

8. Systems-Wide Orientation

Welcome to module 8, Systems-Wide Orientation, 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 having a systems-wide orientation.

Consultants work both within and across systems and settings serving infants, young children, and families, such as early care and education programs, home visiting programs, child welfare agencies, primary care clinics, hospitals, and homeless shelters, with the goal of integrating mental health supports these settings. It is important to remember that a setting such as a childcare center or home visiting program is a system that consists of multiple components, such as administration, front line staff and clients. The different components impact each other and it is the consultants' role to help each component keep the others in mind. This is what we mean when we talk about working within systems. The consultant also needs to consider the different systems, such as education, early intervention, or mental health that impact service settings. This is what it means to talk about working across systems. The consultant needs to understand what systems impact the settings they consult to and understand the histories among these systems. An important role of the consultant is to promote mental health and well-being both within systems and settings, as well as across them and to build relationships to help connect service provision across systems that serve infants and young children and families

Systems-Wide Orientation consist of 4 competency areas:

- Evaluates the complexity of working within multiple systems;
- Bridges services to promote cohesion for young children and families;
- Promotes mental health and social and emotional wellbeing; and Understands inequities across systems and
- how to dismantle them through policy.

To see the full list of competencies and skills, you can follow the link provided at the end of this presentation.

Let's consider some of the skills required to evaluate the complexity of working within multiple systems and some of the core skills associated with this first area of this competency.

It is important for the consultant to develop and maintain an awareness of the multiple systems impacting the setting in which they work, recognizing that a change to one system will invariably impact the other interconnected systems. Often a consultant is invited into a program because the consultee or program is experiencing a challenge. This may initially present as an infant's or young child's difficult behavior, a resistant caregiver, staff performance, a director's rigidity, or overall stress in the work environment. As the consultant engages with the consultee to address the identified area of concern, it is not uncommon for vulnerabilities in other areas or systems to come into focus. The consultant guides the change process. Oftentimes the consultant's role involves bridging services, connecting providers from different systems and facilitating dialogue between providers, and sometimes translating perspective across systems.

Let's consider an example of how different parts of a system impact each other in an early childhood education program, so a within-system orientation. At Sunshine Learning Center, the consultant, David, was asked to help with Sonya, a 3-year-old girl who had been exhibiting angry outbursts and what her teacher Ms. Susan described as defiant behavior. David spends time observing Ms. Susan's class and notices that Ms. Susan has developmentally inappropriate expectations of the children (e.g., sitting quietly for long periods of time in circle time or waiting too long to transition to another activity, lining up quickly and quietly). David, an experienced consultant, carefully considers the multiple systemic areas within Sunshine Learning Center. David notices that the director has unrealistic expectations of her

teachers (for example, it is difficult for teachers to get bathroom breaks or support when they need an additional hand in the classroom, teachers are not allowed to communicate directly with caregivers around child classroom behavior, and outside time is limited).

As David continues to observe and learn, he notes the relationships within the center among staff and converses with teachers and center leadership about topics beyond the classroom, such as center expectations, guidelines, and policies. David realizes that the director's interpretation of new regulations set by the state's quality improvement program, has led the director to implement policies that do not feel supportive or even realistic to many of the teachers. This rigidity has negatively impacted Ms. Susan's classroom management and interaction style. Ms. Susan is feeling overwhelmed and unheard, and this is likely contributing to her frustration with Sonya's behavior and her unrealistic expectations of the children in her classroom. Thus, David recognizes that he needs to work not only with Ms. Susan and Sonya, but also with the director, as sustainable center-wide change will require transformation across multiple areas of the center.

It is critical that the consultant enter any system or setting striving to discover and understand the historical, current and cultural context of that system or setting, especially in regards to how those contextual factors impact the values, perspectives, and behaviors of the individuals within and being served by that system or setting. The consultant needs to be open to the possibility that behaviors or practices that may appear to negatively impact a system may also serve to protect. Through thoughtful dialogue and nonjudgmental inquiry, the consultant is in a better position to understand if change is needed and if so, how to support change and maintain the system or setting's values and culture. Let us explore an example of a system involving culture and multiple perspectives.

Vaughn was consulting to a small childcare center run by a community church called Little Blessings. On her first day, Vaughn entered the one-year old classroom to find all the children wearing only diapers and happily playing. This situation perplexed Vaughn and raised several concerns for her around safety, respect, and possible licensing issues. Rather than addressing the concerns immediately, Vaughn slowed down and recognized that she needed to develop an understanding of why the children were playing while wearing only diapers. As she spent time with the teachers and director throughout the day, she came to realize that caregivers brought their young children to school in very nice clothes and were upset when the clothes became dirty. Thus, to allow the children to participate in developmentally appropriate play and exploration, the one-year old teachers opted to remove the children's clothes upon arrival in the morning. The director suspected that caregivers dressed their children so nicely when they came to school because the center was run by a church, and many church members staffed the center. Thus, because caregivers associated the center with church, they dressed their children for childcare as they would for church. Vaughn then brought this issue to her reflective supervision to think more carefully about her values and beliefs, those of the staff, and those of the caregivers so that she could ensure that her response respected everyone, including the children.

The consultant strives to infuse infant mental health principles and supports both within settings and across the systems that serve young infants or young children and their families. In the previous examples, both David and Vaughn worked within a childcare center setting to support sustained positive change. The competent consultant also considers the systems outside the setting in which they are consulting. These may be systems within which the program is embedded, for example a child care center may be part of a school system or religious community. Or a system may be impacted by external guidelines, for example a early intervention program may be impacted by guidelines recommended by a pediatrician or a medical association.

The consultant works to gain an understanding of the culture, values, and beliefs the members of a system hold, to develop positive relationships, and to support the integration of infant mental health principles into these systems and settings. The consultant then helps ensure that infant mental health principles are incorporated in a way that is both practical and relevant to the real world of the consultee, consultee setting and the larger system. Ultimately this will positively impact the infants, young children and families being served.

Please take a moment to list some of the systems that the programs or settings to which you consultant are embedded in or impacted by, for example: a religious community, education systems, quality improvement programs, or licensing agencies.

Let's consider an example of a consultant working across systems. Maria had just started providing consultation to a home visiting program. This program serves families during the first 3 years of their child's life. One of the program's many goals is to support caregivers in reaching their personal goals, especially around health and employment. As Maria works with this program, she begins to hear from home visitors that they are having problems scheduling home visits with some of their families. Upon further exploration, she discovers that one common factor among many of these families, is that the mother has returned to work and therefore is not available during traditional home visiting hours. Other home visiting programs to which Maria had consulted in the past, also experienced this barrier and allowed home visitors to flex their hours so that they were not required to work within traditional office hours. As Maria discussed her observations of home visitor stress with the program director, and shared her hypothesis about one of the contributing factors, she learned that the community mental health center within which the home visiting program was located did not allow flex time. Maria and the director discussed how the director could help the leadership of the community mental health center understand how this policy was negatively impacting her program and the infants, young children, and families they served, and in fact was effectively punishing program participants for achieving their goal of becoming employed.

As the consultant works within and across various systems, the consultant begins to weave in principals of infant mental health. In addition, the consultant strives to build connections among providers to promote cohesiveness within and across systems that work with infants and young children and their families. Settings and staff that build on each other's strengths are better able to support the infants, young children, and families in their community.

In previous modules we stress the importance of developing positive supportive relationships within the settings in which a consultant works. In addition to developing relationships within the setting, the consultant must become familiar with, and ideally form relationships with, community providers that serve infants, young children, and families. Establishing relationships with these providers helps the consultant refer consultees to the appropriate services, as needed.

The consultant should reach out to these community providers to introduce themselves and explain their role within the consultation program. Through this process, the consultant also gains an understanding of the services that different early childhood providers in the community offer, how referrals are made to these providers, and develops ongoing relationships with the providers. These relationships can help build bridges between providers.

Let's consider Justin, who provides consultation to several pediatric offices in his community. While Justin was consulting with Dr. Yi, Lily, a first-time mother, came in for a well-baby check with her newborn. The baby was developing fine, but Lily appeared overwhelmed, unsure, and tired. Dr. Yi asked Justin if he would check in with Lily to see how things were going for her. After spending time with Lily, Justin discovered that she had recently relocated with her husband from another state and lacked a support community. He also administered a screening instrument that assessed for postpartum depression and found Lily's scores to be elevated. Because Justin had established relationships with other providers in the community, he was able to reach out to a home visiting program and connect Lily with a home visitor before she left Dr. Yi's office and also to connect her with a mental health provider who specialized in postpartum depression.

Take a moment and list the providers that serve infants and young children and families in the communities where you consult.

This slide lists some resources a consultant should know about. Are there areas in which you need more contacts? Do you know about culturally and linguistically responsive resources in the communities where you consult? Can you think of other resource areas in which it would be helpful to build connections?

Mark the resources on your list with which you have relationships.

Do you have all the information listed here for the resources you listed? When you've finished listening to this module, make an action plan to develop a resource list that includes the information listed on this slide. Consider reaching out to providers or programs where you don't have contacts and begin to make connections. Throughout the year, schedule brief blocks of time to call these providers to update any needed information and to connect. This will go a long way in not only establishing connections with local providers but also nurturing these important community relationships.

Depending on the infant and early childhood consultation program approach, the consultant may take a promotion, prevention, and/or intervention approach to mental health care. Promotion efforts enhance awareness and understanding of healthy social and emotional development among families, providers, and programs. Prevention looks to reduce risk factors that may lead to mental health problems by building resiliency in programs and individuals. Typically, consultation programs focus on promotion and/or prevention, but refer infants, young children, and families to mental health providers in the community if there is a need for more intensive and ongoing mental health treatment.

One of the ways that consultants promote mental health is through sharing resources about social emotional development and relational wellness concepts. Consultants can use existing resources, such as the Center of Excellence's website or some of the other resources listed on this slide. In some instances, a consultant may find it more helpful to create a resource specifically for a center or family. Consultants or consultation programs may also create culturally and linguistically responsive resources intended to reach a wide public audience. These may include brochures, fact sheets, checklists, brief videos, and tip cards, among others. They may be distributed electronically or in hard copy. Ideally these resources are offered in a variety of locations that infants, young children, and their families frequent, such as WIC offices, ECE centers, libraries, or pediatricians' offices.

The competent consultant strives to be a visible and well-known resource for mental wellness, social emotion development, and relational health within the communities where they consult. When consultants or consultation program leaders engage in community trainings, participate in early childhood initiatives, and sit on community collaborative groups or boards, it is a helpful reminder that infant and early childhood mental health consultation is available to the community, and it helps to nurture important community relationships. Involvement in these community activities can also lead to the consultation programs and consultants being asked to weigh in on initiatives that impact the mental health of the infants and young children and families in the communities where they consult.

Consultation is unique in that it intentionally creates capacity for change within consultees, as well as within programs or other settings. Systems, like people, are dynamic, and so building capacities within individuals and systems enables them to meet new challenges successfully, even after the consultation has ended. Consultants support the building of these capacities and establishment of effective and sustainable processes. They do this while infusing principals of infant mental health promotion and prevention to foster nurturing environments where healthy relationships grow so that infants and young children can succeed.

This module provides a brief overview of the competency areas and core skills required for the eighth infant and early childhood mental health consultation competency. 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.