

Programmatic Infant and Early Childhood Mental Health Consultation—What Is It?

Programmatic infant and early childhood mental health consultation (IECMHC) can be defined as “maintain(ing) a systemic approach and aim(ing) for program-wide impact through a focus on multiple issues that affect overall quality and equity” at the setting where IECMHC is provided.¹ It involves enhancing programmatic functioning by building a program’s capacity to consider its overall social and emotional climate; solve problems that affect more than one child, staff member, and/or family; analyze and use disaggregated data to track program-wide disparities in both opportunity and outcomes, and develop and implement policies that create more equitable experiences for children and families.

A way of determining what IECMH programmatic consultation is or is not is to compare it with other types of consultation. For example, programmatic consultation can be contrasted with child- and

family–focused consultation, during which a mental health consultant collaborates with an early childhood professional to best meet the specific needs of a child and their family to “enhance the child’s and family’s well-being”.¹ Programmatic consultation can also be distinguished from an IECMHC systems orientation that supports working across systems and programs, providing services to children and families to promote and integrate equitable mental health. While programmatic consultation may be broader in scope than child- and family-focused consultation, it is not as far-reaching as systems orientation. Alternatively, programmatic consultation can be thought of as a lens through which to view consultative supports or a context in which IECMHC is provided. We will discuss these different methods of thinking about programmatic consultation below and include examples to support IECMHC work.

**CHILD/FAMILY
CONSULTATION**

**PROGRAMMATIC
CONSULTATION**

**SYSTEMS
CONSULTATION**



As a Type of Consultation

To provide programmatic IECMH consultation, the consultant must understand the importance of promoting and addressing issues that affect overall quality and equity across the setting in which consultation is occurring. In an early care and education (ECE) setting, programmatic consultation may involve meeting with a child care center director or owner and discussing overall center goals. The director or owner may indicate that they would like to support their teachers in learning more about typical child development, including social emotional development, or they may be concerned about teacher turnover or engaging families. In this case, IECMH consultation involves working with the director or owner to address these concerns, which will improve the center's environment for all staff, children, and families.

For example, Nora is an IECMH consultant who provides services to several pediatric clinics in her community. While she is typically asked to support

families and children when the treating physician notices a mental health concern, Nora also works with the clinics to address several broader issues. She has been discussing with clinic staff the possibility of instituting a social-emotional screener during annual well-visits, highlighting for physicians and nurses that during the short well-child visits there may not be time for a family to bring up nuanced concerns related to mental health. Nora has also begun offering rotating virtual and in-person "lunch and learn" sessions. During these monthly sessions, physicians, nurses, office staff, and rotating medical students are invited to eat their lunch while listening to a brief presentation about IECMH topics such as attachment and trauma. After the presentation, attendees have an opportunity to ask questions and collaborate with Nora about concerns or ideas.

At first, Nora was worried that medical staff would not be interested in the sessions; however, she has realized that the sessions give her time to interact with staff and discuss questions and concerns when

patients are not present, allowing her to address both program- and child-specific concerns, as they attended regularly. Nora will always be available for child- and family-focused consultation, but through her interactions with the clinics, she provides programmatic consultation that supports clinics' efforts to advance the quality of care for children and families. Programmatic and child- and family-focused IECMHC can occur simultaneously.

As a Lens or Context of Consultation

Another way of thinking about programmatic consultation is to view consultative work through a programmatic lens or to always consider children's and families' larger social and societal context. This involves understanding the community in which children and families live and where a program is located and learning about and documenting community life, including community history, power structures, and service structures. This is part of the bridge between programmatic and systems consultation.

Even if an IECMH consultant is hired to provide child-centered consultation only, that consultant will miss opportunities to support the child and family as well as the environment in which the child is being provided services if the consultant considers *only* child and family aspects of the situation.

Consider this: Toni is a consultant for home visitors who provide early intervention services to young children. She typically receives requests for two primarily individual-focused reasons: (1) to support a family in navigating the evaluation or referral process when the home visitor believes there may be a need for mental health services (for the child or other family members) in addition to the early

intervention services already being provided; or (2) to provide reflective support* to the home visitor related to working with the family.

An occupational therapist (OT), Bernadette, asks Toni to accompany her to visit the home of 15-month-old Larry at 12:30 p.m. on a Wednesday. Larry's family lives in a rural area, Bernadette explains, so she has worked the visit into her schedule just after another home visit in mid-morning, as that home is on her route to Larry's house. She is very cognizant of drive time, as her program director has asked all home visitors to attempt to decrease their travel costs to conserve funds.

Bernadette has been working with Toni for a while and has been learning about parent-child attachment relationships. She tells Toni that she is concerned that Larry and his mother have not developed a good relationship, as he is typically very fussy and refuses to settle to work with Bernadette when she arrives, even with extra support from his mother. Bernadette is becoming frustrated because Larry is not meeting his goals, and she does not believe the reason for his slow progress is a physical issue. Toni accompanies Bernadette on the visit. She notices Bernadette's concerns and has a chance to chat with Larry's mother while Bernadette is attempting to work with Larry. Larry's mother is preparing lunch for him while they talk. She tells Toni that the days Bernadette visits are difficult because typically Larry eats lunch around 11:00 am. Afterwards, she nurses him before putting him down for a nap around 12:30 pm. On the days Bernadette visits, she tries to delay his entire schedule so that he won't fall asleep during his OT visit. She does not want Larry to miss his OT visit but knows how far Bernadette has to travel. She adds that accessing health services in her rural community is a challenge, so she has not expressed her concerns about the timing of the visits.

*Center of Excellence for Infant and Early Childhood Mental Health "Consultation Competencies" Reflective Practice, pg. 20, <http://www.iecmhc.org/documents/IECMHC-competencies.pdf>

Toni has an “a-ha” moment as she listens to Larry’s mother, and she sees Larry’s fussy behavior in a new light. He is tired and hungry—no wonder he is upset! She decides upon a course of action.

- One possible action Toni could use is to facilitate a conversation between Larry’s mother and Bernadette, supporting Larry’s mom in advocating for her needs by explaining his schedule and then thinking with Bernadette about other times that would fit Bernadette’s schedule to make the drive to Larry’s house. They are able to find a time early in the morning, as Larry has dropped his morning nap, after which Toni can keep her other appointment on the way home. Bernadette reports a few weeks later that her visits are going great and that Larry is meeting his goals!
- Another option is for Toni to facilitate the conversation as above and also ask Bernadette if it is okay if she makes a call to the home visiting administrator to discuss how the travel restrictions may be impacting services that conflict with age-appropriate daily routines. Bernadette agrees. The program director is completely surprised at this unanticipated consequence of the travel restrictions for Larry’s progress. She asks if Toni can provide professional development to program administrators and home visitors about age-appropriate daily routines and making sure parents feel comfortable expressing their needs so that administrators can take into account both travel costs and the importance of young children’s routines. At that training, the program director encourages staff to talk with her if they need to increase their travel time to best meet children’s needs.

As you can probably guess the section option is the action Toni chooses to meet the needs of the child and family. Both options reflect that this is Toni’s priority; however, as shown in answer “b,” with one telephone call she is able to leverage this situation to impact overall programmatic functioning by

creating a more effective approach to addressing not only costs but also the needs of the young children and families the program serves. Toni is providing child- and family-centered consultation while also using a programmatic lens.

A Word About Setting

Sometimes it can be difficult to determine how to conceptualize programmatic considerations across different settings. In ECE settings, for example, “program” may refer to the overall center or to a group of centers operated by the same owner or Head Start grantee. It is important for IECMH consultants to consider these different aspects of programmatic context, both when engaged to provide programmatic consultation and/or if asked to provide child-, family-, or classroom-focused consultation. When providing consultation services across different settings, consultants will need to spend some time determining the context for their work and how to best serve the consultees within that setting.

If a consultant were providing family-focused services to young children and families in a homeless shelter, the consultant would be remiss in not addressing programmatic aspects of that shelter if they impact the well-being and functioning of the children and families the shelter serves. Recognizing the programmatic considerations of a setting will enhance the work of IECMH consultants. It is important to not make artificial distinctions between conducting child- and family-focused consultation and programmatic consultation, when the programmatic lens can be applied to all levels of consultation. This is also true for the systems orientation to mental health consultation. While this aspect of consultation differs from programmatic work, understanding and addressing programmatic needs should most often be a component of addressing systems-wide concerns.

USING A PROGRAMMATIC LENS WHEN PROVIDING CHILD-, FAMILY-, AND CLASSROOM-FOCUSED CONSULTATION—AN EXAMPLE

Mack is an IECMH consultant who is engaged to provide child- and family-focused consultation to teachers, families, and children who participate in a publicly funded program, Share the Care, that provides child care slots in private child care programs and licensed family child care homes. Mack is one member of a supportive-services team that serves Share the Care children, families, and classrooms. Other services include curriculum coaching, health screening, and parent training. While Mack's focus when providing professionals development to teachers is Share the Care children and families, he realizes that overall programmatic operation will affect children enrolled in Share the Care as well as those who are not.

Mack meets with the program directors to share his thinking. Together, they agree that when Mack provides professional development to teachers in the center, he will invite teachers from other classrooms to participate. He knows that it is common for teachers to change classrooms within a center to substitute or when there is turnover. He also understands that when teachers and the directors support each other in learning and trying out new methods of nurturing young children, desired changes in classrooms have a better chance of becoming permanent.

Similarly, as Mack works with teachers and center directors to start using social emotional screeners for all children enrolled in Share the Care, he

encourages them to broaden their practice to make screening universal for all children upon enrollment and yearly thereafter. With Mack's support, several Share the Care teachers begin to feel more comfortable conducting the screening and giving parents feedback, and they continue with the practice across their programs. While Mack is not able to conduct child- and family-focused mental health consultations for children not enrolled in Share the Care, he works to make sure that the teachers, and directors know that the information they have discussed with him related to topics such as positive discipline techniques, creating supportive environments, building relationships, giving feedback to parents, and providing community referrals applies to all of the children and families they work with now and in the future.

Mack also has a list of other community providers of IECMHC that his consultees can contact if a family not enrolled in Share the Care needs more in-depth mental health consultation support. By using a programmatic lens while providing child, classroom, and family consultation, Mack not only provides consistent support to the children and families enrolled in Share the Care, but at the same time has widened the reach of the program. This has been done with little, if any, extra work, and it has provided a strong foundation for the success of both children enrolled across the early childhood programs and for the continued success of these child care settings.

For more information related to programmatic consultation and how to distinguish it from and use it with other types of consultation, please see <http://www.iecmhc.org/documents/IECMHC-competencies.pdf>:

- *The Center of Excellence for Infant and Early Childhood Mental Health Consultation: Competencies*
- *The Center of Excellence for Infant and Early Childhood Mental Health Consultation Foundational Modules* (<https://www.iecmhc.org/resources/foundational-modules>) on
 - Programmatic Consultation
 - Child and Family Focused Consultation
 - Systems Wide Orientation

REFERENCE

1. The Center of Excellence for Infant and Early Childhood Mental Health Consultation. N.d. *Center of Excellence for Infant and Early Childhood Mental Health Consultation: Competencies*. Washington, DC: The Center of Excellence for Infant and Early Childhood Mental Health Consultation. Retrieved March 9, 2021, from https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/infant-early-child-mental-health-consult-competencies.pdf