

Introduction to Module 2

The knowledge base for infant and early childhood mental health consultation draws from many disciplines. It is a multidisciplinary specialty. There is much for new and seasoned consultants to learn, not only because the areas from which we derive our knowledge contains such a rich array of topics but because consultation deals with people and relationships. People and relationships, as we know, are very complex.

Hi, my name is Alison Steir. I'm a clinical psychologist and vice president of mental health services at a large non-profit agency in Phoenix, Arizona, Southwest Human Development, which is dedicated to services for young children and their caregivers and to professional development for the range of providers who work with or in behalf of young children.

Among my responsibilities is directing Arizona's Infant and Early Childhood Mental Health Consultation program known as Smart Support, which includes over 40 consultants and serves over 300 child care centers throughout much of our state.

Given the size and reach of our consultation program, we think a lot about how to support the professional development of our consultants, what it takes to do this work well, and how to maintain and coherence and consistency in a large program that is geographically dispersed.

I'm going to talk with you today about the Center of Excellence for Infant and Early Childhood Mental Health Consultation's competency number two -- foundational knowledge.

The foundational training that Smart Support provides begins with an introduction to Infant and Early Childhood Mental Health Consultation, its history, and its story in our own state, the scope of practice of consultation, the characteristics that distinguish it from other activities for which mental health professionals are trained and so on.

The model of Consultation service delivery and the administrative requirements of our program are also recovered in the onboarding training. Booster sessions help periodically during the year, help new staff, as well as experienced staff, integrate aspects of the Consultation model that may have been challenging to take in when they first arrived, or that may need to be revisited after a time.

We also ground all of our staff in two approaches -- the Pyramid Model, which was developed by the Center on Social and Emotional Foundations for Early Learning, CSEFEL at Vanderbilt University, and the FAN approach, which was developed by Dr. Linda Gilkerson at the Erikson Institute in Chicago.

We selected the Pyramid Model because it describes an organized approach to understanding children in the specific context of early care and education. It uses language, video, and materials that reflect the culture of early care and education and is therefore very helpful to mental health consultants who likely have not practiced in those settings.

The underlying point, whatever materials you use in training mental health consultants is that consultants need to be orientated to the context in which they are providing consultation. For our consultants, it's the world of early care and education.

For mental health professionals consulting to home visiting, they would need to learn about the world of home visitors, the training they receive, the challenges they encounter, the difficulties that families commonly struggle with.

The second foundational approach we have found very useful to our new and seasoned mental health consultants is the FAN approach. The FAN places an emphasis on the consultants' use of mindful self-regulation techniques when they feel unsteady in interactions and the skill of discerning the cues that people are giving for what they need in responsive other.

Attunement on the part of the consultant maximizes the likelihood that the teacher, or director, or child care provider will feel understood and safe enough to think new thoughts and try new ways of being. Thus, we see the FAN as a support for the consultative stance.

There are a number of other strategies we use to support the onboarding of new consultants and the continued professional development of our staff. Supervisors pair new consultants with an experienced consultant to shadow consultations in child care and pre-school settings, and then discuss their observations and reactions with a more senior consultant and in supervision.

Supervisors also accompany their staff in the field with frequent visits to scaffold the work for new consultants and two visits during the year for experienced consultants, unless a particular clinical dilemma arises and they wish to have another set of eyes or a new perspective.

All staff participate in weekly individual supervision and monthly group supervision with their small teams. We use a model of reflective supervision which integrates administrative issues and thoughtful conversations about the work into one supervisor.

We think that even the business of turning in progress notes on time, changes in program policies, and entering data into the database accurately can offer up opportunities for reflection in conversation. Once a year, the full statewide mental health consultation program convenes for a celebration of our efforts.

We think of celebration as an actual part of our consultation model. With that celebration, we also do a day and a half of training. There's also a second day-long training event during the year.

Topics for professional development days are selected from the areas of mental health, infant mental health, child development, diversity, equity, and inclusion, and professional consultation, because those areas go to the heart of competent Early Childhood Mental Health Consultation practice.

In addition to the formal trainings that Smart Support provides, which may include a national speaker, staff have opportunities to attend local or national conferences in workshops when funding permits.

In an effort to deepen our work in diversity, equity, and inclusion, and to understand and address these issues as they come up in mental health consultation and in our lives, we started a voluntary-facilitated equity work group for our staff several years ago.

The members of this small group transmit the essence of their monthly conversations to their supervision groups and take on the task of considering ways in which the full program can better promote diversity, equity, and inclusion in our work.

Finally, perhaps our favorite strategy is book club. It's fairly inexpensive and very fun way to learn. A book is selected by Smart Support's leadership with input from the staff. Each supervision group meets monthly to talk about the book. They can meet in a restaurant or someone's home like a real book club, like Oprah.

There's no rush to get through the book. We have sometimes spent several months talking about a single book. We develop reflective questions to accompany the book, which guide conversations and promote cohesiveness in our large program.

Arizona is a big state. It isn't, let's say, the small country of Liechtenstein. I picked Liechtenstein because it's a very tiny country, and also, it's fun to say. Practice, "Liechtenstein." If we had a mental health consultation program in Liechtenstein, we'd probably only need the one book club. Although it's population-dense, so maybe we would have two book clubs.

As it stands, we have seven book clubs around the state. It's helpful to the cohesiveness of our program to know that in a given month everyone is reading the same material and having a similar conversation. There's also a second book club best just for supervisors with readings that typically revolve around the work of supervision.

These are some examples of strategies you might use to advance the knowledge base of your early childhood mental health consultants or yourself as a consultant. I hope you find them helpful in your work or are inspired with new ideas.