

Introduction to Module 5

Hi! My name is Nikki Edge. I direct Arkansas' early childhood mental health consultation, which is called Project PLAY. I am going to talk with you today about Competency 5 for mental health consultants, which covers the skills needed to be successful with child and family focused consultation.

A few years ago Arkansas launched a new initiative to reduce suspensions and expulsions of young children from early care and education settings. As a result, our Project PLAY team stays very busy providing child focused consultation services here in AR to help in situations where a child is at risk of suspension or expulsion. This work can be very challenging and we have seen just how essential it is that our consultants be well-grounded in the competencies you're going to learn about today.

Each child focused case is different and pulls on different consultant skill sets. For example, a couple of the skills you'll learn about today involve collaborating with staff and families to develop a working hypothesis about the meaning of a child's behavior and then using that information to **support the development of a plan**. In some cases you'll find it doesn't take AS MUCH detective work to learn about some of the things that might be behind the behavior – even then, coming up with a feasible plan can still be highly challenging. This is often true for our expulsion prevention cases where we know from the referral that this is a child who has experienced terrible trauma and we're immediately wondering about how that may connect to the behavior that teachers are experiencing in the classroom. At least one piece of the puzzle may be in our hands already - though it won't be the only hypothesis we explore. Even with that information in hand, we may still face challenges to develop a plan for supporting the child that feels feasible to a teacher who is feeling really overwhelmed by the child's big big behaviors in the classroom. Other times the plan feels easy compared to the challenges of gathering enough information to understand the meaning of the child's behavior. Every case is different.

In our expulsion prevention work, relationships between parents and staff may be really strained and one of the biggest jobs of the consultant is to build a bridge between teachers and parents. In fact, sometimes this can be the most important thing that the consultant does and requires a special set of skills.

This makes me think about a request we received through our expulsion prevention system for a one year old boy. Given the age of the child, I remember feeling very curious to learn about the concerns of the teacher and I asked the consultant to keep me posted. It turned out that case involved two very young teachers asking for help – they were struggling to figure out how to comfort this little boy that we'll call Johnny. Johnny had trouble settling in in the morning- he cried a lot and was difficult to soothe throughout the day. He was super clingy and the teachers felt that the effort it took to meet his needs was taking away from their ability to provide for the needs of the other children in the classroom. As the consultant explored these concerns she learned they didn't really know how long this had been going on because they had only been working with Johnny for a couple of months – his last caregiver had taken another job.

The teachers wondered about his routine at home. They were frustrated that Johnny arrived at different times on different days and with different family members. They felt this inconsistency was probably part of the problem. A couple of times lately Johnny arrived without enough diapers and the family didn't always provide an extra set of clean clothes, in spite of the teachers asking more than once. Johnny's grandpa was the family member they saw most often but they felt he didn't really want to hear about their concerns. At this point, the teachers felt sort of intimidated about engaging him in discussions about Johnny. So they didn't really know what grandpa thought of Johnny's behavior or whether saw similar things at home.

The consultant was able to visit with grandpa at pickup time and explain her role. In the visits and conversations that followed, she learned grandpa was had not always been the main caregiver for Johnny. Sadly, his daughter, Johnny's mother, had been killed in car wreck just a few months ago. Grandpa had always been a big part of Johnny's life but frankly he never expected to be raising a child at this age and he never expected he would outlive his own child. He was still grieving. Thankfully he had some help – Johnny's aunts were always willing to help out overnight or pick him up from child care when Grandpa needed it. It was a hard situation, but they were managing, and from his perspective, he didn't really need to hear any advice from two young teachers who hadn't even raised a family themselves yet and who had no idea what he was going through.

The picture was really coming together for our consultant. She began to understand what might be behind some of Johnny's behavior. He had just lost his mother and then his main teacher on top of it. Wow, no wonder he was struggling. Everybody in this situation cared about Johnny but they didn't have the information that they needed nor the kind of relationship that they needed to support Johnny together. The consultant could only imagine how differently these teachers would see Grandpa and the other family members if only they had known what was going on.

Much of the work of this case would be about building a relationship with this family and supporting the staff in doing the same. Sharing information about what the family had been through and helping the staff understand their perspective. Thinking with the staff about new ways to communicate and new ways they could offer support for Grandpa. And building enough trust to be able to come together and talk and explore each of their role in supporting Johnny through this tough time.

In this module, we'll talk more about a few of the competency areas related to child and family focused consultation including some of the ones that are evident in this story. We'll talk more about how consultants can really honor the family perspective and help with that relationship building. We'll talk about a few of the ways consultants can gather information to make meaning of the behavior of a child. And we'll talk about how we can help staff respond to that information. How we develop a plan to support the child and family in ways that feel feasible to the staff. I hope that this module will give you a better idea of how mental health consultation can support ECE and HV staff in learning to more fully understand and meet the needs of individual children and family members in their programs. In AR, our consultants will tell you that this form of consultation can be intense and challenging and they need all of the skills sets that we'll describe today. But they will also tell you it can be incredibly rewarding to watch relationships be transformed through child and family focused consultation.