



# PROFESSIONAL DEVELOPMENT FRAMEWORK

## for Promoting Anti-bias Consultation

### **AS THE INFANT MENTAL HEALTH FIELD HAS EVOLVED, SO HAVE THE NEEDS OF THE FIELD.**

Many infant and early childhood mental health consultation (IECMHC) programs are serving the youngest and most vulnerable children (e.g. Head Start, public child care) and the most racially/ethnically, linguistically, and gender diverse children and families. To achieve equitable IECMHC outcomes for these children and families, professional development efforts must promote anti-bias consultation by explicitly and intentionally confronting bias, or issues that ignore racially, ethnically, and linguistically diverse children and families' histories, identities, and traumas. Therefore, it is critical that programs that provide IECMHC are part of professional development systems that have the goal of advancing anti-bias practice through providing opportunities to reflect on equity issues and practice engaging in difficult conversations. Further, we also need professional development systems that center relationships, reflection, and opportunities to

practice, and that move beyond merely supporting the acquisition of new knowledge and skills.

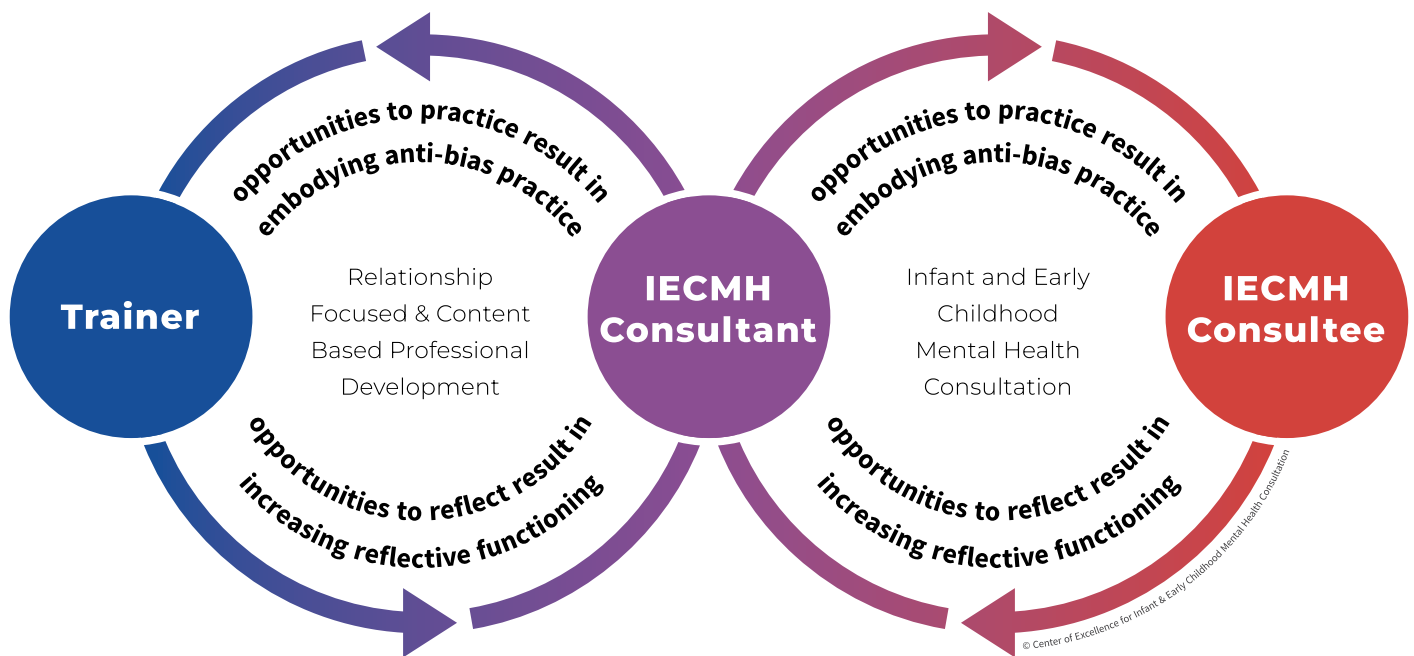
Professional development systems that promote anti bias and anti-racists practice need to simultaneously consider the competence of current supervisors and professional development trainers. Research shows that professional development programs designed to prepare consultants to work with diverse consultees must provide opportunities for thinking relationally, contextually, and culturally (Hardy & Bobes, 2017). While IECMH consultants generally report feeling comfortable bringing concerns about culture and race into supervision and other professional development opportunities, there are differences noted between what some racial/ethnic groups require. Emerging research shows that Black and Latino consultants feel less comfortable than White consultants when bringing concerns about culture and race to supervision (Shivers, Janssen, et al., 2022). Additionally, the research shows that consultants of color may have different needs related to culture and race from supervision than their White peers. For example, consultants identifying as White ranked specialization in non-dominant knowledge as less important than participants identifying as Black (Shivers, Janssen, et al., 2022). These differences

highlight the importance of recognizing and meeting the field where they are and providing every consultant with multiple opportunities and content on topics of race and culture.

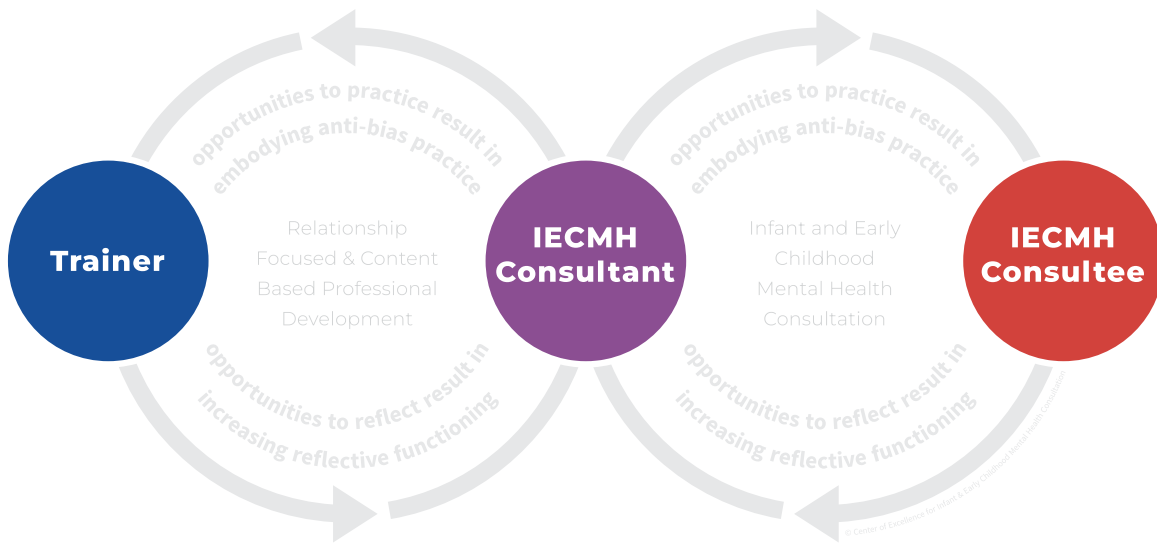
The Children’s Equity Project in partnership with Georgetown Center of Excellence for Infant and Early Childhood Mental Health Consultation, has developed a professional development framework for promoting equity-focused consultation. This framework depicts the parallel process that occurs when consultants have access to relationship-focused and content-based professional development that provide opportunities to practice having difficult conversations and to reflect on issues of bias. Further, inherent to professional development is creating a

safe learning environment that contains and uses the emotions the material can stir up and also cultivates the development of relationships. These relationships are critical in fostering a healthy “parallel process”; that is, the support professionals receive and provide for each other during training is then mirrored in their future interactions with families. Through the parallel process, consultants engage in IECMCH that provides their consultees with opportunities to practice and reflect, leading to their capacity to engage in anti-bias practice and increase their reflective functioning. Parallel process is the idea that an experience in one relationship can be transmitted to and impact other relationships.

## PROFESSIONAL DEVELOPMENT FRAMEWORK GRAPHIC



# Roles



## TRAINER

Infant and Early Childhood Mental Health trainers plan and administer professional development and programs that improve the skills and knowledge of their participants.



## INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTANT

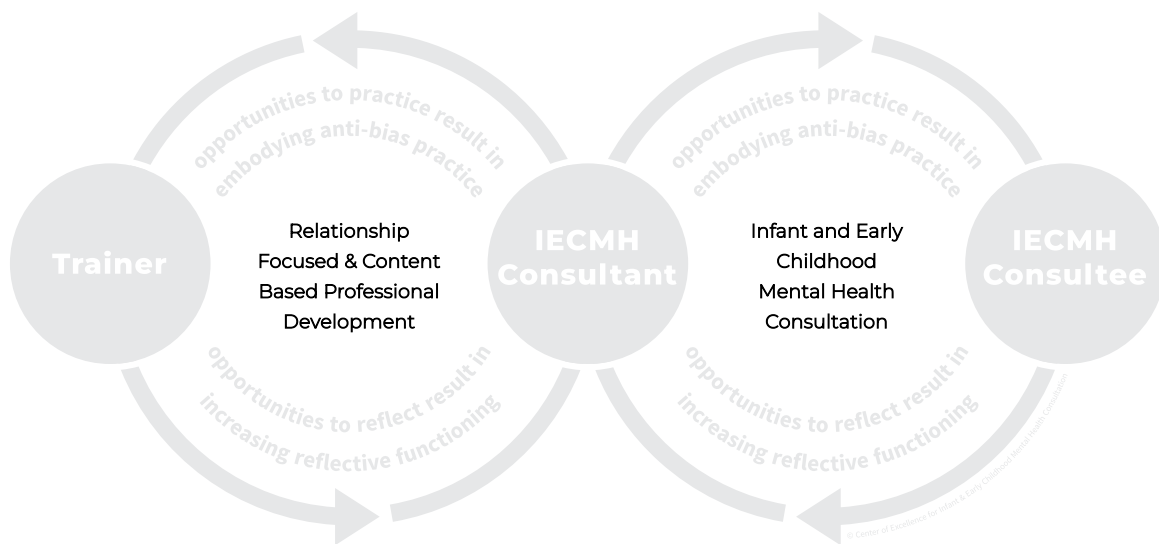
Infant and early childhood mental health consultants are highly-trained licensed or license-eligible mental health professionals with specialized knowledge in childhood development, the effects of stress and trauma on families, the importance of attachment for young children, and the impacts of adult mental health on developing children. Unlike other mental health professionals, IECMH consultants do not provide direct mental health treatment to young children or the adults who surround them. Instead, the consultant works indirectly by developing relationships with the adults in young children’s lives to build adults’ capacity to support children’s healthy social and emotional development – early and before formalized intervention is needed.



## INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTEE

Infant and early childhood mental health consultee is a person or group who work with children birth to eight, and receives services from an IECMH consultant to address the factors that contribute to an individual child’s (and/or family’s) difficulties in functioning well in the early childhood setting and/or to assist early childhood programs with issues that affect more than one child, staff member, and/or family.

# Relationship-focused and Content-based Professional Development



Emerging research shows that IECMH consultants prefer opportunities that are grounded in principles of adult learning or andragogy and are relationship-focused to advance equity through embodying anti-bias practice. These opportunities must be collaborative, and provide opportunities to practice and reflect (Catherine, 2024; Catherine, Schoch, Rand, & Perry, 2023). Andragogy is the art and science of adult learning (Knowles, 1984). Andragogy in Greek means *man-leading* in comparison to pedagogy, which in Greek means *child-leading*.

There are four principles of andragogy 1) adults need to be involved in the planning and evaluation of their learning, 2) learning is experiential, 3) adults are most interested in learning that has immediate relevance and impact to their life, and 4) adult learning is problem-centered rather than content-oriented. (Kearsley, 2010; Knowles, 1984).

In the context of IECMHC, andragogy must consider that (a) for the individual, learning is an issue of engaging in a community, (b) for the community, learning is a matter of refining its practices, and (c) for the organization to support learning, it needs to sustain these opportunities. To address bias these

opportunities must also include exercises that include de-biasing activities (Devine et al., 2012) and building empathy (Okonofua et al., 2016; Okonofua et al., 2022).

## INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

IECMHC is rooted in relationship-based and reflective practice that recognizes the importance of strong, positive relationships that promote young children's social and emotional development. The principles of andragogy align with those of IECMHC given the relational nature of the approach. In fact, a key element in the theory of change is the quality of the relationship between the consultant and consultee. Relationship-focused professional development including communities of practice (CoP), Extension for Community Healthcare Outcomes (ECHO), reflective supervision and technical assistance foster collaboration, capacity building, and reflective practice. Relationship-focused professional development rests on the premise of improving outcomes by improving practice (Harris & Jones, 2010; Vescio, Ross, & Adams, 2008). Elements of relationship-focused professional development include provision of coaches and external support, the

use of models and opportunities to practice effective practice (e.g., anti-bias practice) and ensuring opportunities for feedback and reflection have been incorporated (Darling-Hammond et al., 2017). Research shows that these types of professional developments or learning communities are accepted as contributing factors for the improvement of teaching practices and the transformation of student learning (Darling-Hammond and Richardson 2009; Katz and Dack 2014; Kennedy 2016). These opportunities are often driven by the needs of the participants as they are naturally engaged in efforts to accomplish a goal (Vescio et al., 2008)

## **REFLECTIVE SUPERVISION**

Reflective supervision is a distinctive style of professional development with “teaching and learning strategies that are proactive, purposeful, and intentional (Borders, 2001, p. 417-418).” Reflective supervision also provides consultants meaningful opportunities to not only reflect, but also to practice engaging in diversity-informed and anti-bias practice. However, to do so supervisors must possess a culturally sensitive lens for supervision and initiate conversations about topics including bias and cultural diversity (Catherine, 2023; Hardy & Boes, 2017; Shivers et al., 2023). To do so, it is crucial that supervisors create a sense of safety that encourages and supports difficult conversations or discussions around challenging topics. Relationships between reflective supervisors and supervisees are reciprocal, as both partners impact and influence each other. Over time as professional relationships are formed, supervisors help consultants explore and get more information, not just about how children behave in the center but also about their history, and their experiences at home. Thus, the practice of reflective supervision is well suited for integration of conversations about bias as well as racism and anti-Blackness.

## **COMMUNITIES OF PRACTICE**

Community of practice theory emphasizes addressing issues of engagement through continual renegotiation and mutual responses that bind the members of the group together to produce a shared repertoire of

community knowledge and resources. Wenger and colleagues (2002) defines community of practice (CoP) as a group of people who share knowledge, learn together and create common practices (Wenger, McDermott, & Snyder, 2002). These communities are important in facilitating the construction of new knowledge and understanding, and in examining personal and collective values, attitudes and beliefs. CoPs are also a place where ideas are critically examined and some ideas may be challenged and debated, but in a respectful way. Evaluation data show CoP participants report improved knowledge, attitudes, and beliefs.

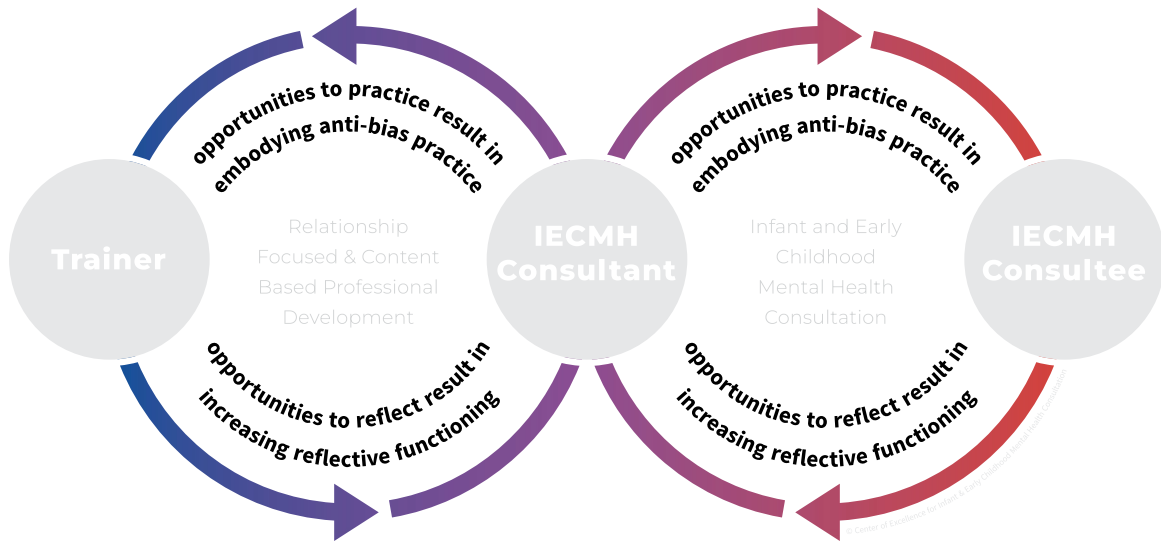
## **EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES**

The Extension for Community Healthcare Outcomes (ECHO) model is a relationship-focused andragogy in which implementation is based on four core components: using technology to leverage scarce resources, training on core professional development topics, case presentations and ongoing mentorship, and outcome measurement (Arora et al., 2017; Dahl, Sturges, Smith, Hardesty, Root-Elledge, Zlatkovich, & Moody, 2023). Evaluation data show that participants showed improvements in knowledge, attitudes, and beliefs. For example, COE evaluation data show that on average, in 2022 and 2023, 90% of ECHO participants reported improved knowledge, attitudes, beliefs.

## **TECHNICAL ASSISTANCE**

Technical assistance is almost always a mix of relationship focused and content based approaches. The term technical assistance is used widely in many different fields for describing the types of information sharing, expertise, instruction, training, consulting, and other supports for improving program, organization, or system capacity to achieve specific goals, objectives, or outcomes (Dunst, Annas, Wilkie, & Hamby, 2019). On average, COE evaluation data show 98% of programs participating in ongoing TA report improved knowledge, attitudes, and beliefs.

# Outcomes of Professional Development Process



## OPPORTUNITIES TO PRACTICE RESULT IN EMBODYING ANTI-BIAS PRACTICE

When IECMH consultants have opportunities to practice having difficult conversations they are better able to engage in these conversations with their supervisors and consultees (Catherine et al., 2023). Research suggests that creating guidelines for how to have difficult and potentially challenging conversations is essential (Hardy & Bobes, 2017; Lingras et al., 2021; Lingras, 2022). Some suggested guidelines for supervisors are to listen actively, respect silence, lean into discomfort, and be open to making mistakes, all in the context of safe relationships (Hardy & Bobes, 2017). These same attributes are also true for providers of professional development. Moreover, promoting and engaging in difficult conversations during professional development also increases consultants' confidence when engaging in difficult conversations with consultees, demonstrating the parallel process between trainer-consultant and consultant-consultee (Catherine, 2024; Catherine et al., 2023).

## OPPORTUNITIES TO REFLECT RESULT IN INCREASED USE OF REFLECTIVE FUNCTIONING

It is necessary that individuals are challenged and have opportunities to reflect to learn more about how their work can explicitly address and advance equity. Supervisors and professional development providers must ask open-ended questions that promote reflection and allow for individuals to recognize and understand one's own bias and professional use of self (Lingras, 2022). Participants must develop the capacity to reflect and understand one's own thoughts, feelings, and experiences, and how one's own behaviors, thoughts, and feelings can impact others. Research shows that opportunities to reflect also leads to sociocultural attunement and intentional efforts to understand the perspective of others (Shea, 2023). When IECMH consultants can recognize their own bias they are better able to support their consultees to set aside biases that may form based on a child's or family's cultural identities.

# An Example of Anti-bias Practice in IECMHC

Anti-bias practice in IECMHC refers to intentionally thinking and acting differently, especially when working on behalf of racially and ethnically diverse children and families (Catherine, 2024). Anti-bias practice in IEMCH requires consultants to hold space for some young racially/ethnically diverse children who have not had positive early emotion experiences, and to be prepared to support emotion related challenges such as dysregulation. It requires consultants to constantly examine how their biases exist within them, recognize when one's own biases perpetuate harm, and to question biases whenever they appear. To effectively do so, consultants must

have a deep understanding of the role of culture, and the construction of privilege and oppression, specifically anti-Blackness, gender identity, family identity, and ableism. When there is a general lack of awareness of these histories, biases can be formed. Biases include stereotypes, which are overly simplified generalizations about a group of people who share a common culture, race, nationality, or other characteristics. Most importantly, consultants must recognize the diversity of experiences of racially and ethnically diverse families, specifically experiences of bias, discrimination, and racial/ethnic socialization.

## EXAMPLE

Due to persistent requests for IECMHC and other supports for young Black boys' behaviors, despite no evidence that these children have any worst behavior, it is necessary for IECMH professionals to recognize and understand how Black families, and in some cases, Black preschool teachers engage in emotion socialization. Racial/ethnic emotion socialization suggests that due to experiences of bias and discrimination that some Black families teach their children, especially boys, to suppress their emotions or take a neutral stance (e.g., "control your anger") when interacting with white authority figures, namely police and teachers. (Dunbar, Lozada, Ahn, & Leerkes, 2022; Dunbar et al., 2017; Lozada et al., 2016; Stevenson, 2003; Thomas & Blackmon, 2015). This means, for many Black boys to survive they are socialized to suppress their emotions, inhibiting their ability to experience a full range of emotions.

In an emotionally rich environment such as preschool where it is safe to develop and express your emotions, young Black boys may find it difficult to manage the demand to express and suppress their emotional states simultaneously. As a result, supervisors, consultants, teachers and others who care for Black children, must shift their way of thinking from traditional understandings of emotion socialization, towards non-dominant ways of knowing, and recognize when other factors are at play such as racial/ethnic emotion socialization. Failure to do so will likely continue to subject Black boys to bias in the early learning setting.

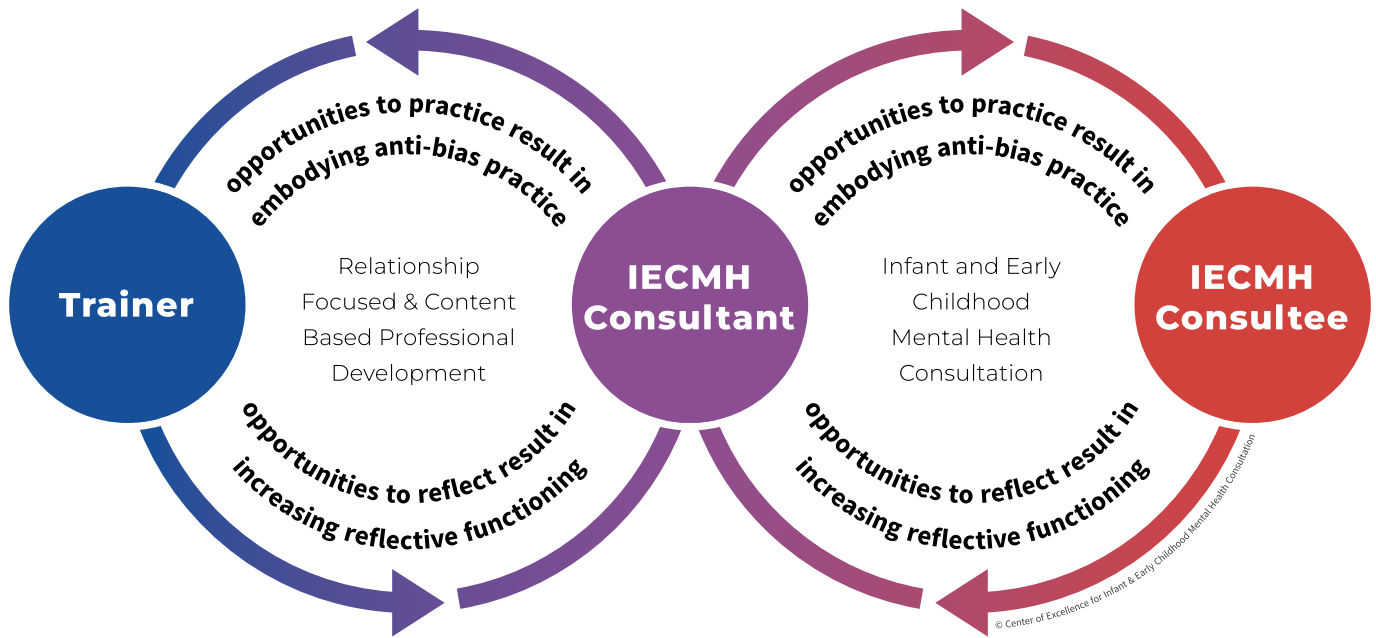
Therefore, in this example, for consultants to embody anti-bias practice when working on behalf of Black children who may show difficulty managing emotions, they require professional development opportunities that 1) include a community of learning built on trust and safety, 2) define and recognize racial/ethnic socialization, especially in the context of Black children, 3) include opportunities to reflect on the influence of racial/ethnic socialization on the ways Black children may express or experience their emotions, and 4) include opportunities for consultants to practice reflecting with and engaging in difficult conversations with other consultants. With this awareness, consultants can embody anti-bias practice by honoring the protective nature of racial/ethnic socialization, as well as, encourage the use of strategies that support young children's ability to not only experience and express emotions, but also to label, recognize, and understand their emotions, and the emotions of others.



# Conclusion

In conclusion, IECMHC is an effective approach for improving the mental health outcomes of the nations most vulnerable children. In order to continue to achieve positive IECMHC outcomes and shift attitudes and beliefs, every IECMHC professional must embody

anti-bias practices. To achieve this goal, professional development systems must be relationship-focused, provide opportunities to practice having difficult conversations and provide opportunities to reflect.





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