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Pivoting in a Pandemic: Stories from the Field and Lessons Learned

COVID-19 has had a significant impact on the practice of infant and early childhood mental health consultation (IECMHC) as well as on early childhood providers, infants, young children, and families. The worldwide health crisis has exposed and exacerbated longstanding inequities. Specifically, the pandemic's unveiling of structural injustices in employment, health care, and education has brought much-needed attention to racial disproportionality, especially for African Americans and Native Americans (Indigenous). For both experienced and inexperienced infant and early childhood mental health (IECMH) consultants, the pandemic and resulting changes in how recipients of consultation, infants, young children, and families are served have presented unique challenges in the provision of consultation.

As we wind our way through these tumultuous times, IECMH consultants can benefit from being tethered to principles of practice. The Consultative Stance provides this grounding and guidance. "**Consultative stance**," a term coined by Kadija Johnston and Charles Brinamen (2006), refers to characteristics of the consultant's way of being and the considerations that inform their actions. Revisiting elements of the Consultative Stance reminds us that while many aspects of this unusual time may be different or feel unfamiliar, most of how mental health consultants approach their role and work remains constant.

Informed by elements of the consultative stance, Pivoting in a Pandemic: Stories from the Field and Lessons Learned presents examples of ways that IECMH consultation has required adaptation as a result of COVID-19. Each example is followed by questions to consider and suggestions for shifts in practice.

The pandemic's impact on service delivery is dynamic and rapidly changing. The conditions described and the ideas offered here do not address every situation

faced by IECMH consultants and programs, but we hope they will remain useful.

As advances are made in managing the effects of the pandemic, and returning to previous ways of working becomes possible, it will behoove us to take stock of what this time has taught us and sustain the ways in which the scope and reach of consultation have been enhanced. The heightened awareness of injustices exposed by the pandemic, and the attending call to action to dismantle racism and other forms of systemic oppression, can and should continue to inform IECMHC. Opportunities afforded by technology can now be applied to broaden the availability of IECMHC in areas where access has been or can be an obstacle. The frenetic pace that often prohibits reflection and thoughtful action during times of crisis does not have to be resumed. Positive changes made in response to the pandemic can be sustained, and impediments to well-being and growth left behind.

VIGNETTE: *Teresa, a Mexican-American IECMH consultant who speaks English and Spanish, started working with her agency's IECMHC program in February 2020, when COVID-19 was first becoming a concern in the community. When she was hired, she was both excited and nervous at the prospect of working at West Hillside Head Start, a large program serving predominantly immigrant families from Central America and Mexico. She had worked as a school-based mental health counselor during her graduate school internship, but this was her first consultation job.*

Teresa was looking forward to building relationships with staff and families and observing in classrooms. She knew from speaking with her supervisor and from her own experience as a school counselor how valuable it was to be on site and how that proximity supported relationship-building with teachers and staff; allowed for observations of infants, young children, teachers, and staff; and enabled learning about the setting dynamics. Yet, the week she was to meet staff, the county enacted a shelter-In-place order that closed schools. Teresa and her colleagues had to shift to using the phone or video to connect with teachers and staff.

Teresa was worried. How could she build relationships with teachers and staff she had never met in person? How would she understand their experiences and the intersecting and interconnected dynamics between them and infants, young children, and families if she could not observe their interactions? Many teachers lacked access to the technology needed for video conferencing, while others were unavailable because they needed to care for their own children who were now at home.

When Teresa talked to the program director by phone, the director spent much of the time-sharing concerns about her staff. Many were experiencing high stress levels because family members had lost jobs or been laid off, and they were worried about covering expenses. One teacher shared that she was wasn't sleeping and was having headaches. The director asked Teresa if she could reach out to teachers and provide mental health support and resources. Teresa wanted to help, but this request felt so different from what she had been expecting to do in her new position. She was looking forward to talking with her supervisor about this phone call and how she, too, was feeling anxious about COVID-19 and was trying to figure out how to support her own 6-year-old son, who was now also home from school.

Navigating Relationships with Consultees

Teresa's story illustrates some of the ways that COVID-19 has impacted consultants' relationships with consultees. What can consultants learn from this vignette about navigating consultative relationships during this time? How might the consultative stance offer guidance and grounding in their practice?

- During this time, consultants need to understand

the levels of influence and the parallel experiences impacting those receiving consultation and their availability to support infants, young children, and families. Consultants need to attend to emotional and material needs in ways that may feel different or more extensive than usual. As the pandemic has blurred boundaries between professional and personal responsibilities, it is useful for IECMH consultants to pay more attention to the impact of personal pressures on a consultee's professional performance. While broadening the boundaries of consultation should be carefully considered, helping recipients of consultation meet their needs for safety, well-being, and community is an important way to support infants, young children, and families.

- During this time, IECHM consultants' efforts to support consultees must be paired with support and engagement from all levels within a program. Engaging site supervisors and program managers in reflecting upon their own experiences can open the door for more careful consideration of teachers' and staff's needs. It is not uncommon for programs and organizations in crisis to move to a state of "doing"—providing supports for infants, young children, and families by relying ever more heavily on staff. Consultants are well positioned to hear and represent all voices in these moments, supporting the capacity for programs to consider trauma-reducing, resilience-enhancing practices and policies for their staff. (For example, at a center where teachers had been temporarily furloughed due to COVID-19, the program director worked to ensure that teachers retained access to the program's IECMH consultant for individual support, resources, and referrals. At another site, the site supervisor and program director worked to ensure that teachers' and staff's schedules allowed them the time to attend to their own children's remote schooling.)
- Consultants can help consultees navigate remote relationships. Consultees may be unsure about how consultants can help them when everything feels unfamiliar, and they are being called upon repeatedly to respond to crises. By acknowledging what is different while providing reassurance and reminders about what hasn't changed (the ability of the consultant to provide support), consultants aim to provide a sense of safety and predictability for consultees. (For example, at one IECMHC program, consultants created a one-page overview for their sites about ways consultants could continue to support their program, articulating the continuity between services available pre-COVID and those now available remotely, including virtual program observations.)
- Consultants can talk about how the structure of virtual meetings reduce opportunities for spontaneous or informal moments of connection, as often happens when consultants are on site, and that serve to build a sense of shared community and trust. Speaking about these issues while collaboratively creating with consultees ways to promote a sense of community in the virtual realm can help sustain relationships and decrease feelings of disconnection and isolation.
- The ECMH consultant's approach to anticipating and containing anxiety about all that is new and unfamiliar to consultees can, and hopefully will be, extended to families and children. Mindful of parallel process the consultant treats the consultee in a manner consistent with how she wishes the provider will behave toward children and families.
- By recognizing and naming the potential impact of necessary social distancing practices on all relationships within a program, consultants can collaboratively identify opportunities to create and support moments of connection between

teachers, staff, and caregivers.

- For many, this past year has presented a series of crises needing immediate and complete attention. Consultees have had to pivot in their work and respond to changing guidelines and expectations. And their availability for consultation has shifted. For some, working from home has enhanced their capacity to engage in consultation and have meaningful discussions with their team. For others, particularly those working on site, availability may be limited, and pressure to respond to immediate needs may repeatedly take priority over time with the consultant. Consultants should remember that lack of engagement does not necessarily mean absence of need. This is an important moment for consultants to practice patience with themselves and others. Relationships may take longer to develop, and more effort may be needed to sustain these relationships in light of challenging circumstances.

VIGNETTE: *For 2 years, Jessie has provided IECMHC to Stepping Stones, an early intervention (IE) program located in an urban community serving a diverse population. For many families, Stepping Stones offers more than just EI support. Jessie has seen how program staff went out of their way to link families with community resources for help with basic needs, including food and shelter, health care, and mental health support.*

Jessie felt good about the strong consultative relationships she had built with program staff, although building the relationships took time. When Jessie began working for the program, staff were often too busy to meet with her. As they got to know her and learned about the ways that IECMHC supported their work with infants, young children, and families, they opened up more and began prioritizing weekly meetings with her. They also began introducing Jessie to families in the program whom they felt would benefit from her support along with their EI support.

Several of the families at Stepping Stones were initially unreceptive to working with an IEMCH consultant. Staff shared with Jessie that many had had negative experiences with the mental health system, particularly when health care providers would misinterpret their normative responses of grief and loss upon receiving difficult news about the health and development of their infant or young child. Jessie and the staff took time to consider these important experiences of when introducing her to families. Jessie knew that families often agreed to meet with her solely because of their trust in Stepping Stones staff and the careful and considerate way the staff framed the request that they meet her. Jessie and staff also began developing opportunities for caregivers to meet her in more informal ways, such as at monthly caregiver drop-ins and a caregiver-child playgroup—each co-facilitated by Jessie and staff. These efforts began to significantly reduce the stigma families associated with mental health and to support a multidisciplinary approach to supporting families within the EI system.

When county COVID-19 guidelines resulted in Stepping Stones shifting from in-person to remote services, Jessie worried about how to preserve the fragile progress she and staff had made in supporting caregivers through the drop-ins and playgroup. She tried to re-create a drop-in virtual caregiver group, but caregivers were often too overloaded to attend, and none called her back when she called them to ask about shifting the playgroup to a virtual format.

Jessie knew that many families connected with her and accessed services because of their relationships with the agency and the structure it provided. Without that support, Jessie worried that families would not access the services. She had also received several calls from Stepping Stones staff with urgent requests to contact parents and caregivers who had significant mental health needs. Staff were very stressed and were taking on even more than usual in light of COVID-19 restrictions. They barely had time to talk with Jessie. Often, she would get an email or voicemail with a family member's name and phone number only and

an indication that they were waiting to hear from her. Jessie was concerned that without the support and the warm hand-off that happened when she was in person, the families would not know who she was or be willing to engage with her.

Additionally, Jessie was used to her work with families being closely linked to the family's experiences and services at Stepping Stones, with families and staff working together on a mutual endeavor. These new requests, however, appeared to be more about providing direct mental health support to a caregiver or another family member and were not connected to the infant's, child's, or family's experience within Stepping Stones. If she started providing such services, how would that change the way families and staff viewed her as the IECMH consultant? If she was talking with caregivers about their own stressors and challenges separately from the experiences of their infant or young child, was she still working within her scope as the consultant? Things felt quite different to Jessie, and she was looking forward to thinking with her supervisor about how she could hold a frame for her work that aligned with her role as the IECMH consultant, when things felt so unfamiliar.

Navigating Relationships with Caregivers

Jessie's story illustrates some of the ways that COVID-19 has impacted consultants' relationships with families. What can consultants learn from this vignette about navigating consultative relationships during this time? How might the consultative stance offer guidance and grounding in their practice?

- Collaboration among the IECMH consultant, staff, and families during this time may be different from what it was in the past, or it may not happen at all. Pre-COVID, families often engaged with consultants in collaboration with their child's teachers (in this example). Since families may not have met the consultant before the initial contact, consultants may need to spend extra time introducing themselves, describing their role within the program, and explaining how they can be available to support families.
- Staff may be inclined to quickly refer families to the IECMH consultant in an effort to feel responsive to the immediate crisis or request, but their engagement with the caregiver may be limited to providing the consultant's contact information. Taking time to understand the caregiver's perceptions about consultation and providing clarifying information about the consultant's role, relationship to the consultation site, and services can help the consultant and caregiver collaboratively determine how to best proceed.
- Overwhelmed by their own, and the myriad and extreme needs of families, staff may protect themselves by withdrawing. Assessing a staff member's high stress level , a consultant may proceed independently in response to a family's needs, while simultaneously offering additional support to the overtaxed staff members.
- Identifying a mutual endeavor can be challenging when loss of proximity makes it difficult to engage both staff and the caregiver. Establishing a relationship with the caregiver may require additional effort and time on the consultant's part to build trust with the caregiver in light of the fact that the consultant cannot be a reliable, familiar presence at their infant's or young child's program.
- Because consultants cannot observe in classrooms in a remote environment, when they engage in child-focused consultation, they must rely more heavily on the caregiver's and staff's report when co-creating a picture of the child. Wondering with caregivers and staff about an infant or young child, already integral to the consultation process, becomes essential when other avenues to understanding the infant or young child are unavailable. For example, one

IECMH consultant, when initiating child-centered consultation, now told caregivers that because she is unable to be on site to observe their infant or young child, she will be thinking with them in additional ways so that she may understand and "see" the infant or young child they see and know. She might say, "If I were on site, I could observe, and we could consider together how to make meaning of the interactions I saw. Because I can't do this right now, I hope we can wonder together about some of the ways you see and notice your child engaging in their home and school environments and in their relationships with others. Working together in this way will help ensure that we are developing a shared picture and understanding of your child so that we may consider together how to best support her during this time."

- Presenting as a non-expert may feel particularly challenging when caregivers' need for advice and answers is acute and so much feels uncertain. Maintaining a commitment to the collaborative nature of IECMHC requires more effort when consultants lack their usual proximity to both consultees and caregivers and when needs feel so urgent.

VIGNETTE: *Melissa is a relatively inexperienced, white, IECMH consultant who speaks English only. When she saw a voicemail message from Ling, one of the youngest but most senior home visitors at the Joy Lok Family Resource Center, she knew something was up. Although she had been in regular contact throughout the pandemic with the center director, she had had little interaction with staff and none of the home visitors, who were all female Asians or Asian American Pacific Islanders, had ever reached out to her directly. Until now Melissa had accepted the director's explanation for the limited connection with staff. The director, who was white, described staff as uniformly reserved and reticent to engage, even with her. Additionally, most of the home visitors were recent immigrants for whom English was a newly acquired language, so Melissa and the director relied on bi-lingual staff to translate, which also curtailed connection.*

As she prepared to return the call, Melissa felt apprehensive and overcome with shame. Had she accepted the director's description as accurate to align herself with the authority that the director's position and their shared racial identity afforded? Was her trepidation emotional foreshadowing of the negative impact that talking to a staff member without the director's knowledge would have on their relationship? If she was feeling nervous, what must it be like for the home visitor who had reached out to her? After taking time to reflect and regulate and calm herself, Melissa called Ling.

Having come from China to the United States as a young child, Ling was used to being a translator and cultural broker. In reaching out to Mellissa on behalf of the other home visitors, she was again assuming these roles. Contrary to the director's characterization, Ling readily expressed her own and her co-workers' concerns. She wasn't sure if Melissa was aware of growing anti -Asian sentiment that had resulted in violence toward many people in the community, including a recent incident involving one of the program's clients. A grandfather was assaulted while bringing his 2-year-old granddaughter to the center for the monthly socialization group offered to all families participating in the home visiting program. The toddler had witnessed the attack.

Acknowledging that she was taking a risk and was doing so on behalf of her coworkers and the community, Ling asked for Melissa's help. It seemed to her that the director respected Melissa's opinion. She asked Melissa to encourage the director to support the staff's actions in their community. Ling said the director had praised staff for rallying around the child and family but forbade staff from broadening their support and advocacy. According to Ling, the directive to desist came when staff began organizing a community meeting to support families and identified neighborhood shop owners who would offer a safe haven to anyone who felt unsafe or

threatened while walking in the neighborhood. While the director viewed these actions as political and therefore outside the scope of the center, for staff, coming together to provide protection and expose injustice was a cultural obligation.

After the call, although still anxious, Melissa felt satisfied with her response to Ling. She had, she hoped, conveyed empathy for Ling's and the rest of the staff's experience and respect for the courage it must have taken not just to reach out to her but to take a stand in opposition to the boss. Melissa had even managed to pose the possibility that some of the disagreement might be based on different cultural values, about which she knew she had a lot to learn. But now what? How should she go about educating herself in the ways in which historical inequities and cultural norms might be manifesting in this situation? Where should she position herself in relation to the two sides? What is an IECMH consultant's role when faced with social injustice? Melissa was trained to remain neutral and to stand up for what was right. How could she do both at the same time? praised staff for rallying around the child and family but forbade staff from broadening their support and advocacy. According to Ling, the directive to desist came when staff began organizing a community meeting to support families and identified neighborhood shop owners who would offer safe haven to anyone who felt unsafe or threatened while walking in the neighborhood. While the director viewed these actions as political and therefore outside the scope of the center, for staff, coming together to provide protection and expose injustice was a cultural obligation.

Addressing Issues of Social Justice and Inequity

Melissa's story illustrates some of the ways that COVID-19 has impacted consultants' relationships with families and caregivers. What can consultants learn from this vignette about navigating consultative relationships during this time? How might the consultative stance offer guidance and grounding in their practice?

- Equity work starts with and regularly returns to critical self-awareness. The IECMH consultant's professional stance begins with a personal commitment to the internal work of racial justice.
- The more IECMH consultants cultivate their own capacity to tolerate discomfort, cede power, attempt vulnerability, and acknowledge privilege when it is present, the more they can extend these themselves and these qualities to consultees.
- IECMH consultants are predominantly white and female. Consultants are responsible for educating themselves about historical injustices, the impact of historical trauma, and racism and cultural norms and values. The Center of Excellence offers **resources to promote equity through IECMHC.**
- All elements of the consultative stance can be directly applied to address racism and other forms of systemic oppression IECMH consultants encounter.
- IECMH consultants seek to identify and acknowledge how current, historical, internal, interpersonal, and systemic inequities influence perceptions of an infant, young child, family, caregiver, co-worker, or program practice or policy.
- An equity-informed approach includes and elevates attending to culture, systems of oppression, power, and privilege. These factors are examined for how they support or interfere with how staff provide care.
- Using inquiry as an intervention, IECMH consultants promote reflection, which in turn can bring unconscious biases to consciousness, allowing them to be revised.
- Whenever necessary the consultant represents the perspective of one consultee to another, with the eventual aim of increasing providers' capacity to support and believe in the usefulness

of communicating directly with one another. Before sharing one consultee's perspective with another, the consultant should always obtain permission and should present the perspective in a constructive manner. The consultant is thus demonstrating that various views can be held and heard equally and can help in understanding an infant, young child, family, or situation.

VIGNETTE: *Grace, an African American mental health professional who speaks English only, had been director of the North County IECMHC program for a little over 4 years. Grace couldn't believe it had been a year since her county issued the first shelter-in-place order in response to COVID-19. Her agency served a rural area of the state and was one of only two family-centered social service agencies in the region. Grace's program provided mental health consultation to many Early Head Start home-based and Head Start center-based programs in the area. However, for the past year, program staff have been working from home and doing their best to provide consultation support by phone or, when possible, by video.*

Grace was proud of her staff for their tireless efforts over the past year and for their creative solutions to some of the challenges posed by not being in person, but she had grown increasingly alert to feelings of fatigue, frustration, dissatisfaction, and inefficacy that staff had been expressing in different ways. She knew they had all been through multiple losses during the year. Some had family members or close friends who had lost their lives to COVID-19, while others' family members were out of work or working fewer hours, adding stress and uncertainty to an already difficult time. All spoke of missing being on site and seeing providers and families in person and how that has added to their sense of loss.

Grace was also aware that her staff—all females who identified as black, indigenous, and people of color (BIPOC)-—had been deeply affected by the acts of violence resulting from racial unrest that had occurred nationally and in their own community this past year. She, too, had been impacted but was unsure if she should share her feelings with staff, since she was their supervisor and didn't want to burden them with her own experiences. She realized, upon reflection, that she did not have her own space where she could receive support. Her own supervisor had been deployed to support families living in the local shelter and could only make time to meet with her once a month, and even these infrequent meetings were often canceled at the last minute. In addition, their team had been unable to meet as regularly as before due to challenges with schedules and spotty internet, which made video calls difficult. And when the team did come together, the meetings felt more formal than they used to. Grace found herself missing the comfortable ways the team would connect and share during the moments when they were all in the office together. Some of her staff had expressed that they were feeling disconnected and isolated from the team. Grace noticed the parallel experiences they were all having but felt unsure about how to move forward when she was feeling so depleted herself.

Bolstering Consultants' Support System

Grace's story illustrates some of the ways that COVID-19 has impacted IECMH site supervisors and program directors' support systems. What can be learned from this vignette about how to sustain site supervisors and program directors during this time? How might the consultative stance offer guidance?

- The ongoing and pervasive impact of COVID-19 is one felt by consultees, consultants, site supervisors, and program directors alike. And while they may be in the same storm, they are not in the same boat. IECMHC supervisors need to be aware of the signs of compassion fatigue and burnout. They can create safe and reflective spaces for consultants—individually and in groups—to discuss and share experiences and feelings arising from their work and the events of the past year.

- Stay connected. Pre-COVID, consultants could feel disconnected or isolated from their team given the nature of their field-based work. The past year of working remotely has amplified these feelings for many. Creating and prioritizing formal and informal ways of virtually coming together offers an important source of community and support. Virtual lunch hours, virtual staff wellness retreats, or after-work hangouts are opportunities for colleagues to connect, have fun, and be together in ways that feel relaxed and casual.
- Reflective supervision (RS) is a cornerstone of best practice in IECMHC. During times of crisis, it can be easy to put the needs of consultees ahead of the needs of the consultant and reduce essential supports for consultants, such as RS. Prioritize and increase access to reflective supervision during this time.
- IECMH consultants who are solo practitioners or the only consultant working in an agency or area, may consider creating or **joining an IECMHC community of practice or other virtual training opportunities** to build collegial connections and a network of support.
- Create affinity groups to support experiences of consultants who identify as BIPOC and build communities of support. While acts of violence resulting from racist acts impacts everyone, those who identify as BIPOC feel and experience them differently from white people. For those who identify as BIPOC, these occurrences represent a continuation of historic and systemic mistreatment. It is essential that IECMHC programs and the agencies in which they reside continually assess their own values, practices, and policies and engage in efforts to operationalize equity.
- IECMHC site supervisors or program directors can identify their own support communities. The Center of Excellence offers **resources for IECMHC supervisors and directors.**

Conclusion

We are all doing our best under incredibly challenging circumstances. Holding hope, building community, and practicing patience can support and sustain resiliency during this difficult time. This is a moment to acknowledge the importance of the parallel process and recall one of the cardinal rules of IECMHC, articulated by Jeree Pawl: ***"Do unto others as you would have others do unto others."***