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Practice Summary & Implementation Guidance

Infant and Early Childhood Mental Health Consultation (IECMHC)

Infant and Early Childhood Mental Health Consultation (IECMHC) is an indirect, evidence-informed mental health service that pairs an experienced mental health professional with adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, home visiting, early intervention and primary care.

Cutting-Edge → Emerging → Promising → **Best**

Location	Topic Area	Setting
National/Multiple Locations	Mental Health/Substance Use	Community

Population Focus	NPM	Date Added
Perinatal/Infant Health; Child Health	N/A.	August 2021

Contact Information

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PRACTICE DESCRIPTION

Infant and Early Childhood Mental Health Consultation (IECMHC) is an indirect, multilevel service in which infant and early childhood mental health consultants (IECMH consultants) partner with the adults in young children's lives to build their capacity to foster healthy social-emotional development. With roots in infant mental health and community psychiatry, IECMHC is intended to be a force for social justice, serving children and families who are at risk for negative mental health outcomes and affected by systemic inequities by working to foster strengths in their caregiving environments. It spans the care continuum from promotion, prevention to intervention.

IECMHC is currently being implemented in a range of settings including early childhood education (ECE), home visiting, primary care, and child welfare in states, localities, and tribal communities across the country. While consultation may progress differently across settings, the mechanisms through which IECMHC leads to outcomes are universal.

IECMH consultants have mental health training as well as expertise in early childhood development. Their work is defined by what they do (their activities), as well as how they approach their role (the "consultative stance"). Activities of consultation are tailored to the needs of the specific consultee and program served, but often include: one-on-one consultations with adults in which they reflect upon the meaning of a child's behavior; supporting implementation of universal practices to enhance social-emotional development; consulting about strategies for managing child challenging behaviors; observing and assessing behavior and relationships to inform progress in consultation; facilitating communication among staff and/or caregivers; referring children and families to more intensive services as needed; and/or providing a space for consultee self-reflection (Hunter, Davis, Perry, & Jones, 2017). For example, when consultation takes plan in ECE, the consultant's work may include: assessing and addressing issues related to a program's structure, policies, procedures with program leadership; working with teachers to model and support implementation of positive behavioral supports in the classroom; and supporting meetings with a caregiver and teacher to collaboratively plan an approach to supporting a young child demonstrating challenging behavior.

Consultation is distinct from other related practices based on the consultants' way-of-being in the role, referred to as the "consultative stance." As defined by Johnston & Brinamen (2006), the consultative stance is articulated in ten tenets. Broadly, the stance demonstrates how IECMH consultants approach their work through a mental health lens with each consultee, such as: adopting a posture of patience and hope, conveying acceptance and non-judgment to create an environment conducive to self-disclosure, and co-creating goals. Examples of tenets include: "avoiding the position of the sole expert;" "wondering instead of knowing;" and "centrality of relationships." Through the consultative stance, the work of IECMHC Is therapeutic without being therapy.

According to findings from dozens of studies, children and adults involved in IECMHC show improvement in a range of domains after engaging in consultation. Findings will be described in

greater detail below, but include improved child social-emotional skills and improved adult skill and confidence in managing challenging behavior.

CORE COMPONENTS & PRACTICE ACTIVITES

Infant and early childhood mental health consultation helps adults care for young children in a manner that supports healthy social-emotional development. Consultants with expertise in early childhood and mental health collaborate with adults who work with young children - including educators, home visitors, and early interventionists - to improve relationships and environments for young children. The consultant and adult develop a trusting relationship that is guided by the consultative stance. They engage in meetings, observations, and activities to build the adults' knowledge, confidence and competence in managing young children's emotional needs. This relational process indirectly improves child outcomes and reduces disparities. This practice is individualized for each setting and consultee so there is no standardized duration for consultation, and the specific activities vary.

The core components can be understood in two ways: the core components for an IECMHC *program*, and the core components of the *practice* of IECMHC.

First, the core components of an IECMHC program were summarized in a mixed-methods study of IECMHC programs (Duran et al., 2009).

FIGURE 1 **FRAMEWORK FOR EFFECTIVE EARLY CHILDHOOD MENTAL HEALTH CONSULTATION PROGRAMS**
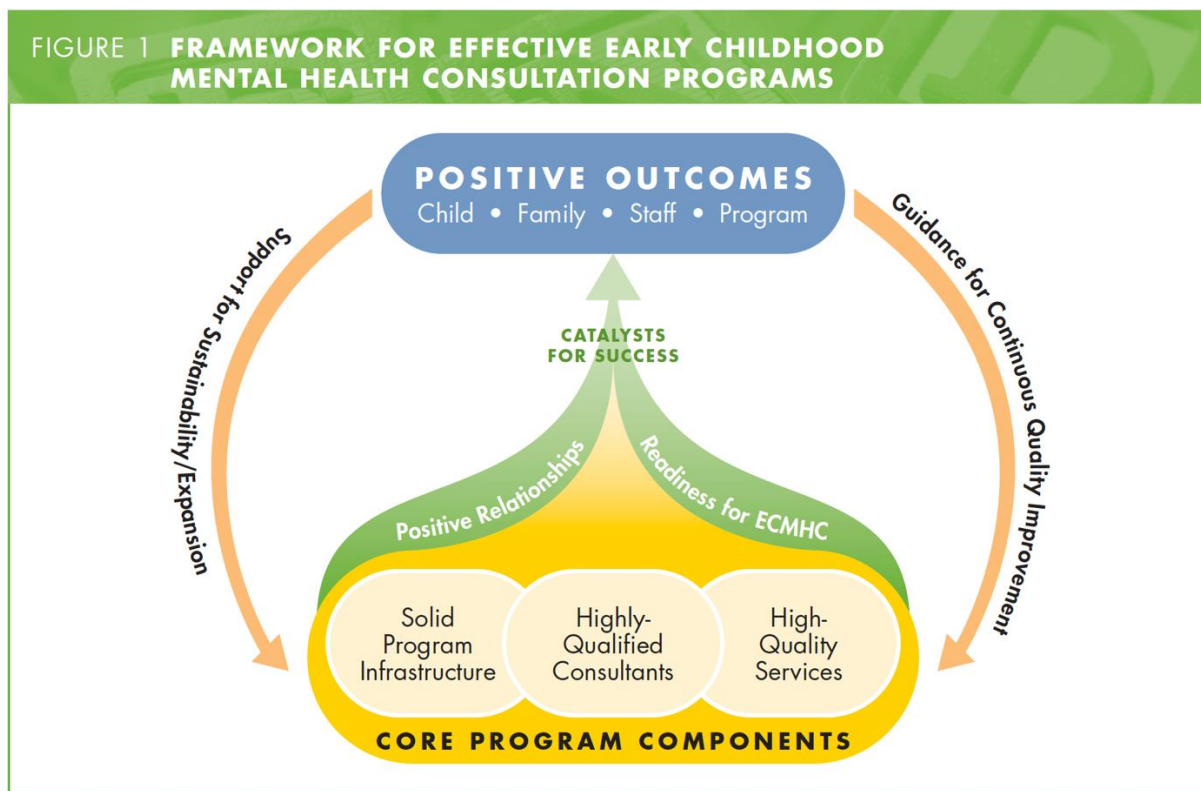
This framework suggests that there are five factors that are important in the design of an effective IECMHC program (i.e., a program that achieves positive outcomes). First, three core program

components must be in place: 1) solid program infrastructure (e.g., strong leadership, clear model design, strategic partnerships, evaluation, etc.); 2) highly-qualified mental health consultants; and 3) high-quality services. Further, there are two other elements that are essential to achieving positive outcomes and, in fact, serve as catalysts for success (i.e., as yeast is to other ingredients in making bread). These elements are: 1) the quality of the relationships between and among consultants and consultees; and 2) the readiness of families and providers/programs for IECMHC (e.g., openness to gaining new skills and knowledge, opportunities for collaboration). This diagram also underscores the importance of using evaluation findings/outcome data to guide program enhancements (i.e., a continuous quality improvement process) and to educate funders and other key stakeholders about the program's impact in order to promote sustainability and/or expansion.

Another way to understand the core components of IECMHC is to at the practice level rather than the program level. The theory of change below depicts IECMHC as an indirect, relationship-based intervention. Each element of the theory of change is critical for understanding IECMHC and for discussing opportunities to enhance equity. This theory of change is broad enough to be relevant for programs that vary in their populations served, locations and settings.
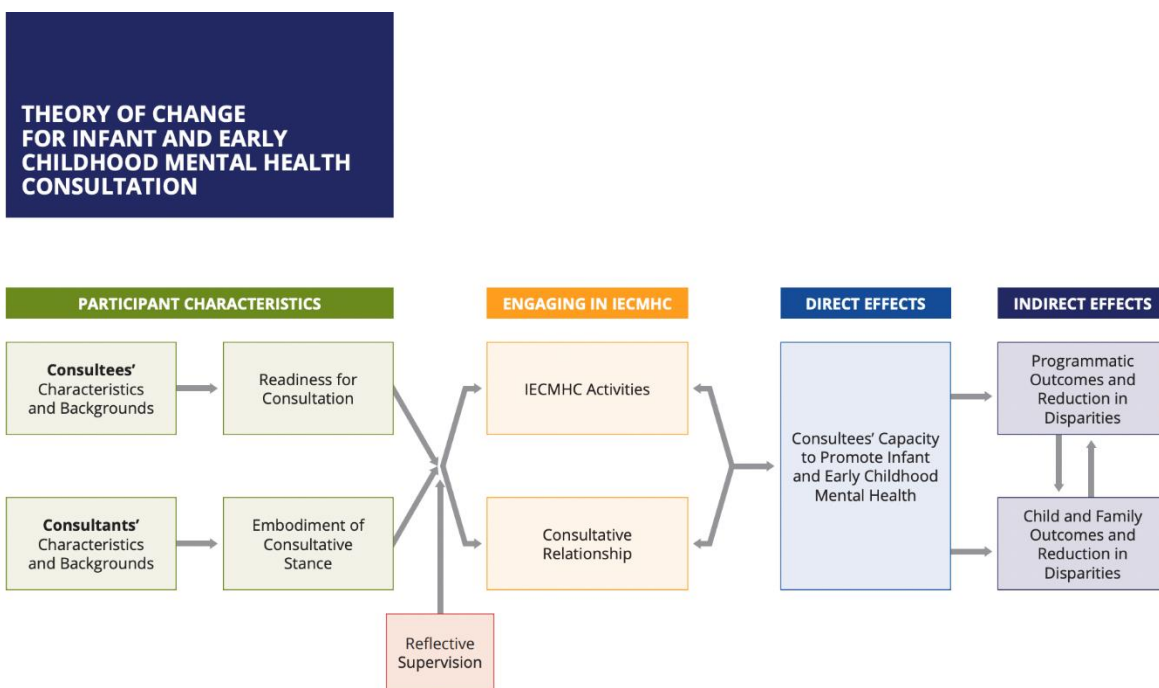
Indirect Effects

In the long term, IECMHC leads to improved child and family outcomes, such as improved social-emotional competence and reduced challenging behaviors. Consultation also aims to affect the program overall, through changes to outcomes such as organizational climate or program policies. Effective IEMCHC leads to increases in equity and reductions in disparities in early childhood populations and systems. In particular, it is critical that IECMHC not only lead to positive outcomes across the board, but that children and families experiencing – or at risk for – disparities in important social-emotional outcomes benefit most to close gaps in the long term. In addition, it is important to address disparities in the programs that serve young children and families, such that systemic inequities in community resources do not dictate the quality of early childhood services available to

children and families. The extent of progress in outcomes, and disparities in outcomes, is likely related to the "dose" of consultation provided, defined as frequency, intensity, and duration.
Programmatic Outcomes and Reduction in Disparities :Changes to improve the social-emotional context in which the child grows and learns. The "program" will depend on the recipient(s) of consultation, but may include the classroom, home visiting program, childcare program, and others. Outcomes should reduce disparities for participants within programs that may manifest by gender, race, income, linguistic background, and/or disability

Child and Family Outcomes and Reduction in Disparities :The mental health of infants and young children as well as the overall wellbeing of their families. Outcomes should reduce disparities for children and families within programs that may manifest by gender, race, income, linguistic background, and/or disability.

Direct Effects
As an indirect intervention, the long-term effects on children, families, and programs are made possible by preceding changes to the early childhood professionals who directly receive consultation. Engaging in IECMHC may affect the consultee psychologically (e.g., changes to self-efficacy, knowledge), relationally (e.g., increased warmth in caregiver-child interactions), and behaviorally (e.g., use of more effective behavioral supports). The extent of progress is likely related to the "dose" of consultation provided, defined as frequency, intensity, and duration.
Consultees' Capacity to Promote Infant and Early Childhood Mental Health

Changes to consultee's knowledge, perceptions, emotions, relationships, and behaviors as a consequence of consultation. These changes improve their ability to understand, empathize with, and respond sensitively to a child's social-emotional needs.

Engaging in IECMHC
The process of engaging in IECMHC involves a continuous interaction between what is done and how it is done. There are core activities of IECMHC that structure the time spent in consultation, and clarify how IECMHC is distinct from other early childhood interventions. In addition, engagement in IECMHC depends on the formation of a relationship between consultant and consultee that is trusting and collaborative. This special relationship and the activities of consultation influence each other reciprocally, and both are shaped by the consultant's participation in reflective supervision (Heller & Gilkerson, 2009; Parlakian, 2002).
IECMHC Activities :Engagement in the core/essential activities of IECMHC.

Consultative Relationship : A high-quality alliance between consultant and consultee characterized by trust, respect, responsiveness, non-judgment, equality, and shared vulnerability

Reflective Supervision:The availability, frequency, and quality of reflective supervision for the IECMH Consultant.

Participant Characteristics
Consultation is a relationship-based intervention, so the personal backgrounds of each participant are the building blocks of the work. All consultants and all consultees begin IECMHC with their own

professional and personal backgrounds and experiences, which influence their engagement in consultation. For consultees, their backgrounds may lead them to feel more or less open to and ready for consultation and the new ways of thinking and acting it may entail. For consultants, their own professional and personal experiences may impact their ability to adopt the consultative stance (Johnston & Brinamen, 2006)—which differs from how mental health clinicians may have been formally trained in graduate school.

Readiness for Consultation: The extent to which the consultee is open to working with the consultant and to considering new practices and ways of thinking. This could be operationalized at an individual level, programmatic level, and/ or leadership level.

Embodiment of Consultative Stance: The extent to which the IECMH Consultant demonstrates the ten tenets of the consultative stance as articulated in the Johnston & Brinamen (2006) book.

Consultees' Characteristics and Backgrounds: Personal attributes and professional experiences of the consultee. Personal attributes include demographic information and professional experiences include educational attainment and experiences in their role.

Consultants' Characteristics and Backgrounds: Personal attributes and professional experiences of the consultant. Personal attributes include demographic information and professional experiences include educational attainment and experiences in their role.

HEALTH EQUITY

Physical and mental health are inextricably linked, and children exposed to trauma (including historical and racial trauma) may experience detrimental impacts on both that negatively affect their developmental trajectories. IECMHC is conceptualized as a force for social justice, serving young children who are at risk for negative mental health outcomes and affected by systemic inequities by working to foster strengths in their caregiving environments. The role of a consultant is to is to ameliorate negative mental health outcomes for infants and young children by partnering with other professionals and caregivers and providing mental health expertise. IECMHC is therefore designed to address inequities by providing targeted support and expertise to enhance outcomes for children with early risk factors, including exposure to trauma, developmental disabilities, and racism. In addition, the adults who participate in consultation often have low-wage jobs and may experience similar stressors (including financial stress, physical and mental health difficulties) to the young children and families served in their programs. Consultants partner with these adults to provide emotional support, share strategies to enhance their wellbeing (e.g., mindfulness), and provide practical support around some source of work stress (e.g., challenging child behavior, tense workplace relationships).

Consultation addresses disparities in several ways. First of all, within a relationship informed by the tenets of the consultative stance, consultees have a non-judgmental space to process and address issues they are experiencing with children that may interfere with relational health and development. This reflective time is widely considered to be essential in curtailing the negative impact of racism and other forms of injustice on children and families of color. Further, consultants work at multiple levels

within a child-serving institution (i.e., family, staff, and management). If there are systemic issues or policies that have a disproportionate negative effect on some children, families, or teachers based on race, language, or other variables (e.g., harsh discipline, poor communication, lack of training in inclusive classroom practices), the consultant can intervene at the organizational level. Finally, by embedding a consultant with mental health expertise into a setting that families already access, the stigma around – and barriers to – mental health care are removed.

The role of IECMHC in anti-racist practice was described in detail in a peer-reviewed journal article titled "Reflective Capacity: An Antidote to Structural Racism Cultivated Through Mental Health Consultation" by Silverman & Hutchinson (2019). Anti-racism in consultation involves attending to individual, systems, and structural social justice issues and solutions. IECMH Consultants' "use of self" is used strategically to bolter consultee capacity to self-reflect, form secure relationships, co-regulate, and be emotionally vulnerable. In building those skills, consultees are better able to see, validate, and support individual's experiences of racism and oppression, while also recognizing and addressing their own implicit biases. By intentionally holding and validating consultees' reactions non-judgmentally, consultants create a parallel process in which their relational stance is carried forward to the consultee relationships with the individuals served.

Consultants receive training on culture, bias, and equity. Among the [eight competencies](#) for consultants from the Center of Excellence for IECMHC, one called "Equity & Inclusion" clearly centers the consultant's role on promoting equity. This competency states that a consultant:

- "Understands broad and local historical and systemic dynamics that have generated racialized disparities in outcomes for infants, young children, and families.
- Works with others to improve their understanding of how infant, young child and adult race/ethnicity, primary language, culture (beliefs, values, voice, communication style, behavioral norms, and attitudes), abilities, biases, disposition, and life circumstances (e.g., poverty and domestic violence) impact the learning environment.
- Additionally, understands how adult infant/young child interactions shape the quality of relationships, infants' and young children's learning experiences, and disciplinary decisions but also how contextual variables such as community context, history, and systems shape adults' and infants'/young children's experiences.
- Explicitly and intentionally acts on this understanding to create equitable and positive experiences for all infants and young children, including those from historically marginalized and oppressed communities."

IECMHC programs can be tailored and adapted to serve diverse communities. For example, IECMHC has been implemented in a range of tribal communities. As described in [a resource](#) from the Center of Excellence: "The collaborative and culturally respectful nature of IECMHC can make it particularly well suited for tribal programs in a variety of settings. Consultants usually meet with families and caregivers in an early care childhood setting, such as Head Start, Early Head Start, childcare, or a home visiting program. Through a comprehensive and holistic approach, the physical, behavioral, emotional, social, and spiritual elements of development are explored, as well as the overall environment."

Evaluation data on the impact of IECMHC on disparities is emerging, and more is needed. Importantly, one study has demonstrated that teacher-child conflict was higher for Black children than white children before consultation, and lower for Back children than white children after one year of consultation, indicating that IECMHC addressed an existing disparity (Shivers et al., 2021). Data from the same program indicated that the relationship formed in consultation predicted positive outcomes (e.g., teacher self-efficacy, child attachment) specifically when the focus child was a boy of color (Davis et al., 2018).

EVIDENCE OF EFFECTIVENESS

Much of the research and evaluation on IECMHC to date has been motivated by persistent disparities in rates of expulsion from preschool for boys of color. For this reason, the majority of studies have been implemented in community child care, Head Start and preschool/pre-kindergarten programs. Two randomized-controlled trials have been conducted so far for IECMHC (from samples in the state-level Connecticut and Ohio programs), but the vast majority of studies had employed quasi-experimental research designs including pre-post assessments and a handful of studies used a comparison group. Several studies have integrated qualitative data using interviews and focus groups, which bring essential voices from the field into the evidence base and allow for exploration of nuanced and subjective topics. Some studies that measure impact at the child, consultee, and/or program levels used multilevel modeling that account for the fact that the data are clustered at different levels (e.g., multiple children in a dataset working with the same teachers). While these studies have been primarily conducted in ECE settings, some studies have been conducted in other settings like home visiting (Lambarth & Green, 2019). Additionally, a number of reviews of IECMHC literature have synthesized the literature base from different perspectives over time, and additional articles have described IECMHC programs or practices without reporting outcome data.

Children demonstrate both increased social-emotional competency as well as reduced challenging behavior over the course of consultation. Social-emotional competencies that increase after consultation include social skills, self-regulation, protective factors, and adaptive behaviors. Challenging behaviors that decrease after consultation include hyperactivity, defiance, and aggression. Critically, studies show that after consultation in ECE settings, children are less likely to be expelled. Consultees (i.e. the adults in consultation) demonstrate changes to their knowledge, attitudes, and behavior over the course of consultation—and these changes align with best practices in fostering social-emotional development. For instance, consultees report improved knowledge about social-emotional development and increased self-efficacy in managing challenging behavior. Further, consultees' observed and self-reported interaction styles with children become more positive and sensitive to mental health needs, characterized by reduced permissiveness and detachment and increased sensitivity and closeness. Some studies found lower stress and reduced turnover for consultees after consultation. Additionally, consultation for teachers in ECE programs is linked with improvements to classroom climate.

It is essential not only to measure whether an intervention works, but also how and why it works. Several aspects of the process of IECMHC have been investigated. The centrality of relationships (Ruch & Luna, 2016) has been assessed in several studies, which demonstrated that the strength of

the consultant-consultee relationship predicted better outcomes for consultees and children (Davis et al., 2020; Green et al., 2006). Furthermore, the relationship may be a particularly salient predictor of child and teacher outcomes when the child is a boy of color, and when the consultant has expertise in cultural diversity, suggesting that relationships may be particularly important when exploring issues of culture, race, and bias (Davis et al., 2018). How IECMH consultation addresses health inequities and systemic oppression is further described below.

There are several sources of potential bias in these evaluation findings. Many studies relied on convenience samples and did not use random assignment to groups. Many did not have funding to hire external evaluators and research assistants, so the data were often collected by the mental health consultants with findings interpreted by program staff. Further, most program designs cannot rule out maturation as an explanation from improvements in outcomes from pre- to post-consultation. Finally, some measures used have not been fully validated. These limitations are commonplace among program evaluations and reflect the realities of data collection in community-based settings rather than laboratory settings.

Section 2: Implementation Guidance

STAKEHOLDER EMPOWERMENT & COLLABORATION

Stakeholder Empowerment and Collaboration		
Stakeholder	**How are they involved in decision-making throughout practice processes?**	**Does this stakeholder have lived experience/come from a community impacted by the practice?**
Families served in consultation	Decide whether to engage in consultation; collaboratively set goals and priorities for consultation; report on progress	Yes
Early childhood program managers/directors	Decide whether to engage in consultation; collaboratively set goals and	Yes, typically

	priorities for consultation; provide feedback on consultation	
Funders	Inform data reporting standards; support dissemination	No, typically
Internal or External Evaluators	Creating a Theory of Change and/or Logic Model; improve data collection methods within program; support dissemination and application of findings	No, typically

Because IECMHC programs vary in the details of their implementations, there are no uniform practices for stakeholder involvement. Nevertheless, a few practices are shared below.

1) Multiple programs (e.g., DC, Miami and Colorado's programs) use a "readiness assessment" to gauge ECE teacher and director interest in IECMHC, existing strengths, and openness to different areas of emphasis.
2) In Arizona and DC, the external evaluators shared findings back with the consultants to inform interpretation and follow-up analyses.

In addition, the consultative stance is the consultant's "way of being" in the work. The tenets of the stance prioritize consultee and family voices and work to dismantle systemic power dynamics. For example:

- Avoiding the position of the expert: IECMH consultant collaborates with adults to learn about their context and children, rather than dispensing advice from a position of authority
- Mutuality of endeavor: the IECMH consultant and consultee(s) both contribute their perspectives, ideas, and reactions to collaboratively work towards change.

In these ways, stakeholder involvement is not an activity but rather a characteristic of IECMHC as a whole. Qualitatively, stakeholder engagement is assessed in conversation with consultees. Consultants regularly structure opportunities for consultees to provide feedback, express concerns, and revisit the co-created goals. In addition, many IEMCHC evaluations adopt a community-based participatory design to integrate stakeholders at all phases of the work.

REPLICATION

A foundational monograph describing Early Childhood Mental Health Consultation was published in 2000, and training/technical assistance was provided to the field through a SAMHSA-funded national center for children's mental health. Over the last two decades, IECMHC has been implemented in

many sites across the country, including the development and expansion of state-level programs (including PA, CT, LA, AR, AZ, IL, OH) and many local programs including large cities (e.g., San Francisco, Washington DC, New York City and Miami). These programs have been supported by a variety of funders and institutions, including state and local government and private foundations; recent reauthorization of the Child Care Development Block Grant clarified that IECMHC can be paid for using these funds. In addition, all Head Start and Early Health Start programs must have access to mental health consultants according to the federal Performance Standards. Increasingly, IECMHC is being implemented in different settings; while initially IECMHC was most commonly available in ECE, it is now implemented in evidence-based home visiting (supported by the federal Maternal Infant and Early Childhood Home Visiting program), Part C of the Individuals with Disabilities Education Act (IDEA), child welfare, primary care, and other settings.

There are many evaluation reports to affirm that IECMHC is effective in different replication and expansion sites. For example, the Maryland State Department of Education and the Department of Human Resources collaborated on a pilot project of IECMHC, which yielded promising results (Perry, 2005); these findings led to the state legislature funding expansion of this program statewide. The statewide program in Maryland was later evaluated and positive findings were reported (Stephan et al., 2011). These findings are replicated in scaled up programs in multiple states and have been published in the peer reviewed literature. (See below for a few examples of positive findings that represent only a small sampling of the available outcome data.)

- In the Arkansas IECMHC program, teachers in the intervention group demonstrated a significant reduction in permissiveness and detachment in their interactions with children from pre- to post-consultation (Conners-Burrow, 2012).
- Relative to control children, children in classrooms receiving IECMHC in Connecticut showed significantly greater decreases in hyperactivity, restlessness, externalizing behaviors, problem behaviors, and total problems (Gilliam et al., 2016).

- In Ohio, target children who received consultation demonstrated significantly higher scores for protective factors (DECA scores for Initiative, Attachment, and Self-regulation) post-consultation than children in the control group. This was the first study to also demonstrate impacts on non-target peers, who improved significantly on the Initiative subscale compared to the control group (Reyes & Gilliam, 2021).
- In Louisiana, teachers demonstrated improved self-efficacy from pre- to post-consultation, as well as improved self-reported competency with social-emotional development and managing challenging behavior (Heller et al., 2011)

Across all implementation sites, the same core components of IECMHC are maintained. Nevertheless, as part of this practice's commitment to attuned and culturally-responsive service, IECMHC is individualized to the specific strengths and needs of each community. For example, consultants working in tribal communities incorporate traditional wisdom and spiritual practices into consultation. In consultation in home visiting programs, there is emphasis on increasing home visitor confidence to address family needs related to parental depression and intimate partner violence. In addition to implementing core consultation activities, programs may also train and supervise consultants to

incorporate strategies from other modalities, including the Pyramid Model. These and many other local adaptations are seen as a strength of the practice as a whole.

INTERNAL CAPACITY

IECMHC is implemented in diverse ways depending on the practice setting, geographic location, funding source, and population served. Hence, there are no definitive or universal standards for internal capacity.

For the most up-to-date information on IECMHC programs, please visit www.iecmhc.org. Free Technical Assistance is available for qualified individuals and programs at this link: https://www.iecmhc.org/technical-assistance/

PRACTICE TIMELINE

IECMHC is an individualized program that is flexible to the needs of the program and individuals involved. Hence, there is not a standardized practice timeline.

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PRACTICE COST

IECMHC practice costs depend on many factors, including program size, workforce, setting, and management structure. The budgets for IECMHC programs implemented across the nation vary widely. While we cannot provide information in standard practice costs, we can share examples of categories for budget items as summarized in a SAMHSA resource:

- Consultant's salary plus fringe benefits
- Rent or occupancy for the consultant within the organization
- Telephone/connectivity
- Supplies and office equipment
- Travel to and from centers/homes, etc.
- Training costs
- General and central administrative supervision
- Reflective supervision
- Endorsement or licensure fees for the consultant to maintain credentials.

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LESSONS LEARNED

The team submitting this application represents the SAMHSA-funded Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC) operating from 2019-2023. In our center, we serve as a national hub for programs across the nation implementing IECMHC in different cultural contexts and at different scopes/scales. We are representing the field as a whole, and each program has its own lessons learned. Nevertheless, we know broadly across dozens of programs and evaluation approaches that IECMHC has been shown to have a salutary effect on adults caring for young children, and the social-emotional development of young children in their care. In addition, we have identified core, essential components of IECMHC programs and practice as described above.

For the most up-to-date information on IECMHC programs, please visit www.iecmhc.org. Free Technical Assistance is available for qualified individuals and programs at this link: https://www.iecmhc.org/technical-assistance/

NEXT STEPS

Each IECMHC program has its own next steps for development. From a national level, there are a few next steps for the field as a whole:
- To continue to support the implementation of IECMHC to enhance anti-racism
- To continue to build the evidence base, in particular with regard to mechanisms of change and equity-focused questions
- To continue to expand IECMHC reach and increase access for early childhood professionals
- To continue to embed IECMHC into different early childhood settings

RESOURCES PROVIDED

Additional resources can be found at: https://www.iecmhc.org

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