

Introduction to Module 6

Infant and early childhood mental health consultation is not always focused on children. In fact, you could argue that we, early childhood mental health consultants, despite our name, spend more time focused on adults.

It is through the relationships we make with adult caregivers that we have the opportunities to impact the lives of infants and young children.

Hi, my name is Allison Trigg. I'm a clinical psychologist, and I direct the TIKES, Infant and Early Childhood Mental Health Consultation Program in Louisiana. I'm going to talk with you today about the Center of Excellence for Infant and Early Childhood Mental Health Consultation's Competency 6 classroom- and home-focused consultation.

When thinking about classroom-focused consultation, I'm reminded of working with Ms. Alma and Ms. Keke. They were co-teachers in the toddler room at a small, rural center. They got along wonderfully and had a very strict division of duties.

Ms. Alma was in charge of keeping everyone on routine, following the schedule, and decorating the classroom with beautiful art projects. Ms. Keke was the one the children turned to for comfort and affection and to show their latest creations to.

While this appeared to work relatively well on the surface, the center director was concerned that Ms. Alma was not engaged with the children or their parents enough. The Director brought this concern up to Ms. Alma during her annual evaluation, and she also let me know about it as the center's mental health consultant.

I was working with the overall center, but the director asked me to do some more classroom-focused consultation, specifically, to focus on Ms. Alma's relationships with her students and families.

As my relationship with the co-teachers developed, they became open to having discussions with me. We often met when the children were napping and discussed how things were going in the classroom.

One day, we were talking about classroom environments and what aspects of classroom environment the two teachers thought were most important. It was during this discussion that Ms. Alma began to discuss how much she liked to keep the class on schedule and moving through their routine and how much she enjoyed creating art projects.

She was starting to think about her role in the classroom in a different way after the director had let her know she was concerned about Ms. Alma's "lack" of relationships with the children and families in the class.

I asked Ms. Alma how she felt about hearing this feedback. Did she think she had a good relationship with the children in her class?

Ms. Alma paused and took some time to think, while Ms. Keke quickly interjected that she really did not mind being the one that the children turned to, that she didn't mind being the one they looked to for a hug or for a high-five, but she didn't want to take away those opportunities from her co-teacher and friend, Ms. Alma.

Ms. Alma said, "You know, I don't talk about this much, but I think staying on routine and making the class look nice is my way of showing I care. My dad was in the military, and I grew up, as many people would call, a military brat.

My parents didn't tell us they loved us a lot and hugs were few and far between, but me and my siblings always knew we were cared for and loved. My mom always kept the house neat, and she would sew curtains and pillows, and had this certain sense of style that always made us feel at home no matter where we were.

"And my dad kept us on routines, so that no matter the time zone, no matter the house, we always knew what to expect. That made me feel comforted wherever we were. And I think that's why I'm comfortable as the time-keeper, the routine-maker, and the decorator in the class."

Ms. Keke and I both nodded in encouragement. I asked her, how does it feel for the Director to ask you to do some things differently? What would it be like for you to be a comfort-giver to the children in your class?

Ms. Alma thought again for a bit and said, "It's going to be different, but I think I would enjoy being a little more hands-on. It would be nice for the kids to know that they can rely on me for a hug and a band-aid instead of just the band-aid."

Ms. Alma's ability to reflect on how her upbringing impacted her relationship-building in the classroom allowed her to begin to focus on doing things differently. It was my job to create a safe space to talk about potential difficult topics and support her as she thought through how she may want to change her role in the classroom.

Ms. Alma taught me the importance of taking time to develop relationships with caregivers, so that I could support them in meeting their goals. Relationships are certainly the foundation of a classroom- and home-focused consultation.

The Center of Excellence for Infant and Early Childhood Mental Health Consultation summarizes the skills needed for classroom- and home-focused consultation as collaborating with families and either early childhood or home-visiting staff to promote warm and trusting relationships, steady routines, and development enhancing interactions that positively impact classroom and home climates.

Sometimes, caregivers need time with their consultants to think about themselves, how they were parented and who they want to be as caregivers. A competent mental health consultant can support these types of reflections and work with caregivers to be purposeful in deciding what type of caregiver they want to be.

In this module, we'll go into more detail about a couple of the competency areas related to classroom- and home-focused consultation. After working through this module, you should have a better idea of how mental health consultation can support relationship-building and develop mentally-appropriate routines in classroom and home settings.

We'll work through some examples, and you'll be asked to think about children, teachers, or families you may have worked with in the past to support your learning. Thank you.