

10 Elements Comprise the Essential Core of an Effective Consultative Stance

“How you are is as important as what you do.” Applied to Infant and Early Childhood Mental Health Consultation, this premise asserts that the power of the practice lies in the consultant’s demeanor in relationships with consultees – the Consultative Stance.

1. Mutuality of endeavor. *Consultation can only be effective when the consultee participates fully in the process.*

- Consultants convey the necessity of co-constructing meaning and developing hypotheses together with the consultee.
- A full understanding of a child, family or situation is only possible with input from the consultee.
- The consultant’s advice is useless if it does not consider the consultee’s perspective and understanding of the situation and, ultimately, their willingness to participate in bringing about change.

2. Avoiding the position of sole expert. *In accepting that the work is a collaborative effort between consultant and providers and parents, the position as exclusive expert must be abandoned.*

- The IECMH consultant does have specialized and crucial knowledge to contribute.
- Gathering information from all participants is critical.
- The IECMH consultant seeks to legitimize and heighten the provider’s and caregiver’s sense of expertise.
- The consultant’s attitude conveys the belief that consultees hold valuable information; helping them to see themselves as the source of ideas.
- Avoiding the position of sole expert becomes increasingly difficult when called in to respond to a crisis.

3. Wondering instead of knowing. *By “Wondering with, not acting upon,” the consultant elicits the consultees involvement in the process and properly preserves the sense of the consultee as the holder of essential information and knowledge and as the agent of change.*

- By expressing interest through inquiry, instead of immediately offering advice, the consultant leaves room to consider the complexities of a situation and demonstrates that understanding is a process, not a moment.

- By creating space for curiosity, the consultant instills the idea that “not knowing” is not incompetence, but a position that precedes understanding.
- Through thinking together, the consultant permits the consultee the experience of participating in the solution, promoting confidence in her ability to effect change.
- In this manner the consultant is using inquiry as an intervention aimed at supporting and increasing reflective capacity

4. Understanding another’s subjective experience. *Subjective perception and internal experience influence action. Therefore, the IECMH consultant seeks to understand individual interpretations rather than assuming shared realities.*

- The consultee’s perceptions of a child, family or situation influences her responses. Therefore, misperceptions and distortions must be amended for attuned action or behavioral change to occur.
- Subjective perceptions and interpretations are often formed from past experiences.
- Revising beliefs and biases may require exploration of the consultee’s personal history, such as socio-political beliefs, racial and other biases and experiences of parenting and childhood, to uncover obstacles to enhancing practice.

5. Considering all levels of influence. *In addition to personal perceptions, there are numerous other influences on a provider’s views of a child/family and on their ability to respond effectively.*

- The IECMH consultant strives to understand all of the levels of influence affecting perceptions and in turn treatment of children and families. And recognizes that:
 - Some influential factors are internal, such as racialized and other traumas, personal experiences of childrearing and parenting and internalized expectations based on relational history
 - Many influential factors are external including socio-political factors, programmatic and bureaucratic pressures and program policies and philosophies
 - Interpersonal relationships with co-workers and administrators influence the provider’s perception of and interaction with children and families.
 - The provider-child/family relationship cannot be meaningfully considered or addressed separately from the many systems within which it exists.

6. “Hearing and representing all voices” —especially the child’s³. *Eliciting the voices of all consultee organization members, the consultant is dedicated to hearing about and from each individual.*

- The consultant demonstrates that various views can be held and heard equally.
- When necessary, the consultant represents the perspective of one participant to another with the aim of increasing the adults’ capacity to and belief in the usefulness of communicating directly to one another.
- The consultant’s goal is not to negotiate a particular outcome, but to enlist cooperation among those involved in children’s lives.
- The consultant gives voice to those with few words or little power —the children and marginalized members of society or an organization.

7. The centrality of relationships. *Because we know that development for both young children and adults is transactional, relationships are the focus of IECMH consultation.*

- Primacy is given to the consultant–consultee relationship. Studies show that the quality of this relationship is highly correlated to positive outcomes in the provider–child relationship
- Intervention is aimed at relationships rather than individuals, especially the adult- child relationship.
- Recognizing that children’s development is impacted by the surrounding adult relationships, the consultant attends to adult interaction as well.

8. Parallel process as an organizing principle. *The consultant’s way of being emanates from her conviction that the ways in which people are treated affect how they will feel about themselves and treat other people.*

- The parallel process is reflected in this phrase “Do unto others as you would have others do unto others.”⁴
- The consultant promotes the parallel process as they respect, value, and seek to understand the consultee. The consultee in turn becomes better able to respect, value, and empathize with the experiences of children and families.

9. Patience. *Just as consultants encourage and attempt to foster patience in provider’s and caregiver’s relationships with children, consultants must also be patient with consultees and the pace of change.*

- IECMH aspires to make internal and long-lasting change in provider capacity. Therefore, the IECMH consultant curtails their expectations and holds a future orientation.
- Making program and systemic change is slow, requiring tolerance, persistence, and compassion on the part of the IECMH consultant, toward oneself and toward consultees.

10. Holding hope. *Providers often lose hope in the face of daily crises and persistent challenges.*

- The consultant must maintain their belief in change in a slowly shifting system. Reflective supervision and other supportive practices are needed to sustain an authentic optimistic attitude.
- The consultant’s ability to hold hope for the provider and system is bolstered by their positioning. The consultant is able to step out of the system to see possibilities.

Endnotes

1. Pawl, J. H. & St. John, M. (1998). How you are is as important as what you do... in making a positive difference for infants, toddlers, and their families. Washington DC: Zero to Three/National Center for Infants, Toddlers, and Families. 2 Pawl, J. (1997). Personal communication with the author
2. Pawl, J. (1997). Personal communication with the author
3. Pawl, J. (2000). The interpersonal center of the work that we do. In Responding to infants and parents: Inclusive interaction in assessment, consultation, and treatment in infant/family practice (pp.5-7). Washington, DC: ZERO TO THREE: National Center for Infants, Toddlers, and Families.
4. Pawl, J. H. & St. John, M. (1998). How you are is as important as what you do... in making a positive difference for infants, toddlers, and their families. Washington DC: Zero to Three/National Center for Infants, Toddlers, and Families