

# **3.Equity and Cultural Sensitivity in the Practice of Mental Health Consultation**

Welcome to module 3, Equity and Cultural Sensitivity in the Practice of Mental Health Consultation, in the Center of Excellence for Infant and Early Childhood Mental Health Consultation's introductory series on consultant competencies. This module provides an overview of the three competency areas and core skills associated with racial equity and cultural sensitivity.

The Equity and Cultural Sensitivity competency consists of three areas:

- 1) Demonstrates an awareness of race and racism, cultural variation, and normative differences in family structure
- 2) Demonstrates the capacity for self-awareness
- 3) Promotes cultural responsiveness in practices, policies, and procedures

We will focus on the first two of these in this module.

Racial inequities exist at almost every level of our early childhood systems (these include systems at the local, state, tribal, and federal levels). Understanding the impact of these inequities and the persistent influence of explicit and implicit biases on our perceptions, beliefs, and actions can provide consultants with important tools for facilitating deeper understanding and empathy for all infants and young children and adults in early childhood settings.

Infant and Early Childhood Mental Health Consultants are uniquely positioned to promote racial equity and combat racial, ethnic, socioeconomic, and other inequities embedded in society and experienced by infants and young children and their families. To do so consultants must acquire and continue to cultivate the competencies identified by the center of excellence. These competencies include self-awareness as well as awareness of culture, values, beliefs, backgrounds, privilege, biases, assumptions, and experiences, including the impact of experience with racism, classism, sexism, ableism, homophobia, xenophobia, and/or other systems of oppression in order to provide diversity-informed and culturally attuned services.

In this module we offer introductory information about the current landscape related to racial bias in early care and education (ECE) settings and offer ways of cultivating self-awareness that lead to effective action in addressing biases and encouraging cultural responsiveness. This module is only an introduction to a complex topic. The center of excellence has numerous resources that can help consultants and their teams develop a short- and long-term agenda for building capacity to recognize how racial equity can be integrated into all levels of their work.

It is important to constantly frame this work in a historical and systemic context.

One of the most important points emphasized in this module is that this equity work is continuous; it is not a one-time action.

In order to ground consultation work in a historical and systemic context, consultants need to continuously engage in:

- Learning about black, Latinx and native history, including about abolition efforts
- Learning about colonization and systemic racism
- Learning about consultant's own personal racialization processes
- Tapping into creativity, hope, joy, self-care, and community care

While there has been marked progress in recent decades, there are still stark inequities in infants and young children's access to and experiences in ECE settings based on race, ethnicity, gender, and socio-economic status. It has been shown that attending a high-quality childcare program has many benefits, especially for infants and young children from low income families, yet infants and young children of color who are from low income families are less likely to attend such programs than their white counterparts from higher-income families.

One of the most glaring examples of inequities in ECE settings is in disciplinary practices. Children of color experience harsher discipline for the same behaviors as their white peers. Starting as early as infancy and toddlerhood, children of color are at highest risk for being expelled from ECE settings.

In a study conducted in 2005, Walter Gilliam found that while African American children make up only 19 percent of preschool enrollment, they comprise 47%, nearly half, of preschoolers who are expelled. Higher expulsion rates are associated with teacher stress and depression and with large "classroom" sizes.

Most relevant to this module, Gilliam and Shahar in 2006 found that access to a mental health professional was the single distinguishing factor between programs that expelled at high rates from those that expelled at low rates or not at all.

Undoubtedly there are many reasons for suspension and expulsion. Researchers have identified four contributors: low program quality, inadequate knowledge of infant early childhood development—especially social and emotional learning, infant and early childhood trauma, and racial bias.

While each contributor deserves attention, and consultants need to be prepared to consider all of the variables, in this module we are going to focus on racial bias and other contextual factors as the cause for racialized disparities in teacher-child interactions—especially interactions related to discipline.

Why this emphasis?

Increasingly, scholars and policymakers are hypothesizing that racial bias is a major contributor to discipline disparities. What are we seeing that leads to the conclusion that racial bias is behind most of these harmful disciplinary practices?

In another study of Walter Gilliam's, 135 preschool teachers were asked to watch a film of children in an ECE setting. They were told to watch for challenging behavior. Actually, there were no instances of challenging behavior. The four children in the film were actors—one white girl, one African American girl, one African American boy, and one white boy. All the teachers spent the most time looking at the African American boy. African American teachers watched the African American boy the most. This study tells us a lot about expectations and the role they play in perception. Where we go looking for trouble, we are prone to find it.

In a second study, preschool teachers were asked to read a description of a child's behavior and rate the severity. The details of the story were all the same: the child was described as having difficulty napping, following instructions, and waiting their turn. When the teacher intervened, the child screamed and ran away. The only differences in the description of the children given to teachers were the children's names (DeShawn or Jake for boys and Latoya or Emily for girls). DeShawn and Latoya are popular names for African American children, while Jake and Emily are popular for white children. Regardless of the race of the teacher reading the story, the white children's behavior was rated as more severely problematic. This finding suggests that teachers expect African American children to exhibit behavioral difficulties.

In addition to the description of the child's behavior, some teachers were given information about the child's family situation. The narrative describing the context for the child's behavior indicated that their home life was turbulent and violent. Their father was mostly absent, and their mother struggled to make ends meet, working multiple jobs.

Additionally, and equally concerning, all teachers were more hopeless when, in addition to hearing a description of the child's behavior, they learned about the family background.

Are you surprised by these findings? (Pause.) What do you think they suggests? (Pause.) One possibility is that information, does not, in and of itself, encourage empathy. Consultants seek to enhance providers' curiosity about and understanding of the meaning of children's behavior, especially behavior they see as worrisome or problematic. We know that children's circumstances influence how they feel and act. Encouraging an appreciation of this connection and building empathic capacity are cornerstones of IECMHC practice. This study suggests that offering information about a child's situation is not enough to inspire empathy. We have to ask ourselves then, what does encourage empathy?

Another finding in the study may offer an answer. When the teacher's race and the perceived race of the child matched, both African American and white teachers rated the child's behavior as less problematic than if their races did not match. The teacher expressed feeling more hopeful about the child and their ability to support their needs. They said they would respond to the behavior with more leniency—all signs of empathy. This empathy effect is consistent with other literature. It suggests that people are more inclined to help those who they perceive are like them.

How does the empathy effect inform the work of consultants? How can consultants encourage understanding and empathy and promote an appreciation of diversity and difference? How do consultants become ambassadors for equity, cultural responsiveness, and anti-bias educational approaches? Hold these questions in mind as we examine competency three's categories and skills more closely.

Racial equity and cultural sensitivity are themes integrated throughout the other modules and competencies. However, for this specific module and competency, The Center of Excellence for IECMH suggest that promoting equity and cultural sensitivity depends on cultivating three essential qualities, as reflected in the following categories of competencies: 1) self-awareness; 2) awareness of race and racism, cultural variation, and normative differences in family structure; and 3) cultural responsiveness in practices, policies and procedures.

Alertness to one's own as well as others' beliefs and biases depends on cultivating reflective capacity. Consultants strive to support or enhance their own and the consultee's ability to reflect on and see multiple perspectives. It is essential that consultees do this crucial work themselves before they can support consultees to integrate a similar cultural and awareness of the importance of racial equity into their work.

Self-awareness is a first step toward, and a continual process aimed at, providing attuned, high-quality services for infants and young children and those who care for them. The Diversity-Informed Tenets for Work with Infants, Children and Families are a set of strategies for strengthening consultants' commitment to and capacity for embedding diversity, inclusion, and equity principles into their work. The first principle of the tenets is self-awareness.

Consultants foster self-awareness around equity and diversity by regularly and rigorously examining their multiple identities, attitudes, beliefs, and biases. They strive to acknowledge the identities and instances where they hold power and privilege as well as those where they have been oppressed or have oppressed others.

Self-awareness in the context of culture and race include, growing the ability and capacity to address racial and cultural biases and deficit-based perspectives. This entails striving to become alert to discomforts and emotional responses when cultural, race, and diversity issues arise, and then mindfully learning to lean in to hold space for consultees' discomfort and emotional responses.

Self-awareness also requires recognizing personal limitations in knowledge of particular cultures and seeking to gain an authentic understanding of these cultures.

Take some time to step back and ask yourself the following questions: Who am I? What brought me to the work I do? What beliefs do I hold that benefit me in my work as an IECMH consultant? What biases do I have that may blind me to, or keep me from, being open to the experiences of consultees? Where do I hold privilege and power? Where have I been oppressed? When and how have I oppressed others?

Please take a few moments to jot down your answers to these questions .

Ideally, consultants engage in these types of reflective activities frequently within programs and in communities of trusted colleagues where they can explicitly, mindfully, and bravely talk about race and equity. These trusted spaces might include reflective supervision; facilitated conversations with colleagues; all-staff trainings; and conversations with program leaders. The Cent of Excellence for IECMHC has resources to support ECMHC organizations and settings in supporting these skills needed for growth.

Now that you've respond to these questions, reflect on which ones were hard to answer and why? Which were easier and why? Does reflecting on your responses reveal any attitudes, feelings, or experiences you had not acknowledged or examined before?

Please take a little more time to reflect .

Can you commit to reviewing your responses another time this week, perhaps before entering your next consultation setting? How, if at all, does this practice of self-reflection influence your way of being in your work?

You might consider continuing this activity and conversation with your reflective supervisor.

Many people are unaware of their own biases, but there are ways to become aware of them. First take a few minutes to watch the short PBS Point of View video, Check Our Bias to Wreck Our Bias (3 minutes: <https://www.youtube.com/watch?v=b8ZFDqzAmEE>). After watching the video, commit to taking stock of your patterns of relating.

Over the course of the next week, take note of the following: Who do you reach out to when you need help sorting through a sticky situation? Whose opinion or advice matters? Which ECE settings do you look forward to visiting? Which teachers/providers/directors do you try to avoid? Do these patterns and preferences reveal any biases? Can you imagine relating differently to those people or settings? What would it take for you to do so?

The consultant's awareness of their own identities, beliefs, and biases supports their ability to help consultees examine their attitudes and ideas about their coworkers, supervisor, and, most important, the infants and young children and families they serve.

To develop this awareness, the competency on equity and cultural sensitivity lays out several components and skills that are essential for consultants to address for themselves first.

Once a consultant has established a solid of understanding of these equity and cultural sensitivity concepts, the consultant will find themselves starting to apply them in their day-to-day work with consultees.

Here is an example of strategies many consultants start to integrate into their work once they have developed more capacity to understand and apply anti-racist concepts to their work:

An initial step in enhancing consultee's awareness of their own biases is by supporting the consultee's reflective capacity by thinking together about an infant or young child, family, or situation from the family's perspective. This is done through carefully timed, nonjudgmental inquiry. By listening, remaining curious, and reflecting with a consultee, the consultant not only enhances their own understanding but also enhances the consultees understanding. From there, the consultant and the consultee can explore possibilities for co-creating hypotheses about the meaning of a child's challenging behavior or a perplexing classroom situation that are based on observable realities rather than unexamined biases.

Through curious, non-judgmental inquiry, the consultant not only develops a clearer sense of an infant or young child or situation but more importantly fosters the consultee's interest in and capacity to reflectively consider multiple perspectives, from a culturally sensitive stance.

There is emerging evidence that IECMHC is a promising disrupter of racial disparities in common outcomes measures in evaluations. When asked about what contributes to shifts in teachers' perceptions of children of color—especially how they see African American boys- consultants themselves point to "their way of being" and the relationship they create with consultees. The Consultative Stance is credited with creating change in provider perception.

Premised on parallel process, consultants adopt a stance of compassion, curiosity, patience, and hopefulness. In their book, *Mental Health Consultation in Child Care: Transforming Relationships Among Directors, Staff, and Families*, Kadija Johnston and Charles Brinamen coin the term "consultative stance" to describe 10 essential components of comportment. These elements, listed on this side, comprise the core of effective practice.

The authors assert that effective mental health consultation rests on the power, or conversely the futility, of the consultative relationship and resides in the consultant's "way of being"—the consultative stance. Evidence of IECMHC's efficacy and particularly its ability to address bias and enhance cultural sensitivity is growing. Studies support the notion that the relationships between consultants and consultees that reflect the qualities of the consultative stance are key to the effectiveness of the consultation.

There is theoretical and empirical evidence that the consultant-consultee relationship is an important mechanism of change in infant and early childhood mental health consultation. Studies demonstrate the importance of the consultant-consultee relationship as the central contributor to positive change in ECE settings, climate, and infant or young child outcomes.

Focusing on the characteristics of mental health consultation that correlate with effectiveness, Green, Everheart, Gordon and Gettman in 2006 found that the quality of the mental health consultant–staff relationship was the single most salient predictor of perceived efficacy of consultation services. Increased frequency of the consultant's involvement bolstered the staff's positive perception of the relationship. Subsequent studies (Duran et al., 2009; Roeser, 2009; Virmani, 2009; Virmani & Ontai, 2010) confirm a link between the strength of the consultant-staff relationship and a range of positive program, caregiver and infant or young child outcomes.

This relationship reflects the extent to which the staff and the consultant perceive that they are partners in the work of consultation. The warmth and positive emotional tone of the interactions between consultant and consultee also matter. The bond is strengthened by the consultant's consistency in availability, ability to hear and hold multiply perspectives equally, and ability to communicate clearly and demonstrate respect for the unique culture of each ECE setting. The consultant's ability to engage in and explore difficult topics is also meaningful. (Green, Everhart, Gordon, & Gettman, 2006; Johnston & Brinamen, 2006; Sheridan, Rispoli, & Holmes, 2014.)

How might we think about other background factors that may be associated with the quality of the consultant-consultee relationship in the context of our conversations about race, culture, and equity transformational work?

The quality of the consultant-consultee relationship has a special role in reducing implicit bias. To gain understanding of how and for whom mental health consultation works and whether it is working for young boys of color, a recent study by Davis, Shivers and Perry looked at whether variables related to race and culture affected the consultative relationship, the outcomes of consultation, and/or the link between the two.

They found that the quality of the consultant-consultee relationship had a significant impact on outcomes when the focus of the consultation was a child of color. When the focus child was a child of

color, the strength of the consultant–consultee relationship had a bigger impact the teacher’s attachment to the child and their confidence in their ability to meet the child’s needs.

The power of the consultant-consultee relationship depended on the consultant’s level of confidence in their capacities related to culture, equity, and diversity. In other words, consultants who saw themselves as well versed in culturally responsive practices and skilled in addressing issues of equity were able to make more of a difference than those who did not see themselves this way. The ethnic or racial match between the provider and consultant also mattered.

Taken together, these results suggest that a consultant’s awareness of the importance of racial equity, along with shared consultant-consultee racial identities, exponentially enhances the effectiveness of IECMHC in addressing racial inequities and promoting equity.

Given our awareness that being skilled in issues related to culture, equity, and diversity matters, let’s practice addressing these issues as they arise in consultation. Consider the reflective questions posed on this slide as you listen to the following vignette. An IECMHC is being provided to an ECE setting that serves infants and toddlers. During a meeting with the director, the topic turns to talk of an African American toddler and his young mother. The consultant wonders aloud about what it might be like for this mother being a teen and one of the few families of color in the center. The director responds immediately and firmly, “We’re color blind here. We don’t see color.”

Please take a moment and write down your responses to these questions .

Consultants’ ability to effectively address inequities in settings and situations in which they consult is rooted in their willingness to first examine their own beliefs and biases rigorously and regularly.

Consultants’ self-awareness promotes their ability to encourage the reflective capacity of others skillfully and sensitively. From this place of mutual investigation, IECMH consultants help consultees accurately assess and empathically respond to the infants and young children in their charge. A more just society is built in increments of increased equity. Consultants can contribute to the building of better futures for all infants and young children when they commit to self-examination, curious questioning, and facing the discomfort that comes before real change can occur.

It is increasingly important for IECMH consultants to advocate for support in explicitly growing their own awareness, to integrate racial equity throughout their work, and to effectively address inequities. How can consultants develop their own advocacy within organizations and programs, with colleagues, and within professional communities?

This module provides a brief overview of the competency categories of second 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 the next two slides.

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.