers to continue to design increasingly rigorous studies that allow for causal claims. While these methods are not superior to other methods, they may be more impactful in advocacy efforts. There has not yet been an RCT evaluating outcomes from a consultation model of longer than three months, which is shorter than most programs, so the results may underrepresent the true impact of IECMHC.
5. Additionally, researchers should investigate the sustained impact of IECMHC on outcomes and disparities in outcomes, as well as predictors of sustained impact. These longitudinal findings are critical for practice and policy audiences.
6. Research to date has focused on the outcomes of IECMHC. With solid evidence for its main effects, future research should include how those impacts are achieved. The IECMHC Theory of Change articulates pathways whereby IECMHC is thought to yield its positive impact; each should be empirically tested.

This synthesis represents our current assessment of the evidence base for IECMHC. This synthesis will be updated as more studies become available over time. Further, there are likely additional evaluation reports and articles that were unintentionally excluded from this review. If readers are able to share additional resources that may add to the literature review, please email them to iecmhc@georgetown.edu. Program evaluation reports that are not published in scholarly journals are particularly welcome contributions as they often represent innovative, community-based studies.

We are grateful to the evaluators for their contributions to this field, as well as the participants in these studies who have shared their experiences with evaluation teams.

Recommended Citation
Center of Excellence for Infant and Early Childhood Mental Health Consultation (2022). *Status of the Evidence for Infant and Early Childhood Mental Health Consultation (IECMHC)*. http://www.iecmhc.org/documents/CoE-Evidence-Synthesis.pdf

Acknowledgements
This product was developed with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Authors
Annie Davis, PhD
Deborah F Perry, PhD
Kaela Tidus, BA

Works Cited

1 Conners-Burrow, N. A., Whiteside-Mansell, L., Mckelvey, L., Virmani, E. A., & Sockwell, L. (2012). Improved classroom quality and child behavior in an Arkansas early childhood mental health consultation pilot project. *Infant Mental Health Journal*, *33*(3), 256–264. https://doi.org/10.1002/imhj.21335

2 Crusto, C. A., Whitson, M. L., Feinn, R., Gargiulo, J.-A., Holt, C., Paulicin, B., Simmons, W., & Lowell, D. I. (2013). Evaluation of a mental health consultation intervention in preschool settings. *Best Practices in Mental Health: An International Journal*, *9*(2), 1–21.

3 Davis, A., & Perry, D. (2014). *Healthy Futures: Year four evaluation of early childhood mental health consultation by the District of Columbia Department of Mental Health*. https://www.iecmhc.org/wp-content/uploads/2020/12/DC-Healthy-Futures-Year-4.pdf

4 Davis, A., & Perry, D. (2015). *Healthy Futures: Year five evaluation of early childhood mental health consultation by the District of Columbia Department of Mental Health*. https://www.iecmhc.org/wp-content/uploads/2020/12/DC-Healthy-Futures-Year-5.pdf

5 Davis, A., & Perry, D. (2016). *Pennsylvania Early Childhood Mental Health Consultation Project.* https://www.iecmhc.org/wp-content/uploads/2020/12/PA-ECMHC-Report-2016.pdf

6 Perry, D. F., Dunne, M. C., McFadden, L. T., & Campbell, D. (2008). Reducing the risk for preschool expulsion: Mental health consultation for young children with challenging behaviors. *Journal of Child and Family Studies*, *17*(1), 44–54. https://doi.org/10.1007/s10826-007-9140-7

7 Shamblin, S., Graham, D., & Bianco, J. A. (2016). Creating Trauma-Informed Schools for Rural Appalachia: The Partnerships Program for Enhancing Resiliency, Confidence and Workforce Development in Early Childhood Education. *School Mental Health*, *8*(1), 189–200. https://doi.org/10.1007/s12310-016-9181-4

8 Shivers, E. M. (2015). *Arizona's Smart Support Evaluation Report: The First Four Years*. https://www.iecmhc.org/wp-content/uploads/2020/12/AZ-Smart-Support-State-Evaluation-Report.pdf

9 Shivers, E. M., Gal, D., & Meaney, C. (2019). *Evaluation of Alameda County Behavioral Health Early Childhood Mental Health Consultation Standards of Practice Training and Technical Assistance Pilot* (Issue April).

10 van Egeren, L. A., Kirk, R. H., Brophy-herb, H. E., Carlson, J. S., Tableman, B., & Bender, S. L. (2011). *An Interdisciplinary Evaluation Report of Michigan's Childcare Expulsion Prevention (CCEP) Initiative* (Issue March). https://www.iecmhc.org/wp-content/uploads/2020/12/MI-CCEP-Evaluation-Report.pdf

11 Vuyk, M. A., Sprague-Jones, J., & Reed, C. (2016). Early childhood mental health consultation: An evaluation of effectiveness in a rural community. *Infant Mental Health Journal*, *37*(1), 66–79. https://doi.org/10.1002/imhj.21545

12 Mathis, E., Hartz, K., Berkowitz, M., Carlson, A., Kimport, R., Brown, C., Biel., M., & Domitrovich, C. (2022). Using Early Childhood Mental Health Consultation to Facilitate the Social-Emotional Competence and School Readiness of Preschool Children in Marginalized Communities. *School Mental Health*.

13 Conners Edge, N. A., Kyzer, A., Abney, A., Freshwater, A., Sutton, M., & Whitman, K. (2021). Evaluation of a statewide initiative to reduce expulsion of young children. *Infant Mental Health Journal*, *42*(1), 124–139. https://doi.org/10.1002/imhj.21894

14 Conners Edge, N. A., Kyzer, A., Davis, A. E., & Whitman, K. (2021). Infant and Early Childhood Mental Health Consultation in the Context of a Statewide Expulsion Prevention Initiative. *Journal of Educational and Psychological Consultation*, 1–22.

15 Reyes, C. R., & Gilliam, W. S. (2021). Addressing challenging behaviors in challenging environments: Findings from Ohio's early childhood mental health consultation system. *Development and Psychopathology*, *33*(2), 634–646. https://doi.org/10.1017/S0954579420001790

16 Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early Childhood Mental Health Consultation: Results of a Statewide Random-Controlled Evaluation. *Journal of the American Academy of Child and Adolescent Psychiatry*, *55*(9), 754–761. https://doi.org/10.1016/j.jaac.2016.06.006

17 Upshur, C., Wenz-Gross, M., & Reed, G. (2009). A pilot study of early childhood mental health consultation for children with behavioral problems in preschool. *Early Childhood Research Quarterly*, *24*(1), 29–45. https://doi.org/10.1016/j.ecresq.2008.12.002

18 Williford, A. P., & Shelton, T. L. (2008). Using mental health consultation to decrease disruptive behaviors in preschoolers: Adapting an empirically-supported intervention. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *49*(2), 191–200. https://doi.org/10.1111/j.1469-7610.2007.01839.x

19 Perry, D. E., Holland, C., Darling-Kuria, N., & Nadiv, S. (2011). Challenging Behavior and Expulsion From Child Care: The Role of Mental Health Consultation. *Zero to Three*, *32*(2), 4–12. https://georgetown.app.box.com/file/700006610172

20 Silver, H. C., & Zinsser, K. M. (2020). The Interplay among Early Childhood Teachers' Social and Emotional Well-Being, Mental Health Consultation, and Preschool Expulsion. *Early Education and Development*, 1–18. https://doi.org/10.1080/10409289.2020.1785267

21 Miles, E., Stoker, J., Senehi, N., Ash, J., Schlueter, L., Baumann, C., & Barney, J. (2021). Suspension and expulsion in Colorado early care and education settings: Child, program, and community-level predictors. *Infant Mental Health Journal*, *42*(6), 767–783. https://doi.org/10.1002/imhj.21944

22 Zinsser, K. M., Silver, H. C., Shenberger, E. R., & Jackson, V. (2022). A Systematic Review of Early Childhood Exclusionary Discipline. *Review of Educational Research*. https://doi.org/10.3102/00346543211070047

23 Shivers, E. M., Faragó, F., & Gal-Szabo, D. E. (2021). The role of infant and early childhood mental health consultation in reducing racial and gender relational and discipline disparities between black and White preschoolers. *Psychology in the Schools*. https://doi.org/10.1002/pits.22573

24 Alkon, A., Ramler, M., & MacLennan, K. (2003). Evaluation of Mental Health Consultation in Child Care Centers. *Early Childhood Education Journal*, *31*(2), 91–99. https://doi.org/10.1023/b:ecej.0000005307.00142.3c

25 Green, B. L., Malsch, A. M., Kothari, B. H., Busse, J., & Brennan, E. (2012). An Intervention to Increase Early Childhood Staff Capacity for Promoting Children's Social-Emotional Development in Preschool Settings. *Early Childhood Education Journal*, *40*(2), 123–132. https://doi.org/10.1007/s10643-011-0497-2

26 Heller, S. S., Boothe, A., Keyes, A., Nagle, G., Sidell, M., & Rice, J. (2011). Implementation of a mental health consultation model and its impact on early childhood teachers' efficacy and competence. *Infant Mental Health Journal*, *32*(2), 143–164. https://doi.org/10.1002/imhj.20289

27 Lambarth, C. H., & Green, B. L. (2019). Exploring a model for infant and early childhood mental health consultation in early childhood home visiting. *Infant Mental Health Journal*, *40*(6), 874–888. https://doi.org/10.1002/imhj.21818

28 Davis, A. E., Barrueco, S., & Perry, D. F. (2020). The role of consultative alliance in infant and early childhood mental health consultation: Child, teacher, and classroom outcomes. *Infant Mental Health Journal*, 1–17. https://doi.org/10.1002/imhj.21889

29 Davis, A., Shivers, E. M., & Perry, D. F. (2018). Exploring Culture, Race, and Ethnicity in Early Childhood Mental Health Consultation: The Role of the Consultative Alliance. *Perspectives on Early Childhood Psychology and Education*, *3*(2), 51–73.

30 Beardslee, W. R., Ayoub, C., Avery, M. W., Watts, C. L., & O'Carroll, K. L. (2010). Family connections: An approach for strengthening early care systems in facing depression and adversity. *American Journal of Orthopsychiatry*, *80*(4), 482–495. https://doi.org/10.1111/j.1939-0025.2010.01051.x

31 Conners-Burrow, N., Mckelvey, L., Sockwell, L., Harman Ehrentraut, J., Adams, S., & Whiteside-Mansell, L. (2013). Beginning to "Unpack" early childhood mental health consultation: Types of consultation services and their impact on teachers. *Infant Mental Health Journal*, *34*(4), 280–289. https://doi.org/10.1002/imhj.21387

32 Raver, C. C., Jones, S. M., Li-Grining, C. P., Metzger, M., Champion, K. M., & Sardin, L. (2008). Improving preschool classroom processes: Preliminary findings from a randomized trial implemented in Head Start settings. *Early Childhood Research Quarterly*, *23*(1), 10–26. https://doi.org/10.1016/j.ecresq.2007.09.001

33 Virmani, E. A., Masyn, K. E., Thompson, R. A., Conners-Burrow, N. A., & Whiteside Mansell, L. (2013). Early childhood mental health consultation: Promoting change in the quality of teacher-child interactions. *Infant Mental Health Journal*, *34*(2), 156–172. https://doi.org/10.1002/imhj.21358

34 Brennan, E., Bradley, J., Dallas Allen, M., & Perry, D. (2008). The Evidence Base for Mental Health Consultation in Early Childhood Settings: Research Synthesis Addressing Staff and Program Outcomes. *Early Education and Development*, *19*(6), 982–1022. https://doi.org/10.1080/10409280801975834

35 Heller, S. S., Rice, J., Boothe, A., Sidell, M., Vaughn, K., Keyes, A., & Nagle, G. (2012). Social-Emotional Development, School Readiness, Teacher-Child Interactions, and Classroom Environment. *Early Education and Development*, *23*(6), 919–944. https://doi.org/10.1080/10409289.2011.626387

36 Hepburn, K., Perry, D., Shivers, E. M., & Gilliam, W. (2013). Early Childhood Mental Health Consultation as an Evidence-Based Practice: Where Does It Stand? *Zero to Three*, *33*(5), 10–19.

37 Hoover, S. D., Kubicek, L. F., Rosenberg, C. R., Zundel, C., & Rosenberg, S. A. (2012). Influence of behavioral concerns and early childhood expulsions on the development of early childhood mental health consultation in Colorado. *Infant Mental Health Journal*, *33*(3), 246–255. https://doi.org/10.1002/imhj.21334

38 Spielberger, J., Burkhardt, T., Winje, C., Pacheco-Applegate, A., Gitlow, E., Carreon, E., Ann Huang, L., Herriott, A., & Kakuyama-Villaber, R. (2021). *Evaluation of the Illinois Model of Infant and Early Childhood Mental Health Consultation Pilot*. www.chapinhall.org

39 Green, B. L., Everhart, M., Gordon, L., & Garcia Gettman, M. (2006). Characteristics of Effective Mental Health Consultation in Early Childhood Settings: Multilevel Analysis of a National Survey. *Topics in Early Childhood Special Education*, *26*(3), 142–152. https://doi.org/10.1177/02711214060260030201

40 Shea, S. E., Sipotz, K., McCormick, A., Paradis, N., & Fox, B. (2022). The implementation of a multi-level reflective consultation model in a statewide infant & early childcare education professional development system: Evaluation of a pilot. *Infant Mental Health Journal*. https://doi.org/10.1002/imhj.21973

41 Bender, S. L., Carlson, J. S., Egeren, L. van, Brophy-Herb, H., & Kirk, R. (2016). Parenting Stress as a Mediator between Mental Health Consultation and Children's Behavior. *Journal of Educational and Developmental Psychology*, *7*(1), 72. https://doi.org/10.5539/jedp.v7n1p72

42 Le, L. T., Lavin, K., Aquino, A. K., Shivers, E. M., Perry, D. F., & Horen, N. M. (2018). *What's Working? A Study of the Intersection of Family, Friend, and Neighbor Networks and Early Childhood Mental Health Consultation*. https://gucchd.georgetown.edu

43 Denatale, L. M. (2013). Intersubjective experience of the infant and early childhood mental health consultant-program administrator consultee relationship. *Infant Mental Health Journal*, *34*(5), 470–482. https://doi.org/10.1002/imhj.21403

44 Gilliam, W. S. (2005). Prekindergarteners left behind: Expulsion rates in state prekindergarten systems. *Yale University Child Study Center.*, 1–13. http://fcd-us.org/sites/default/files/ExpulsionCompleteReport.pdf

45 Kniegge-Tucker, K., Yuma, P., Caplovitz-Barrett, K., & Miles, B. (2020). Early childhood mental health consultation: Care providers' experiences of the consultative relationship. *Infant Mental Health Journal*, *41*(4), 563–583. https://doi.org/10.1002/imhj.21865

46 Allen, M. D., & Green, B. L. (2012). A multilevel analysis of consultant attributes that contribute to effective mental health consultation services. *Infant Mental Health Journal*, *33*(3), 234–245. https://doi.org/10.1002/imhj.21333

47 Ruch, J., & Luna, A. (2016). *Mental Health Consultation Evaluation: Summary of Interviews with Home Visitors, Supervisors, & Mental Health Consultants*.

48 Shea, S. E., Goldberg, S., & Weatherston, D. J. (2016). A COMMUNITY MENTAL HEALTH PROFESSIONAL DEVELOPMENT MODEL FOR THE EXPANSION OF REFLECTIVE PRACTICE AND SUPERVISION: EVALUATION OF A PILOT TRAINING SERIES FOR INFANT MENTAL HEALTH PROFESSIONALS. *Infant Mental Health Journal*, *37*(6), 653–669. https://doi.org/10.1002/imhj.21611

49 Albritton, K., Mathews, R. E., & Anhalt, K. (2019). Systematic Review of Early Childhood Mental Health Consultation: Implications for Improving Preschool Discipline Disproportionality. *Journal of Educational and Psychological Consultation*, *29*(4), 444–472. https://doi.org/10.1080/10474412.2018.1541413

50 Goodson, B. D., Mackrain, M., Perry, D. F., O'brien, K., & Gwaltney, M. K. (2013). Enhancing home visiting with mental health consultation. *Pediatrics*, *132*(SUPPL.2), S180–S190. https://doi.org/10.1542/peds.2013-1021S

51 Perry, D. F., Allen, M. D., Brennan, E. M., & Bradley, J. R. (2010). The evidence base for mental health consultation in early childhood settings: A research synthesis addressing children's behavioral outcomes. *Early Education and Development*, *21*(6), 795–824. https://doi.org/10.1080/10409280903475444

52 Boris, N. W., Larrieu, J. A., Zeanah, P. D., Nagle, G. A., Steier, A., & McNeill, P. (2006). The process and promise of mental health augmentation of nurse home-visiting programs: Data from the Louisiana nurse-family partnership. *Infant Mental Health Journal*, *27*(1), 26–40. https://doi.org/10.1002/imhj.20078

53 Brinamen, C. F., Taranta, A. N., & Johnston, K. (2012). Expanding early childhood mental health consultation to new venues: Serving infants and young children in domestic violence and homeless shelters. *Infant Mental Health Journal*, *33*(3), 283–293. https://doi.org/10.1002/imhj.21338

54 Johnston, K., & Brinamen, C. F. (2012). The consultation relationship-From transactional to transformative: Hypothesizing about the nature of change. *Infant Mental Health Journal*, *33*(3), 226–233. https://doi.org/10.1002/imhj.21332

55 Carlson, J. S., Mackrain, M. A., van Egeren, L. A., Brophy-Herb, H., Kirk, R. H., Marciniak, D., Falvay, S., Zheng, Y., Bender, S. L., & Tableman, B. (2012). Implementing a statewide early childhood mental health consultation approach to preventing childcare expulsion. *Infant Mental Health Journal*, *33*(3), 265–273. https://doi.org/10.1002/imhj.21336

56 Kaufmann, R. K., Perry, D. F., Hepburn, K., & Duran, F. (2012). Assessing fidelity for early childhood mental health consultation: Lessons from the field and next steps. *Infant Mental Health Journal*, *33*(3), 274–282. https://doi.org/10.1002/imhj.21337

57 Perry, D. F., & Conners-Burrow, N. (2016). Addressing Early Adversity Through Mental Health Consultation in Early Childhood Settings. *Family Relations*, *65*(1), 24–36. https://doi.org/10.1111/fare.12172

58 Silverman, M. E., & Hutchison, M. S. (2019). Reflective Capacity: An Antidote to Structural Racism Cultivated Through Mental Health Consultation. *Infant Mental Health Journal*, *40*(5), 742–756. https://doi.org/10.1002/imhj.21807

59 Candelaria, M., Latta, L., Afkinich, J., Wasserman, K. S., Kane, A., Shivers, E. M., & Gal-Szabo, D. (2021). Maryland's infant and early childhood mental health consultation equity efforts. *Journal of Ethnic and Cultural Diversity in Social Work*. https://doi.org/10.1080/15313204.2021.2001403

60 LaForett, D. R., Bivona, M. A., Mendez Smith, J., & Williford, A. P. (2021). Training Future School and Clinical Psychology Leaders in Consultation for Early Childhood Education Settings. *Journal of Educational and Psychological Consultation*. https://doi.org/10.1080/10474412.2021.1977138