

6. Classroom and Home Focused Consultation

Welcome to module 6, Classroom and Home Focused Consultation, in the Center of Excellence for Infant and Early Childhood Mental Health introductory series on IECMH competencies. This module focuses on aspects of classroom and home-focused consultation competency areas and the associated core skills.

Consultation can focus on infant- or child-serving settings as a whole; on the home or classroom environment; or on an individual infant, young child, or family. This module discusses competency areas related to providing classroom and home-focused consultation where the consultant collaborates with caregivers, home visitors and early childhood education (ECE) staff. The consultant promotes equitable, warm, and trusting relationships; steady routines; and development-enhancing interactions that positively impact classroom and home climates. The consultant also understands and values the roles that culture and language play in supporting infants' and young children's social and emotional development, and incorporates a family's culture and language to build continuity in infants' and young children's learning experiences between classroom and home.

While this module focuses mostly on classroom and home-based consultation, the principles discussed apply equally to other settings, where infants and young children spend time, and where consultants can play a role in ensuring that the environments are set up to promote social and emotional growth and nurturing. It is important to note, that consultants are often attending to different areas of consultation at one time. For example, a consultant may be supporting a teacher with her classroom structure and routines, while also observing a child who has been referred for a child-centered consultation. Just as ECE staff, home visitors, and families are often meeting multiple demands, the consultants who support them are too!

The classroom and home-focused consultation competency consists of four overarching areas.

1. Promotes secure and supportive relationships between infants, young children, and adults that respect the cultures, languages, and abilities of each family.
2. Supports families and staff, in understanding the nature of development, and possibilities for developmental support.
3. Supports families and staff in providing or encouraging, consistent routines, and developmentally appropriate and culturally responsive interactions and practices.
4. Fosters a deepened understanding of mental health issues and related interventions.

To get started, let's consider Mirella. Mirella is 9 months old, and she recently started childcare for the first time at Noah's Playhouse. Mr. Joseph, a consultant, started working with Noah's Playhouse a short time ago. He walked into the infant room one morning, and noticed Mirella strapped in a bouncy seat next to her peers. Mirella was quite distressed. She was crying, fussing, and squirming, trying to get out of her seat. Mr. Joseph sat beside her and began talking to her in a soothing voice while asking the teachers about her. Ms. Abbie, the lead teacher, told Mr. Joseph, "Oh, she's new; she's just getting used to us."

Take a moment and consider this scenario. Are there questions or observations you would like to ask or make? Based on the information you have, what do you think Mr. Joseph should do next? Please take a few moments while you jot down your thoughts.

Introducing an infant or young child into a new classroom or home childcare setting occurs regularly. Being new to a center, classroom, or home setting can be an unsettling experience for an infant or young child, their caregiver, and even ECE staff. A consultant, who understands the importance of healthy infant and early childhood relationships and

how to support the development of such relationships, can support these types of transitions and help ECE staff understand the importance of their role in easing transitions. We will come back to Mirella in a bit.

Let's consider the first competency area, "promotes secure and supportive relationships between infant, young children, and adults that respect the cultures, languages, and abilities of each family," a little more closely.

Supporting ECE staff in understanding the importance of their relationships, with the infants or young children in their care, whether in a center, classroom, or home setting, is a key component of consultation. In Western society, ECE staff often do not receive the respect they deserve, which may lead them to underestimate the importance of their role in the healthy development of infants and young children. A consultant helps families and ECE staff deepen their understanding of how the quality of adult-infant/child relationship impacts the way that infants and young children adapt to being in different settings, learn expectations, and understand how to interact and get along with others.

Let's get back to Mirella. Ms. Abbie agreed that it would be a good idea for Mr. Joseph to hold Mirella a bit to help her settle, while Ms. Abbie and her co-teacher were changing diapers. Soon after Mirella settled down, Ms. Abbie began to initiate a circle time routine for her young class. She moved the bouncy seats into a semi-circle and placed each infant in one. She gently took Mirella from Mr. Joseph, and put her into an infant seat stating, "she really seems to like music and books, I think this will help her get into routine." Ms. Abbie then read a book about ladybugs to the group and animatedly sang "Wheels on the Bus." Many of the children in the group fussed or appeared bored during these activities.

Specifically, what are your thoughts on the developmental appropriateness of Ms. Abbie's infant circle time routine? Should infants participate in a circle time routine? Why or why not? How might Ms. Abbie's classroom routine impact her relationship-building with the infants and young children in her care?

Should Mr. Joseph intervene? If so, how might he intervene without negatively impacting his new relationship with Ms. Abbie?

Please take a few moments and jot down some of your thoughts.

Let us consider the third competency area, supports families and staff in providing, or encouraging, consistent routines, and developmentally appropriate and culturally responsive interactions and practices. Let's explore this more closely as we return to our example with Mirella, Mr. Joseph and Ms. Abbie.

Mr. Joseph's role is to continue to develop his relationship with Ms. Abbie, use that relationship as a conduit to open discussions about the role of routine in her classroom, and to begin to understand Ms. Abbie's thoughts on developmentally appropriate, and culturally responsive expectations and routines. Throughout these conversations, he can begin to wonder with Ms. Abbie about what might happen, if she began reading a book or singing a song in an infant's home language, while the infants were moving freely on the floor, among a selection of developmentally appropriate items. Which infants does she think may enjoy climbing into her lap to see the book, and which infant may enjoy singing or listening, while they crawl around the rug exploring? How it would feel for her not to have the infants in their bouncy seats when she is reading or singing to them? What might she know, or learn from families about particular home practices and routines, that could be incorporated in the classroom to support individual infants, or groups of infants, in culturally meaningful ways?

By allowing Ms. Abbie to explore her feelings about possible changes in her classroom, and weighing the good parts and the challenges, Mr. Joseph is fully including Ms. Abbie in exploring how she wishes to change her classroom, to best support the infants in her care. She can also try different ideas, with Mr. Joseph present, to see what happens.

Over the course of many visits, Ms. Abbie begins to feel comfortable re-examining her routines, learning from families about home routines and practices, and testing out different options designed to be developmentally appropriate and

culturally responsive. She shares with Mr. Joseph, that while she wasn't so sure about these ideas of his, she is actually feeling more comfortable in her own classroom, and has noticed that the infants are crying less, which gives her more time to do the things she wants to do with them, like reading and singing.

Consultants promote the importance of relationships, by creating and maintaining supportive relationships with ECE staff and families. Consultants foster these relationships by respecting the culture, language, and abilities of ECE staff and families; following through with requests and meetings; arriving when expected; following ECE staff's lead when possible; and being open to discussing difficult topics; among many other things. As ECE staff feel more and more comfortable with the consultant, they become open to discussing and thinking about their relationships with the infants and young children in their care. Experiencing a positive relationship with the consultant, allows staff and families to feel supported, and to recognize the importance of supportive and trusting relationships.

The consultative stance, or way of being, is a key component in how consultants forge partnerships with each consultee; this is discussed in more depth in module 1. Consultants should infuse the importance of relationships, and developmentally appropriate and culturally responsive routines, into professional development topics or trainings, in order to elaborate further on these concepts. Consultants can also use practice activities with caregivers or ECE staff, to help them actively explore and examine thoughts and feelings, related to infants and young children or co-workers, and how these shape relationships and routines.

For example, the Hot Button exercise, from The Center on the Social Emotional Foundation for Early Learning, can support ECE staff in thinking about their relationships with infants and young children, and how at times, infants or young children most in need of supportive relationships may be less likely to receive that support. This type of reframing activity can be a powerful agent of change, when completed with a consultant with whom the consultee has a supportive relationship. The consultant can help the consultee understand, and examine, the impact of their values, beliefs, backgrounds, privilege, biases, assumptions, and experiences on their interpretation of infants' or young children's interactions and behaviors, especially infants or young children from historically marginalized communities; think through their responses to the exercise; and make plans for acting differently in future interactions. Let's look at the Hot Button exercise.

The best way to understand this exercise is to work through an example or two. The link for this form is above the Module 6 video, please print it out to use in this exercise. In the first row of circles, write down behaviors that infants or young children may do that "push your buttons" or get on your nerves. Everyone has them, and it is important to recognize what they are, so that in the moment you are better prepared to respond appropriately.

In the next row, write down the feelings that arise when you are faced with these behaviors. Remember to use feeling words here, even if it is hard. For example, I feel angry, frustrated, sad.

In the third row, think about how your feelings may then impact your relationship with infants or young children who demonstrate these hot button behaviors.

So one completed column may read like this: Whining pushes my buttons. When a child whines I find myself feeling angry. When I am feeling angry, I tend to avoid the child who is whining. Take a moment to complete your hot button activity sheet.

Examine each of your examples, and think about how ECE staff and/or families you work with might be able to use this activity. Often ECE staff will have an "aha" moment when working through this exercise, and they will begin discussing, how they would like to develop a closer relationship with some of the infants and young children in their classroom, who can be a bit difficult for them. The consultant's role is to support and lead the consultee through this process, and to support the consultee in not feeling bad about themselves for having pulled away from an infant or young child, but to instead consider how they can respond differently in the future.

The reframing activity, which is the next step, can help move the conversation forward. The link for this form is above the Module 6 video. Please print it out so you can follow along.

In this activity, the consultee writes a sentence that captures an infant's or young child's behavior that they see as difficult, and then thinks about a reason the infant or young child may be demonstrating this behavior. This can be particularly powerful, if the consultee can follow through with one of the infants or young children they were thinking about during the Hot Button exercise. For example, "she's whining all day long, from the time her mother drops her off until her grandmother picks her up." This situation could be reframed as "she probably is still adjusting to her mother having a new baby and the fact that her father was recently deployed."

By taking some time to work through these types of activities with ECE staff, consultants can expand staff understanding of the importance of relationships; reflect on ways that their own values, beliefs, backgrounds, privilege, biases, assumptions, and experiences may impact their interpretation of infants' or young children's interactions and behaviors; and provide support in improving those relationships.

Let's consider the fourth competency area, "fosters a deepened understanding of mental health issues and related interventions," a little more closely.

The consultant provides support to ECE staff, in selecting and implementing appropriate means to assess their classroom or home setting's support, of healthy social emotional development. The consultant also helps to identify, and eliminate, potential disparities by race, language, gender, ability, and/or socioeconomic status. This includes, not only adjusting the environment to support healthy social emotional development but, in many settings, incorporating a means to assess infants' or young children's social emotional development, for example by implementing a social emotional assessment such as the Age and Stages Questionnaire: Social Emotional.

In addition, the consultant helps ECE staff integrate ideas and activities that infuse mental health principles into a classroom or home setting. A few examples of this include: helping caregivers or ECE staff create a calm down space or calm down caddy for children to use when dysregulated; adding social-emotional-focused children's books to their classroom or home library; or, incorporating strategies to support healthy sleep.

Let consider an example. Pat is providing consultation to a home visiting program in her community. She meets with small groups of home visitors regularly to discuss the families they are serving, and any concerns or questions the home visitors have about infant, young child, or caregivers' mental health. Pat has helped the home visitors infuse social emotional activities and information into their curricula, and has even gone on a few home visits with them to meet families where the home visitor has some concerns. Over the course of several months, Pat has noticed that when mothers talk about being stressed, overwhelmed and sad, the home visitors often attribute this to "baby blues." When Pat asks the home visitors to tell her more about these cases, they seem to believe that many women experience bouts of sadness after an infant is born; the home visitors attribute this to hormones, and state that it typically "goes away" over time.

This concerns Pat, as she is aware of the negative impact that postpartum depression can have on a family and on an infant's or young child's development. After discussing her concerns with her own reflective supervisor, Pat decides to develop some psycho-educational materials for home visitors, and to offer a training on postpartum depression, its impact on infant and early childhood development, and ways it can be treated. Following this training, home visiting program leadership decides to require that all primary caregivers that their program serves, be administered a depression screening periodically, and that any cases with elevated scores are to automatically be referred to Pat for consultation.

While there are many areas of focus for IECMHC, classroom and home-focused consultation is often a key component of consultation activities. It is through this type of consultation that consultants can encourage relationship building, create

developmentally appropriate and culturally responsive routines, and foster an understanding of mental health, as well as many other key components of supporting infants' or young children's optimal development. Infant and early childhood mental health consultants have the opportunity, through classroom and home-focused consultation, to impact how ECE staff view themselves and their relationships with infants and young children, which in turn can change the developmental trajectory of all the infants and young children in their care.

This module provides a brief overview of the competency areas and core skills required for the sixth infant and early childhood mental health consultant competency. There are numerous resources available to support a consultant's development in this competency. Some are listed here 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.