

Sustaining Infant and Early Childhood Mental Health Consultant in Their Jobs

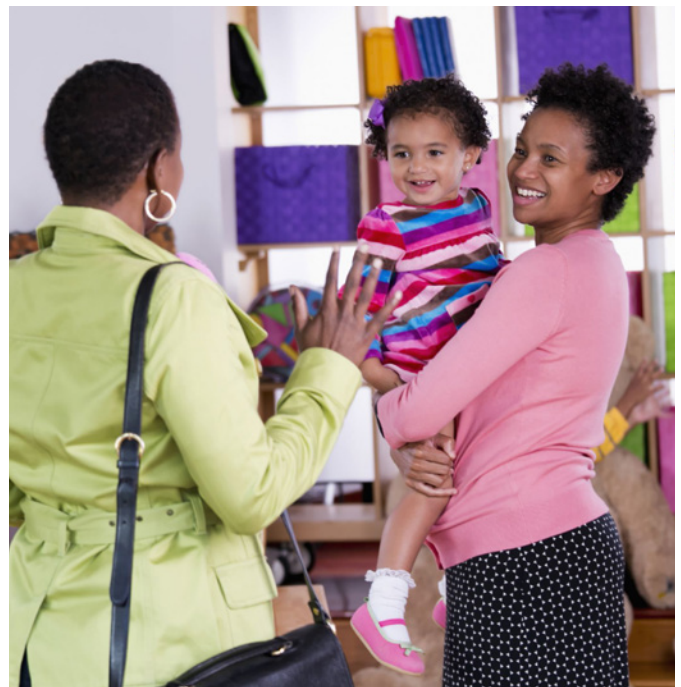
Once a mental health professional has been successfully recruited and trained to provide infant and early childhood mental health consultation (IECMHC) services, a management team's¹ priority becomes retaining that now well-trained consultant. Organizational psychology literature suggests that high levels of worker satisfaction predict staff retention. Key programmatic features that support worker satisfaction include that staff feel valued, are included in decision-making, and are provided with opportunities for professional growth.

Supporting Staff's Sense of Value

Staff feel valued when they see their work as having purpose and a positive impact and are recognized when they do good work.

THE VALUE OF IECMHC

A growing body of research on IECMHC documents positive outcomes for infants, young children, and families in a range of domains after they have engaged in consultation. See the Center of Excellence for Infant and Early Childhood Mental Health Consultation's (CoE's) *Status of the Evidence for Infant and Early Childhood Mental Health Consultation* (<https://www.iecmhc.org/wp->



[content/uploads/2021/02/CoE-Evidence-Synthesis.pdf](#)) for a synthesis of evidence. It is important to communicate the impact of IECMHC to consultants. In day-to-day work with systems that change slowly, it can be difficult for them to see their positive impact. Often mental health professionals choose to become consultants so that they can help infants, young children, and families in a new way. Presenting IECMHC's track record is one way to impress upon consultants the value of their work.

¹"Management team" refers to individuals who have direct and regular oversight of consultants. This may be the consultation program director, manager, and/or reflective supervisors.

As described in the CoE's evidence syntheses, it has been demonstrated that IECMHC helps:

1. Improve infants' and young children's social-emotional well-being by increasing social-emotional competence and reducing challenging behavior.
2. Improve consultees social-emotional support for young children, for example, by increasing their knowledge about social-emotional development and their sense of self-efficacy in managing challenging behaviors.
3. Decrease consultee stress, and reduce job turnover.
4. Improve classroom climate and center quality.

Furthermore, it has been repeatedly demonstrated that the strength of the consultant-consultee relationship predicts better outcomes for consultees and infants and young children. This highlights the value of the consultant role in achieving positive outcomes for consultees. The value of IECMHC needs to be emphasized regularly by program leadership² and the management team.

Supporting consultants is essential. The parallel process³ is real—management team members support consultants so they can in turn support participants, who are then better able to optimally support infants, young children, and families.

CONSULTANT RECOGNITION

Consultants should feel seen and appreciated for who they are as individuals as well as for the work they do. If applicable, the management team should prioritize informing program leadership about consultants' personal and professional accomplishments. Program leadership needs not only to know about what is happening on the ground but also to acknowledge and celebrate individual and program successes with consultation staff.

²"Program leadership" refers to individuals who have direct oversight of the management team. This may be a department head, an agency executive director, and/or an individual who directs several programs within an agency. Program leadership is not involved in the day-to-day management of the consultation program.

³"Parallel process" is the concept that an experience in one relationship can be transmitted to and impact other relationships and that characteristic ways of relating in one context are replicated, often unconsciously, in other contexts.

Simple strategies for how the management team can recognize staff:

1. Send private and/or program-wide emails praising staff for good work; consider cc'ing program leadership on some of these emails.
2. Connect with consultants during unscheduled times when they are on site, as this can be an infrequent occurrence given the field-based nature of IECMHC work.
3. Organize group celebrations or acknowledge life events (birthdays, farewells, weddings, new family members).
4. Share positive input from participant surveys. Consider including quotes from a few consultee responses to open-ended surveys; they mean a great deal to consultants and can help them understand how they helped consultees.
5. Say thank you!
6. Arrange a potluck, coffee, or happy hour. Consultants often work out of their car and in isolation. The opportunity to connect with co-workers has to be orchestrated. Creating intentional forums for interaction is valued and valuable.

Inclusion in Decision-Making

Consultants want and deserve a say in the work they do. When changes to policies or procedures that affect them are being considered, they need a chance to weigh in. This does not mean that majority rules, but leaders must carefully consider input from those directly involved in service provision, including those whose experience and identities differ from the experience and identities of management and/or of the majority of the consultation team. Involvement in determining the direction and conditions of their work

lives helps consultants feel trusted, heard, and included. Consultants also want to know about future directions and upcoming changes. Regular communication with consultants allows them to remain aware of and invested in future projects.

To build an inclusive consultation team, it is essential to create an environment in which all members feel that they can be their authentic selves and that their perspectives and input are valued, even if their perspective differs from that of management or the majority. Fostering collaboration and coherence requires a management team that is responsive to all team members and does not center dominant culture.

Here are few suggestions for how the management team can encourage consultants to contribute to program planning:

1. Provide opportunities during group and individual administrative and reflective supervision to talk about program planning, development, feedback, and recommendations.
2. Provide consultants with opportunities to serve on subcommittees for new or changing initiatives.
3. Produce and disseminate a consultant-satisfaction survey.
4. Survey consultants about their supervision. It's important to know how supervision is going. Occasionally, the relationship between consultant and supervisor may need support.
5. Schedule regular all-staff meetings, and include announcements about new initiatives or changes as well as opportunities for consultants to provide input on upcoming decisions.
6. Send out a quarterly staff newsletter that recognizes individual and program successes and announces upcoming changes, events, or opportunities for consultants.
7. Acknowledge new consultants entering the system as well as those who depart.
8. Regularly convene all staff for training. Trainings provide opportunities for recognition, consultant input, and growth.

Opportunities for Growth

Most people want to grow professionally, both in experience as well as in role advancement. In some IECMHC systems, opportunities to advance professionally without leaving the organization are limited. So, what can managers do?

Some simple strategies for how managers can provide consultants with growth opportunities:

1. Arrange caseloads that include a range of service settings (e.g., home visiting; family, friend, and neighbor child care) as well as a range of sizes and intensities of need.
2. Arrange caseloads that include direct clinical work if the employing agency provides clinical services.
3. Provide opportunities for consultants to serve as team lead or consultant mentor to recognize an experienced consultant's skills and help less-experienced consultants grow.
4. Provide opportunities for consultants to supervise or manage projects.
5. Provide opportunities for peer support, for example, virtual or in-person monthly "brown bag" lunch discussions.
6. Create a professional-development plan annually with consultants, with attention to areas of interest.
7. Provide opportunities for consultants to present at conferences or to other programs by spotlighting IECMHC or infant mental health topics.
8. Start a book club. Purchase books or distribute articles pertinent to IECMHC, and schedule meetings to discuss them. The meetings can have the feel of a casual book club while deepening consultants' understanding of important concepts related to IECMHC. For a list of suggested books, see Appendix A.

APPENDIX A. Book Club Books and Articles (from Smart Support, AZ)

Aguilar, E. (2020). *Coaching for Equity: Conversations That Change Practice* (1st ed.). Jossey-Bass.

Colker, L. J., Erdman, S., & Winter, E. C. (2020). *Trauma and Young Children: Teaching Strategies to Support and Empower*. The National Association for the Education of Young Children.

Davies, D. (2020). *CHILD DEVELOPMENT: A practitioner's guide*. Place of publication not identified: GUILFORD.

der Kolk, V. B., MD. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (1st ed.). Viking.

Derman-Sparks, L., & Edwards, J. O. (2020). *Anti-Bias Education for Young Children and Ourselves*, Second Edition (2nd ed.). The National Association for the Education of Young Children.

Dombro, A. L., Jablon, J., & Stetson, C. (2020). *Powerful Interactions: How to Connect with Children to Extend Their Learning*, Second Edition (2nd ed.). The National Association for the Education of Young Children.

Gopnik, A. (2016). *The gardener and the carpenter: What the new science of child development tells us about the relationship between parents and children*.

Hoffman, K. (2017). *Raising a secure child: how circle of security parenting can help you nurture your child's attachment, emotional resilience, and freedom to explore*. New York, NY: Guilford Press.

Howes, C., & Ritchie, S. (2002). *A matter of trust: Connecting teachers and learners in the early childhood classroom*. New York: Teachers College Press.

Jennings, P. A. (2015). *Mindfulness for teachers: Simple skills for peace and productivity in the classroom*.

Johnson, K., & Brinamen, C. (2006). *Mental Health Consultation in Child Care: Transforming relationships among directors, staff and families*. Washington DC: Zero to Three.

Koplow, L. (2007). *Unsmiling faces: How preschools can heal*. New York: Teachers College Press.

Lipsky, L. D., & Burk, C. (2018). *Trauma stewardship: An everyday guide to caring for self while caring for others*.

Neff, K. (2021). *Fierce Self-Compassion: How Women Can Harness Kindness to Speak Up, Claim Their Power, and Thrive*. Harper Wave.

Nichols, M. P. (2009). *The lost art of listening: how learning to listen can improve relationships*. Guilford Press.

Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2013). *Crucial conversations: Tools for talking when stakes are high*. New York: McGraw-Hill.

Stevenson, B. (2021). *Just Mercy: A Story of Justice and Redemption*. Scribe Publications.

Tronick, E. & Gold C. (2020). *The Power of Discord: Why the Ups and Downs of Relationships are the Secret to Building Intimacy, Resilience and Trust*. New York: Little Brown Spark

Supervisor Book Clubs

Brown, B. (2018). *Dare to Lead: Brave Work. Tough Conversations.* Whole Hearts. VERMILION.

Heller, S. S., & Gilkerson, L. (2011). *A Practical Guide to Reflective Supervision* (1st ed.). Zero to Three.

Heffron, M. C., & Murch, T. (2010). *Reflective Supervision and Leadership in Infant and Early Childhood* (1st ed.). Zero to Three.

Hardy, K. & Bobes, T. (2016), *Culturally Sensitive Supervision and Training: Diverse Perspectives and Practical Applications.* London: Routledge

Hardy, K. and Bobes, T. (2017), *Promoting Cultural Sensitivity in Supervision: A Manual for Practitioners.* New York and London: Routledge

Articles

A.F. Lieberman, E. Padro'n, P.Van Horn, W.W.

Harris, *Angels in the Nursery: The Intergenerational Transmission of Benevolent Parental Influences*, *Infant Mental Health Journal*, Vol. 26(6), 504-520 (2005)

D. Davies, *Misreading Trauma Symptoms in Children 0-5 as Behavior Disorders*, *The Infant Crier* #121, Michigan Association of Infant Mental Health p. 4-8

G. Cooper, K. Hoffman, B Powell, *Circle of Security in Child Care; Putting Attachment Theory into Practice in Preschool Classrooms*, Zero to Three January, 2017

G. G. Williamson, M Amzalone, *Sensory Integration: A Key Component of the Evaluation and Treatment of Young Children with Severe Difficulties in Relating and Communicating*, Columbia University, NY

J. Pawl, *Being Held In Another's Mind*, WestEd, (2006)

K. Cosgrove, L Gilkerson, A. Leviton, M. Mueller, C. Norris-Shortle, M. Gouvea, *Building Professional Capacity to Strengthen Parent/ Professional Relationships in Early Intervention: The FAN Approach*, *Infants & Young Children* Vol. 32, No. 4, pp. 245-254 (2019)

L.G. Gillespie, N.L. Seibel, *Self- Regulation: A Cornerstone of Early Childhood Development*, NAEYC, (2006)

M.C. Heffron, B. Ivins, D. Weston, *Finding An Authentic Voice, Use Of Self: Essential Learning Processes for Relationship-based Work*, *Infants and Young Children*, Vol. 18, No. 4, pp. 323-336, (2005)