THE GEORGETOWN MANUAL FOR SCHOOL-BASED EARLY CHILDHOOD MENTAL HEALTH CONSULTATION SERVICES

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Finally, this manual builds upon more than 15 years of work that was led by Roxane Kaufmann at GUCCHD; with the first publication of the "green book" *Early Childhood Mental Health Consultation* (SAMHSA, 2000), we began a process of more fully articulating what this work looks like and how it can benefit children, families, teachers and administrators. Thank you to Roxane for all that she taught us and all that she gave the early childhood community.

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BACKGROUND

Rationale

Over the last decade, significant attention has been focused on the importance of preschool. High quality preschool has been shown to benefit children's school readiness and later life success. One of the most critical components of a high quality preschool program is its ability to promote young children's social-emotional development. Young children who develop a love for learning and gain skills in regulating their emotions, negotiating conflicts, following directions, focusing their attention, and building strong friendships start with a solid foundation for success in school and life (Raver & Knitzer, 2002).

Unfortunately, many children begin preschool at a disadvantage. Despite their young ages (three and four years old), some children have already had one or more adverse experiences, such as domestic violence, community violence, child abuse, neglect, poverty, discrimination, and/or separation from caregivers. Large-scale research has consistently demonstrated that early-life adverse experiences have a long-term, deleterious impact on mental health, physical health, and health risk behaviors (Anda et al., 2006). Children who experience trauma have an increased likelihood of exhibiting challenging behaviors. Many schools and teachers feel unprepared to effectively address children's challenging behaviors and to respond to children's underlying emotional concerns (Hemmeter, Mialogros, & Ostrosky, 2008; Kaufmann & Wischman, 1999). When teachers and administrators are unprepared or ill-equipped to meet the needs of children exposed to trauma and adverse circumstances, they may resort to suspending or expelling these students (Gilliam, 2005).

Early Childhood Mental Health Consultation (ECMHC)

Indeed, to reduce or eliminate the need for suspensions and expulsions, teachers would benefit from assistance to learn new strategies for addressing challenging. One model for promoting social-emotional development, effectively addressing young children's challenging behavior, and reducing the need for preschool expulsions is **Early Childhood Mental Health Consultation** (ECMHC; Hepburn, Perry, Shivers, & Gilliam, 2013). Over the last thirty years, ECMHC has been developed and evaluated by Georgetown University's Center for Child and Human Development (GUCCHD), in coordination with clinicians and researchers across the nation. GUCCHD has advanced the knowledge base and expanded the implementation of ECMHC in various ways,

including: 1) conducting research, 2) providing training and technical assistance to states, communities, and programs implementing ECMHC, and 3) developing extensive materials for ECMH consultants and early childhood education programs.

What is ECMHC?

Early Childhood Mental Health Consultation is an evidence-informed, multi-level intervention in which mental health professionals team with people who care for young children (birth to age 6) to promote healthy social-emotional development (Cohen & Kaufmann, 2000; rev. 2005; SAMHSA, 2014). Mental health consultants with specialized training in early childhood development form collaborative relationships with teachers, families, and other professionals working with young children. They work together to build the capacity of early childhood staff and families to address and/or prevent challenging behaviors and to foster social-emotional competencies. Consultants do this by working alongside the early childhood professionals in their daily settings, sharing strategies, modeling evidence-based intervention approaches, facilitating referrals, and cultivating a deeper understanding of the factors that shape young children's social-emotional development.

Consultants take a strengths-based approach to their work with providers and to their conceptualizations of children's behavior. Furthermore, consultants consider and intervene at multiple levels (e.g., classroom, family, school, community), understanding the potent contextual and cultural factors impacting young children's behavior.

ECMHC programs around the country differ in their exact implementation and practices, given that consultants tailor their activities to address the specific goals for a certain child, family, classroom, or program (Ash, Mackrain, & Johnston, 2013; Duran et al., 2009). Consultants are responsive to such factors as the population served, the values/mission of the program, the availability of funding, and the duration of their relationship with the early care and education programs.

While ECMHC has been expanded into a variety of settings serving young children and families (including home visiting, foster care, and homeless shelters), the most common settings are early care and education programs (Ash et al., 2013; Brinamen, Taranta, & Johnston, 2012). These include center-based community child care and prekindergarten programs. This manual will focus on ECMHC implementation in preschool programs. Hence, the roles and contextual features of a school setting will be highlighted. Consultees will be teachers, school administrators, and parents, and the intervention will be presented as occurring within the classroom context. It should be noted that many of the same principles presented in this manual apply across diverse setting in which ECMHC takes place. However, each setting has unique features and special considerations not accounted for in this manual specific to school-based settings.

Nonetheless, certain activities are often used across in a variety of contexts and circumstances. Several analyses of consultants' daily activities have identified the following common tasks:

- Conducting observations and needs assessments for children, classrooms, and centers
- Meetings with teachers and parents
- Meetings with the Director to gather pertinent information (i.e., information about staff, children, families, demographics, culture, neighborhood, procedures, school priorities, etc.) and to create and sustain leadership buy in for consultation services
- Meetings or workshops with groups of parents to increase parents' understanding of social emotional development and positive behavior guidance strategies
- Linking families with community resources
- Modeling and conducting trainings for the staff
- Implementing evidence-based techniques
- Providing prevention services to individual children
- Planning for sustainable changes (Kaufmann et al., 2013; Rabinovitz, 2013).

The GUCCHD team—referred to moving forward as Georgetown—developed a set of practice-based principles that undergird ECMHC across settings. These principles were articulated through a Delphi Process, which brought together thinking from a variety of experts in the field (Kaufmann, et al., 2012). These principles were intended to be a starting point for discussions about fidelity to the Georgetown ECMHC framework; and they serve as an anchor for programs and practitioners implementing ECMHC across the country.

PRACTICE-BASED PRINCIPLES OF ECMHC

(KAUFMANN ET AL., 2012)

- Relationship-based
- Collaborative
- Individualized
- Culturally and linguistically responsive
- Grounded in developmental knowledge
- Evidence-informed
- Data-driven
- Delivered in natural settings
- Spans the continuum from promotion through intervention
- Integrated with community services and supports

ECMHC Theory of Change

ECMHC is based on the theory that change occurs within the context of the relationships that consultants build with teachers, families, and/or administrators. Effective consultants have mastered not only the content material, but also the relationship-building activities that best delivers it. These relationships with important adults in the child's life are the mediators through which consultants have an indirect impact on the young child. Leaders in the field consider high-quality relationships to be an essential, facilitative component of the work. It is within these relationships that consultants are able to collaboratively problem-solve, teach new skills, and increase the reflective capacities in child care providers.

Mental health consultation requires the clinician to approach their work through a different lens than delivering mental health treatment services. Johnston and Brinamen (2006) articulated key tenets of this relational approach called the "consultative stance" (listed below). Consultants work to build a climate for consultation where both parties actively contribute, rather than one in which consultants act as outside experts giving advice. Consultees are assumed to have critical knowledge and insight about the children and their classrooms, and consultants approach their work with teachers with genuine curiosity about the consultees' experiences.

Expertise in consultation is thought to operate as a parallel process, through which consultants model relational skills that the teachers may then use in their interactions with others (i.e., the children, their parents, their colleagues and supervisors). By engaging in active inquiry, consultants model an interaction style that values the subjective experiences of the other, and that is not blaming or prescriptive. Consultants "wonder" about the experiences, motivations, and contextual influences of the child or parent, gently guiding teachers to questions their preconceived notions and implicit biases. Throughout these potentially difficult conversations, the consultant demonstrates empathy, acceptance, and patience. They convey respect for the teacher and demonstrate authentic interest in and curiosity about their subjective experiences. It is within these conversations, and in this warm interpersonal atmosphere, that teachers gain fuller insight into their own role in the child's behavior or their response to the child, changes in perspective that they can carry forward to their work with other children (Johnston & Brinamen, 2010).

TENETS OF CONSULTATIVE STANCE

(JOHNSTON & BRINAMEN, 2006)

1. The centrality of relationships
2. Parallel process as an organizing principle
3. Avoiding the position of the expert
4. Mutuality of endeavor
5. Understanding another's subjective experience
6. Considering all levels of influence
7. Hearing and representing all voices
8. Wondering instead of knowing
9. Patience
10. Holding hope

To support and enhance their work, consultants often receive weekly reflective supervision (individual, group, or both) from a supervisory clinician. In supervision, consultants can benefit from others' experiences, and receive practical advice as well as emotional support and validation. Supervision gives consultants access to multiple perspectives, insulates them against feelings of isolation, and provides them with a model of authentic interest, respect, and empathy. In another form of parallel process, the supervisor models empathetic, authentic, productive relationship skills that the consultants implement with teachers (Heller, Steier, Phillips, & Eckley, 2013).

ECMHC Outcomes

There is considerable evidence for the effectiveness of ECMHC in multiple state and community studies. In reviews of the evidence, positive outcomes are seen at the child, teacher, school, and family levels:

- **Child**
  - Improved social-emotional competence
  - Reduced challenging behavior
- **Teacher**
  - Improved teacher-child relationship
  - Decreased stress
  - Improved classroom climate
  - Increased teaching skills with regard to social-emotional topics
- **School**
  - Reduced rates of suspension and expulsion
  - Decreased teacher turnover
  - Improved staff interactions
- **Family**
  - Improved parent-child relationship
  - Fewer missed work days for parents

These outcomes are seen across ECMHC implementations across the nation, representing children, families, providers, and consultants with a variety of demographic backgrounds (Brennan, et al., 2008; Hepburn, Perry, Shivers and Gilliam, 2013; Perry, et al., 2010; SAMHSA, 2014).

Who does it?

To be qualified for the position of an ECMH consultant and prepared to meet the needs of the schools and families, consultants must have high levels of education, training, and experience. Specifically, the Georgetown ECMHC framework states that a master's or doctoral degree in a mental health field is necessary (e.g., social work, psychology, counseling, marriage and family therapy). Additionally, consultants must carry an active license in their state, and have three or more years of post-master's experience working with young children.

Consultants may be employed within a statewide ECMHC program or in a targeted (limited to a particular neighborhood or service area) ECMHC program. There are also ECMH consultants who work independently (privately) who are not employed by an ECMHC program.

Prior to beginning ECMHC, consultants will ideally engage in core trainings (see topics below). Subsequently, they must also participate in targeted trainings as needed to prepare for work with different populations and/or presenting concerns.

These training requirements are in addition to the continuing education requirements mandated by licensure boards.

Core Training Topics:

- Overview of consultation program model (e.g., philosophy and processes)
- Early childhood mental health (social emotional development in children birth-five years old)
- The role of the consultant (e.g., how to approach the work, how consultation differs from direct therapy).

Training methods may include a standardized curriculum, pre-service and in-service trainings, mentoring and/or shadowing opportunities with a senior consultant, and/or ongoing professional development opportunities. GUCCHD developed a series of on-line tutorials for ECMHC as part of an Innovation and Improvement Program grant from the Office of Head Start. They can be found at: http://www.ecmhc.org/tutorials/index.html.

In addition to the objective qualifications for consultants, there are also competencies that describe the necessary knowledge, skills, and abilities of effective consultants, detailed below. Competencies for ECMH consultants can be found on the Head Start Early Childhood Learning and Knowledge Center (ECLKC) at https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool as well as on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center of Excellence for Infant and Early Childhood Mental Health website http://www.samhsa.gov/iecmhc. The competencies are divided into eight core areas and are summarized below and support work in both early care and education as well as home visiting programs.

IECMHC COMPETENCIES AT A GLANCE (Center of Excellence for IECMHC)

CATEGORIES	SUMMARY OF SKILLS
Role of the IECMH Consultant	Understands and can convey how IECMHC is a mental health specialization that is distinct from other activities in which mental health professionals may engage. Demonstrates an ability to strengthen families' and early childhood education/home visiting (ECE/HV) staff's capacities to support the social-emotional well-being and relational health of children and families in a range of settings. Partners with such adults in working to prevent mental health problems from developing or increasing in intensity and/or in responding effectively when mental health concerns already exist
Foundational Knowledge	Draws from diverse domains of knowledge to understand children, families, and ECE/HV staff and how they relate to each other. Turns to a variety of disciplines and theories to inform the direction that consultation takes and the decisions that emerge from its unfolding process.

IECMHC COMPETENCIES AT A GLANCE (Center of Excellence for IECMHC)	
CATEGORIES	**SUMMARY OF SKILLS**
Equity and Cultural Sensitivity	Describes and demonstrates how culture (beliefs, values, attitudes, biases, and experiences) shapes relationships and behaviors, and how it influences settings and communities in important and meaningful ways.
Reflective Practice	Thinks about and questions personal influences and actions before, during, or after consultative interactions. Considers the influences on and perspectives of others (e.g., child/family/staff) in the context of consultation, i.e., "What must this experience have been like for the child…staff …parent?" Promotes reflective practice in consultees, using this experience-based learning to support consultees' professional growth and development.
Specific Child- and Family-Focused Consultation	Collaborates with families and/or ECE/HV staff to understand and respond effectively to a child's or parent's mental health needs, behavioral difficulties, and/or developmental challenges. Partners respectfully with families and ECE/HV staff to understand the context and nature of a particular family's life in order to enhance child and family well-being
General Classroom and Home-Focused Consultation	Collaborates with families and ECE/HV staff in the effort to promote warm and trusting relationships, steady routines, and development-enhancing interactions that positively impact classroom and home climates. Explores how elements of classroom and/or family life can play a powerful role in supporting all children's social-emotional development.
Programmatic Consultation	Maintains a systemic approach and aims for program-wide impact through a focus on multiple issues that affect the overall quality of an ECE/HV setting. Works to enhance programmatic functioning by assisting ECE/HV program administrators and/or staff to consider the setting's overall social-emotional climate and to solve issues that affect more than one child, staff member, and/or family.
Systemic Orientation	Works within and across systems, integrating mental health concepts and supports into the cultures and environments where young children spend time. Maintains awareness of the systems within which IECMHC occurs and considers these contexts when seeking to understand factors that promote or hinder the process of change.

Who is served?

ECMHC is an indirect intervention in which consultants work with teachers, parents, and administrators to build their capacities to promote healthy socioemotional development and to address challenging behaviors. Hence, the vast majority of consultants' time is spent with adults on behalf of young children. Often, consultation is sought when children demonstrate challenging behaviors. ECMHC may directly enhance adults' abilities to foster children's emotional and relational well-being. In turn, young children's behavior and self-regulation may improve.

Children are most commonly referred for consultation when they demonstrate externalizing behaviors, such as aggression, defiant behavior, or hyperactivity/inattention. Because children from low-income backgrounds are more likely to experience early adversity and to demonstrate subsequent behavioral manifestations of trauma, referrals are more likely from communities with fewer resources. While ECMHC may serve children ages 0-6, preschoolers are referred at higher rates than infants and toddlers. As ECMHC programs mature, there is often an increased recognition of socioemotional concerns in infant and toddlers, as well as improved identification of internalizing behaviors, such as attachment issues and anxiety (Perry, personal communication).

Where does it take place?

While mental health consultation can be embedded within a variety of settings serving young children and their families, the majority of ECMHC evaluations have been conducted in early care and education (ECE) settings. In terms of ECE settings, ECMHC has been implemented in day care, child development centers, and home-based care. It has also been implemented in private, public, and charter prekindergarten classrooms. Consultation may also be incorporated into existing home visiting protocols as an additional support. ECMHC can be incorporated into many other settings in which adults interact with young children, including kith and kin care, primary care, foster care, and homeless shelters (Ash et al, 2013; Brinamen & Johnston, 2012).

In a given setting, the length and frequency of consultation may vary. A tentative schedule is often established from the initiation of consultation, although it may be adjusted based on the evolving needs of the teachers and administrators. Most commonly, consultation occurs weekly. However, more intensive consultation may involve multiple visits per week, and less frequent consultation (e.g., biweekly visits) may be seen particularly in rural areas. Consultants may provide a partial or full day of services at each site. A consultant may work at a site for a specific, predetermined length of time (e.g., 6 months), or may work at a site until needs have been met (Duran et al., 2009).

Types of ECMHC

There are three subtypes of ECMHC which are distinguished by particular goals. Specifically, there is: 1) programmatic consultation, 2) classroom consultation, and 3) child and family consultation. Programmatic consultation refers to collaboration between the consultant and the school administrators to work to ensure that school policies and procedures optimally support child socioemotional development and facilitate a positive school climate. Topics discussed in programmatic consultation may include disciplinary policies, effective communication among staff members, and professional development opportunities. In classroom consultation, consultants' work to enhance the capabilities of teachers and thereby benefit the children in their classrooms. For example, consultants may work with teachers to incorporate positive behavior supports into everyday classroom activities, or to reflect upon and alter

transition procedures. In child and family consultation, consultants work with teachers and parents in support of a child with challenging behavior. They may help teachers and parents to promote positive behaviors and/or deescalate problems to prevent suspensions and expulsions.

In a given setting, a consultant often engages in two or all three types of consultation. A specific goal may be best addressed through intervening on multiple levels, or the site may have multiple goals for consultation. Notably, the distinctions among these types of consultation have become somewhat less relevant because, from a relational perspective, child-focused, teacher-focused, and program-focused work often blend together.

Programmatic

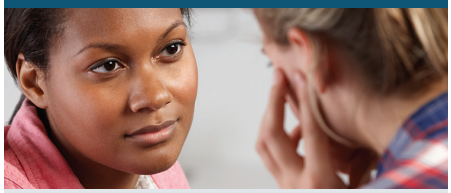
Definition: Consultant works in collaboration with program leadership to assess and address issues related to a program's structure, policies, procedures, professional development, philosophy, mission, and approach as they relate to supporting the mental health of young children and their families.

Outcomes Targeted: The ability of the school policies to support healthy social emotional development and address challenging behaviors with consistent, developmentally appropriate procedures; the climate of the school; the communication among staff; the provision of professional development addressing topics of mental health and wellbeing of the students and staff

Distinction: Supports the whole program and is not focused on specific children, families, classrooms, or teachers

Consultee: Director/administrator

Classroom



Definition: Consultation to teachers about the overall approach to supporting young children social emotional development and effectively addressing young children's challenging behavior. Classroom consultation focuses on issues that impact more than one child or family. In classroom consultation the consultant and the teachers may explore a variety of issues including, but, not limited to: teachers' approach with children; teachers' relationships with each other; teachers' ideas about discipline and behavior; how trauma and toxic stress impacts young children and their families; transitions from one activity to the next; routines; etc.

Outcomes Targeted: Ability of individual teacher to foster social emotional development, effectively and sensitively address challenging behaviors, promote and healthy classroom climate, and understand early childhood development

Distinction: Supports one classroom, rather than one child or the program as a whole

Consultee: Teacher

Child and Family

Definition: Addresses the factors that contribute to an individual child's or family's difficulties in functioning well in the early childhood setting. Child and family consultation is provided to families or teachers and is often initiated by concerns about an individual child's problem behavior.

Outcomes Targeted: Reduction in challenging behavior; increased teacher understanding of the behavior and its causes, as well as her reactions to it; provision of appropriate referral to outside resources; facilitation of open communication between teacher and parent/caregiver

Distinction: Focuses on a particular child/family identified as needed additional support

Consultee: Teacher, parent/caregiver

Phases of ECMHC

While ECMHC is an individualized program that is flexible to the needs of the program and individuals involved, there is a sequence of phases that often characterizes implementation of ECMHC. Importantly, consultation is not (nor should it be) a linear process. In response to on-going issues or changing priorities, the phases of ECMHC may repeat or be revisited over the course of a single consultative relationship. Nevertheless, the framework for the series of consultative activities is provided here, and it should be noted that the introductory, relationship-building time is critical and not time-limited, but rather on-going.

PHASES OF ECMHC IN THE GEORGETOWN FRAMEWORK

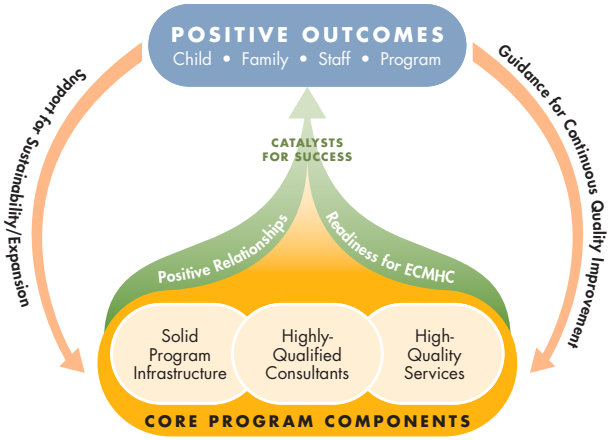
PHASES OF ECMH CONSULTATION	CONSULTATION ACTIVITY
Initiation	Establish expectations and align philosophy.
Exploration	Explore concerns, priorities, and goals.
Plan Development	The consultant and the administrators, staff, and/or family mutually agree upon a plan. Approaches may include implementing program-wide social-emotional supports, promoting positive relationships between member of teaching teams, adjusting the routine or the environment for a particular child, teaching new skills, and/or preventing challenging behavior.
Plan Implementation	The consultant supports the administration, family, and/or staff to implement new strategies and approaches.
Revisit Plans and Goals	The consultant and the family and/or staff plan a time to revisit the plan to determine if it is working. The goals and/or plan are updated, or the consultant works with staff and families to maintain progress.

The phases of consultation may repeat or continue in an on-going capacity.

The Georgetown University Center of Child and Human Development (Georgetown) ECMHC Framework

In 2009 the Georgetown University Center for Child and Human Development (GUCCHD) developed the Georgetown Framework for Effective Early Childhood Mental Health Consultation (ECMHC). This conceptual framework was created as a result of studying 6 effective ECMHC programs from around the country. While ECMHC programs around the country maintain their own unique models of ECMHC (i.e., models that describe their specific dosage, frequency, population served, process, and evaluation) each of the model fits within the overarching Georgetown Framework of Effective ECMHC.

The Georgetown Framework has been applied in a variety of settings including early care and education, child welfare, home visiting and pediatric offices. Each setting has unique elements that impact model design and model implementation.



Implementing the Georgetown ECMHC Framework in a Public Charter School in the District of Columbia

This manual describes the implementation of ECMHC in a DC elementary charter school—the Friendship Chamberlain Public Charter Elementary School. Friendship Chamberlain has a PreKindergarten (PreK) program serving three and four year olds within their elementary school.

ECMHC QUICK-FACTS

Who provides ECMHC?
- Mental health professionals with specialized training and experience working with young children and families. Consultants often have an advanced degree (Masters or doctoral-level) in the mental health field.

Who is served?
- Young children birth through age 6
- Their caregivers
- Their families
- Early childhood program directors/administrators

Settings
- Early care and education settings
- Prekindergarten
- Home visiting
- Primary care
- Homeless shelters

What do consultants do?
- Conduct observations and needs assessments for children and classrooms to facilitate collaborative goal-setting
- Consult with teachers, parents, and directors about challenging child behaviors and how to manage them
- Consult with directors/administrators about influence of school policy on child behavior, classroom climate, teacher competencies, etc.
- Build capacity of caregivers to manage challenging child behaviors through coaching, role play, modeling, and reflective questioning
- Provide trainings for caregivers on issues/skills pertinent to social-emotional development (e.g., transitions, caregiver stress management, trauma)
- Link families with early intervention resources
- Working directly with children identified as in need of additional behavioral supports.
- Provide universal prevention services to classrooms to teach about social emotional competencies

TIPS AND CONSIDERATIONS FOR ENTERING A NEW SCHOOL AS A MENTAL HEALTH CONSULTANT

1. **Meet with the administration and other key school personnel, such as the school counselor, school psychologist and/or student support coordinator.**
   - The consultant reviews the philosophy of the consultation model, the consultation process, and the range of consultation services.
   - The consultant and school administration staff exchange contact information and discuss the best ways to communicate with each other.
   - The consultant and administration create a contractual agreement, articulating key aspects of the working relationship including: expectations for each party, and the timeline for services.
   - The consultant and administrative staff discuss various ways the consultant can be introduced to families (e.g., family nights, letter to families, being available at drop off and pick up). The consultant expresses her commitment to work to meet families in a variety of different ways.
   - The consultant works with the administrator to clarify her role within the school and discuss approaches to obtaining consent (e.g., from all parents at the outset, on a case-by-case basis).

2. **Conduct outreach with teachers**
   - The consultant introduces herself to teaching staff and begins to get acquainted with them. The consultant prioritizes getting to know the teachers as individuals. The consultant explores any difficulties they may experience in their work as well as what they like about their jobs.
   - The consultant may host a coffee hour in the morning and/or a gathering in the afternoon where the teachers can meet the consultant. In these meetings, the consultant describes her role and the ways she can be helpful to families. Once teachers understand consultation, they may feel comfortable requesting and/or accepting the consultant's involvement in their classrooms.

3. **Conduct outreach with families**
   - The consultant has an approachable presence at the school, and families become familiar with her. She initiates informal conversations with parents and other family members, demonstrating interest in their lives. She is at the school on consistent days and times and becomes recognized as a member of the team.
   - The consultant provides the school with a letter for families describing the services provided by the consultant, the hours the consultant is available on-site, and the ways families can access the consultant by phone, e-mail, or in-person at the school.
   - The consultant hosts a coffee hour in the morning and/or a gathering in the afternoon to meet families and for the consultant to describe her role and the types of ways she can be helpful to families.

Special Considerations: A public charter school setting may influence implementation of ECMHC in a number of ways, including the following:

- An elementary public school's primary focus is education through 5th grade. The school administration has a variety of important priority areas to pay attention to across multiple grade levels. Early childhood is not an elementary school's sole focus. Access to school administration for regular programmatic consultation may be more limited due to the other competing priorities.
- Family engagement in a public school setting may be more limited than in other types of early childhood settings or primary care settings. Depending on the school, an increased intentional focus may be needed to engage families in the ECMHC process.
- In a public school setting there are many other professionals with similar roles available to support children and families, e.g., school counselor, school social worker, student support specialist (who focuses on children with potential special needs), curriculum coach, etc. An ECMH consultant must consider these various roles and work to distinguish and clarify the unique role of the ECMH consultant. The ECMH consultant works in collaboration with the other specialists in the school focusing specifically on promoting young children's social emotional development.

PROGRAMMATIC CONSULTATION

Works in collaboration with program leadership to assess and address issues related to a program's structure, policies, procedures, professional development, philosophy, mission, and approach as they relate to supporting the mental health of young children and their families. Programmatic consultation supports the whole program and is not focused on specific children, families, classrooms, or teachers. The consultant works primarily with the program administrators and staff.

PHASE 1 Initiation

A. **Introduction**

1. See section on entering a new school on page 16.
2. If their relationship is not already formed, the consultant introduces herself to the administrator and they exchange contact information.
3. The consultant explains her role to the administrator and expresses enthusiasm to work together.

B. **Aligning expectations**

1. The school administrator and the consultant discuss and establish agreement regarding:
   - Duration, frequency and intensity of consultation
   - Responsibilities
   - Procedures
   - Focus of the consultation
   - Exchange of information between consultant and administrators
   - Needs of the school
   - Goals for consultation
   - Working style
   - Meeting schedules
2. The consultant and administrator discuss the contractual relationship and the consultant's job title and role. Specifically, the consultant asks the administrator about getting consent from families. Depending on the degree to which the

consultant is embedded into the school staff, parental consent may or may not be necessary to proceed with consultation.

3. The consultant and administrator discuss the school's readiness for consultation including exploring information such as:
   - The school's overall emotional climate
   - Staff morale and wellness
   - Parent engagement
   - Teacher/staff supervision and support
   - The school's philosophy and approach to supporting children with challenging behavior
4. The consultant and the administrator discuss roles of all staff engaged in similar work (i.e., related to supporting professional development and/or mental health). The consultant and the other student support personnel discuss their roles and how they will work together in an on-going way to supplement one another's work without duplicating services. Careful consideration is given to how parents and teachers in the school will understand the difference between the various roles.
5. The consultant and the administrator discuss the level of access the consultant has to data and assessments the school is already collecting. For example, some preschools use the Teaching Strategies GOLD assessments and/or the Classroom Assessment Scoring System (CLASS).
6. The role of the consultant's assessments and observations in the consultation process is clarified. The non-evaluative nature of this data collection is emphasized and the consultant and administrator discuss how to convey this distinction to teachers.
7. The administrator and consultant discuss possible involvement at staff meetings and/or PTA nights or other meetings to explore relevant questions about the emotional climate of the program.
8. The consultant asks the administrator to explain the school's policies and procedures for addressing challenging child behaviors and disciplinary measures. If necessary, she explains any ways that these policies may interact with or conflict with her role. For example, she can request to be notified and involved anytime a child is at risk of suspension or expulsion.

Relationship Building with the Administrator During the Initiation Phase

- The consultant begins by building a relationship with the key school administrators and support staff. These relationships are built over time and begin with the consultant demonstrating genuine interest in the administrators and staff as individuals, finding points of common interest, and discussing goals for the school.
- The consultant is warm and empathic. She demonstrates a clear understanding of her role and of the consultation process.

- From the beginning of the collaboration, the consultant:
  - Avoids appearing as the expert
  - Explains that consultation is reciprocal and mutual (i.e., there is ongoing communication and sharing between school personnel, families, and the consultant). She conveys the importance of family engagement.
  - The consultant helps the administrator and key support personnel to understand the programmatic nature of consultation, underscoring the point that consultation can be utilized as a support for the administration and to further programmatic goals that impact all staff, children, and families.

PHASE 2 Exploration of Concerns

A. **Informal Discussions/Prioritization of Concerns**

1. The consultant and the administrator discuss any immediate concerns about specific classrooms, teaching teams, or the program in general. They decide which concerns are most pressing and should be prioritized for immediate intervention.
2. The consultant is responsive to these needs and works with staff to begin to address urgent needs as quickly as possible. These concerns may continue to be targeted with a formal goal, but in the meantime the consultant provides assistance.
3. The consultant works with the school administrator and other school personnel as appropriate to identify potential goals or areas of focus related to enhancing the school mental health climate to most effectively support young children's social and emotional development.
4. If there are specific children that the administrator and/or other staff wish to discuss, the staff will seek permission from parents to observe the individual child, and begin Child and Family Consultation (see below).

B. **Assessments and Observations:**

1. The consultant talks with the administrator and key personnel about observational tools she may use. A thorough assessment gathers data from the program as a whole, each classroom, and individual children:
   - ***Program:*** the consultant may recommend specific assessments for the program (e.g., needs assessment or staff surveys).
   - ***Classroom:*** the consultant uses one or more tools to identify strengths and areas of growth for each classroom, teacher, or teaching team. Commonly used measures include the brief Teaching Pyramid Observational Tool (TPOT-S) and the Arnett Caregiver Interaction Scale (See Appendix). These measures can also be used to measure change over time as a result of ECMHC, if administered at multiple times throughout the school year.
   - ***Child:*** the consultant will work with the teaching staff to identify individual children's strengths and needs, using a strengths-based and culturally responsive tool. Commonly used measures include the Strengths and Difficulties Questionnaire (SDQ; see Appendix), the Devereux Early Childhood

Assessment, and the Ages and Stages System. The SDQ is particularly helpful because it is free and can provide a structure for conversations between consultants and teachers to identify any children on their rosters who may have a social-emotional difficulty. This information can guide referrals for child and family consultation, and also provides a measure of each classroom's burden of challenging behaviors that can inform classroom consultation. (The SDQ can also be administered at multiple times throughout the school year to see whether ECMHC is impacting on the level of behavioral concerns reported by the teacher).

2. The consultant and the administrator discuss how or if the formal assessment tools will be shared with the administrator and how that will be discussed with the teaching staff. The consultant explores with the school administrator and other school personnel how the observations conducted by the consultant will be different than observations conducted by other school administration or staff. The consultant and administrator/staff explore how to ensure the observations are not seen as evaluative but are seen as a support to the teachers.
3. If the administrator has given the consultant permission to access data that the school has already collected (e.g., demographic information, relevant screening measures, assessment data) they discuss how the consultant can access it.
4. If the administrator and consultant agree that it would be helpful and appropriate, the consultant makes herself available to informally observe staff meetings, PTA nights, and/or other meetings. Sometimes an extra, objective pair of eyes in these meetings can contribute additional perspectives in assessing the emotional climate of the program. For example, a consultant might notice the body language during a staff meeting or how welcoming a parent meeting feels.

Relationship Building with the Administrator During the Exploration Phase

The consultant continues to:

- build the relationship throughout the consultation process.
- be responsive to the specific needs of the school. The consultant approaches the administrator and school support staff with a genuine curiosity.
  – "How can I be helpful to you and the early childhood program in your school?"
- place an emphasis on building a trusting, collaborative, mutual relationship with the administrator and key school personnel. The consultant demonstrates a commitment to forming a trusting and authentic relationship within which the staff and administration will feel comfortable sharing their concerns, ideas, and areas of vulnerability.
- seek to understand the perspectives of the administrator and key support personnel. The consultant helps the administrator and staff to examine their own values, beliefs, assumptions and experiences related to supporting staff and supporting children and families.

- maintain an open mind and demonstrates respect for the opinions of the school personnel and administrators. By maintaining a non-judgmental stance, the consultant models a successful approach to team building and building trusting relationships.
- The consultant explores high priority concerns and engages in collaborative problem solving to build a strong relationship between the consultant and the administration. Inquiring into and strategizing around the administrator's immediate needs/concerns helps reinforce a central tenet of consultation—that consultation is individualized to the school, responsive to its needs, and respectful of its guiding principles.
- From the beginning of the consultation process the consultant helps the administrator to be an advocate of the consultation process and to help determine when the consultation is done or when the consultation efforts might refocus to other goals or concerns.
- To facilitate trust and openness, the consultant ensures that the administrator and staff understand that the observational tools are not used to evaluate teacher performance. Rather, they are tools used to identify areas of focus for the consultation and to evaluate the effectiveness of consultation.

PHASE 3 Plan Development

A. **Review Assessment/Observation Data**

1. Assessment data from the classrooms inform discussions with the administrator about areas of emphasis in consultation. While assessment results can contribute to, scaffold, and/or reinforce the administrator's perspective, they should be viewed as secondary to the expertise that the administrator has about her school. If assessments and/or administrator report indicate that there is an area of difficulty seen across multiple classrooms or across multiple staff, this may be a promising avenue for programmatic work (e.g., targeted professional development opportunities). Additionally, while discussing these results, the administrator is encouraged to voice her opinion about which classrooms or general program area (e.g., staff morale, staff wellness, school climate, crisis planning, etc.) could benefit most from consultation.

B. **Collaborative Plan Formulation**

1. The consultant and administrator collaboratively create goals for programmatic consultation based on needs identified, and prioritize the goals to be addressed first or most intensively.
2. The consultant and the administrator brainstorm plans of action to address these goals, both contributing ideas and weighing the pros and cons of each. Examples of possible activities include:
   - Training
   - Coaching
   - Reviewing discipline/guidance processes and protocols
   - Exploring how teams work together

- Rethinking teacher supervision
- Enhancing staff morale and wellness
- Exploring a mental health plan for crisis at the school i.e., a natural disaster or community/school violence
- Developing relationships with community mental health agencies to facilitate referrals for family/child treatment

3. The consultant will explore with the staff what has already been tried to address the issues identified, and whether those steps were effective in the past.
4. The consultant and administrator work to select action steps and indictors of success (formal and informal) that are culturally competent, effective, and feasible.
5. The time frame to achieve goals is mutually agreed upon. If consultation is time limited, they formulate goals, plans, and expectations for change that are realistic for that time period.
6. The consultant ensures that the plan is consistent with the philosophy/principles of the school.
7. The consultant and administrator develop a written plan with concrete action steps to address the agreed upon goals. Indicators of success and time frame are documented.
8. The consultant shares the plan with other school personnel if relevant (e.g., teachers, directors).

C. **Develop Partnerships with Community Resources**

1. The consultant identifies a range of possible community supports to address child, family, and staff mental health needs. She facilitates communication and partnership between school staff and community resources. For example, the consultant develops relationships with mental health agencies in the community that serve young children and families, and connects the administrators to these agencies to facilitate future referrals for psychological services.

Relationship Building with the Administrator During the Plan Development Phase

- While the consultant uses observations, assessments, and scales to identify preliminary areas of focus for programmatic consultation, she also relies heavily on the staff's input before a plan is created. The consultant considers the staff to be the experts about their program, and expresses this attitude to them.
- The consultant continually gauges her relationships with the administrator and is able to modify or adjust plans and timelines in response to the administrator's affect, thoughts, and behaviors.
- The consultant sees herself as a support to continually help the staff and families to reflect on the environment of the school and to think about strengths and potential weakness of its policies and procedures.

- The consultant continuously works to build relationships with mental health and other social service providers in the community to facilitate effective referrals and supports for children, families and staff.

PHASE 4 Plan Implementation

A. **Support Implementation of Strategies**
   1. The consultant supports the administrator to implement strategies in the plan by regularly discussing and problem-solving their approach, and by providing materials as needed.
   2. The consultant provides instrumental and emotional support to administrative teams as they work to support teaching staff to implement evidence-based interventions and/or curricula (e.g., Incredible Years, Second Step, The Pyramid Model, Creative Curriculum).
   3. The consultant provides reflection, support, and monitors progress.
   4. The consultant shares information or strategies with families as appropriate so that children are exposed to a similar positive guidance approach both at home and at school.
   5. The consultant works collaboratively with other school personnel (e.g., school psychologist, counselor, and/or student support coordinator) as appropriate.

B. **Evaluate Strategies**
   1. The consultant and administrator work together to evaluate whether strategies are meeting the program needs by examining the indicators of success that they agreed upon in the planning phase. The consultant assists all staff to notice and celebrate progress.
   2. The consultant repeats the assessments used in the Exploration phase to track progress. Staff opinions about the usefulness and feasibility of strategies are sought and carefully considered.
   3. The consultant meets frequently with the team to support and hone their skills, as well as to assess their satisfaction and commitment to the plan. They reflect upon the effectiveness of the consultant-staff relationship.

C. **Revisit and Update Plan**
   1. The consultant and team collaboratively assess progress and changing priorities. They consider new, revised, or extended action plans as needed. They may decide to target the same goals with different strategies, to formulate new goals, or to continue the plan for longer than initially planned.
   2. The consultant documents progress and changes in the plan and/or goals.

> The consultant and the administrator may choose to review the programmatic goals at the mid-point of the year to reflect on the program and change direction or make adaptations to the goals as necessary.

- The consultant regularly reflects with the administrator about the experience of implementing new strategies and approaches.
  - "What is it like for you to be supporting teachers using new approaches and strategies?"
  - "Have you tried anything different since you've implemented a program wide approach to supporting children's social emotional development?"
- The consultant continues to build and maintain positive relationships with:
  - Other school personnel focused on young children
  - Community mental health providers and social service agencies that specialize in working with children and families.
- The consultant encourages the administrator to identify the consultant's approaches and strategies that are most helpful.
- The consultant continually reminds the administrator and other personnel that while data collection is part of the evaluation of the consultation model the data collection/evaluation is not part of their teacher performance evaluation.

PHASE 5 Transition Planning and Maintenance

A. **Transition Plan**

1. When initial goals have been reached, the consultant and administrator may decide to:
   - transition to working on another goal
   - end consultation services at the site

   This decision is made based on the mutual agreement of the consultant and administrator. Sometimes, consultation is time-limited due to funding availability or provider protocol. In these cases, consultation may end before all goals are fully addressed. However, time constraints should be part of the initial planning discussions, and consultants should work to connect schools with relevant resources that will continue to accessible to them after consultation ends.
2. If consultation is continuing, consultants cycle back to the Exploration phase and begin the phases of consultation again.
3. If consultation is ending, consultants allow plenty of time to discuss the experience with the administrator, including topics such as:
   - What she considered to be most and least helpful
   - How her reflective capacities have grown
   - How she may navigate future challenges using skills or viewpoints acquired in consultation
   - What about the consultation worked?
   - What about the consultation can be improved?
   - What have been the areas of growth/improvement for the administrator? The school overall?

B. **Support for Sustainability**
   1. The consultant works to identify supports needed to sustain changes to the overall school/early childhood program.
   2. The administrator and consultant discuss what future challenges may arise after consultation has ended and how to address these challenges with different action steps, strategies, responsibilities, and internal or community resources.

C. **Follow-up**
   1. If possible, the consultant provides regular check-ins, including the possibility of helping address future needs as they arise.

Building the Relationship with the Administrator During the Planning and Maintenance

- The consultant continues to be available if possible to work on additional goals or simply for ongoing consultation discussions. If this is not possible, care is taken to help administrators recognize and maintain gains, reflect upon the consultative relationship, and brainstorm approaches to future challenges.
- The consultant meets with staff to reflect on the growth and increased capacities of the administrative staff, teachers, and families. She comments not only on skills acquired but also on new perspectives and viewpoints demonstrated in conversations with the consultant.

Sample Goals in Programmatic Consultation

Sample Goals with Administrators:

- Support administrators in implementing policies, practices, and procedures that facilitate the promotion of young children's social emotional development, engage families, and effectively respond to children's challenging behavior.
- Support and enhance the administrator's capacity to enhance the emotional climate of the program including adopting trauma-informed practices.
- Support and enhance the administrator's ability to support teacher's professional development.

Sample Goals with Teachers:

- Engage in professional development activities to enhance knowledge of early childhood development, best practices in classroom positive behavioral support, etc.
- Implement or adjust classroom practices that enhance emotional climate and prevent or address challenging child behaviors.

CLASSROOM CONSULTATION

Works with teachers in a specific classroom on the classroom's overall approach to supporting young children social-emotional development and effectively addressing young children's challenging behavior. Classroom consultation focuses on issues that impact more than one child or family. In classroom consultation, the consultant and the teachers may explore a variety of issues including, but not limited to: teachers' approach with children; teachers' relationships with each other; teachers' ideas about discipline and behavior; the impact of trauma and toxic stress on young children and their families; transitions from one activity to the next; and routines.

PHASE 1 Initiation

A. **Introduction**

1. Teachers may request help from the consultant, or the administrator may indicate that the teacher(s) for a certain classroom could benefit from the support. In the case of the latter, the consultant communicates this in a sensitive and strengths-based manner asking teachers "how can I be most helpful".

B. **Aligning expectations**

1. The consultant reviews the philosophy of the consultation model, stating that it is a capacity-building intervention to support the teachers and others who interact with young children and may impact their social-emotional development.
2. The consultant discusses the consultation process including the range of possible consultation activities, including structured observations, structured assessments, unstructured observations, child/family consultation, reflecting on interactions, consultation and education to individual or groups of families, etc.
3. The consultant asks teachers about how they were informed about the consultation services. Any misperceptions or misunderstandings about the consultation services should be addressed.
4. The consultant shares that one of the goals of ECMHC is for consultants and teachers to share knowledge and perspectives about children and families from their different disciplines (education and mental health). The consultant explains the importance of gently questioning or wondering about each other's

ideas and perspectives. For example, a teacher may say, "I'm not sure that idea fits with my way of doing things in the class," which could lead to an open and productive conversation.

5. The consultant discusses how information is shared between the school administrator and the consultant to ensure that the consultant is not seen as a part of the teacher evaluation system.
6. The consultant and the teaching staff establish mutual expectations regarding:
   - Responsibilities
   - Procedures
   - Focus of the consultation
   - Exchange of information between consultant, teachers, and administrators
   - Needs of the teacher/classroom
   - Goals for consultation
   - Working style
   - Meeting schedules
7. Written information is provided to teaching staff that 1) summarizes the consultation approach, 2) outlines the days/times that the consultant is available on-site, and how to contact the consultant by phone, e-mail, or in-person at the school. The consultant asks the teacher for contact information.

Relationship Building with Teachers During the Initiation Phase

- The initiation phase is the beginning of building a trusting and safe relationship to talk about concerns, vulnerabilities, strengths, beliefs, and ideas about educating and caring for young children and their families. The staff may be unsure as to whether they can trust the consultant. They may not have prior experience with this kind of professional relationship, intentionally founded on trust, mutual respect, and authentic interest rather than evaluation.
- The consultant works to develop individual professional relationships with each teacher by finding points of common interest and exploring the teacher's ideas and goals.
- The consultant maintains a warm, friendly, engaging stance with the teachers and avoids being the "expert." The consultant emphasizes the collaborative nature of the consultation, explaining that concerns identified are explored together.
- The consultant approaches the teachers with a genuine curiosity of "how can I be helpful to you."
- The consultant facilitates relationship building among teaching teams and between teachers and other student support personnel, administrators, and families (as needed).

PHASE 2 Exploration

A. **Informal Discussions and Prioritization of Concerns**

1. The consultant engages in informal discussions regarding teachers' concerns and high priority needs, making an effort to "meet the teachers where they are." The consultant and teachers identify and prioritize immediate needs. The consultant and teachers collaboratively discuss possible initial strategies to reduce any "crises."
2. The consultant pays careful attention to the teachers' emotional expressions and needs. They collaboratively explore strategies to help teachers gain awareness of their own feelings and reactions, such as worry, stress, or anger.
3. The consultant may explore overarching themes that may be impacting children, families, and staff. For example, the consultant may explore how trauma impacts children, families, and staff.
4. The consultant is careful to avoid sharing too much "expert" information. Instead the consultant encourages teachers to share their own ideas and best guesses about strategies to try. The consultant supports teachers to come up with their own solutions.
5. The consultant makes a consistent effort to build the teachers' capacity by asking reflective questions, such as:
   - "If you woke up the next day and things were different in your class what would it look like? How would it be different?"
   - "What might you like to see changed?"
   - "What have you tried?"
   - "What worked even a little bit?"
   - "What has not worked?"
   - "What do you notice about _____?"
6. During each conversation, the consultant checks in with the teachers to ensure the conversations are matching the teachers' interests and need—"Is this what you were hoping to get out of our conversation? Is there more information you wanted to share or different items you wanted to focus on?"

B. **Assessments and Observations**

1. The consultant conducts observations in each classroom. Ideally, the consultant observes in the classroom at a mutually agreed upon day and time. The teachers may ask the consultant to observe specific activities, transitions, or routines. The consultant may share with the teachers what she is observing, whether it is a structured observation using a specific tool or a more general observation of a skill or process in the classroom (e.g., working as a team; demonstrating warmth and sensitivity towards children; providing structure and routine).
2. The consultant may use specific measures to assess classrooms, including structured observation tools, teacher self-report inventories of stress, etc. (e.g., the TPOT or Job Stress Inventory). The SDQ is also helpful because it provides a measure of the classroom's burden of challenging behaviors.

3. The consultant gathers demographic information from the teachers, such as the number of children in the class, the ages of the children, the number of children returning to the school from last year, etc.

Relationship Building with Teachers During the Exploration Phase

- The consultant continues to place an emphasis on building a trusting, collaborative, mutual relationship with the teachers and families. Within these relationships, teachers feel supported to share worries, concerns, and areas of vulnerability with the consultant.
- Prioritizing teachers' immediate needs and concerns helps reinforce a central tenet of consultation—that it is an individualized approach to supporting teachers. This helps to build the consultant-teacher relationship.
- The consultant ensures that teachers understand that the assessments are not used to evaluate teacher performance. Rather, the tools are intended to help identify areas of focus for consultation and to evaluate the effectiveness of consultation.

PHASE 3 Plan Development

A. **Review Assessment and Observation Data**

1. Data from assessment measures are reviewed to inform teacher-consultant discussions regarding areas of focus. If available, they explore additional data collected by the school (e.g., GOLD and CLASS assessments). However, the consultant also relies heavily on the teachers' input on areas that warrant consultation, because teachers are considered to be the experts on the children in their classroom
2. The consultant, teachers, and possibly administrators collaborate to determine whether each classroom will receive classroom consultation, child and family consultation, or both.

B. **Collaborative Plan Formulation**

1. Consultant works with the teaching team to select culturally competent, effective, and feasible goals and strategies, along with specific action steps and indicators of success. Action steps may include ideas for the teachers to try and/or on-going reflective discussions with the consultant. To establish indicators of success, which may be formal or informal, teachers and consultants should consider how they would answer the question: "How will you know if it is better?"
2. A time frame is established to achieve goals. This may reflect an estimate of the amount of time needed, or may be limited to the duration of the consultants' allotted time that that site (e.g., 6 months total). The frequency of meetings during the implementation of the plan is discussed, and regular meetings are scheduled if possible.

3. The consultant works with the teachers to develop a written plan of goals, action steps, and indicators of success. The plan is shared with school administrators to ensure its fit with the school's procedures and philosophy.
4. As a plan is being developed, teachers' interest and readiness to adopt new practices is explored. The consultant might ask questions such as:
   - "How ready are you to try different strategies?"
   - "What might be the benefits or trying something new?"
   - "What are the cons/down side of trying something new?"
   - "What might others think if you tried a new approach?"
   - "What do you think might happen if you tried a new way?"

C. **Develop Partnerships with Community Resources**

1. The consultant identifies a range of possible supports within and outside the program to address child, family, and staff mental health needs, and helps connect them to these resources. For example, the consultant develops relationships with mental health agencies in the community that see young children and families.

Relationship Building with Teachers During the Plan Development Phase

- The consultant engages the teachers in collaborative problem solving.
- The consultant uses reflective questions to explore feasible and realistic strategies
- The consultant facilitates teachers' exploration of the pros and cons of adopting new approaches and strategies.
- The consultant continually gauges her relationships with teaching staff and is able to modify or adjust plans and timelines to focus on teachers' affect, thoughts, and behaviors.
- This is an "action" phase. Not all teachers may be ready to take specific actions or try new strategies. If the teachers do not feel ready to try new strategies or new approaches, the consultant can continue with steps in the initiation and exploration phases.
- The consultant continuously works to build relationships with mental health and other social service providers in the community to facilitate effective referrals and supports for children, families, and staff.

PHASE 4 Plan Implementation

A. **Support Implementation of Strategies**

1. The consultant provides instrumental and emotional support to teaching teams. To prepare teachers to implement the strategies agreed upon in the planning phase, the consultant may model or role-play the technique, as well as provide ongoing coaching. Modeling and role playing is done judiciously and only when agreed upon and/or requested by the teachers. Further, the consultant may

share materials to support the implementation. Strategies may include specific interventions or curricula (e.g., Incredible Years, Second Step; The Pyramid Model, Creative Curriculum).

2. The consultant engages the teaching teams in self-reflection about their implementation of the approach, avoiding judgment but serving as a resource for both practical information and support around the difficulty of the task.
3. As appropriate, the consultant shares strategies with families to assist in generalizing the impact on children across home and school settings. These lessons may help parents foster the parent-child relationship and children's social emotional development.

B. **Evaluate strategies**

1. The consultant monitors progress using indicators of success dictated in the initial plan.
2. The consultant repeats the assessments used in the Exploration phase to track progress.
3. The consultant assists teachers to notice and celebrate their progress.
4. The consultant meets frequently with teachers to support and hone their skills, as well as to reflect upon the effectiveness of the teacher-consultant relationship. Staff opinions about the usefulness and feasibility of strategies are sought and carefully considered.

C. **Revisit and Update Plan**

1. The consultant and teaching teams collaboratively assess changing priorities and consider new strategies as needed.

Relationship Building with Teachers During the Plan Implementation Phase

- The consultant regularly reflects with the teachers about the experience of implementing new strategies and approaches
  – "What is it like for you to be in the classroom implementing these strategies?"
- If using modeling as a strategy, careful attention is paid to ensure that the consultant is not viewed as an "expert." A consultant may occasionally work directly with children in the class, but only as helpful in building the teachers' capacity (e.g., demonstrating a technique).
- The consultant encourages the teachers and families to identify the consultant's approaches and strategies that are most helpful.
- The consultant continually reminds the teachers that while data collection is part of the evaluation of the consultation model, the data is not part of their teacher performance evaluation.

PHASE 5 Transition Planning and Maintenance

A. **Transition plan**

1. When initial goals have been reached, the consultant and teacher may decide to:
   - Transition to working on another goal, OR
   - End consultation services in that classroom

   This decision is made based on the mutual agreement of the consultant and teacher. Sometimes, consultation is time-limited due to funding availability or provider protocol. In these cases, consultation may end before all goals are fully addressed. However, the time constraints should have been part of the initial planning discussions, and consultants should work to connect teachers with relevant resources that will continue to accessible to them after consultation ends.
2. If consultation is continuing, consultants cycle back to the Exploration phase and begin the phases of consultation again.
3. If consultation is ending, consultants allow plenty of time to discuss the experience with the teacher, including topics such as:
   - What she considered to be most and least helpful
   - How her reflective capacities have grown
   - How she may navigate future challenges using skills or viewpoints acquired in consultation
   - How she would evaluate the consultant
   - What have been the areas of growth/improvement for the teacher? The classroom overall?

B. **Support for Sustainability**

1. The team and consultant identify strategies to meet post-transition challenges with action steps and linkages to resources

C. **Follow-up**

1. If possible, the consultant provides regular check-ins, including the possibility of helping address future needs as they arise.

Relationship with Teachers During the Transition Planning and Maintenance Phase

- The consultant continues to be available if possible to work on additional goals or simply for ongoing consultation discussions. If this is not possible, care is taken to help teachers recognize and maintain gains, reflect upon the consultative relationship, and brainstorm approaches to future challenges.

Sample Goals in Classroom Consultation

Sample Goals with Teachers:

- Support and enhance teachers' capacity to promote young children's social emotional development and effectively engage families
- Support and enhance teachers capacity to understand and effectively respond to children's challenging behavior
- Increase teachers' understanding of factors such as trauma/toxic stress and how it impacts young children's ability to learn

PARENT GROUP CONSULTATION

- Independent of requests for consultation with a specific child, consultants may provide educational opportunities for groups of parents and family members. These parent trainings increase the consultant's visibility at the school, and allow her to demonstrate her expertise to families.
- The information shared in this group consultation format is designed to be helpful and appropriate for many families in the center. The topics for the trainings are thereby selected based on the school's needs and the population served, although many topics apply broadly to caregivers of preschool-aged children. The consultant may seek input about potential topics from the administrator, from families, or both. Assessing families' interests can be done informally or via a survey in which families indicate which training topics they would find most interesting/relevant.
- These trainings may explore a variety of issues including, but not limited to: positive parenting; parent-child relationships; parents' ideas about discipline and behavior; the impact of trauma and toxic stress on young children and their families; transitions or changes in the home; child development; neighborhood safety; exposure to violence; and/or the school environment or curriculum.
- These parent groups are not simply didactic in nature, but mirror other consultation tasks in that they are collaborative and geared towards increasing reflective capacity. For example, within the topic of positive discipline, parents may be encouraged to consider how their discipline methods are influenced by their emotional state, and what the child is conveying with their challenging behavior.
- The consultant is careful to avoid sharing too much "expert" information. Instead the consultant encourages families to share their own ideas and best guesses about strategies to try. The consultant supports families to come up with their own solutions. As with consultation, the consultant focuses on building families' capacities rather than solving problems for them.
- These groups may serve a secondary function of connecting families and facilitating communication and friendship among families. Parents can get to know each other and learn from one another.
- It is thought that these educational opportunities not only help families support children's social-emotional development, but also may serve as a mechanism for familiarizing families with the consultant and building her credibility. Once families have a relationship with the consultant from these trainings, they may feel more comfortable asking her for specific help that may lead to formal child and family consultation.

CHILD AND FAMILY CONSULTATION

Addresses the factors that contribute to an individual child's or family's difficulties in functioning well in the early childhood setting. Child and family consultation is provided to families or teachers and is often initiated by concerns about an individual child's problem behavior.

NOTE: The consultant should be aware of her preconceived notions about the definition of family. While this manual uses the words "family" and "parent," these terms are not meant to indicate a prescribed or expected relationship structure or caregiving network for the child. Young children's family structures are increasingly non-traditional. The term "parents" may include single parents, foster or adoptive parents, or grandparents that are primary caregivers. "Family" is used as a broad and inclusive term. Extended family may play a central role in a child's care and upbringing, and may influence the primary caregiver's parenting beliefs and practices. Further, individuals that are important in the child's life may not be related to him/her by blood or marriage (e.g., godparents, parent's significant others).As a general principle, consultants should seek to engage all individuals who are involved in caring for, raising, and/or disciplining the young child in the consultation process.

PHASE 1 Initiation

A. **Introduction**

1. When a **teacher** requests that the consultant engage in consultation about a specific child, the teachers introduce the consultant to the family. The consultant and teacher may discuss the best approach to talking with the family about consultation. The request may occur in the course of completing the SDQ, in which the teacher identifies any child on her roster who may have a socioemotional difficulty.
2. A **family** may also request to meet with the consultant. A family may share concerns with the consultant about problems with their child's behavior or emotions, or about changes in the child's or family's life. The consultant may meet with the family even if the child is not experiencing any difficulty at school.

B. **Aligning expectations with the teacher and family**

1. The consultant meets with the child's teacher and family to discuss her role, the details of consultation, and what they can expect.
2. The consultant reviews the philosophy of the consultation model, sharing that it is a capacity-building intervention to support children's social emotional-development by working with teachers and families. She clarifies that this is why she does not typically work directly with the target child, but rather empowers teachers and parents to address concerns that have arisen.
3. The consultant discusses the consultation process and the range of consultation activities available to teachers and families, including: training on topics related to social-emotional development, reflecting on interactions with the child, implementing a behavioral technique, facilitating communication between parents and school staff, etc.
4. The consultant shares that one of the goals of ECMHC is for consultants, teachers, and parents to share knowledge and perspectives about children, because all parties offer different and complementary expertise (mental health, early education, and parenting). Consultants affirm that parents are the experts on their children, and that teachers have valuable insight into children's day-to-day behavior, and thereby contribute a great deal to consultation. The consultant explains the importance of gently questioning or wondering about each other's ideas and perspectives. For example, a parent may say, "I'm not sure that idea fits with my way of parenting," or a teacher may say, "I'm not sure that that idea fits with my teaching style." This honest communication could lead to productive conversations and improved problem-solving.
5. The consultant asks the teacher and the family how they were informed about the consultation services. Any misperceptions or misunderstandings about the consultation services should be addressed.
6. The consultant clarifies that she works as a team with the teachers, administrator and other school support personnel, and therefore shares some relevant information with other school personnel.

Relationship Building with the Teachers and the Family During the Initiation Phase

- The initiation phase is the beginning of building trusting and safe relationships, in which parents and teachers feel able to talk about concerns, vulnerabilities, strengths, beliefs, and ideas about educating and caring for young children.
- A family may be unsure as to whether they can trust the consultant. They may not have a model for a similar relationship with a professional (i.e., a relationship based on trust, mutual respect, recognizing and valuing each person's perspective and expertise).
- The consultant maintains a warm, friendly, engaging stance with the families and avoids being the "expert." The consultant emphasizes the collaborative nature of consultation, explaining that concerns are explored together.

- The consultant uses informal opportunities such as drop-off and pick-up times to build individualized relationships with families.
- The consultant approaches the family with a genuine curiosity of "how can I be helpful to you?"
- The consultant facilitates relationship building between the teachers, the family, and other relevant staff.

PHASE 2 Exploration

A. **Informal Discussions and Prioritization of Concerns**

1. The consultant meets with individual families and teachers who have expressed interest in seeking consultation about their child or family. The consultant explores the family's concerns as well as their thoughts and feelings about the concerns. Sometimes, a teacher may have a concern about the child that is not shared by the parents, or vice versa. In this instance, the consultant explains that young children's behavior often depends on the context, so it is not problematic if they do not both observe the same challenging behavior. The consultant can meet just with the adult who has a concern if the other does not observe or contribute to the challenging behavior.
2. The consultant, teaching team, and family engage in informal discussions and identify immediate needs or high-priority concerns about the child. The consultant makes efforts to "meet the family where they are" by being responsive to their pressing issues.
3. The consultant, teachers, and family collaboratively discuss possible initial effective strategies to target any "crises." The consultant helps the teachers and the family to identify potential approaches to the issue as well as strengths.
4. The consultant is cognizant of the distinction between consultation and treatment. After exploring concerns with the family, if it seems like the child and/or family may be best served by engaging in ongoing treatment, the consultant makes a referral to a trusted therapist or agency.
5. The consultant pays careful attention to the teachers' and family's emotional expressions and needs. They collaboratively explore strategies to help them gain awareness of their own feelings, such as worry, stress, or anger.
6. The consultant is careful to avoid sharing too much "expert" information. Instead the consultant encourages the teachers and family to share their own ideas and best guesses about strategies to try.
7. The consultant makes a consistent effort to build the teachers' and families' capacity by asking reflective questions such as:
   - "If you woke up the next day and things were different in your class what would it look like? How would it be different?"
   - "What might you like to see changed?"
   - "What have you tried?"

- "What worked even a little bit?"
- "What has not worked?"
- "What do you notice about _____?"

8. The consultant works to represent voices not in the room. In other words, the consultant may respond to the teacher's anger towards a child with validation, but then with gentle challenges to the teacher's attributions of the child's behavior (e.g., "he is a troublemaker"). She may ask the teacher to consider the child's home life, trauma history, and unmet emotional needs. In this way, she helps the teacher to pause and consider the issue from the perspective of the child, promoting empathy and compassion.
9. The consultant will explore with the teachers and the family what approaches have already been attempted to address the concern, and whether or not those approaches were helpful.

B. **Assessments and Observations**

1. To gain more insight into the challenging behavior(s) reported, the consultant may observe the child in the classroom or in the home. Teachers and parents may indicate that they would like the consultant to be present at a certain time of day or for a particular activity/transition, because child difficulties are most likely to arise then.
2. The consultant may use specific measures to assess children's behaviors and social-emotional competencies, including observational tools and teacher- or parent-report measures (e.g., the Strengths and Difficulties Questionnaire, the Devereux Early Childhood Assessment).
3. The consultant gathers demographic and historical information from the teachers and parents. Specifically, she gathers a detailed history of the concerns/behavior, the child's developmental history, the family structure/background, and family medical/psychiatric information.

Relationship Building with the Teachers and the Family During the Exploration Phase

- The consultant learns what a teacher's or family's high priority concerns are and collaboratively problem solving helps to build the relationship with the teachers and family. Addressing immediate needs or concerns helps reinforce a central tenet of consultation—that it is an individualized approach to supporting teachers and families. This helps to build their relationship with the consultant.
- The consultant always holds in mind the dual goals of improving child behavior and increasing teacher/parent's ability to be reflective. Given that children are often referred when they are in crisis and at risk of expulsion there is often pressure to resolve issues quickly. This often leads to pressure on the consultant to provide strategies and potential solutions quickly. The consultant is responsive to these needs, but, ensures that there is also time to slow down and reflect upon the issue.

What is influencing or driving the behavior? What role does the adult play in the issue? What factors of the adult (e.g., experiences, beliefs, emotional strain) impact her reaction to and perception of the behavior? Reflective questioning is a key element of consultation that build the teachers' and parents' capacity to understand and empathize with this child as well as other children, and as such considerable time should be devoted to it.

- In conversations with parents and teachers, the consultant demonstrates authentic interest and curiosity regarding their perceptions of the child's challenges, the context of the behaviors, and their ideas for addressing concerns.
- The consultant represents voices not in the room while still conveying that they are aligned with the teacher/parent. For example, the consultant may help the teacher to consider how the parent's living situation affects his/her parenting practices.

PHASE 3 Plan Development

A. **Review Assessment and Observation Data**

1. Data from assessment measures are reviewed to inform discussions about the child and his/her primary concerns. While these data are useful for identifying areas that may warrant attention and intervention, they are not intended to dictate the targets of consultation. Rather, the consultant is responsive to the needs of the parents and teachers, and relies heavily on their input regarding the issues to be addressed in consultation. The consultant affirms that parents are the experts on their children, and that teachers know what behaviors are consistently seen in the classroom setting.
2. The consultant, teachers, and family collaborate to determine whether to initiate child-specific services at the school or whether the child is best served by a referral to an outside provider (e.g., early intervention services).

B. **Collaborative Plan Formulation**

1. Consultant works with the family and teaching team to select culturally competent, effective, and feasible goals and strategies, along with specific action steps and indicators of success.
2. Action steps may include implementing promising practices, evidence-based strategies and/or parenting curricula (e.g., Incredible Years, Second Step, The Pyramid Model, Creative Curriculum, etc.); a behavioral management system to be implemented across school and home settings; on-going reflective conversations with the consultant, etc.
3. To establish indicators of success, which may be formal or informal, teachers and consultants should consider how they would answer the question: "How will you know if it is better?"
4. A time frame is established to achieve goals. This may reflect an estimate of the amount of time needed, or may be limited to the duration of the consultants'

allotted time that that site (e.g., 6 months total). The frequency of meetings during the implementation of the plan is discussed, and regular meetings are scheduled if possible.

5. The consultant works with the family and teachers to develop a written plan that articulates these concrete goals, strategies, action steps, indicators of success, expectations for those involved, and time frame.
6. The plan is shared with school administrators to ensure its fit with the school's procedures and philosophy.
7. Teachers' and family's interest and readiness to adopt new practices is explored. The consultant might ask questions such as:
   - "How ready are you to try different strategies?"
   - "What might be the benefits or trying something new?"
   - "What are the cons/down side of trying something new?"
   - "What might others think if you tried a new approach?"
   - "What do you think might happen if you tried a new way?"

C. **Identify School and Community Resources and Make Referrals**

1. The consultant identifies a range of possible supports within and outside the program to address child and family mental health needs. She develops relationships with these organizations, and refers families to them as appropriate, given the child's presentation.
2. To provide comprehensive supports to the family and teaching teams, the consultant works collaboratively with other school personnel (e.g., school psychologist, counselor, family specialist and/or student support coordinator) as appropriate.

Relationship Building with Teachers and the Family During the Plan Development Phase

- The consultant relies heavily on the teachers' and family's input when developing areas of focus. The consultant sees the teacher as the expert about the children in her classroom and sees the parents as experts about their child.
- The consultant continuously works to build relationships with mental health and other social service providers in the community to facilitate effective referrals and supports for children, families, and staff.
- The consultant seeks to empower families by giving then an active voice in planning for their child's care, and promotes teacher and parent self-efficacy through assertion of their key role in consultation given their vast insight into their children. Their self-reflection is gently explored when the consultant asks them to consider their readiness for change.

- A key piece of work for the consultant may pertain to helping with teacher-parent communication. The consultant may help with this by modeling or role-playing positive communication strategies, and/or gently encouraging both parties to consider the other's perspective.

> *"It's extremely rare for a child to be expelled from preschool when the teacher and parent know and like each other."*
>
> PARAPHRASED FROM DR. WALTER GILLIAM, YALE UNIVERSITY

PHASE 4 Plan Implementation

A. **Support Implementation of Strategies**

1. To help prepare parents or teachers to implement the agreed-upon strategies, the consultant may model or role-play the technique, as well as provide ongoing coaching. Further, she may share materials to support the implementation.
2. Family members and teachers try out recommended strategies.
3. The consultant provides instrumental and emotional support to teachers and the family during their implementations.
4. The consultant engages the family and teaching teams in self-reflection about their implementation of the approach, avoiding judgment but serving as a resource for both practical information and support around the difficulty of the task.
5. The consultant facilitates communication between parents and teachers. It is particularly important that the teacher and parents implement parallel approaches at school and at home to promote consistency and structure for the child. The consultant can help to coordinate this kind of mutual effort, including sharing progress.

B. **Evaluate Strategies**

1. The consultant monitors and documents progress using indicators of success dictated in the initial plan.
2. The consultant repeats the assessments used in the Exploration phase to track progress.
3. The consultant assists the family and teachers to notice and celebrate progress, noting the strengths she has observed.
4. The consultant continues to meet frequently with teachers and parents to support and hone their skills until they collaboratively decide to transition to a new plan or end consultation.
5. The consultant asks the teacher and parents to reflect upon the effectiveness of the teacher-consultant/parent-consultant relationships. Opinions about the usefulness and feasibility of strategies are sought and carefully considered.

C. **Revisit and Update Plan**

1. The consultant and team collaboratively discuss whether original goals have been meet and assess changing priorities.

2. It may be that a new strategy would be helpful for the same goal, or that the team believes that the initial strategy was helpful, and that consultation should now focus on another challenging behavior and/or social-emotional competency.
3. The consultants and teachers and/or family consider whether to set another goal or create another plan, or to add a strategy to the existing plan.
4. The consultant documents changes to the plan and/or goals if applicable.
5. If a new priority emerges, the consultant returns to the Exploration phase with them.
6. Reviewing and revising the plan may happen multiple times throughout consultation, and the consultant works to be responsive to the needs expressed.

Relationship Building with Teachers and the Family During the Plan Implementation Phase

- The consultant regularly reflects with the teachers and families about the experience of implementing new strategies and approaches
  - "What is it like for you to be in the classroom implementing these strategies?"
  - "What is it like for you trying these strategies out at home?"
- The consultant seeks to provide enough training and coaching to increase teachers' and parents' self-efficacy that they are capable of implementing the strategy. She also works to instill hope that the intervention is likely to have a positive impact, even if behaviors get worse before they get better.
- The consultant remains available and approachable to teachers and families so that they feel supported in their implementation.
- She expresses that what they are doing is difficult, and that she values hearing their personal and emotional responses to the way the plan is progressing.
- The consultant models effective relationship and communication strategies with the teachers and family, guided by the idea they may in turn replicate these positive interaction dynamics with their children.
- The consultant builds and maintains positive relationships with other school personnel focused on young children, as well as with mental health providers and social service agencies that specialize in working with children and families in the community.
- The consultant encourages feedback, and creates an atmosphere that enables parents and teachers to communicate openly about any hesitancy, doubt, or frustration with the plan and its impact (on their stress levels, their classroom functioning, their family dynamics, etc.). The consultant tailors her interpersonal approach to the individual, in recognition of the cultural influences on one's comfort with providing feedback or voicing concerns.

PHASE 5 Transition Planning and Maintenance

A. **Transition Plan**

1. When initial goals have been reached, the consultant, parents, and teacher may decide to:
   - Transition to working on a different goal, OR
   - End consultation services for that child

   This decision is made based on the mutual agreement of all parties. Sometimes, consultation is time-limited due to funding availability or provider protocol. In these cases, consultation may end before all goals are fully addressed. However, the time constraints should have been part of the initial planning discussions, and consultants should work to connect teachers and parents with relevant resources that will continue to accessible to them after consultation ends.
2. If consultation is continuing, consultants cycle back to the Exploration phase and begin the phases of consultation again.
3. If consultation is ending, consultants allow plenty of time to discuss the experience with teachers and parents, including topics such as:
   - What did you consider to be most helpful? Least helpful?
   - How have you changed? Have you noticed differences in your awareness of your emotions and/or reactions to the child?
   - How could you navigate future challenges using skills or viewpoints acquired in consultation?
   - How would you evaluate the consultant?
   - What have been the areas of growth/improvement for the teacher/parent? The classroom/home overall?

B. **Support for Sustainability**

1. The consultant works to identify supports needed to sustain changes in child behavior, teaching or parenting practices, and/or overall classroom or home functioning.
2. The consultant and teachers and/or parents identify strategies to meet post-transition challenges with action steps and linkages to resources.

C. **Follow-up**

1. If possible, the consultant checks-in with the teachers and family regularly, inquiring about the child's behavior (including continued progress, new challenges, etc.). If possible, she makes herself available to help address future needs as they arise.

Building the Relationship with Teachers and the Family During the Transition Planning and Maintenance Phase

- The consultant continues to be available if possible to work on additional goals or simply for ongoing consultation discussions. If this is not possible, care is taken to help families and teachers recognize and maintain gains, reflect upon the consultative relationship, and brainstorm approaches to future challenges.
- The consultant helps teachers and parents to reflect upon growth in their reflective capacities. Both their self-awareness (e.g., recognition of their emotional reactions to the child, understanding how their past experiences may impact their attributions regarding child behavior) and their ability to think critically about the child (e.g., the contextual factors that may contribute to the behavior, the need expressed through that behavior) should be discussed, and progress should be acknowledged.

Sample Goals in Child and Family Consultation

Sample Goals with Teachers:

- Support and enhance teachers' abilities to promote the social emotional development of individual children in their classrooms.
- Support and enhance the teachers' ability to understand and effectively respond to a specific child's challenging behavior.
- Support and enhance the teachers' ability to understand and effectively respond to a specific concern regarding a family.

Sample Goals with Families:

- Support and enhance the family's ability to support their child's social and emotional development.
- Support and enhance the family's ability to understand and effectively respond to their children's challenging behavior.
- Increase families' understanding of the impact of any relevant trauma and toxic stress on a child's development.

Sample Goals Related to Children:

- Child will demonstrate improved social emotional skills
- Child will develop an increased sense of safety, security, and predictability
- Child will develop positive relationships with peers and adults
- Child will demonstrate a decrease in challenging behavior

REFLECTIVE SUPERVISION

Reflective supervision of the consultant is a critical component of ECMHC. The Georgetown ECMHC framework includes biweekly reflective supervision. The supervisor is a master's or doctorate-level mental health professional, with knowledge about consultation and early childhood mental health. Preferably, supervisors carry an active license, have experience as a consultant, and have specialized post-graduate training in infant mental health. Supervision may be in an individual and/or group format.

Reflective supervision is distinguished from other supervisory models in both 1) some of the material that is discussed, and 2) the manner in which it is discussed. Consistent with other models of supervision, reflective supervision is a space in which consultants and supervisors can brainstorm approaches to difficult clinical and programmatic situations. It provides access to multiple viewpoints, so that consultants can expand their repertoire of strategies to try in schools, and also to receive feedback on their consultative work from an experienced professional. Supervisors understand that consultants come from different educational backgrounds, and seek to provide information and insight that may be missing from their knowledge base (e.g., information about early childcare educational settings for a master's-level MFT who previously worked in private practice). However, the material discussed is not limited to the pragmatics of planning and refining methods of consultation. Rather, a key topic in reflective supervision is the consultant's reactions to the individuals and situations that they encounter in their work. The supervisor helps the consultant to explore the emotions that arise during consultation, her attributions about the behavior of others, and the influence of her past experiences and cultural background on her work.

The supervisor's "way of being" with the consultant is a key element of its effectiveness and impact. Just as the consultants use themselves and their methods of inquiry as key intervention tools, the supervisor's approach to the supervisory relationship facilitates insight and self-reflection in consultants. The supervisor demonstrates authentic interest in the consultants' experiences, including their personal reactions and emotions. They build a relationship founded on mutual respect and trust within which difficult topics can be broached. Within this supportive context, the consultants can reflect on their reactions to this work and receive genuine validation for their feelings.

The supervisor avoids acting as the expert and prescribing ideas for how the consultant should proceed in a given situation or with a particular case. Rather, she empowers consultants to generate their own hypotheses and plans. The supervisor also gently challenges the consultants' assumptions or preconceived notions about teachers, parents, and children. She represents the voices of those not in the room by "wondering" about their subjective experiences and contextual influences (e.g., "I wonder what could be going on in her personal life that could impact the way she's reacting to this child."). Thus, the supervisor models a sense of curiosity that combats biases and promotes empathy.

This model of supervision is crucial for effective consultation, given the importance of parallel processes in this work. Supervisors demonstrate an interaction and communication style that consultants carry forward into their work with consultees. The supervisory relationship serves as a model for the types of relationships that consultants will develop with the school staff and families, both in its focus on capacity building and problem solving as well as its emphasis on the subjective experiences of the consultants. In this way, supervisors indirectly prepare consultants for this work by demonstrating how to embody the principles of the consultative stance, and providing them with an in-vivo learning opportunity to recognize how powerful it can be to discuss potentially difficult topics within this relational framework.

In addition to formal reflective supervision, consultants are encouraged to build an informal system of support to bolster their personal resources in this demanding career and to contribute to their self-care. It may be that they develop a network of consultants with whom they meet regularly and share their experiences, struggles, and successes.

CHALLENGES IN CONSULTATION

This manual is intended to be a flexible and realistic guide to implementing ECMHC in early childhood educational settings. As such, it is imperative to note the challenges commonly encountered in school-based ECMHC and to provide guidance as to how to address these difficulties.

Refusal of Parental Consent

- **Challenge:** Depending on the contractual relationship with the school, the consent of the parent/guardian is likely required to engage in child and family consultation. However, occasionally parents are hesitant to consent to consultation, perhaps reflecting cultural beliefs or stigma related to mental health services. Further, some parents may have busy, chaotic lives, and may not perceive that they have time to participate in consultation. The consultant or teacher can reach out to the parents to explain the potential benefit of consultation, and to explore ways to make it work into their schedules. However, it is still possible that parents may ultimately refuse to consent. In this instance, child and family consultation may not be initiated and the presenting problem that led to the referral does not get directly addressed.
- **Potential Solutions:** Without initiating child and family consultation, the consultant can work with the teaching team to provide classroom level consultation that will hopefully lead to some improvement for individual child concerns, albeit indirectly. In a variation termed child-informed consultation, consultants can work with teachers to build their capacity to manage certain challenging behaviors demonstrated by multiple children in their classrooms. In this way, the focus is not on an individual child. It is distinct from classroom consultation because it is focused on a particular issue rather than overall teacher skills. For example, a teacher may seek consultation for assistance managing a child's temper tantrums, however, the child's parents may refuse consent for child and family consultation. The consultant can talk with the teacher about tantrums and can provide information about general best practices related to positive child guidance strategies. In this version of consultation, the consultant does not gather specific information about the child.

Director/Administrator Buy-in

- **Challenge:** The director serves as the consultant's conduit to the school, and is a key resource for learning about the school. The director often introduces the consultant to the staff and communicates the importance of her work, expressing her confidence in the potential benefit of consultation to the staff individually and to school as a whole. Furthermore, the director provides valuable information about the school's needs, policies, and guiding philosophy. Occasionally, consultants report that they are struggling to engage directors or to motivate them to advocate for ECMHC in their schools. This may have a downstream effect on teachers' openness to consultation. This issue may arise for many reasons, including directors' reactions to and experiences with the mental health field, cultural beliefs and perception of stigma around mental health, or stressful, busy schedules with no room for additional meetings or discomfort or distrust with partnering with others.
- **Potential Solutions:** Consultants can proactively inquire about the school's readiness and motivation for mental health consultation, presenting the question in a way that acknowledges and respects how busy the director and staff and are. If time commitment is an issue, the consultant can convey that, while consultation involves an investment of their time, it is a capacity-building intervention and, therefore, can save them time and frustration in the long run, as teacher abilities and overall school functioning improve. If the administrator demonstrates low motivation or skepticism, the consultant can explain the long-term trajectories of children whose early-life mental health issues go unidentified and unaddressed, highlighting the negative outcomes of expulsion from early childcare. To address distrust, she can review what consultation is and is not, clarifying any misconceptions about her work (e.g., stating that she is not here to diagnose 3-year-olds or to usurp the administrator's authority).

Teacher Turnover

- **Challenge:** High levels of teacher turnover are often seen in early education settings, likely related to the stress and burnout that many teachers' experience, particularly in school serving high-risk population. There is encouraging data that the presence of a consultant is associated with reduced rates of teacher turnover. However, the reality is that high levels of turnover are still seen, and this can be quite frustrating after the consultant has dedicated considerable time to working with the teacher and building her capacities.
- **Potential Solutions:** From the initiation of classroom consultation, the consultant can bear in mind the realistic possibility that the teacher may not stay in that position very long. As the consultant gets to know the teacher, she can demonstrate her interest in the teacher's difficulties with her job, and in how these affect her job satisfaction and likelihood of leaving that position. The consultant may be able to assist the teacher with some commonly-reported reasons for leaving. For example, she can suggest some effective stress management techniques, or facilitate open communication between the teacher and other staff member(s) with whom she reports conflict.

It should be emphasized that consultants should not feel responsible when teachers decide to leave their positions, and that this does not reflect poorly on their work. There are many factors that influence this decision that are outside of the consultant's control, including the organizational climate and the teacher's personal life.

Identification of Internalizing Behaviors/Presentations/Concerns

- **Challenge:** Externalizing behaviors—including aggression, defiance, and tantrums—are the most common reasons that children are referred for child and family consultation, and the most common difficulties reported in classroom consultation. These externalizing behaviors often result in considerable demand and frustration for the teacher and can negatively impact the learning environment of the other children in the class. Ultimately, children with these behaviors are at increased risk for suspension and expulsion. Given the larger classroom impact and emotional strain of these behaviors, teachers and parents seek help for them at high rates. However, research shows that young children also demonstrate internalizing behaviors, such as sadness and anxiety, and that these behaviors are more prevalent among children who have been exposed to trauma. Internalizing or withdrawn behaviors are, understandably, more difficult to identify.
- **Potential Solutions:** It is recommended that consultants specifically ask teachers about internalizing behaviors, providing some background information about how these present in young children. Furthermore, consultants and/or teachers may use standardized broadband assessment measure that assess both internalizing and externalizing behaviors (e.g., *Achenbach System of Empirically Based Assessment;* ASEBA).

Disciplinary Policies

- **Challenge:** Some consultants report hearing statements directed to parents such as, "We need you to come in this week, or we will have to expel him." Some schools may have strict disciplinary policies and procedures that may constrain or put pressure on consultants. Consultants may feel the need to drop everything and begin working with this child and his teacher immediately to avoid this outcome. However, this may not be reasonable given their preexisting commitments. A consultant may also feel that she must resolve a longstanding challenging behavioral pattern in a short amount of time, which is often unrealistic. The administration may not intend to wait to expel the child until after a sufficient amount of time has passed in which consultation may reasonably be expected to have an impact. Unfortunately, sometimes these calls mean that the administrators have already decided to expel the child, but want to demonstrate that they are exhausting their options for intervention.

- **Potential Solutions**: At the beginning of work at a school, consultants are encouraged to explain their availability to administrators and to describe their role and its boundaries. They may want to proactively ask about the school's disciplinary protocol. If the protocol does not include seeking help from the consultant and/or providing adequate time to implement strategies to stabilize the child's placement, the consultant should work with the administrator on changing the protocol. Further, the consultant should feel able to voice any concerns she has regarding the disciplinary guidelines from an ECMH perspective. While not all consultants feel prepared to weigh in on school policy issues, their knowledge about behavior change, teacher-child relationships, and transitions, in addition to their understanding of the long-term negative outcomes of expulsion, make them well-prepared to advocate for policies to support young children's social emotional development

KEY CONSIDERATIONS
IN IMPLEMENTING ECMHC IN A PUBLIC CHARTER ELEMENTARY SCHOOL SETTING

Programmatic

- Collaborating with and obtaining buy-in from the school administration and other student support personnel is critical to a successful ECMHC model. Aligning expectations early on in the process with all key administrative and support personnel is an important first step to an effective partnership.
- Programmatic consultation (building the overall program capacity to support social emotional development) with the school administrative team will result in benefits that can impact all young children and their families attending the school now as well as those who may attend in the future.

Classroom

- Much of the consultant's time is spent on classroom consultation.
- Each classroom may be at a different phase of consultation with the consultant. In some ways each teacher may be engaging with consultant at a different level. The consultant uses herself flexibly to work with teachers at different phases of the consultation process. For example, one teaching team may have a very positive relationship with the consultant and may be in the exploration phase to identify a focus of their work together. Another teaching team may not fully understand the role of the consultant and may not be ready to talk with the consultant about possible areas of focus. This teaching team may continue with the consultant in the introduction phase focusing on building trust and understanding about the consultation. A third teaching team may be developing concrete goals with the consultant and be in the plan development phase.
- Relationships between teachers in a teaching team are often the focus of classroom consultation. The consultant helps teachers build positive relationships with each other, recognizing that how the teachers interact with one another serves as an important relationship model for the children in the classroom, and has a significant impact on the emotional climate in the classroom. The consultant recognizes that often teaching teams spend more time together than family members spend with each other.

Family Group Consultation/Family Engagement

- Family engagement is a critical component of early childhood mental health consultation. The consultant can help a school deepen their relationships with families.
- The consultant may spend considerable time getting to know families and determining if education or group consultation may be an interest to families in the program.
- School settings also have many other demands on parents' potentially limited time. Often, schools ask parents to come on field trips, parent teacher conferences, PTA meetings, school concerts or assemblies, etc.
- Exploring with school administrators, teachers, and families how the consultant can be most helpful to families will assist the consultant in choosing how to direct her energy and resources.

Child and Family Consultation

- Particularly in a school setting, the consultant frequently serves as a bridge between the school and the home. Children often behave differently in different settings and helping teachers and parents see different aspects of a child's behavior helps to design the most helpful strategies to support the child.

APPENDICES

A. References

B. ECMHC Practice-Based Principles

C. Arnett Caregiver Interaction Scale

D. TPOT-S

E. Strengths and Difficulties Questionnaire

F. GUCCHD ECMHC Knowledge and Skills Surveys

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Creating Practice-Based Principles for Effective Early Childhood Mental Health Consultation Services

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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.[1] 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 Works*[2] 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.*

CREATING PRACTICE-BASED PRINCIPLES FOR EFFECTIVE EARLY CHILDHOOD MENTAL HEALTH CONSULTATION SERVICES

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
ECMH 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.

Caregiver Interaction Scale (Arnett 1989)

Center Name: _____

Teacher Name: _____ Observation Date: _____

Data Collector: _____

For instructions, clarifications and scoring, click here.	Not at All True	Somewhat True	Quite a Bit True	Very Much True
1. Speaks warmly to the children.	1	2	3	4
2. Seems critical of the children.	1	2	3	4
3. Listens attentively when children speak to him/her.	1	2	3	4
4. Places high value on obedience.	1	2	3	4
5. Seems distant or detached from children.	1	2	3	4
6. Seems to enjoy the children.	1	2	3	4
7. When the children misbehave, explains the reason or the rule they are breaking.	1	2	3	4
8. Encourages the children to try new experiences.	1	2	3	4
9. Doesn't try to exercise too much control over the children.	1	2	3	4
10. Speaks with irritation or hostility to the children.	1	2	3	4
11. Seems enthusiastic about the children's activities and efforts.	1	2	3	4
12. Threatens children in trying to control them.	1	2	3	4
13. Spends considerable time in activity not involving interaction with the children.	1	2	3	4
14. Pays positive attention to the children as individuals.	1	2	3	4
15. Doesn't reprimand children when they misbehave.	1	2	3	4
16. Talks to the children without explanation.	1	2	3	4
17. Punishes the children without explanation.	1	2	3	4
18. Exercises firmness when necessary.	1	2	3	4
19. Encourages children to exhibit prosocial behavior, e.g., sharing, helping.	1	2	3	4
20. Finds fault easily with children.	1	2	3	4
21. Doesn't seem interested in the children's activities.	1	2	3	4
22. Seems to prohibit many of the things the children want to do.	1	2	3	4
23. Doesn't supervise the children very closely.	1	2	3	4
24. Expects the children to exercise self-control: e.g., to be undisruptive for group provider-led activities, to be able to stand in line calmly.	1	2	3	4
25. When talking to children, kneels, bends or sits at their level to establish better eye contact.	1	2	3	4
26. Seems unnecessarily harsh when scolding or prohibiting children.	1	2	3	4

TPOT—Short Form

Teacher's Name: _____ Program Name: _____

Date of Observation: _____ Activities Observed: _____

Start of Observation: _____ End of Observation: _____ # Adults Present: _____ # Children Present: _____

1.	Learning centers have clear boundaries (physical).	YES	NO
2.	The classroom is arranged such that all children in the classroom can move easily around the room.	YES	NO
3.	The classroom is arranged such that there are no large, wide open spaces where children could run.	YES	NO
4.	There is an adequate number and variety of centers of interest to children and to support the number of children (at least 4 centers; 1 center per every 4 children).	YES	NO
5.	Materials in all centers are adequate to support the number of children allowed to play.	YES	NO
6.	Materials/centers are prepared before children arrive at the center or activity.	YES	NO
7.	Classroom rules or program-wide expectations are posted, illustrated with a picture or photo of each rule or expectation, limited in number (3-5), and stated positively (all have to be true to score a yes).	YES	NO
8.	A visual schedule for the day is posted with pictures.	YES	NO

Score each item based on how often it occurs, using the following rubric:
1 = Never **2** = Rarely **3** = Sometimes **4** = Almost Always

9.	Teacher directed activities are less than 20 minutes.	1	2	3	4
10.	Transitions are chaotic.	1	2	3	4
11.	During transitions, all children are actively engaged, including children who are waiting for the next activity.	1	2	3	4
12.	Teachers have conversations with children about children's interests and ideas.	1	2	3	4
13.	Teachers' tone in conversations with children is positive, calm, and supportive.	1	2	3	4
14.	Teachers join in children's play.	1	2	3	4
15.	Children are reminded of posted behavior expectations.	1	2	3	4
16.	Teachers are prepared for activities before the children arrive at the activity.	1	2	3	4
17.	Children are engaged during group activities	1	2	3	4
18.	Teachers assist individual children in selecting activities and in becoming engaged.	1	2	3	4
19.	Teachers comment on children's appropriate behavior, skills, or activities.	1	2	3	4
20.	Teachers tell children what to do rather than what not to do.	1	2	3	4
21.	Teachers adapt group directions to give additional help to children who need more support.	1	2	3	4
22.	Children are reprimanded for engaging in problem behavior (teacher says, "no," "stop," "don't").	1	2	3	4
23.	Children are threatened with an impending negative consequence that will occur if problem behavior persists.	1	2	3	4
24.	Teachers support children in learning to manage their anger.	1	2	3	4
25.	When children have problems, teachers help children generate solutions.	1	2	3	4
26.	Teachers support children in learning how to solve problems.	1	2	3	4
27.	Teachers encourage interactions between children during play or activities.	1	2	3	4
28.	Teachers help children enter into and maintain interactions with peers.	1	2	3	4
29.	Emotions are discussed in the classroom.	1	2	3	4
30.	Teachers reprimand children for expressing their emotions.	1	2	3	4
31.	There is evidence of regular communication with families about the individual needs of their children.	1	2	3	4
32.	Interactions between adults (e.g., lead teacher, families, and co-workers) are respectful and positive.	1	2	3	4
33.	Children seem happy and content and are engaged in exploring their environment.	1	2	3	4
34.	Teachers and other adults (e.g., families and volunteers) seem happy.	1	2	3	4

35. What percentage of the observation was spent in teacher-directed activities? _____

Strengths and Difficulties Questionnaire

Infant/Center Name: _____ Date: _____

Classroom Name: _____ Teacher Name: _____

Ages of Children: _____ Number of Children: _____

Please reflect on each of the children in your classroom and circle your answer to the following question:

Do you think that [child name] has difficulties in any of the following areas: emotions, concentration, behavior or being able to get along with other people?

Child 1	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 2	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 3	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 4	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 5	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 6	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 7	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 8	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 9	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 10	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 11	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 12	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 13	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 14	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 15	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties
Child 16	☐ NO	☐ YES–Minor Difficulties	☐ YES–Definite Difficulties	☐ YES–Severe Difficulties

Child's Name: _____ How long have these difficulties been present? _____	**Not at All**	**A Little**	**A Medium Amount**	**A Great Deal**
Do the difficulties upset or distress the child?				
Do the difficulties interfere with the child's everyday life in the following areas:				
• Peer relationships?				
• Learning?				
Do the difficulties put a burden on you or the class as a whole?				

Child's Name: _____ How long have these difficulties been present?_____	**Not at All**	**A Little**	**A Medium Amount**	**A Great Deal**
Do the difficulties upset or distress the child?				
Do the difficulties interfere with the child's everyday life in the following areas:				
• Peer relationships?				
• Learning?				
Do the difficulties put a burden on you or the class as a whole?				

Child's Name: _____ How long have these difficulties been present?_____	**Not at All**	**A Little**	**A Medium Amount**	**A Great Deal**
Do the difficulties upset or distress the child?				
Do the difficulties interfere with the child's everyday life in the following areas:				
• Peer relationships?				
• Learning?				
Do the difficulties put a burden on you or the class as a whole?				

Child's Name: _____ How long have these difficulties been present?_____	**Not at All**	**A Little**	**A Medium Amount**	**A Great Deal**
Do the difficulties upset or distress the child?				
Do the difficulties interfere with the child's everyday life in the following areas:				
• Peer relationships?				
• Learning?				
Do the difficulties put a burden on you or the class as a whole?				

Child's Name: _____ How long have these difficulties been present?_____	**Not at All**	**A Little**	**A Medium Amount**	**A Great Deal**
Do the difficulties upset or distress the child?				
Do the difficulties interfere with the child's everyday life in the following areas:				
• Peer relationships?				
• Learning?				
Do the difficulties put a burden on you or the class as a whole?				

FFC Administrative Survey

The Mental Health Consultant from Georgetown spent the last school year delivering early childhood mental health consultation (ECMHC) services to your early childhood teaching teams. We are interested in your assessment of the potential impact of this intervention on your teachers' knowledge and skills. We would appreciate you taking 5-10 minutes to complete this on-line survey. Your feedback will help us improve the ECMHC model. Thanks in advance for taking the time to complete this survey.

Please rate how helpful YOU BELIEVE each of the following ECMHC activities were for supporting your teachers:

	VERY HELPFUL	SOMEWHAT HELPFUL	NOT HELPFUL	UNABLE TO ASSESS
Conducting classroom observations	○	○	○	○
Debriefing from classroom observations	○	○	○	○
Reviewing their rosters of children for developmental or behavioral concerns	○	○	○	○
1 on 1 meetings to discuss an individual child's behavior or development	○	○	○	○
1 on 1 meetings to prepare for a parent meeting	○	○	○	○
1 on 1 meetings to discuss their teaching team	○	○	○	○
Group meetings with teaching teams	○	○	○	○
Time to reflect on their personal reactions to challenges at work or home	○	○	○	○
Other (please list below):	○	○	○	○

Please list any other ECMHC activities that YOU BELIEVE your teachers found very helpful:

Please rate how much YOU BELIEVE ECMHC services allowed your teachers to GAIN KNOWLEDGE in the following areas:

	Teachers gained A LOT of new information	Teachers learned SOME new information	Teachers learned NO new information	Unable to assess change in knowledge
Early childhood development	○	○	○	○
Behavioral problems in young children	○	○	○	○
Behavior management strategies	○	○	○	○
Strategies for managing transitions	○	○	○	○
Strategies for partnering with teaching teams	○	○	○	○
Working with families whose child has developmental or behavioral concerns	○	○	○	○
Individualizing teaching strategies for children with developmental or behavioral concerns	○	○	○	○
Other (please specify):	○	○	○	○

Please add any other topics that YOU BELIEVE teachers gained new knowledge as a result of ECMHC:

Please indicate areas in which you have noticed teachers INCORPORATED NEW SKILLS or STRATEGIES into their work as a result of ECMHC

	Teachers are doing things much differently now	Teachers have changed some aspects of their practice	I have not seen changes in teachers' practice	Unable to assess change in practice
Managing children's challenging behavior	○	○	○	○
Preventing challenging behavior in children	○	○	○	○
Partnering with parents	○	○	○	○
Partnering with their teaching teams	○	○	○	○
Considering their own feelings and reactions to interpersonal interactions during the school day	○	○	○	○
Other (please add below):	○	○	○	○

Please add any other new skills or strategies that you have noticed teachers' incorporated into their practice as a result of ECMHC:

ECMHC includes the consultant working collaboratively with program leadership as well. How useful was this aspect of the program?
○ Very useful
○ Somewhat Useful
○ Not useful

Please add any comments that would help us describe any positive effects ECMHC had on YOUR WORK this year:

How would you rate the quality of your relationship with The Mental Health Consultant?
○ Poor
○ Good
○ Excellent

Would you recommend ECMHC to your colleagues in other schools?
○ Yes, definitely
○ Yes, but with reservations
○ No

Please tell us any changes to the ECMHC services that you think would improve the quality and/or impact of the program:

FFC Teacher Survey

The Mental Health Consultant from Georgetown spent the last school year delivering early childhood mental health consultation (ECMHC) services to you. We would appreciate you taking 5-10 minutes to complete this on-line survey. Your feedback will help us improve the ECMHC model. Your answers will be aggregated with those of your colleagues, so please be as candid as possible. Thanks in advance for taking the time to complete this survey.

Please rate how helpful each of the following ECMHC activities were:

	VERY HELPFUL	SOMEWHAT HELPFUL	NOT HELPFUL	THIS DID NOT HAPPEN
Conducting classroom observations	○	○	○	○
Debriefing from classroom observations	○	○	○	○
Reviewing my roster of children for developmental or behavioral concerns	○	○	○	○
1 on 1 meetings to discuss an individual child's behavior or development	○	○	○	○
1 on 1 meetings to prepare for a parent meeting	○	○	○	○
1 on 1 meetings to discuss our teaching team	○	○	○	○
Group meetings with my teaching team	○	○	○	○
Time to reflect on my personal reactions to challenges at work or home	○	○	○	○
Other (please list below):	○	○	○	○

Please list any other ECMHC activities that you found very helpful:

Please rate how much ECMHC services allowed you to GAIN KNOWLEDGE in the following areas:

	I do things much differently now	I have changed some aspects of my practice	I have not changed my practice	This was not an area we worked on together
Early childhood development	○	○	○	○
Behavioral problems in young children	○	○	○	○
Behavior management strategies	○	○	○	○
Strategies for managing transitions	○	○	○	○
Strategies for partnering with your teaching team	○	○	○	○
Working with families whose child has developmental or behavioral concerns	○	○	○	○
Individualizing teaching strategies for children with developmental or behavioral concerns	○	○	○	○
Other (please specify):	○	○	○	○

Please add any other topics that you gained new knowledge as a result of ECMHC:

Please indicate areas in which you have INCORPORATED NEW SKILLS or STRATEGIES into your work as a result of ECMHC

	I do things much differently now	I have changed some aspects of my practice	I have not changed my practice	This was not an area we worked on together
Managing children's challenging behavior	○	○	○	○
Preventing challenging behavior in children	○	○	○	○
Partnering with parents	○	○	○	○
Partnering with my teaching team	○	○	○	○
Considering my own feelings and reactions to interpersonal interactions during the school day	○	○	○	○
Other (please add below):	○	○	○	○

Please add any other new skills or strategies that you have now incorporated into your practice as a result of ECMHC:

Please add any other comments that would help us describe the positive effects ECMHC had on your work this year:

How would you rate the quality of your relationship with The Mental Health Consultant?
○ Poor
○ Good
○ Excellent

Would you recommend ECMHC to your colleagues in other schools?
○ Yes, definitely
○ Yes, but with reservations
○ No

Please tell us any changes to the ECMHC services that you think would improve the quality and/or impact of the program: