

Crosswalk of Infant Early Childhood Mental Health Consultation and Pyramid Model Coaching: Building Capacity in Early Childhood for the Promotion of Social and Emotional Health

It is essential that early childhood programs and practitioners have the skills to promote the social and emotional health (i.e., mental health) of young children. Young children’s social-emotional development sets the foundation for other cognitive and academic skills and for their future relationships. This document highlights and describes the unique and complementary aspects of two successful approaches early childhood programs can use to support children’s social and emotional skills. Infant and early childhood mental health consultation and the Pyramid Model can be used independently or together.

| Program Aspects | Infant and Early Childhood Mental Health Consultation (IECMHC) | Pyramid Model Program Implementation Coaching | Pyramid Model Practice-Based Coaching |
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| What is it? | IECMHC is a prevention-based, indirect service provided by a master’s-prepared mental health professional, that builds the capacity of families and professionals to help support and sustain healthy social-emotional development of infants and young children across child serving systems (early care and education [ECE], home visiting, early intervention, primary care, child welfare etc.) | Pyramid Model program implementation coaches provide implementation or systems coaching to a program for the program-wide implementation of the Pyramid Model. This coaching is focused on supporting program leadership teams to establish and sustain the implementation infrastructure for practitioners to implement Pyramid Model practices. | Practice-based coaching (PBC) for the Pyramid Model is focused on guiding a practitioner to implement the Pyramid Model practices with fidelity. PBC is an empirically-based coaching approach that involves the components of: (1) shared goals and action planning; (2) focused observation; and (3) reflection and feedback. PBC occurs within a collaborative coaching partnership. |

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| Service Continuum | Promotion, Prevention, and Intervention | Promotion, Prevention, and Intervention | Promotion, Prevention, and Intervention |
| Theoretical Foundations | Infant and Adult Mental Health, Family Systems, Implementation Science | Education, Implementation Science | Education, Implementation Science, Science of Human Behavior |
| Foundational Requirements for Provider of Service | <p>Minimum of a master’s degree in a mental health field (license preferred).</p> <p>Consultation training/experience across early childhood systems (preferred).</p> <p>Adheres to guidelines in IECMHC Competencies (http://www.iecmhc.org/documents/IECMHC-competencies.pdf)</p> <p>Uses the Consultative Stance.</p> | <p>Preferred master’s in early childhood education, special education or mental health.</p> <p>Expertise in Pyramid Model framework and practices, data systems, practice-based coaching, and implementation science.</p> | <p>Content knowledge and skills in Pyramid Model practices relevant to the type of program providing services.</p> <p>Knowledge and skills in conducting observations, providing performance feedback, and the use of data-informed decision-making.</p> |
| Location of Services | Natural Settings (e.g., home visiting programs, classroom, primary care office, childcare, early intervention program, homeless shelters). | Early Childhood Education or Early Intervention Setting (e.g., childcare center, Early Head Start/Head Start, home visiting programs, preschool program or agency/district providing preschool services, family childcare, or early intervention program). | Early Childhood Education or Early Intervention Settings (e.g., delivered to practitioners engaged in the implementation of the Pyramid Model). |

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| <p>Types of Service</p> | <p>Types of consultation:</p> <p>Child and Family: Early identification of concerns through referral, screening and/or assessment, development of a plan to address social-emotional or behavior concerns, ongoing support to adult caregivers to implement new strategies, and link to treatment and community supports as needed.</p> <p>Classroom: assessment of social-emotional climate, classroom planning, ongoing onsite support to teachers, linkage to community supports/ culturally based supports.</p> <p>Program: Support for program-level policy and practices to promote social and emotional health of staff, children, and families (e.g., expulsion and suspension policy).</p> | <p>Classroom: Guide leadership teams in the development and delivery of ongoing professional development including training and coaching of program staff in the implementation of the Pyramid Model practices.</p> <p>Practitioner Coaches: Guide and support practitioner coaches in the provision of practice-based coaching and use of the Pyramid Model practitioner observation tools.</p> <p>Program: Support for program-level policy and practices for the implementation of the Pyramid Model and guidance of the program leadership team in program-wide implementation. Training and support for the use of data-informed decision-making related to program implementation and outcomes (e.g., practice fidelity, program fidelity, equity, tracking of behavior incidents and responses).</p> <p>Community or State Implementation and Scale-Up: Provide state or community training in Pyramid Model practices, data tools, and practitioner observation tools. Provide data for community or state level analysis related to implementation and scale-up. Recruit and select additional implementation programs.</p> | <p>Classroom: Collaborate with classroom practitioners to identify strengths and needs in implementing Pyramid Model practice. Provide coaching including goal setting, action planning, observation, reflection, and feedback. Conduct observations of teaching practices using formal (e.g., Teaching Pyramid Observation Tool) and informal tools.</p> <p>Early Intervention Services: Collaborate with early intervention practitioners to identify strengths and needs in implementing Pyramid Model practices with families and other caregivers in natural settings. Provide coaching including goal setting, action planning, observation, reflection, and feedback. Conduct observations of early intervention practices using formal and informal tools. Address concerns related to family and caregiver support and needs for promoting social-emotional development and addressing challenging behavior.</p> |

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| <p>Supports and Professional Development</p> | <p>Consultants receive reflective supervision. Reflective supervision <i>focuses on relationships, the meaning of interactions, and one’s personal and professional responses in professional interactions with those he/she is working with.</i> (Some organizations also use the term reflective consultation. In reflective consultation the consultant does not have supervisory responsibilities in the relationship with the consultee).</p> | <p>Program implementation coaches receive ongoing training and support from a supervisor and participate in a collaborative network of program implementation coaches. Data on program coach activities are summarized to examine coaching delivery and program fidelity.</p> | <p>Practitioner coaches receive ongoing training and support through their participation in a community of practice with other coaches provided by a lead coach, program implementation coach, or by a coaching supervisor. Data from the delivery of practice-based coaching are summarized to monitor coaching contacts, implementation fidelity, and coachee outcomes.</p> |