

Consultant Self-Assessment: Full Version

This worksheet covers all 214 skills across the 8 IECMHC consultant competencies. It is a tool for self-reflection and professional development. It is not a credential or a certificate.

The short online version (32 skills, about 8 minutes) is at iecmhc.org/assessment.

How to rate each skill

Answer based on your key responsibilities as an infant and early childhood mental health consultant. The self-assessment is most valuable when you are completely candid.

- **1.** I have no capacity, need to learn
- **2.** I have limited capacity, need to learn more
- **3.** I have average capacity, but could learn more
- **4.** I have high capacity, could teach to others

Review the skills you rate 1 or 2 and look for resources that build them. Item codes (for example, s1q1) match the codes used in earlier versions of this tool.

COMPETENCY 1 OF 8

The Consultant Role

Reflect. These questions address how you, as an infant and early childhood mental health consultant:

- Understand and can convey how IECMHC is a mental health specialization and service that is distinct from other activities in which mental health professionals may engage.
- Demonstrate an ability to strengthen the capacity of staff working in programs and other settings serving infants, young children, and families to support the social, emotional, and relational health of infants, young children, and families in a range of settings. (In the context of this document, unless otherwise noted “relational health” describes the mutual emotional connections established by healthy interactions between or among infants or young children, early childhood providers, caregivers, family members, and program and other setting staff that contribute to infants’ or young children’s overall mental and physical well-being.)
- Partner with families and staff in working to prevent mental health problems from developing or worsening and/or in responding effectively to existing mental health concerns.
- Partner with staff and program or other setting and systems leaders to build more equitable systems by addressing implicit bias, increasing positive relationships between early childhood providers and infants and children with different abilities and from diverse racial/ethnic and language backgrounds, monitoring and using disaggregated data to reduce disparities, and developing and implementing new policies that support positive and equitable experiences for all young children.

Respond. Please answer all questions, based on your self-reflection.

In my role as an IECMH consultant, I am able to:

Employ the stages of the consultative process. Stages: 1) entering the new environment, 2) establishing mutual expectations for the work, 3) gathering information from and the perspectives of all involved, 4) facilitating the establishment of goals, 5) supporting and assessing progress, 6) righting the course of consultation when necessary, 7) transitioning, and 8) ending. s1q1

1	2	3	4
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Maintain the consultative stance. s1q2

1	2	3	4
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Comfortably serve as an observer, listener, facilitator, problem-solver, and/or educator as the situation warrants. s1q3	1	2	3	4
Understand implicit bias, its manifestations, and systemic racism and how they affect adult behavior and experiences of children and families from historically marginalized communities. s1q4	1	2	3	4
When working with early childhood (EC) providers[1] and families, I:				
Support and promote healthy, culturally responsive relationships between infants/young children and the adults who care for them. s1q5	1	2	3	4
Promote a shared and accurate understanding of child, family, and/or early childhood provider needs, and how needs may vary based on individual's experiences with racial/ethnic, language, or disability and the associated inequities. s1q6	1	2	3	4
Discuss confidentiality and the limits of confidentiality with consultees at the start of services, and, as circumstances indicate, revisit these topics.[2] s1q7	1	2	3	4
Suggest and/or support interventions that reflect the particular setting which may include programmatic and/or child- and family-specific activities. s1q8	1	2	3	4
Recognize when additional mental health and/or other services are warranted and make culturally competent, appropriate, and effective referrals across multiple systems. s1q9	1	2	3	4
Work comfortably in natural and diverse settings where children spend time, such as homes, pediatric offices, homeless shelters, and early care and education environments. s1q10	1	2	3	4
Offer consultation that reflects and respects the philosophy and model of the program or setting in which IECMHC takes place and the community, cultural, and historical contexts in which that program resides and/or functions. s1q11	1	2	3	4
In my relationship with other child and family service providers[3] and agencies, I:				
Understand the distinction between the role of the IECMH consultant and that of other child and family service providers who support the consultee and family capacities. s1q12	1	2	3	4
Use this knowledge to collaborate with other child and family service providers in order to recommend and support implementation of culturally responsive and developmentally appropriate interventions. s1q13	1	2	3	4
Establish and maintain partnerships with relevant child- and family-serving agencies within the community in order to collaborate on behalf of children and families. s1q14	1	2	3	4
As an infant and early childhood mental health professional, I:				
Understand how and why clinical supervision and reflective supervision, that focuses on interpersonal and systems issues including issues of equity and bias, and on child and family dynamics, are critical components that support the provision of consultation. (Competency 4, Reflective Practice, covers these skills in full.) s1q15	1	2	3	4
Participate in regular administrative supervision that includes discussion of job-related responsibilities, work quality, documentation, and disaggregated data analysis, etc. s1q16	1	2	3	4
Maintain accurate and timely records, provide professional documentation, and engage in substantive data collection in accordance with my program's or setting's requirements. s1q17	1	2	3	4

Carry out the mandate to report suspected child abuse and neglect, and support others in their responsibilities as mandated reporters. s1q18

1	2	3	4
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Seek continuing education experiences to enhance knowledge and skills, and stay apprised of new research, scholarship, and promising practices in IECMHC. s1q19

1	2	3	4
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Adhere to the ethics and standards of professional conduct for my discipline (e.g., the National Association of Social Workers' Code of Ethics), and, if licensed, adhere to the requirements for maintenance of licensure. s1q20

1	2	3	4
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To explicitly and intentionally, promote equity, I:

Increase positive relationships between providers and children with different abilities and from different racial/ethnic and language backgrounds. s1q22

1	2	3	4
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Identify and address disparity. s1q23

1	2	3	4
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[1] Early childhood (EC) provider is used to refer to the individual receiving consultation, this may be an early childhood educator, home visitor, pediatrician, child welfare worker, etc.

[2] Consultee is used to refer to the program, provider, or caregiver receiving the consultation services.

[3] Child and family service providers refer to professionals, other than the IECMH consultant, providing support to the consultee such as: professional development coaches, health service managers, health care consultants, home visitors, early interventionists, therapists, disability coordinators.

Notes: Which skills will you work on first? What resources or support do you need?

Foundational Knowledge

Reflect. These questions address how you, as an infant and early childhood mental health consultant:

- Draw from a broad and diverse knowledge base to understand children, families, and ECE/HV staff from diverse racial/ethnic, language and ability backgrounds, and how they relate to one another.
- Turn to a variety of disciplines and theories to inform the direction of consultation.

Respond. Please answer all questions, based on your self-reflection.

When providing consultation to early childhood (EC) providers and families, I am able to draw on multidisciplinary knowledge and approaches, including:

Professional consultation s2q1	1	2	3	4
Mental health s2q2	1	2	3	4
Early education s2q3	1	2	3	4
Early childhood development s2q4	1	2	3	4
Infant and early childhood mental health s2q5	1	2	3	4
Family and/or systems functioning s2q6	1	2	3	4
Culture, race, and equity s2q7	1	2	3	4
Anti-racism approaches s2q46	1	2	3	4

When providing consultation to EC providers I am familiar enough with social emotional development to guide selection, implementation and/or equitable use and implementation of culturally responsive social-emotional:

Curricula s2q8	1	2	3	4
Screening tools s2q9	1	2	3	4
Assessment methods (including using child's home language and obtaining parent input) s2q10	1	2	3	4
Resources s2q11	1	2	3	4

When providing consultation to EC providers and families, I understand, recognize, and respect how a child's behavior and social-emotional well-being are impacted by:

Physical caregiving environments, including the home and classroom, taking into consideration the variables such as functioning of parents and other caregivers, family's access to opportunities and resources and experiences with discrimination due to race/ethnicity, disability, language, or immigration status, and the presence of other risk and protective factors. s2q12	1	2	3	4
Attachment history with primary caregivers, taking into consideration parental history, separations, relational disruptions, and parental well-being (e.g., depression, trauma, substance misuse). s2q13	1	2	3	4
Social relationships with, and the potentially positive role of, extended family and peers, taking into consideration group interactions. s2q14	1	2	3	4

Culture, taking into consideration familial cultural variations in development, child-rearing practices, and caregiver expectations. s2q15	1	2	3	4
Psychosocial factors, taking into consideration stressors such as poverty or domestic violence as well as strengths such as high-quality childcare or safe and reliable transportation. s2q16	1	2	3	4
Temperament, taking into consideration both child's and the caregiver's temperament and the goodness of fit between the two temperaments. s2q17	1	2	3	4
Emotional development s2q18	1	2	3	4
Social/relational development s2q19	1	2	3	4
Language/social communication development s2q20	1	2	3	4
Cognitive development s2q21	1	2	3	4
Movement and physical development, including medical diagnoses s2q22	1	2	3	4
Development of self-regulation s2q23	1	2	3	4
Social relationships s2q24	1	2	3	4
Communication s2q25	1	2	3	4
Representational thinking s2q26	1	2	3	4
Executive function abilities s2q27	1	2	3	4
I am cognizant that the ways a child's behavior is interpreted, experienced, or responded to may be impacted by the EC providers':				
Mental health s2q28	1	2	3	4
Current and past experiences s2q29	1	2	3	4
Trauma experiences s2q30	1	2	3	4
Culture, biases, beliefs, and behaviors s2q31	1	2	3	4
I am aware that how a child's behavior is interpreted, experienced, or responded to may be impacted by parallel process. s2q32	1	2	3	4
I work to ensure that EC providers, parents, and caregivers understand the potential of their influence. s2q33	1	2	3	4
I have a broad knowledge of adult learning theory (i.e., concepts related to how adults learn best) and can apply it when working with EC providers, parents, and caregivers. s2q34	1	2	3	4
I understand how trauma (including historical trauma and family violence) can impact child and family development. s2q35	1	2	3	4
I can apply trauma-informed approaches as needed. s2q36	1	2	3	4

I can teach EC providers, parents, and caregivers to apply trauma-informed practices when appropriate. s2q37

1	2	3	4
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I can recognize environmental, situational, and interpersonal risk and protective factors associated with trauma. s2q38

1	2	3	4
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I can recognize the impact of systemic racism, discrimination, and individual prejudices and microaggressions on the experiences of the child, family, and early childhood providers. s2q39

1	2	3	4
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I understand how discrimination, bias, and deficit-based assumptions can influence the perceptions of:

Child behavior s2q42

1	2	3	4
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Discipline decisions, including harsh discipline strategies and expulsion. s2q43

1	2	3	4
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Child and family well-being. s2q44

1	2	3	4
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Notes: Which skills will you work on first? What resources or support do you need?

Equity and Cultural Sensitivity

Reflect. These questions address how you, as an infant and early childhood mental health consultant:

- Understand broad and local historical and systemic dynamics that have generated racialized disparities in outcomes for infants, young children, and families.
- Work with others to improve their understanding of how infant, young child and adult race/ethnicity, primary language, culture (beliefs, values, voice, communication style, behavioral norms, and attitudes), abilities, biases, disposition, and life circumstances (e.g., poverty and domestic violence) impact the learning environment.
- Additionally, understand how adult-infant/young child interactions shape the quality of relationships, infants' and young children's learning experiences, and disciplinary decisions but also how contextual variables such as community context, history, and systems shape adults' and infants'/young children's experiences.
- Explicitly and intentionally act on this understanding to create equitable and positive experiences for all infants and young children, including those from historically marginalized and oppressed communities.

Respond. Please answer all questions, based on your self-reflection.

I understand how systemic racism, discrimination, and individual prejudices and microaggressions affect family and child wellbeing. s3q1

I understand how culture (beliefs, values, linguistic expression, styles of communication, behavioral norms, and attitudes) shapes interactions and relationships, family structures, behaviors, and development. s3q2

I am able to define cultural sensitivity, and to describe its relevance to IECMHC. s3q3

In my role as an IECMH consultant, I understand:

Culture as a source of strength. s3q4

The unique values and beliefs of each family and each family's structure. s3q5

Non-dominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within diverse families and communities.[1] s3q6

The many ways in which current and historical inequities (racism, homophobia, sexism, ableism, and other forms of institutional bias) can negatively impact adult-child relationships and children's development. s3q7

How disparities impact expulsion rates and disciplinary practices. s3q8

How discrimination negatively impacts the social and emotional well-being of young children and their families. s3q9

In my role as an IECMH consultant, I am able to:

Explore and negotiate cultural differences. s3q10

Value and adapt to the diverse cultural contexts of the programs and communities my program serves. s3q11

Work effectively with children and families from a range of backgrounds. s3q12

Recognize and support cultural variations in child-rearing practices and caregiver expectations. s3q13

Work effectively with individuals, groups, organizations, and systems that vary in cultures, perspectives, and priorities. s3q14	1	2	3	4
Identify and address bias and deficit-based perspectives in practice. s3q15	1	2	3	4
Identify and discuss specific strategies to address inequities in practice and in programs that disproportionately disadvantage children and families (including expulsion and suspension policies and language access). s3q16	1	2	3	4
Regarding my own self-awareness and cultural sensitivity, I regularly:				
Explore my own background, attributes, knowledge, biases, privilege, and skills in a way that enhances my effectiveness in consultation to diverse communities. s3q17	1	2	3	4
Explore how my culturally influenced experiences shape my personal and professional behavior and attitudes, including those connected to how interactions with others unfold and are perceived. s3q18	1	2	3	4
Work to recognize and address personal biases, deficit perspectives, and other cultural issues. s3q19	1	2	3	4
Recognize my limitations in knowledge of particular cultures and seek to gain a greater understanding. s3q20	1	2	3	4
Identify and effectively discuss program, local, state, or other system policies that disproportionately disadvantage one group of children or families (including expulsion and suspension policies and language access). s3q21	1	2	3	4
I support the capacity of early childhood (EC) providers[2] to work cross-culturally by encouraging providers to:				
Speak with families in their preferred language and use culturally responsive professional interpreters when same-language communication is not an option. s3q22	1	2	3	4
Promote their cultural sensitivity, so that language and culture are respected. s3q23	1	2	3	4
Recognize and assess their own implicit biases and privilege. s3q24	1	2	3	4
Explore how biases influence perceptions, preferences, behavior, and discipline decisions. s3q25	1	2	3	4
I support the capacity of consultee[3] programs to:				
Offer staff training opportunities focused on increased cultural responsiveness. s3q26	1	2	3	4
Provide families with culturally and linguistically appropriate materials. s3q27	1	2	3	4
Recognize and address inequities in practice and in policy. s3q28	1	2	3	4
I work cross-culturally with the goal of positively influencing practice, policymaking, administrative functioning, and service delivery (e.g., having bilingual staff, disability access, working with same-sex parents or caregivers). s3q29	1	2	3	4
I work to systematically involve families, key stakeholders, and communities in the above efforts. s3q30	1	2	3	4

[1] Irving Harris Foundation. (2012). Diversity-Informed Infant Mental Health Tenets. Retrieved from <https://imhdivtenets.org/tenets/>

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Notes: Which skills will you work on first? What resources or support do you need?

Reflective Practice

Reflect. These questions address how you, as an infant and early childhood mental health consultant:

- Think about and question personal biases, assumptions, and experiences before, during, and/or after consultative interactions.
- Consider the influences on and perspectives of others (e.g., infant, young child, family, staff) in the context of consultation, including how these may vary based on infant, young child, family, staff, and consultant ability, race/ethnicity, and language background (i.e., “what might this experience have been like for the infant, young child, staff member, or caregiver?”).
- Promote reflective practice with consultees, using this experience-based learning to support consultees’ professional growth and development.
- Commit to a journey of ongoing self-exploration to understand how one’s culture, background, race, and other social identities (including issues related to privilege and power) impact the way IECMH consultants see themselves and others.

Respond. Please answer all questions, based on your self-reflection.

I can describe the importance and benefits of reflective practice and supervision. s4q1

1	2	3	4
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I can use reflective practice and supervision to enhance my self-awareness by reflecting on my own:

Values, beliefs, and assumptions. s4q2

1	2	3	4
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Personal biases (implicit and explicit). s4q3

1	2	3	4
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Thoughts, emotions, and visceral reactions. s4q4

1	2	3	4
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Experiences of racism, classism, sexism, able-ism, homophobia, xenophobia, and/or other systems of oppression.[1] s4q5

1	2	3	4
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Views and values regarding issues around racial equity, and how it influences us individually, organizationally, and systemically. s4q26

1	2	3	4
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I can use reflective practice and supervision to consider how the above experiences:

Influence interactions and relationships. s4q6

1	2	3	4
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Can lead to misinterpretation or judgment of others’ intentions and actions. s4q7

1	2	3	4
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I can use reflective practice and reflective supervision and the insights gained to:

Provide diversity-informed and culturally attuned services. s4q8

1	2	3	4
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Inform and enhance the quality of my consultative work. s4q9

1	2	3	4
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Explore a wide variety of approaches to working with early childhood (EC) providers, families, and children from diverse backgrounds.[2] s4q10

1	2	3	4
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Process and explore my visceral (e.g., gut) reactions in order to provide effective consultation. s4q11

1	2	3	4
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Understand the perspectives and experiences of others in the context of consultation. s4q12

1	2	3	4
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Help me remain curious and attentive to my visceral and emotional responses to consultees and families.[3] s4q13

1	2	3	4
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I can use reflective practice and reflective supervision to consider and explore:

The dynamic interactions between EC providers and other stakeholders (e.g., family members, teachers, administrators, service providers, consultants, institutions). s4q14

1	2	3	4
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EC providers' and families' interpersonal and systems issues. s4q15

1	2	3	4
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Child and family dynamics. s4q16

1	2	3	4
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I can use reflective dialogue to engender curiosity in EC providers and families through carefully timed, nonjudgmental inquiry. s4q17

1	2	3	4
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I can use listening, patience, and reflection to encourage EC providers and families to:

Become aware of behaviors that stir up strong feelings and reactions. s4q18

1	2	3	4
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Understand how their values, beliefs, experiences, and feelings have a role in influencing children's behavior. s4q19

1	2	3	4
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Accurately perceive the meaning of others' behavior (specifically, the behavior of children, families, and co-workers). s4q20

1	2	3	4
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Reflect on the strengths and limitations of the setting in which they work or live (e.g., an agency, classroom, program, or home). s4q21

1	2	3	4
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I can support EC providers and families in using the above insights to explore possibilities for approaching challenges and supporting growth and well-being in children and families compassionately and effectively. s4q22

1	2	3	4
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I can support EC providers and families to explore how they can regulate their emotions, engage in self-care, reduce stress, strengthen coping mechanisms and resilience, and aim for life balance even in the face of difficult circumstances. s4q23

1	2	3	4
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I can support others (including colleagues and consultees) to develop the capacity to explore equity issues, their influence on children and families, and the role they play in upholding or dismantling inequitable systems and practices. s4q24

1	2	3	4
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I can reflect with my supervisor and colleagues on how to leverage opportunities to be a voice for equity in one's own organization and the broader community. s4q25

1	2	3	4
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[3] Consultee is used to refer to the program, provider, or caregiver receiving the consultation services.

Notes: Which skills will you work on first? What resources or support do you need?

Child- and Family-Focused Consultation

Reflect. These questions address how you, as an infant and early childhood mental health consultant:

- Collaborate with families and/or program or other setting staff to understand and respond effectively to an infant's or young child's mental health needs, behavioral difficulties, and/or developmental challenges or to a caregiver's mental health needs.
- Partner respectfully with families and staff to understand the context and nature of a particular family's life to enhance the infant's, young child's and family's well-being.
- Take time to understand how race/ethnicity, primary language, culture, abilities, disposition, and life circumstances (e.g., poverty and domestic violence) influence the infant's, young child's, or family's experiences and the program's or other setting's and system's role in hindering or supporting wellness.
- Resist applying a deficit-based perspective to infants, young children, and families who are from historically marginalized and oppressed communities by committing to learn about authentic community strengths and adaptive responses to poverty, historical trauma, and other racialized experiences.

Respond. Please answer all questions, based on your self-reflection.

I demonstrate an ability to:

Honor family culture, perspectives, strengths, and role as their children's first teacher. s5q1	1	2	3	4
Gather family- and child-related information in a manner that is nonthreatening, culturally responsive, collaborative, and supportive. s5q2	1	2	3	4
Pay close attention to the relationships and interactions between early childhood providers[1], family members, and the child, and between that child and his or her peers. s5q3	1	2	3	4
Consider direct information from families (including information about family history and culture), from early childhood providers, and from observations and documentation (e.g., health records, anecdotal notes, assessments, reports). s5q4	1	2	3	4
Understand the impact of societal biases and prejudices on one's own interpretation of children's interactions and behaviors (especially with children from historically marginalized and oppressed communities). s5q5	1	2	3	4
Use a variety of culturally responsive observation strategies, tools, and recording techniques to gain insight into a child's behavior and the relational influences on his or her functioning. s5q6	1	2	3	4
Integrate information considering context, culture, and available resources to develop an intervention plan. s5q7	1	2	3	4
Recognize the need to revise a working hypothesis about the meaning of a child's behavior, over time, as new information emerges and in the face of conflicting and/or additional information. s5q8	1	2	3	4

I assist early childhood providers in:

Honoring family's culture, perspectives, and strengths, and role as their children's first teacher. s5q9	1	2	3	4
Valuing and supporting family relationships as the first and primary relationships in a child's life. s5q10	1	2	3	4
Gathering family- and child-related information in a manner that is non-threatening, culturally sensitive, collaborative, and supportive. s5q11	1	2	3	4

Considering direct information from families (including information about family history and culture), from other early childhood providers, staff and from observations and documentation (e.g., health records, anecdotal notes, assessments, reports). s5q12

1	2	3	4
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I support families and early childhood providers to:

Understand all the influences on their view of the child (e.g., cultural, historical and societal, and interpersonal factors including implicit bias; exposure to trauma; programmatic and bureaucratic issues). s5q13

1	2	3	4
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Develop a working hypothesis about the meaning of a child's behavior, including social and emotional, relational, cultural, and family factors; physical and/or medical issues; environmental factors and setting events (such as a history of exposure to trauma, discrimination, or other racialized issues); and/or developmental vulnerabilities that may play a role in that behavior. s5q14

1	2	3	4
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Collaboratively develop plans for the child that involve interventions that reflect best practice (i.e., are developmentally appropriate, culturally sensitive and evidence-based). s5q15

1	2	3	4
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Implement the collaboratively developed intervention plan. s5q16

1	2	3	4
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Assess if the implementation plan is working and adjust as needed until goals are met. s5q17

1	2	3	4
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Partner to identify and facilitate appropriate referrals for specific children and families, whether regarding medical, developmental, mental health, and/or other needs. s5q18

1	2	3	4
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I support referrals to community agencies by:

Facilitating cultural understanding, mutual respect, and direct communication between families, consultees and other child and family service providers or agencies.[2] s5q19

1	2	3	4
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Establishing and maintaining positive relationships with other child and family service providers and agencies within the community, tribe, or state. s5q20

1	2	3	4
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Working to ensure that referrals meet the diverse needs of families, with consideration given to issues concerning resources, culture, language, and ability. s5q21

1	2	3	4
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Collaborating (or helping early childhood staff to collaborate) with all parties involved to facilitate referrals and coordinate services. s5q22

1	2	3	4
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[2] Child and family service providers refer to professionals, other than the IECMH consultant, providing support to the consultee such as: professional development coaches, health service managers, healthcare consultants, home visitors, early interventionists, therapists, disability coordinators.

Notes: Which skills will you work on first? What resources or support do you need?

Classroom- and Home-Focused Consultation

Reflect. These questions address how you, as an infant and early childhood mental health consultant:

- Collaborate with families and program staff to promote equitable, warm, and trusting relationships, consistent routines, and development-enhancing interactions that positively impact program and home climates.
- Understand and value the roles that race/ethnicity, primary language, culture, abilities, disposition, and life circumstances play in supporting infants' and young children's social and emotional development and incorporate a family's culture and primary language into non-home settings to build continuity for infants and young children into their experiences at home and in other settings (e.g., classrooms).

Note: IECMHC has historically been conducted in early childhood education and home visitation settings. This competency reflects that history, but the principles represented in this self-assessment module can be applied at the program level in other settings (e.g., in a homeless shelter or a group of child welfare caseworkers) and have been edited to reflect this.

Respond. Please answer all questions, based on your self-reflection.

I support families and early childhood providers[1] in:

Understanding how the quality of adult-child relationships impact the ways that children experience themselves in various settings, learn expectations, and understand how to interact and get along with others. s6q1	1	2	3	4
Understanding and using the power of positive relationships and adult-child interactions to support growth and development. s6q2	1	2	3	4
Promoting, fostering, and/or engaging in positive sibling, peer and group interactions. s6q3	1	2	3	4
Understanding how young children learn and develop in a way that families and EC providers can understand, embrace, and use. s6q4	1	2	3	4
Promoting and facilitating the development of children's relational capacities and social-emotional learning, including their capacities for connection, self-regulation, communication, problem-solving, and impulse control in culturally meaningful ways. s6q5	1	2	3	4
Initiating, modifying, and/or supporting routines in order to promote safety and consistency in developmentally appropriate and culturally meaningful ways. s6q6	1	2	3	4
Incorporating practices and interactions that respect and respond to families' cultural values and beliefs and are responsive to the needs of individual children and groups of children. s6q7	1	2	3	4
Understanding the impact of societal biases and prejudices on one's own interpretation of children's interactions and behaviors (especially with children from historically marginalized and oppressed communities). s6q8	1	2	3	4
Integrating ideas, activities, and resources that infuse mental health principles into the daily routines and interactions of a particular home, classroom, or other setting where children spend time that respect and respond to family's culture, language, and values. s6q9	1	2	3	4
Gaining insight into the functioning and social-emotional climate of homes, classrooms, or other settings where children spend time. s6q10	1	2	3	4
Identifying and eliminating potential disparities due to race, language, gender, ability, and/or socioeconomic status. s6q12	1	2	3	4
Understanding mental health, trauma and healing in the context of historical, racialized trauma. s6q11	1	2	3	4

[1] Early childhood (EC) provider is used to refer to the individual receiving consultation, this may be an early childhood educator, home visitor, pediatrician, child welfare worker, etc.

Notes: Which skills will you work on first? What resources or support do you need?

Programmatic Consultation

Reflect. These questions address how you, as an infant and early childhood mental health consultant:

- Maintain a systemic approach and aim for program-wide impact through a focus on multiple issues that affect the overall quality and equity of programs or settings serving infants, young children, and families.
- Work to enhance programmatic functioning by assisting program administrators and/or staff in considering the program's or setting's overall social and emotional climate; solving issues that affect more than one infant or young child, staff member, and/or family; collecting and using disaggregated data to track program-wide disparities in both opportunity and the ways in which young children are disciplined, and supporting the development and implementation of policies that create more equitable experiences for infants, young children, and families.

Respond. Please answer all questions, based on your self-reflection.

I share information about the role of the consultant, including its parameters and limitations. s7q1	1	2	3	4
I initiate consultation services with an agreement outlining roles, scope of work, frequency, duration, etc. s7q2	1	2	3	4
I learn about an early childhood (EC) setting's or program's:				
Organizational structure, including staff roles and responsibilities and lines of authority. s7q3	1	2	3	4
Established pathways of communication and use those to engage all members of the organization to ensure the support of equitable voice regardless of culture, race, gender, language, or class. s7q4	1	2	3	4
Mission and policies, especially those impacting staff development, family engagement, and positive behavioral supports, and provide recommendations to build the program's capacity to strengthen and embed equitable and inclusive practices to reduce potential disparities in discipline, access, and opportunity, and improve child outcomes. s7q5	1	2	3	4
Community in which it functions by discovering/documenting the life of the community including its history, power-structures, and service structures. s7q6	1	2	3	4
I establish a relationship with the program leadership in a manner that supports their capacity to embed equitable and inclusive practices that:				
Champion social-emotional wellness in EC program functioning. s7q7	1	2	3	4
Promote the relational health of children, families, and staff. s7q8	1	2	3	4
Foster children's healthy social-emotional development. s7q9	1	2	3	4
Reduce potential disparities in program policy, discipline, access, and opportunity, and improve child outcomes. s7q10	1	2	3	4
Identify gaps between policies and program practices that impact the provision of a healthy social-emotional climate and that are related to child outcomes. s7q11	1	2	3	4
Identify factors (including policies, practices, leadership style, and professional development) that influence the social-emotional climate of an EC program or setting. s7q12	1	2	3	4

Maintain a focus on both promoting young children's healthy social-emotional development and supporting caregivers' capacities during times of stress or uncertainty (i.e., divorce, birth of a new child, family death, natural or man-made disaster). s7q13	1	2	3	4
Coordinate external quality enhancement efforts and internal program resources (e.g., instructional coaches, training and technical assistance efforts, program leadership). s7q14	1	2	3	4
I elicit and explore multiple perspectives in order to:				
Understand concerns within an EC program or setting. s7q15	1	2	3	4
Encourage the development of clear lines of communication between program staff. s7q16	1	2	3	4
Represent the perspective of consultees to others across all levels of the institutional hierarchy. s7q17	1	2	3	4
Foster solutions that build collaborative relationships, include the cultural perspectives of program staff and families, and support common goals. s7q18	1	2	3	4
Facilitate effective interventions to address relational difficulties that are negatively impacting the mental health climate of a program. s7q19	1	2	3	4
I facilitate group processes that support and/or assist staff in:				
Working toward and maintaining a focus on established goals. s7q20	1	2	3	4
Managing complex group dynamics. s7q21	1	2	3	4
Perspective taking, effective communication, and mutually respectful relationships, interactions, and teamwork. s7q22	1	2	3	4
Maintaining a focus on both promoting young children's healthy social-emotional development and cultural well-being, and supporting EC providers' capacities, especially in times of stress or uncertainty (i.e., divorce, birth of a new child, family death, natural or man-made disaster). s7q23	1	2	3	4
Addressing relational difficulties that are negatively impacting the mental health climate of a program. s7q24	1	2	3	4
I strive to understand and facilitate understanding of:				
Interpersonal dynamics associated with issues of equity and bias around race, ethnicity, language, gender, ability, and socioeconomic status, and how these issues, if not addressed, can manifest in conflicts, tensions, and misunderstandings. s7q25	1	2	3	4
The context of the community in which a program functions, including factors related to its history, culture, language, values, strengths, resilience, etc. s7q26	1	2	3	4
Policies that may disproportionately disadvantage certain groups of children due to culture, race, ethnicity, language, ability, gender, or socioeconomic status. s7q27	1	2	3	4
Historical policies and laws that created systems and programs for tribal communities, and how these systems impact staff, children and families. s7q28	1	2	3	4

I share information about resources and best practices in order to:

Support selection and adaptation of selected approaches in a manner consistent with a specific program's philosophy, needs, and culture. s7q29

1	2	3	4
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Support programmatic decision making and effective implementation of program-wide approaches to healthy social-emotional development. s7q30

1	2	3	4
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Support evaluation of the efficacy of program-level intervention strategies and revise them as needed to ensure that they respect and respond to family cultures, values, and language. s7q31

1	2	3	4
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In regard to crisis or disaster preparation, I provide guidance related to:

Appropriate resources for developing and implementing plans to prepare for or respond to disasters or crises. s7q32

1	2	3	4
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The way crisis drills are implemented. s7q33

1	2	3	4
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Developmentally appropriate explanations, procedures, advance preparation, and debriefing for staff, families, and children. s7q34

1	2	3	4
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Anticipating potential negative impacts of crises on individual and/or groups of children and families, and proactively establishing plans to address needs and concerns before, during, and following the crisis. s7q35

1	2	3	4
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In the event of a disaster or crisis, I:

Recognize the nature and parameters of the consultant's role during crises. s7q36

1	2	3	4
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Am familiar with available crisis services. s7q37

1	2	3	4
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Consider the importance of the timing of the consultant's entry or re-entry into a center or program recently impacted by crisis. s7q38

1	2	3	4
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Notes: Which skills will you work on first? What resources or support do you need?

Systems Orientation

Reflect. These questions address how you, as an infant and early childhood mental health consultant:

- Work within and across systems, integrating equity and mental health concepts and supports into the environments where infants and young children spend time.
- Maintain awareness of the systems within which IECMHC occurs, and consider these contexts when seeking to understand factors that promote or hinder the process of change.
- Work to strengthen bridges between systems serving infants, young children, and families to facilitate access to comprehensive and integrated care.

Respond. Please answer all questions, based on your self-reflection.

I understand basic concepts of systems theory and how they inform the process of IECMHC. s8q1	1	2	3	4
I can apply basic principles of organizational or systems psychology as they relate to the programs in which consultation takes place. s8q2	1	2	3	4
I understand systemic racism, how it manifests within and across systems, and how it affects children and families. s8q3	1	2	3	4
I demonstrate the ability to:				
Work concurrently within two or more systems. s8q4	1	2	3	4
Work within and across systems, integrating mental health concepts and supports into the cultures and environments where young children spend time. s8q5	1	2	3	4
Encourage networking between consultee programs and other child- and family-serving organizations within a community. s8q6	1	2	3	4
Understand that changes in response to IECMHC may influence multiple systems. s8q7	1	2	3	4
Gain entry into and engage effectively with child-serving programs where consultation services are delivered. s8q8	1	2	3	4
Use and share current information about: standards (i.e., professional, program, and licensing standards); resources; and other child- and family-serving systems. s8q9	1	2	3	4
Limit unnecessary barriers for families to obtain services by making effective referrals. s8q10	1	2	3	4
Promote the development and implementation of policies that support positive and equitable experiences for all. s8q20	1	2	3	4
I work to become familiar with and support the communities in which the programs I serve are located by:				
Considering the historical and cultural contexts of communities and their members, and recognizing cultural influences on values, perspectives, and actions. s8q11	1	2	3	4
Maintaining an awareness of and sensitivity toward existing attitudes and strengths of community members (e.g., community leaders, agencies, service providers). s8q12	1	2	3	4
Maintaining visibility as a resource for promoting healthy social-emotional development and mental wellness. s8q13	1	2	3	4

Promoting healthy social-emotional development through the creation and/or distribution of culturally and linguistically responsive informational materials and resources that can be disseminated to a range of audiences, using a mix of methods informed by the community. s8q14

1	2	3	4
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Maintaining up-to-date information about community resources. s8q15

1	2	3	4
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Establishing relationships with professionals in other early childhood and mental health disciplines, including those providing counseling and treatment services. s8q16

1	2	3	4
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I understand:

The historical and current inequitable distribution of opportunity and resources across systems and how such inequities affect families. s8q17

1	2	3	4
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How children's and families' intersecting identities and interactions across systems can compound disadvantage. s8q18

1	2	3	4
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The role of history and policy in systemic and institutionalized racism. s8q19

1	2	3	4
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How to advocate for change to create more equitable child and family serving systems. s8q21

1	2	3	4
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Notes: Which skills will you work on first? What resources or support do you need?