



MENTAL HEALTH IN INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Why Mental Health Training is Essential to IECMH Consultants



INTRODUCTION

Infant and Early Childhood Mental Health Consultation (IECMHC) is an evidence-informed, multilevel mental health service that spans the care continuum from promotion, prevention, to intervention. The indirect practice pairs a mental health professional with other providers who offer services to young children and their families (prenatal – 6 years of age) to promote and, when need be, enhance the social-emotional wellbeing of all involved participants.

The aim of IECMHC is to increase social-emotional awareness and knowledge, enhance reflective confidence and competence, and promote culturally, linguistically responsive, and equity-informed practice in the adults that surround and support young children.

Mental health trained practitioners are one of the many professions in the multidisciplinary field of Infant and Early Childhood Mental Health (IECMH). Mental health consultants practicing in the early childhood sphere are typically referred to as Early

Childhood Mental Health consultants. The moniker has contributed to the misassumption that knowledge of the broad-based foundational principles of IECMH are sufficient for the practice of mental health consultation. While the knowledge, skills, and perspectives of IECMH are essential, they are not synonymous with mental health training.

Training and licensure in one of the mental health disciplines (i.e. psychology, social work, psychiatry, counseling) increases the likelihood of having the body of knowledge described below. Yet it is important to acknowledge that training and licensure does not guarantee that a mental health professional

KNOWLEDGE BASE

Mental health professionals bring to the work of consultation a knowledge of the multitude of factors that influence child development, behavior, and social emotional well-being. This includes areas such as contributors to and expressions of neurodiversity in infant and early childhood development; mental wellness and disorder in infancy, early childhood, and adulthood; screening and assessment protocols; cultural/ sociopolitical/environmental/situational influences on behavior; the impact of trauma, including racialized, historical trauma, and resilience.

Mental health professionals, specializing in infancy and early childhood, understand what factors promote healthy development and those that may compromise it. They fully comprehend the transactional nature of development and attend to the contribution of both the child and adult in determining the trajectory of a child's development. They are trained observers of the behavioral indicators that people are faring well or not, either globally or with respect to specific relationships or aspects of their lives, and are fluent in mental health interventions that are grounded in theory, best practice standards, and ethics. In addition, mental health professionals are mindful of and deliberately look for the strengths that children, caregivers, and communities have (constitutionally, environmentally, cognitively, physically, socially, emotionally, relationally), while being clear-eyed

possesses, or is able to adapt their knowledge and skills to the consultative modality.

Mental health consultation is not therapy; however, it does involve implementing skills of a professional mental health provider. It is this unique mental health perspective that distinguishes mental health consultation from other forms of consultation or coaching that provides support to young children and the adults who care for them. Let's think about some of the important mental health concepts and psychological processes that IECMH consultants employ to understand, support, and build capacity in consultees.



about the challenges they face. The mental health professional is skilled in augmenting and building on the strengths that individuals and institutions have. In the role of mental health consultant, they are often helping adults notice and underscore the resilience and strengths of children, families, and communities, while not shying away from identifying and addressing early signs of disturbance.

SUPPORTS CHILD-ADULT RELATIONSHIPS

The infant/young child-caregiver relationship is of central importance to a child's emotional, social, cognitive, and language development. It is within these caregiving relationships that the infant/young child develops their core sense of self and sense of what can be expected from the world and relationships. Mental health professionals trained in the specialization of infancy and early childhood recognize the importance

of this relationship and the value in developing an understanding of the relationships that children and parents/caregivers co-create. Gaining an understanding of these important relationships involves not only observable interactions (how they act together), but also their internal representations of each other and of their relationship (how they think, feel, experience each other).

ALLIANCE DEVELOPMENT

Mental health professionals understand the importance of and how to create relationships for change with adults. Prominence is given to, and research has (Davis, Shivers & Perry, 2018; Davis, Barreuco & Perry, 2020) demonstrated the importance of the relationship between the mental health consultant and adults in the child's life. Mental health professionals are aware of impediments to alliance and able to address factors that impede alliance such

as: issues of trust, defense mechanisms, consultee's own history of being parented, experiences of racism and other forms of oppression, unacknowledged power differentials, and cultural misattributions.

Likewise, mental health professionals are skilled at implementing strategies to support alliance development, such as: use of observation, choice about port of entry,¹ finding a joint focus for the work, and facilitating goal setting.



¹ Port of entry is a psychoanalytical term first used by Stern (1995) regarding interventions within the mother-infant relationship. It refers to where the mental health professional is going to focus their intervention. The belief is that focusing on one element or aspect can impact the entire system.

CLINICAL SKILLS

Mental health professionals are skilled in a variety of clinical techniques to support client change, such as: establishing and maintaining a therapeutic stance; recognizing when to be direct vs. adopting a watch-and-wonder approach; engaging in reflective dialogue; tolerating ambiguity and complexity; addressing interpersonal conflict; assessing, bypassing, or gently challenging defenses; and applying mental health research.



Establishing and Maintaining a Therapeutic Stance

The therapeutic stance is a way of relating to the consultee that includes intentionally and authentically approaching the other with empathy, positive regard, a non-judgmental attitude, and curiosity and interest in their subjective experience. Mental health professionals continually recalibrate their responses to attune to the unique needs of the consultee. A therapeutic stance permits flexibility, responsiveness, and is individualized as opposed to prescriptive or predetermined. In addition, the therapeutic stance involves an awareness of the importance of maintaining professional boundaries and supporting others in clearly defining the limits of their role and responsibilities.

Recognizing When to be Directive vs Adopting a Watch and Wonder Approach

To develop an understanding of the children, families, and staff with whom consultants work it is important not to rush prematurely to intervene or “fix it,” but rather maintain a posture of openness and curiosity, thereby inviting consultees to suspend judgment in favor of a process of discovering the meaning of, or explanation for, behavior in both children and adults. Mental health professionals are highly trained and skilled observers. They are skilled at using observation to develop an understanding of the children, families, and staff with whom they work; to understand providers’, parents’, and caregivers’ internal representations; and to learn about relationships by observing interactions.

Mental health professionals are familiar with a variety of interventions that are helpful in setting or returning psychological, social, emotional, behavioral, and relational functioning to a healthy trajectory. Although they will not intervene *directly* in their role of consultant, as they would in the role of psychotherapist, the mental health consultant’s expertise can support a successful referral to mental health resources (See [Bridging Infant and Early Childhood Mental Health Consultation to Direct Mental Health Services](#)).

Engaging in Reflective Dialogue

Mental health professionals are themselves the actual “tools of the trade,” and therefore must have highly developed capacities for introspection and insight. By extension, the mental health consultant is able to support, or where need be, to enhance, consultees’ reflective functioning so that they are more attuned to their own mental states, less thrown off by children’s behavior, and more responsive to children’s and families’ needs.

Embracing Emotional Complexity

Mental health professionals appreciate that affective expression is meaningful, important to understand, and essential to fully grasp a situation or issues. A mental health orientation gives priority to acknowledging and understanding emotions before moving into action. Therefore, mental health professionals don't shy away from, but rather embrace emotional expression.

Mental health professionals are skilled at leaning into and remaining with intense affect and have the capacity to hold, metabolize and, when need be, contain big feelings in a safe manner. The ability to sit with, untangle, and eventually understand the origins of strong feelings rather than rushing to fix a situation sends the message that emotion has meaning, can be tolerated, and when understood can contribute to collaboratively generating potential solutions.

Addressing Internal and Interpersonal Conflict

Mental health training predisposes the practitioner to attend to internal and interpersonal obstacles that may interfere with finding solutions to problems. An individual's past experiences can cause inner turmoil or make it difficult to entertain another's viewpoint, leading to distress and disputes. Appreciating the impact of past experiences on current perceptions, the mental health professional attempts to understand contributors to conflict and disentangle the present situation from the "ghosts" that are impeding progress. An individual's internal discord can lead to dysregulation or distortions that interfere with accurately assessing a situation or attuning to others' needs. In addition, discord between people, in this case consultees, can interfere with contingent caregiving or leave children/families stuck between and confused by the inconsistency of important providers in their lives. Experienced at expecting and holding different perspectives equally, a mental health professional can tolerate disagreement, embrace the richness that different viewpoints can contribute to understanding a situation, contain affect when needed, and represent one person's perspective to another without rancor.

In mental health consultation it is not uncommon for the mental health consultant to be faced with situations where consultees are in conflict, such as a teacher and parent or caregiver, co- teachers, a program manager, and provider. The consultant's mental health training and experience allow for the consultant to support the consultees in regulating themselves in times of disagreement and engaging in productive dialogue based on an understanding and appreciation of the other's perspective.

The field of infant mental health and psychodynamic theories place great emphasis on individual and dyadic relationships. It is equally important to consider socio-cultural-political influences. A collectivist worldview is held by many cultures and therefore needs to be considered as an agent of change. The Consultative Stance (Johnston & Brinamen, 2006) recognizes this collectivist viewpoint as central to bringing about transformational experiences. For example, in referring to "mutuality of endeavor" the Consultative Stance emphasizes the value of collaborative meaning making. Shared historical trauma and ongoing structural oppression needs to be centered to understand community distress and dysregulation. Conversely, cultural conventions and collective strength can be engaged to support transformative healing.



Applying Mental Health Research

Mental health professionals have a responsibility to stay abreast of the latest research related to mental health processes, intervention, and outcomes. Two areas of study specific to mental health consultation are: relational impact and trauma. In terms of psychotherapy outcomes, the relationship between therapist and client has been shown to be instrumental. Characteristics including mutuality, flexibility, collaboration, and the ability to repair ruptures matter more than the orientation of the therapist (Fluckiger et al., 2018; Norcross & Lambert, 2018). Similarly, recent studies of IECMHC show that its effectiveness hinges on the quality of the consultant-consultee relationship. The relational characteristics that positively influence mental health treatment outcomes have a similarly beneficial impact in IECMHC. Focusing on the characteristics of mental health consultation that correlate with effectiveness, Green, Everheart, Gordon and Gettman (2006) found that the quality of the mental health consultant-staff relationship was the single most salient predictor of perceived efficacy of ECMH consultation services. Subsequent studies (Duran et al., 2009; Roeser, 2009; Virmani et al., 2013; Virmani & Ontai, 2010) confirm

a link between the strength of the consultant-provider relationship and a range of positive program, caregiver, and child outcomes, including teacher sensitivity, warmth, responsiveness, and child-provider attachment. A positive consultant-consultee relationship is especially impactful when the child who is the focus of consultation is a child of color (Davis, Shivers & Perry, 2018; Shivers, Fargo & Gal-Szabo, 2021).

There has been an increasing amount of research on the impact of trauma and on how to respond to individuals who have been exposed to trauma. The integration and application of this research is referred to as Trauma-Informed Care. This approach necessitates a sensitivity to the widespread occurrence of trauma, knowledge of the signs and symptoms of trauma, and a collaborative stance that intentionally aims to avoid re-traumatization. Mental health consultants hold in mind the likelihood that some of the children and adults they encounter will have experienced, or are experiencing, traumatic events or conditions. Thus, mental health consultants support consultees in implementing trauma-informed care into their setting.



PSYCHOLOGICAL MINDEDNESS

Mental health professionals are proficient in psychological mindedness which includes: maintaining self-awareness, considering the meaning of behavior, understanding defense mechanisms, considering the present within the context of the past, and understanding the impact of relationships on relationships (parallel process).



Maintaining Self-Awareness

Mental health professionals are trained to cultivate self-awareness through a practice of self-reflection. They recognize the importance of maintaining an awareness of their own identities, assumptions, reactions, feelings, biases, projections, selective attention, etc. and consider how these experiences and resulting expectations might influence their perceptions, actions, and interactions. In addition to maintaining an awareness of their own internal processes, mental health professionals attempt to understand the subjective experience and internal processes that shape the way adults and children see themselves and others, and influence their interactions. Understanding another's subjective experience (e.g., "That child is a monster!") is not synonymous with agreeing, but it is necessary to know where to aim the intervention and to convey to the other that you "get it."

Recognizing Behavior has Meaning

The notion that behavior has meaning, and that meaning matters is central to a mental health consultative practice. This principle is true for adults as well as children. Young children's limited language makes accurate interpretation of their behavior crucial. Consultants observe, interview, utilize measures, hypothesize, revise their hypotheses, and entice caregiving adults to join them in the process of understanding children's behavior in the service of meeting the needs the behavior represents. Careful observation and obtaining information and impressions from caregivers and consultees is essential to fully understanding children and to co-creating a shared meaning with their caregiving adults.

Understanding Defense Mechanisms

All of us use defense mechanisms. They are a way for an individual to protect themselves from real or perceived threats. They become problematic when the extent of the danger is distorted, they are over-used, used inflexibly, and contribute to more difficulties for the person or their relationships than they ameliorate. Mental health professionals, operating from a psychodynamic-informed perspective, consider these strategies people unconsciously employ to protect themselves from overwhelming anxiety, distress, loss of self-esteem, and other intolerable emotions. Understanding the defense mechanisms that people use helps mental health consultants to address perceptions and resulting behaviors that are interfering with offering attuned responses to children and families.

Being Aware of Transference and Countertransference

Countertransference occurs when positive or negative feelings or reactions are unconsciously evoked within the helping professional (in this case the mental health consultant) by the client (a consultee or a child/family who are the focus of consultation). At times, these reactions may be more related to the consultant's own life (past or present) and may

become problematic because they cloud a true view of the consultee. At other times, the feelings or reactions may be an indicator that the consultant is picking up on something about the consultee which has not been explicitly expressed or acknowledged. Perhaps, it is even unknown to the consultee. For example, when a mental health consultant is angrily rebuffed by a teacher but notices that s/he feels sad rather than irritated, as might have been expected, the consultant may be picking up on the teacher's own sadness. Transference describes the consultee's unconscious assignment of feelings, attitudes, perceptions, reactions that belong to another person from another time in the consultee's life. It is useful to consider, especially when the consultant has the sense that a consultee's responses do not fit the relationship (e.g., help-rejecting when the new and well-meaning consultant offers assistance) or is more intense than the situation would seem to warrant.

Understanding and Appreciating the Parallel Process

The parallel process was originally identified by Harold Searles (1955) to describe parallels between the supervisory relationship and the therapeutic relationship that reflect central challenges for the therapist and patient. In the specialties of infant mental health and IECMHC, this concept is construed more broadly to include the multiple relationships that exist with and around young children that may exert their influence on children's development. It is used in IECMHC to describe the parallels that exist within the network of child-adult relationships (supervisor-consultant, consultant-consultee, consultee-family, family-child). The implication is that how people are treated influences how they feel about themselves and treat others.

Consultants are mindful, therefore, that the ways in which they "show up" for parents, directors, childcare providers, teachers, home visiting supervisors and staff—with dependability, authenticity, empathy, a collaborative spirit, and so on—may influence those adults to offer those same qualities to each other and to the children/families they serve. Mental health consultants, therefore, treat consultees as they



hope consultees will treat children and families. This understanding of the parallel process is captured by what has been termed the "platinum rule:" "Do unto others as you would have others do unto others" (Pawl & St. John, 1998).

Recognizing Past Experience Matter

Mental health consultants recognize that the past has set a context for what we see in the present. It establishes expectations. The past colors new experiences with the shades of seemingly similar experiences from another time. Consultants appreciate that there is a relationship between the past and the present. They recognize that the present does not exist in a silo, and they are skilled at considering how the past, be it an individual's personal past, more remote family generational past, and/or historical past, may be impacting current behavior or interactions. As William Faulkner famously observed, "The past is never dead. It's not even past." (*Requiem for a Nun*, 1950).

CONFIDENTIALITY

Whether in consultation or therapy, the mental health professional abides by the same parameters regarding privacy. These guidelines are particular to, and different than other professions. Mental health professionals are beholden by license and scope of practice to maintain confidentiality except in instances of harm to oneself or others. It is important that the client or consultee understands confidentiality and its limits. The guarantee of privacy often allows the client (or consultee) the level of comfort to disclose concerns, experiences, or insights that they would not be comfortable sharing without that protection.

CONCLUSION

In conclusion, the mental health knowledge and skills described here require specific coursework, ample experience, and clinical supervision to master. We recognize that there is a greater need for mental health professionals in IECMHC than there are currently practicing.

Furthermore, we acknowledge that the field of IECMHC is not diverse and access to training in this area is not equitable. Often people of color do not see themselves represented in this field, and thus do not pursue it as a profession or are impacted by barriers that limit their ability to avail themselves of the requisite education and training.

Both the infant mental health and the mental health fields have made gains in the appreciation of the influence of culture and acknowledging the impacts of inequities, and yet both fields need to be more intentional in their integration of an equity, diversity, and inclusion lens. We recognize that we have made some gains, but that we still have far to go.

The Center of Excellence for IECMHC (CoE) holds the stance that ideally and when possible, IECMHCs should be licensed (or licensed eligible) mental health professionals.

Notwithstanding, the CoE also recognizes that there are many successful IECMHC programs around the

In consultation, as opposed to treatment, the “client” is not just the individual consultee but also the program and/or system. The aim of enhancing individual and systemwide capacities calls on the consultant to balance the needs of both. As it relates to confidentiality, this goal adds a layer of complexity. While maintaining personal privacy, the mental health consultant supports and encourages consultees in finding ways that they will be able to directly communicate with others (in the program or system) to improve relationships, program functioning, and the system.



country that have created multi-disciplinary teams. For example, a mental health consultant is paired with a non-mental health consultant who has expertise in other developmental areas (i.e., education, early intervention, health) who work together on a case. Or a case is assigned to a specialist based on the referring issue and a mental health professional is called in if needed or provides supervision on the case.

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