

## 5. Child and Family-Focused Consultation

Welcome to module 5, Child- and Family-Focused Consultation, in the Center of Excellence for Infant and Early Childhood Mental Health Consultation's introductory series on the Infant and Early Childhood Mental Health competencies. This module provides an overview of the four competency categories and core skills associated with child- and family-focused consultation.

Child- and family-focused consultation centers around an infant's or young child's behavioral challenges or a caregiver's mental health. For example, in the context of early care and education, requests for infant, young child, and family consultation are typically generated by staff or other providers who are concerned about an infant's or young child's behavior. Other times, the concerns may center around the mental health needs of a caregiver and how those needs may be impacting the infant or young child they care for. The latter is often the case in home visiting programs.

Child- and family-focused consultation helps families and staff or other providers understand and respond to an infant's or young child's behavioral challenges or the caregiver's mental health issues. This requires partnering with families and staff or other providers and gathering information toward the goal of understanding the meaning of an infant's or young child's behavior or the caregiver's mental health and all the factors that may play a role in these matters. This information can be incorporated into an individualized plan that a consultant designs collaboratively with staff or other providers and the family to improve the infant's or young child's behavior or the caregiver's mental health.

The Child- and Family-Focused Consultation competency consists of the four categories listed on this slide. These categories focus on the importance of building relationships with staff or other providers and families in order to gain multiple perspectives as well as to promote collaboration on developing and implementing individualized plans to enhance the infant's, young child's or caregiver's well-being. The categories also focus on supporting programs' and families' efforts to access resources in their community. In this presentation, we review these four competency categories and a few of the core skills associated with them. To see the full list of competencies and skills please see the resources at the end of the module.

Let's consider the first Child- and Family-Focused Consultation category, "Values and Promotes the Power of Relationships and the Importance of Relationship-Building", a little more closely by reviewing one of its core skills.

As this competency area states, a core skill is the ability of the consultant to "honor family strengths, perspective and expertise." While requests for infant, young child, or family-focused consultation typically come from staff or other providers working with an infant or young child (for example, a teacher, home visitor, pediatrician, or caseworker), understanding the caregiver's perspective and honoring their knowledge about the infant or young child and family is essential to the consultative process. Caregiver consent for consultation is essential, and consultants should strive to go beyond simply obtaining permission to initiate the consultation and work for a true bi-directional partnership with the family. This partnership begins at the outset of a new case, when the consultant conveys during initial conversations with the caregiver that the consultant values the caregiver's perspective. These conversations involve exploring the caregiver's view of the consultative role, clarifying this role, and explaining why they are working on behalf of the infant or young child or family. Early conversations will also likely explore the caregiver's perspective of the staff or other providers' concerns, the caregiver's explanation of the infant's or young child's behaviors, and ideas about what might help address these behaviors. The caregiver's views about the program or other setting that is engaging the consultant (for example, the early childhood education program or home visiting program), their child's relationship with staff and other providers, and the caregiver's own relationship with staff and other providers are important to explore as well.

Consultants can show that they value the caregiver perspective without judging the accuracy of the caregiver's statements. The consultant is simply trying to understand the caregiver's experience as it pertains to the infant's or child's behavior. As the consultant's relationship with the caregiver deepens over time, the consultant will continue to invite the caregiver to participate in the consultative process and explore their perception of the infant's or young child's behavior and engage them in developing individualized plans.

A similar approach can be taken when trying to understand a caregiver's needs, as expressed by staff or other providers.

Consultants become skilled in helping teachers, home visitors, staff, or other providers value their relationships with families and recognize the primacy of the caregiver-child relationship. One of the key ways this can happen is through the consultant demonstrating the importance of understanding the caregiver's perspective. For example, when staff or other providers have an ongoing relationship with a consultant, they may try to explore infant, young child, or family specific issues with the consultant without first obtaining caregiver permission. While consultants can explore staff or other providers' concerns in general terms, one of the first ways that a consultant can demonstrate that they value their relationships with families is by insisting on caregiver consent before discussing specifics about the infant or young child with staff or other providers. This might require that the consultant help staff or other providers consider non-threatening ways to approach the caregiver to schedule a meeting with the staff or other providers and the consultant. Additionally, consultants can demonstrate that they value the caregiver's perspective by asking staff or other providers questions about the caregiver's view of the infant's or young child's behavior. They might ask "What does the caregiver make of your concerns?" or "Has the caregiver shared any ideas about what they think might be going on?"

Consultants can also work with staff or other providers to show value and respect for the family relationship by offering to meet around caregiver work schedules, help navigate transportation difficulties, and address other obstacles that the caregiver may face in attending a meeting. Staff or other providers may need support to see a situation from the caregiver's perspective. For example, while staff or other providers may see a caregiver as uninvolved or defensive, the consultant can help them explore alternative explanations for the caregiver's behavior. The consultant's role includes explicitly supporting the consultee in approaching these situations with a strengths-based view of the infant or young child and family, and avoiding a deficit-based perspective. It also includes supporting the consultee in understanding how implicit biases and deficit-grounded views of infants, young children, and families, which vary by race/ethnicity, disability, language, or immigration status, influence assumptions and behavior. Supporting staff or other providers to consider other perspectives helps increase staff or other provider reflective capacity and often helps shed light on factors contributing to the infant's or young child's concerning behavior.

The second Child- and Family-Focused Consultation category is "works collaboratively to understand a child's behavior." Let's take a moment to think about what skills this category encompasses.

As this competency area states, a core skill is the ability of the consultant to "collaborate with families and staff or other providers to develop a working hypothesis about the meaning of an infant's or young child's behavior, and the full array of factors" that could play a role in that behavior". This requires the consultant to support staff or other providers and caregivers to consider the many factors that can influence infant or young child behavior. These include factors related to social and emotional development; relational or family issues; experiences in care and learning settings; physical and/or medical issues; environmental factors; traumatic events; and issues related to race/ethnicity, primary language, culture, abilities, disposition, and life circumstances such as poverty. Developmental vulnerabilities may also play a role in the infant's or young child's behavior. The consultant may need to revise the hypothesis over time as new information emerges.

Information gathering is the first step in making meaning of an infant's or young child's behavior. This can take many forms. Chapter 7 of *Mental Health Consultation in Child Care* by Kadija Johnston and Charles Brinamen is an excellent resource for learning more about ways to gather information to create a more complete picture of an infant or young child.

One mode of information gathering is through direct observation of the infant, young child, or caregiver in their environment. For example, for a consultation in a child care setting, the consultant would spend time in the classroom, observing how the infant or young child relates to adults and other infants or young children and how those individuals relate to the infant or young child being observed, their communication skills, their fine and gross motor capacities, any sensory issues that may be apparent, their mood, and other relevant issues. The consultant will also be looking at the broader classroom, such as the physical environment, elements of developmentally appropriate practice, and more.

In addition to direct observation, the consultant will gather information from staff or other providers about their observations related to the infant's or young child's behavior that sparked their concern, their perspective on the infant or young child, and what they understand about the infant's or young child's background and home life. Together, the consultant and staff or other providers can explore the potential role of the staff or other providers, peers, or learning environment on the infant's or young child's behavior. Similarly, as the consultant develops a trusting relationship with the caregiver, the consultant and caregiver will be able to together explore information about the infant's or young child's health and development. The consultant will seek information about family situations and caregiving relationships that may impact the infant or young child—for example, whether there are any stressors the family has been experiencing or any relationships that have been disrupted. The consultant and caregiver might discuss the infant's or young child's temperament and the caregiver's experience with the infant or young child.

Finally, the consultant may gather information from other professionals involved, with appropriate consent. For example, the consultant may learn that the infant or young child has a speech therapist and may seek to understand the reason the speech therapist became involved, the nature of the services being provided, and how the speech problem could be related to the infant's or young child's behavior.

Consultants gather information, driven by the idea that all behavior has meaning and that more information may help illuminate the meaning. Often, the consultant's initial hypothesis about the meaning of an infant's or young child's behavior changes as new information comes to light. It's important that the consultant stay open-minded throughout the process. Let's use a vignette to explore that concept.

Alex is two-and-a-half-year-old boy who has attended child care for about a year. His teacher notices he has begun to cry more when he is dropped off and is becoming more and more difficult to soothe. He has started hitting other children when he's upset, and he's having more frequent meltdowns that seem to last longer than they did before. The teacher has a difficult time catching mom to discuss these concerns—it seems mom is always in a rush to get to work and always picks up Alex just before closing time, leaving little time for conversation. Alex's mom seems stressed and irritable and the teacher thinks she might be trying to avoid her. When the consultant asks if there have been any changes for Alex, the teacher notes that the classroom aide was recently re-assigned to another classroom. The only other thing she can think of is that Alex had a couple of ear infections recently.

Take a minute to jot down some of your thoughts about this case. Based on what you know so far, do you have any initial hypotheses forming about the meaning of Alex's behavior? What else might you want to ask about?

The teacher talks to the consultant for the program, who helps her think about other ways to reach out to mom to explore mom's willingness to meet with the consultant.

After getting consent from mom, the consultant's observations confirm the teacher's description. Alex is very distressed at drop-off! He continues to struggle on and off throughout the day. When mom and the consultant get to sit down for more conversation, the consultant learns that Alex's dad has been deployed overseas and mom is feeling completely overwhelmed by her additional responsibilities. Making matters worse, Alex's grandmother's health has deteriorated, and she is no longer able to pick up Alex from child care. Alex misses his grandma, and mom's long commute makes it hard to pick him up on time.

Does this new information cause you to change your original hypothesis about the possible meaning of Alex's behavior? The information about the sudden loss of both dad and grandma from their usual caregiving roles sheds more light on the reasons that Alex would be reluctant to separate from mom and on mom's rushed and "avoiding" behavior. Let's keep Alex's story in our minds, and we will come back to it later.

There are many potential explanations for an infant's or young child's behavior that consultants need to explore. Johnston and Brinamen provide an excellent framework for understanding causes of behavior in chapter 8 of their book "Mental Health Consultation in Child Care". Although written with childcare settings in mind, Johnston and Brinamen's framework for understanding infant and young child behavior can be applied in any setting. Before we review potential contributors to infant and young child behavior, please take a moment to jot down a few contributors you have seen impact an infant's or young child's behavior.

It is important for a consultant to keep all potential contributors to an infant's or young child's behavior in mind when working to understand their behavior. One contributor is a child's developmental stage. Whereas biting, for example, is common during toddlerhood, it can be a serious challenge in child care programs; thus, setting needs to be considered which coming up with an individualized plan for addressing the behavior. In addition, there are individual differences that can contribute to behavior, for example, temperament, sensory needs, and what soothes and comforts an infant or young child can all impact when or if the behavior, such as biting, is expressed. It can be hard for caregivers and teachers to understand the very different needs of different infants and young children in their care.

Many aspects of a childcare environment, for example, the schedules and routines of the day, the handling of transitions between activities, the availability of age-appropriate materials, the nature of relationships, and so much more can contribute to concerning infant or young child behavior. And the home environment can similarly influence infant or young child behavior. Issues can range from family schedules that make it difficult for infants or young children to get enough sleep to the devastating loss of a caregiver or the arrival of a new sibling.

Culture is another important factor to keep in mind when working to understand an infant's or young child's behavior. The behavior of caregivers, infants, or young children is seen through the cultural lens of the person observing that behavior. When the culture of caregivers and staff or other providers differ, the same infant or young child behavior can have very different meanings for the two parties, and the infant or young child may be caught between different sets of culturally defined behavioral expectations.

Another factor influencing infant or young child behavior is unmet social-emotional needs. Infants and young children need consistent, responsive, and nurturing care to foster a sense of trust and security with the adults around them and to begin to view the world as a safe place. This sense of safety is essential to exploration and learning. When those basic needs are not met, infants' and young children's behavior may be an expression of that unmet need.

With so many potential contributing factors, consultants must balance their desire to quickly provide some ideas to help, which is important, with patiently persevering to gather enough information to paint a complete picture of the infant or young child, which takes time.

The third infant or young child and family focused competency category is “supports and facilitates plan development and implementation”. The next slides briefly cover some of the core skills under this competency

As this competency area states, a key consultant skill is the ability to collaborate with staff or other providers and families to develop an individualized plan that addresses infant or young child, family, and staff or other provider needs. The plan should be collaborative, developed in a culturally sensitive manner, and involve solutions that are developmentally appropriate and reflect best practice.

As the consultant synthesizes the information gathered about an infant or young child and works with the family and staff or other providers toward developing a shared hypothesis about the meaning of the infant or young child’s behavior, the work of the consultant begins to shift from thinking about what’s causing the behavior to thinking about ways to respond to the infant or young child’s behavior given this new understanding.

What does it look like to develop an individualized plan? Interventions come in many forms and plans develop over time in different ways. An intervention may be as small as an adjustment to the daily schedule or a teacher using song to support an infant or young child through a transition. Other interventions may feel bigger and harder to implement.

Individualized plans may be developed in planning meetings with key partners, like staff or other providers, teachers, and caregivers. Or meetings may be less formal, and the plan may develop bit by bit over time throughout consultation. The plan may be a written document that summarizes the ideas that the staff and providers and in many cases, caregivers has agreed seem feasible to try or it may simply be an agreement between a consultant and caregiver or providers to try a little something different that week.

An important part of infant or young child and family-focused consultation is supporting staff or other providers through the process of trying something new and soliciting feedback about how it is working. From this process the consultant may learn that the staff or other provider needs some targeted support to implement a strategy. Or, in discussing how things went, the consultant and staff or other provider might determine that the strategy is just not feasible or for some other reason is not the right strategy and a little course correction is needed.

It may be that the consultant and provider determine that additional supports are needed to address the infant’s or young child’s behavioral issues. In this case the consultant can play another important role in helping the family identify resources and services outside of consultation that would benefit the infant or young child and family. We will talk more about this in the next section.

The fourth and final Child- and Family-Focused Consultation category is “Supports referrals and service provision.”

As mentioned earlier it is common for consultants to identify resources and services outside of consultation that would benefit the infant or young child and family. Thus, it is important that a consultant is aware of the resources available in their community to support infants and young children and families. For the consultant to help facilitate access to those services, the consultant needs to consider potential barriers such as language, culture, finances, and transportation.

Remember Alex, who was struggling to separate from mom and whose behavior was deteriorating? Let's see what happened.

Once Alex’s mom, the consultant, and Alex’s teacher gained a better understanding of what could be contributing to Alex’s distress, the consultant helped Alex’s mom and teacher think about ways to support Alex with a comforting

routine for drop-off time. They planned what Alex's mom would do and say, how the teacher would offer comfort, and how she would remind Alex that mom would be coming back. Both Alex's mom and teacher agreed to give him words for his big feelings. They also agreed on some ways to use family pictures and children's books to help Alex feel connected to mom, dad, and grandma. The consultant checked to ensure her ideas felt doable to both mom and teacher and they agreed that it seemed feasible to integrate the ideas into their routine. They decided to give it a try. The consultant was available to support them as they practiced the new routine. The consultant noticed that Alex's teacher was more patient with Alex and made extra efforts to offer encouragement to mom. Over time, the consultant and Alex's mom also brainstormed ways that she could draw on family members and friends to ease her stress while Alex's dad was deployed. Slowly Alex seemed to begin to feel more relaxed and secure, and his behavior reflected the support he was feeling.

This module provides a brief overview of the competency categories of fifth 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.