

Introduction to Module 1

You may be asking yourself, "Just what is my role as an infant and early childhood mental health consultant? What makes my work different than that of others who are also helping early childhood providers and families? Have I prepared myself with the knowledge, skills, and experiences needed to be a confident and competent infant and early childhood mental health consultant?"

These are the right questions to be asking yourself. It's important to take time to understand what are the key concepts that lay the foundation for this role and even to be able to begin to articulate what makes it unique.

Hello, I'm Jordana Ash. I spent many years in Colorado developing an evidence-based mental health consultation program called Kid Connects and serving as Colorado's first state director of Early Childhood Mental Health. I'm so happy to be able to introduce to you the Center of Excellence for Infant and Early Childhood Mental Health Consultation Competency One, the Role of the Consultant.

It's not unusual for consultants who are just getting started to have a bit of a hard time defining what a consultant is and what they do. Why would that be? There may be a number of reasons. I think, in part, it's due to some of the differences between what people usually think of when they think of a mental health professional and the actual way that this service or approach is delivered.

An infant and early childhood mental health consultant is a mental health professional and, in most programs, already holds a mental health license or has an academic background in a license-eligible field like social work or psychology.

That said, while this foundational preparation in mental health is essential to the role of the mental health consultant, unlike other mental health professionals, the role of the consultant does not involve providing direct mental health treatment to young children or the adults that surround them.

This is often one of those misunderstandings that recipients of consultation have. There may be a belief and really even a hope that because you are a trained and competent mental health professional, that you'll come into their setting and work individually with children that are struggling.

Therefore, it's really important to establish early on that consultation is an indirect service and that you will be primarily working with the adults that care for those children. As a consultant, you will be using your mental health training and experience to understand and inform how you interact and support the social, emotional, and relational health of those you work with.

Taking time to listen to staff's hopes and expectations of your role is essential to establishing a trusting working relationship and partnership, even as you clarify the way in which you will be

working. Other competency modules in this series will go more deeply into what that looks like across programs, classrooms, or individual child-focused consultation.

One of the thorny topics to think about and try to sort through right from the beginning is how this role is different or distinct from other providers of support, such as child care quality coaches or nurse consultants or coaches on the Pyramid Model framework.

I'll offer my perspective on this regarding consultation in child care settings from the work that we've done here in Colorado. This may not be exactly how consultation is delivered in your community or state, but my hope is that it will provide you with some things to consider as you dive deeper into this on your own, in your program, and with your supervisor.

The way that I approach this is first to be grounded in the idea or the notion that there is a place or a role for multiple providers of needed supports in early childhood systems.

The important thing is to ensure that everyone in the system -- here, I'm talking about staff, families, consultants, and others -- are clear on the distinctions of those roles and can articulate who is doing what for what purpose while still holding onto this idea that the roles really are not interchangeable. This is really important to think about.

The scope of practice for each role, that is what kinds of things should I be doing in my role and what kinds of things are not included, is defined by the preparation and the framework that one brings to the work.

An educational or health frame will dictate a different set of activities for the professional delivering that work than those of the mental health consultant, even if ultimately we're all working towards the same goal of having more healthy environments and relationships that help kids thrive.

Having a coach that can help programs think about the physical space and the environments and the relationships between providers that support socioemotional development may improve the quality of care in programs.

Our work in Colorado and in other mental health consultation programs across the country focuses on the internal cognitive and psychological processes and experiences that are at play in a mental health consultant's relationship-based work.

Mental health consultants have the specialized training and knowledge base to work with others in making sense of the experiences, feelings, and reactions that are unfolding in child care programs.

The professional orientation of the mental health consultant utilizes understanding of adult as well as infant mental health theory and practice, including disorders, assessment and diagnosis, clinical intervention, typical and atypical development, and trauma, as the foundation for a consultant's approach.

How then do we take advantage of the best that each support professional has to offer? Intentional collaboration is essential for us to work together. The most successful teams meet regularly to talk about the setting that's being supported and about what each party is doing.

This reminds me of an example that I can share, of work that was done at the Little Forest Community Child Care Center. The consultant was surprised one day when she was having a discussion with the director and was told that an infant development coach would be working with the staff in the two infant rooms.

Her initial reaction was to be taken aback a little bit. She felt a little upset. Had her consultation not been going as well as she thought? She mentally reviewed the reflective conversations that she had had with child care staff. Yes, she could identify some positive changes in how they had interacted with each other and the children.

After doing this self-reflection, she remembered that there are many pathways to improving quality in child care programs. She asked the director directly about this new addition to the support in the program.

The director shared that the state quality rating system required a specific infant development training to be conducted by a designated infant development specialist. That was the person that was being brought into the program. This person was going to share information about typical and atypical development for babies so that their roles would actually be fairly distinct.

With this information in mind and understanding the benefit of intentional collaboration, the consultant reached out to the developmental specialist to talk about sharing information and activities and approaches that each of them would use.

They decided to communicate the partnership to the staff at the child care program to show that they were working together, supporting each other and the center, and that they each had clarity on the different yet complementary roles that they would both be utilizing.

I encourage you to think about the consultant's role as part of a continuum of supports and services in early childhood programs. There are specific skills that the consultant uses to embody the role. That includes managing respectful collaboration, embracing the consultative stance, adhering to professional standards, and working in natural settings.

These ideas will be explored further in this competency. There are other information and other discoveries about the work of consultation that will be explored in Competencies Two through Seven. Thank you.