

2. Foundational Knowledge

Welcome to Module 2, Foundational Knowledge, in the Center of Excellence for Infant and Early Childhood Mental Health Consultation's introductory series on IECMHC competencies. This module provides an overview of the foundational knowledge needed for effective infant and early childhood mental health consultation and of the five competency areas and core skills associated with foundational knowledge.

The Foundational Knowledge competency includes five areas. The competent consultant understands:

- 1) the multidisciplinary body of knowledge that informs consultation
- 2) the nature of and influences on development
- 3) the importance of power, bias, equity, and culture
- 4) the importance of self-awareness, including identifying privilege and bias in oneself, and the nature of reflective practice
- 5) the functioning of and relationships between families, caregivers, consultants, and systems.

Understanding the multidisciplinary body of knowledge that informs consultation is the first area in the Foundational Knowledge competency. It consists of 10 core concepts or skills that reflect the wide variety of disciplines and theories that can inform the direction of consultation .

In this module we will briefly review the four core skills listed on this slide. Note that three are specifically related to mental health. To see the full list of competencies and skills, you can follow the [link](#) provided at the end of this presentation.

The infant and early childhood mental health consultation knowledge base draws from theories, empirical findings, and best practice standards from multiple disciplines, drawing on areas of study that include: professional consultation, mental health, early education, early childhood development, infant and early childhood mental health, family and/or systems functioning, culture, race and equity and anti-racism approaches. Familiarity with this multitude of approaches aids in the consultant's ability to understand infants and young children, the adults who care for them, the programs and settings where this care occurs, and the relationships inherent to these settings. In a single day, a consultant may discuss program policy with a child care director, work with relationship tension between co-workers, and observe an infant or young child exhibiting behavioral difficulties. Think through how issues of power, bias, equity, and culture may come into play. For example, imagine the policy being discussed is a disciplinary policy that disproportionately affects Black infants and young children, or imagine that the child exhibiting behavioral difficulties is not exhibiting behaviors different from those of their peers but is being called out for them more often.

Take a moment to consider the three situations listed and the discipline knowledge a consultant would likely apply to each. First and foremost, the consultant would rely on their consultation knowledge and apply the consultative stance across all three situations. This way of being would go hand in hand with their infant and early childhood mental health consultation training. Such training focuses on establishing relationships and creating a safe space for individuals to comfortably discuss issues or concerns with the consultant. Think about the conversation with the childcare center director, the consultant would likely draw on their knowledge of early education and systems functioning. A consultant may find themselves supporting a director in creating or revising policy that is developmentally appropriate, and familiarity with early childhood education would be important. However, a consultant may also find themselves

supporting a director as they consider employee policies; in that case knowledge about systems functioning would be helpful. To address co-worker tension, it would be helpful to have knowledge about adult mental health. And in observing an infant or young child, a consultant would need knowledge about infant and early childhood development.

The multitude of disciplines that a consultant should be familiar with to understand infants and young children and the adults who care for them can seem overwhelming. Bear in mind that no consultant holds all information, especially when they are new to the field. A solid and in-depth grounding in mental health and infant and early childhood mental health is essential for consultants. It is also important to understand professional consultation and early childhood education. If a consultant lacks knowledge in these four areas, additional training is needed. Consultants typically develop skills in the other disciplines through on-the-job training and reflective supervision.

A consultant needs a mental health background for the next three core skills. The first core skill is understanding how a family's race/ethnicity, primary language, culture, abilities, disposition, and life circumstances (e.g., poverty and domestic violence) impact behavior and social emotional well-being. A second core skill that makes up the multidisciplinary knowledge competency area is understanding mental health concepts and psychological processes related to adults and adult functioning, especially the ways in which an adult's experiences can impact or even distort how an infant's or young child's behavior is perceived. And the third skill, related to knowledge in the area of mental health, is that the consultant understands the impact of trauma, including racialized, historical trauma and family violence, on child and family development.

Having a mental health background also provides the consultant with the knowledge, skills, and ability to recognize that the first step in providing consultation is to develop an understanding of infants and young children in the consultation setting, their caregiver, staff, and the relationships that exist among them. Competent consultants also observe interactions, that is, how infants and young children, caregivers, and staff act together. Observation includes developing an understanding of infants' and young children's, caregivers', and staff's internal representations of each other, that is, how they think, feel about, and experience each other.

The principle that behavior has meaning, that the meaning matters, and that understanding the meaning of behavior is critical to shaping effective interventions is central to a consultant and distinguishes it from some other forms of early childhood supports. This principle applies to the behavior of adults as well as infants and young children. Since infants and young children have more limited language skills than adults, often they rely on behavioral expression (rather than verbal articulation) to a greater extent than do adults. The consultant observes, interviews, utilizes surveys or other validated measurement tools, hypothesizes, revises their hypotheses, and encourages caregivers to join them in the process of working to understand infants' and young children's behavior. The consultant makes clear that this "data collection" is all in the service of understanding the underlying meaning that the behavior is expressing. Sometimes behavior is explained (or at least partially explained) by factors such as culture, sensory sensitivities, developmental delays, or medical challenges. Careful observation and information and impressions from caregivers and staff is essential to putting together as complete a picture as possible to develop shared hypotheses about what is going on with the infant or young child.

The second area in the Foundational Knowledge competency is "Understands the Nature and Influences on Development". This area consists of 7 core skills, and we will review some of them here. For the full list see the Competency Guidelines on the Center of Excellence website. The link is in the resource slide at the end of this presentation .

ZERO TO THREE's definition of infant and early childhood mental health highlights that infants and young children have an emotional life and mental health. The consultant's goal is to promote good infant and early childhood mental health, prevent mental health problems in infants and young children and families who experience risk factors, and, when necessary, refer infants and young children and families to appropriate additional services or interventions so that distress is alleviated and further escalation of problems can be prevented.

Infants' and young children's earliest experiences—both positive and negative— impact their brain formation and in turn, their development across multiple domains, including social emotional, physical, cognitive, communication, and sensory and motor skills. It is the consultant's job to be aware of typical and atypical development across all of these domains and to understand the biological and environmental factors affecting development, including historical marginalization and access to resources. It is also the consultant's job to support caregivers and staff in creating environments that support healthy development. It is helpful for consultants to be aware of resources, materials, and curricula that promote healthy (social emotional) development, so that these can be offered when additional supports are needed. The consultant must also be open to understanding different cultural influences and incorporate it into their work.

As stated by the National Child Traumatic Stress Network in 2017 "Children are exposed to violence and trauma at an alarming rate in the United States. By age sixteen, two-thirds of children in the United States have experienced a potentially traumatic event such as physical or sexual abuse, natural disaster or terrorism, sudden or violent loss of a loved one, refugee and war experiences, serious accident or life-threatening illness, or military family-related stress". What's more, the effects of historical trauma—from marginalization, discrimination, violence, racism, migration, immigration or deportation, and other stressful and traumatic events—on infant and early childhood development can be profound.

It is particularly important for consultants to understand the impact of trauma on infants and young children, not only because of its prevalence but also because of: 1) its potential for derailing infant and child development and caregiving, 2) the potential of homes and schools to alleviate suffering and instill hope in infants and young children and

adults, and 3) the opportunities that consultants have to positively influence those environments. The competent consultant understands the impact of trauma, recognizes factors associated with trauma, and is well-versed in supporting staff and families in creating trauma-informed environments for infants and young children and adults.

Knowledge of the risk and protective factors that impact infants' and young children's development necessitates that consultants are mindful of and deliberately look for the strengths that infants and young children have while being clear-eyed about the challenges they face. Identifying strengths is not just a "feel good" endeavor, it is a tool for bringing about positive change and an important ingredient for healing, particularly for populations that have been historically marginalized. It is critical to consider that these populations, including indigenous, Black, Latino, and other historically marginalized groups show resilience in the face of continued marginalization and trauma. It is the consultant's role to build on that strength and resilience for greater healing. Therapeutic efforts require that consultants augment and build on the strengths that individuals have. One role of the consultant is to help adults notice and underscore the strengths of infants, young children, and families.

Understanding the Importance of Power and Culture is the third area in the Foundational Knowledge Competency. It consists of two core foundational knowledge skills.

The first core skill in the importance of power and culture competency area states that the competent consultant understands and supports cultural variations in development, child-rearing practices, and caregiver expectations. And the second core skill states that the consultant recognizes the biological, psychological, social, and spiritual context of culture and their influence on values, beliefs, child-rearing practices, infant and early childhood development, and social emotional health and well-being.

The consultant must recognize, and take into consideration, the context of culture, and how that influences a caregiver's values, beliefs, child-rearing practices, and social emotional health. Values, beliefs, and assumptions about caregiving are strongly influenced by culture. Culture affects how a caregiver nurtures and expresses love to their child. Culture also influences discipline and limit-setting beliefs and techniques. It is important to consider that a historically oppressive system, including laws and policy. For example, many U.S. laws and policies replaced precolonial ways of being for Tribal Nations, thereby stripping protective factors through genocide and assimilation, often resulting in trauma.

Often our cultural values and beliefs are unconsciously held, yet they carry enormous power in shaping ideas about what is right and wrong in raising a child. Cultural values and practices are infused into many aspects of caregiving, such as sleeping arrangements, toilet training, or how a child speaks to adults. Thus, it is important that the consultant considers and even explores cultural beliefs when working with and caregivers and staff. The following example of a home visitor's experience highlights the importance of considering cultural beliefs and values.

One of our program's home visitors was working with a family where the parents were both immigrants. The mother was from China and the father from Italy. The father was upset that the mother was not allowing his family to visit their baby, and the mother was distraught and anxious whenever his family came over. The home visitor was distressed because she could not seem to help the parents come to a middle ground. When meeting with the consultant to discuss this case, the consultant inquired about the parents' childrearing beliefs and how those related to their cultures. On the next home visit, the home visitor inquired more about practices related to caring for newborns in each parent's culture. She, and the parents came to realize that they each had very different beliefs about how to care for a newborn. The mother shared that in Chinese culture it is customary for the mother and newborn to remain insulated from society for several months, including restricting visits even from family members, and that this is done to keep the baby healthy. The father shared that in Italy the response to a newborn is very different: there are many visitors and much holding and passing around of the newborn. The newborn is viewed as something to be celebrated and shared. Once the couple recognized that their views on caring for a newborn were culturally ingrained and had nothing to do with their love or respect for each other or the other's family, they were able to develop, with the help of the home visitor, a plan for having family visitors that worked for both of them.

Take a moment to consider your own belief and value system related to two of the major topics around which parents of infants and young children often struggle, breastfeeding and sleep.

First, breastfeeding. Do you believe all babies should be breastfed? How do you feel about breastfeeding in public? When do you feel a child should stop breastfeeding?

Please take a moment to write down your answer to these questions.

Now Sleeping. Do you believe infants should sleep in the same bed or room as their caregiver(s)? How do you feel about letting a 12-month-old cry themselves to sleep? At what age do you feel a child should sleep alone?

Please take a moment to write down your answer to these questions.

Now, how did you develop those beliefs? Are they different or the same as the beliefs you were raised with? Why or why not?

Often times these beliefs are based the beliefs you were raised with, and those parenting decisions are often related to cultural values based on our race, our ethnicity, our socioeconomic level, and/or our culture. It is important that consultants are aware of these influences and use that information to guide discussions with and support caregivers. Module 3 will provide additional discussion about Cultural Sensitivity.

Understanding the Importance of Self-Awareness and the Nature of Reflective Practice is the fourth area within the Foundational Knowledge Competency.

This competency consists of 6 overarching core skills. We will to review only 3 of those here; however, as with the other competencies, we recommend that you review the full list in the Competency Guidelines on the Center of Excellence website. To see the full list of competencies and skills, you can follow the [link](#) provided at the end of this presentation.

Self-awareness involves paying careful attention to one's subjective experiences, which consist of thoughts, beliefs, values, assumptions, biases, and emotional responses. The consultant's subjective response is important information and lends greater understanding to their work. A competent consultant pays attention to their reactions and thoughts when they are providing consultation and shares these in reflective supervision as they consider appropriate responses to the issue being considered.

The effective consultant seeks to understand the consultee's unique personal, historical, and cultural attributes. This level of understanding can help the consultant to better understand the perspective of the consultee, especially as it relates to the situation upon which the consultation is focused. Being able to see the others' perspective enriches the consultative relationship and aids in the collaborative development of a workable solution. It is also essential that the consultant recognizes that however sophisticated their reflective capacities become, they will miss things. Herein lies the value of a trusted supervisor or mentor. Module 4 in this series goes into more detail on reflective practice and reflective supervision.

The seventh area of the Foundational Knowledge Competency involves understanding the functioning of relationships between families, caregivers, staff, IECMH consultants, and systems. This area consists of seven core skills.

In this module we will briefly review the 4 core skills listed on this slide. To see the full list of competencies and skills, you can follow the [link](#) provided at the end of this presentation.

Parallel process (that is, how the relationship between a consultant and caregivers or staff impacts relationships between caregivers or staff and infants, children, and families) was originally defined by Harold Searles in 1955 to describe parallels between the supervisory relationship and the therapeutic relationship that reflect central challenges for the therapist and patient. In the specialties of infant and early childhood mental health and IECMHC, this concept is construed more broadly to include the multiple relationships that exist with and around infants and young children that may exert their influence on infants' and young children's development. Consultants are mindful, therefore, that the ways in which they "show up" for caregivers or staff may influence those adults to "show up" in the same way for each other and the infants and young children in their care. Thus, the consultant strives to "show up" with dependability, authenticity, empathy, and a collaborative spirit. This understanding of the parallel process is captured by a phrase coined by Jeree Pawl that has been termed the "platinum rule: " "Do unto others as you would have others do unto others"

The consultant also strives to not only manage their own self-care but also help caregivers' staff or understand the connection between self-care and the ability to build successful relationships with others. One way this is done is by supporting and nurturing staff in programs serving infants, young children, and families and helping program directors to do the same. When staff feel supported and nurtured, they behave in a nurturing and supportive manner with the families they serve – which in turn encourages caregivers to behave that way with their children. Caregivers then become a constant positive (or secure base) in the life of their child. A parallel process so to speak.

As with many professions in the helping field, consultants are at risk for compassion fatigue and need to work to prevent developing it. Ideally a consultant has developed a stress-resilience routine and works to maintain it. A stress-resilience routine involves self-care and relaxation methods that are practiced regularly such as yoga, meditation, and exercise.

Even with a stress resilience routine in place it is important for consultants to maintain an ongoing awareness of their stress levels. If stress is high (or increasing) consultants need to look for ways to decrease it. This can be done through stress reduction and/or stress relief. Stress reduction involves cutting back on things in one's life that are stressful. This may mean delegating work or home duties to others or it may mean switching jobs, even within one's own agency. Stress relief involves self-care activities that can be done in the moment such as taking a bath, getting a good night's sleep, or going for a massage.

Take a moment to look over this list and start your own self-care catalogue. Write down things you can do to:

- 1) Enhance your stress resilience – regularly-practicing self-care activities
- 2) Reduce your stress – cutting back on things that cause stress
- 3) Provide stress relief – engaging in self-care activities you can do in the moment

New consultants stand on sturdy ground when they are able to offer a psychological perspective that (1) is grounded in self-awareness, (2) is based on knowledge of typical infant and early childhood development and individual differences, and (3) takes a stance of openness and curiosity that invites others to suspend judgment in favor of a process of discovering the meaning or explanation for behavior in both infants and young children and adults. This sturdy ground only gets sturdier as consultants learn and gain experience .

This module provides a brief overview of the SECOND competency categories of infant and early childhood mental health consultation competency area, as well as the related required core skills. Numerous resources are available to support a consultant's development in this competency. Some are listed on this slide.

Thank you for listening to this module. Please be sure to listen to the other foundational modules and browse our additional resources on the website.