Infant Early Childhood Mental Health Consultation (IECMHC) in Home Visiting in Delaware

Delaware Department of Education

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

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This document is broken into two parts. Part one will outline what IECMHC is, the benefits of IECMHC in home visiting, what services consultants can offer, and the likely benefits that ensue for programs, staff, children, and families who are engaging in IECMHC in their home visiting programs. Part two share guidance for getting started with IECMHC including hiring guidance and consultant qualificiations.

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Part I. Overview of IECMHC

The Birth of IECMHC in Home Visiting in Delaware

The state of Delaware has offered IECMHC in their Early Care and Education settings for over a decade. Stemming from that success, in 2020, the home visiting programs began to explore options to implementat a state wide initiative to support the workforce and assist in serving all families in the programs, including those in home visiting. To this end, members of the Office of Early Learning (within the Department of Education), and members of the Maternal and Child Health Bureau (within the Department of Health and Social Services) formed a team and began seeking assistance in this endeavor from their technical assistance provider at the Technical Assistance Resource Center (TARC).

In 2022, these representatives engaged in small group technical assistance (TA) on implementation of IECMHC in home visiting. From that small group learning collaborative, the team began planning a strategy to implement this important service across Delaware's home visiting programs.

The team progressed and by 2023 has developed the Delaware Model of IECMHC in Home Visiting that is based on best practices and research in the field. This Model was piloted in Parents as Teachers (PAT) programs across the state starting in 2024. The pilot is scheduled to be completed in 2025. At that time, the Model will be adapted, and then implemented in the other home visiting programs in Delaware. Full implementation across the State is expected by the end of 2026.

Due to the efforts of this team and others who have since joined to support the cause, IECMHC in home visiting is emerging as a promising practice in the state of Delaware.

What is IECMHC?

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center of Excellence for Infant and Early Childhood Consultation ("the CoE, or "SAMHSA's COE") describes IECMHC as, "A prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as childcare, preschool, home visiting, early intervention, and their home."

IECMH consultants understand that for young children to thrive, their caregivers need to be engaged, safe, well-prepared, and supported. The primary aim of IECMHC is to strengthen the abilities of caregivers, professionals, and other important adults to promote the healthy social, emotional, and behavioral development of children.

How the Concept of IECMHC was Developed

In the late 20th century, Selma Fraiberg, a psychoanalyst and founding member of ZERO TO THREE, introduced a new perspective on child development. She emphasized that children grow and thrive through their interactions with key caregivers. These relationships are essential for helping children build confidence, regulate their emotions, and form meaningful connections with others. This perspective laid the foundation for the field of Infant Mental Health, which focuses on interventions that consider the child, caregiver, and their bond.

Research now shows that early experiences profoundly shape a child's future. Infant and early childhood mental health refers to the development of a child's social and emotional well-being, largely influenced by their relationships with caregivers. Positive interactions with caring adults help infants, toddlers, and preschoolers learn to manage emotions, trust in the safety of relationships, and gain the confidence to explore and learn. The social and emotional well-being of young children heavily relies on these early caregiving experiences.

Benefits of IECMHC in Home Visiting

Benefits of IECMHC in home visiting in Delaware span the system-, team-, and family-levels.

For the family:

Home visitors receiving IECMHC can better address complex family dynamics effectively, such as the impact of intimate partner violence, grief and loss, and mental illness to help caregivers create a stable, nurturing environment for themselves and their children.

For the team:

Provides an ongoing and regular opportunity for supervisor and home visitor reflection to sort out and cope with strong feelings brought on by complex work with families. This can reduce staff stress and burnout.

For the system:

Families have access to quality, equitable, and culturally sensitive IECMHC, creating environments where child and adult mental wellness and capacity for mutually beneficial, nurturing relationships thrive.

IECMHC is Based on these Four Key Elements

When early childhood education and home visiting programs implement IECMHC in a high-quality way that supports best practices, these following elements define the work.

Relationship-Based

IECMHC is centered on a relationship-based approach, emphasizing the mental and relational health of children. It acknowledges that a child's healthy development, particularly social and emotional growth, is built on their interactions with others. By working together with key adults in the child's life, IECMH consultants help them support positive mental health in the child's everyday settings, activities, and relationships.

Preventative

IECMH consultants use their knowledge of child development and mental health to identify potential issues early, before further interventions are necessary. They remain attentive to the reasons behind a child's behavior and observe how caregivers respond. Through reflective discussions, the consultant helps caregivers understand the meaning behind certain behaviors and, if needed, collaborates with them to make adaptations in the child's environment to improve the compatibility between the child and their caregivers.

Indirect

IECMHC focuses on an indirect intervention approach where the primary focus of work is with adults. While there are situations when a more traditional therapeutic approach is necessary, consultants do not provide clinical mental health services. Consultants respect the need for clinical treatments for children and the adults that work or live with them at times and can facilitate referrals to additional services when appropriate.

Equitable and Inclusive

The consultant emphasizes the significance of understanding and respecting the family's culture, values, and beliefs, which shape the caregiver's perception of the child and influence the caregiving practices they prioritize in their relationship with the child. The consultant recognizes the broad and local historical and systemic factors that have led to racial disparities affecting infants, young children, and their families. He or she understands that an adult's race, ethnicity, primary language, culture (including beliefs, values, communication styles, and behavioral norms), abilities, biases, and life circumstances (such as poverty and domestic violence) influence the learning environment. The consultant then acts intentionally on this awareness to ensure equitable and positive experiences for all infants and young children, especially those from historically marginalized and oppressed communities.

IECMHC's Continuum of Services

From raising awareness through supporting mental health-related needs, IECMHC services fall along a continuum.

PROMOTION

Promotion refers to raising awareness of IECMHC through campaigns that describe IECMHC or that emphasize healthy social and emotional development and nurturing responsive relationships. Promotion can also be described as looking at an entire classroom, center, or program to assess the culture and environmental influences on all children. Promotion includes activities that are universal for all children and caregivers.

PREVENTION

Prevention is focused on the children who are at risk for social-emotional or challenging behaviors. These activities target training and capacity building of the caregivers who have significant relationships with the child.

INTERVENTION

Intervention activities require a more targeted approach to address children who are struggling with behaviors that are challenging for the caregivers. These behaviors require further observation, assessment, and planning to address the child's unmet needs. The consultant's role is to facilitate development of an individualized behavior plan and support the caregiver in following the agreed upon plan (Perry, Kaufmann & Knitzer, 2007 – ZERO TO THREE: Early Childhood Mental Health).

Ways that an IECMH Consultant Provides Support

Helps make mental health support accessible:

An IECMH consultant can bring mental health awareness, promotion, and support into the natural learning environment.

Helps build capacity:

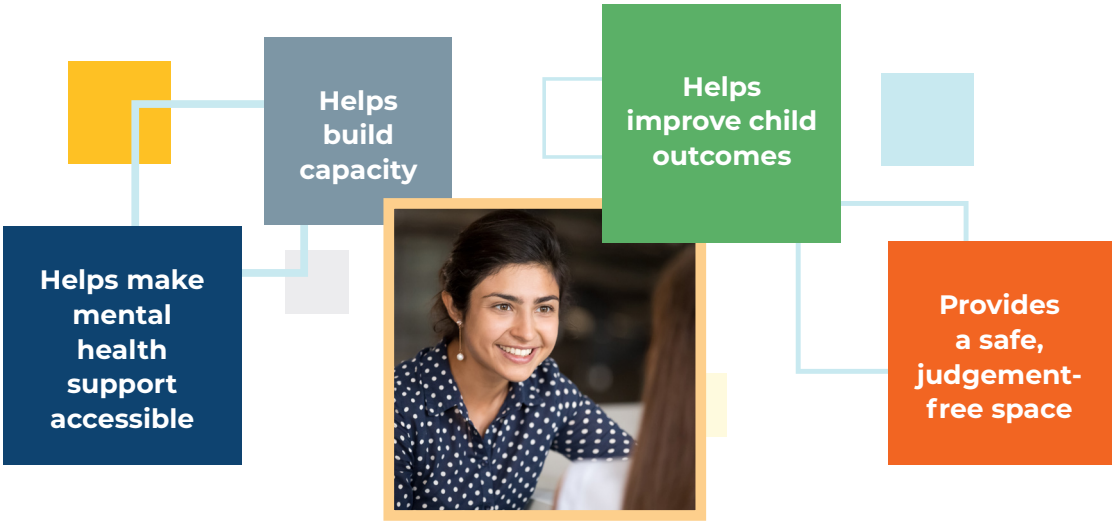
An IECMH consultant helps the adults in a child's life create a nurturing environment where the child can thrive. Working with the adults, and not typically directly with the children, the consultant can foster connections and facilitate shared problem-solving to help all adults connecting with a child to be more responsive. IECMHC strengthens providers current capacities and efforts to support the children and families in their care. The consultant uses a specific skill set to collaborate with program supervisors, staff, and families/caregivers to foster equitable, warm, and trusting relationships—the foundation of effective partnerships. Through their work with program leadership as well as early childhood and home visiting staff, the consultant fosters the likelihood that program staff will encourage and engage in positive interactions between caregivers and children that support the mental wellness and healthy development of the child.

Helps improve child outcomes:

When an IECMH consultant works closely with a program and/or families, they can influence success in children's learning and how they form and keep relationships. The consultant may equip the adults in a child's life with strategies to improve child outcomes by strengthening the caregiver-child relationship. The consultant offers services that enhance team members' work by building their capacity to understand the dynamics of their relationships with colleagues, children, and families. Through strategies that foster curiosity and self-awareness, the consultant helps team members reflect on the intentions behind their behaviors and their impact on others. This partnership supports team members in identifying and adjusting their approaches to improving relationships and achieving desired outcomes more effectively.

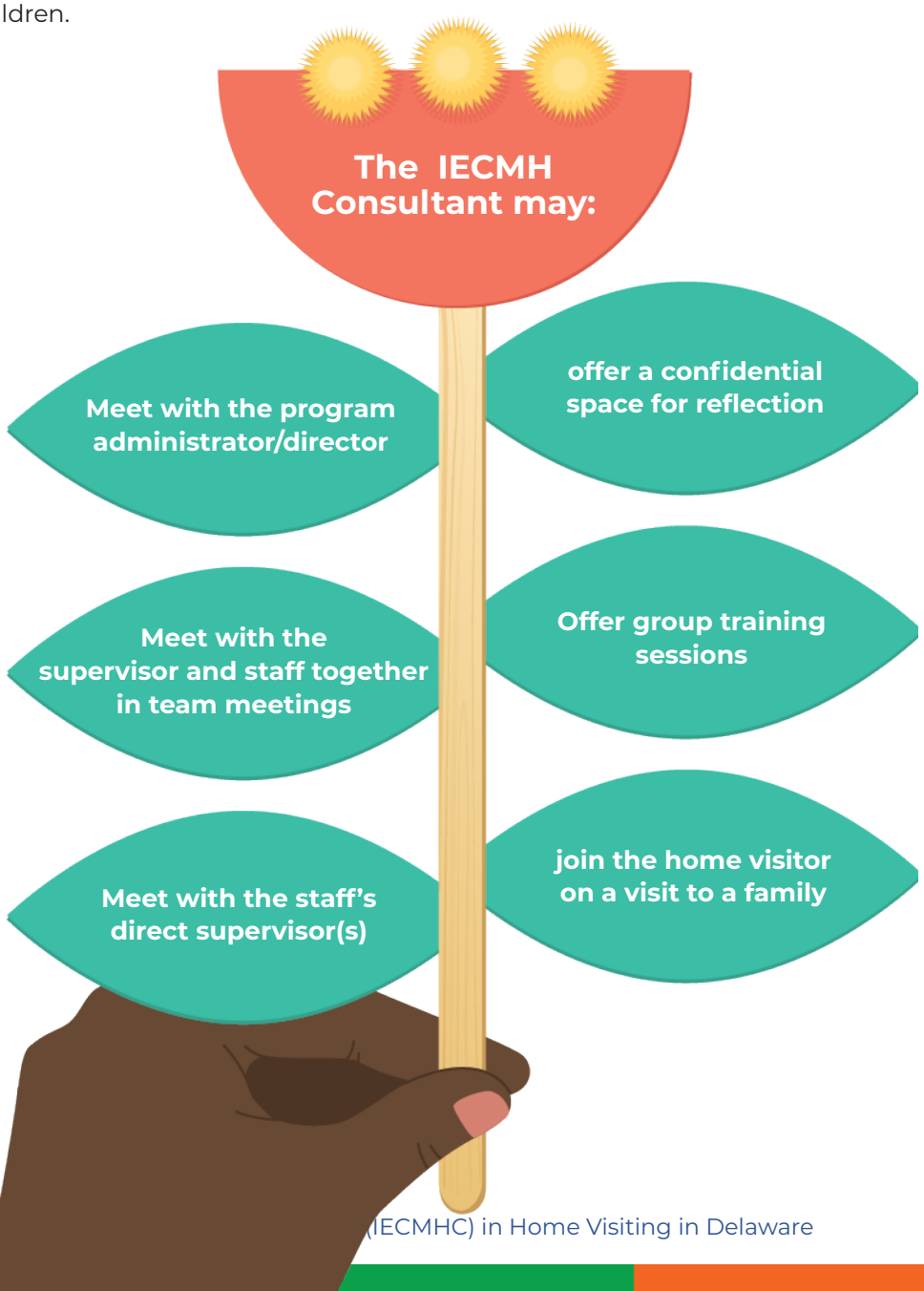
Provides a safe, judgement-free space:

Individuals meeting with an IECMH consultant can expect a safe, judgment-free space to share thoughts and feelings without concerns about work performance evaluation. Consultants maintain neutrality, avoid judgments that could impact relationships, and help explore interpersonal dynamics while uncovering the root of reactions and responses. To ensure their approach remains unbiased and supportive, consultants engage in their own reflective supervision.



Specific Types of Consultation an IECMH Consultant May Provide

The range of services provided by the consultant is determined by the specific goals and outcomes established in collaboration between the program leadership and the consultant. A few of these specific activities are outlined below. Each of these activities is centered around a practice known as Reflective Consultation. Reflection Consultation is grounded in principles of infant mental health, emphasizing relationship-based reflective practice and a strengths-based approach. In the collaborative relationship between the consultant and adults in various roles—such as administrators, supervisors, program support staff, classroom staff, family support staff, or home visitors—the consultant creates a safe space for individuals to communicate and reflect on aspects of the system, program, practices, concerns, and their own experiences. Through these discussions, participants develop greater understanding and awareness, strengthening their ability to support the development of social-emotional skills that foster positive mental health in young children.



These are the main ways that Reflective Consultation can be provided in home visiting settings:

The consultant meets with the program administrator/director:

During this consultation, the pair will review the progress of the consultation, focusing on its impact on the program, staff, and families at the specific location. Gaining the administrator's commitment and support is crucial for ensuring the success and long-term sustainability of the consultation. Additionally, the consultant fosters a relationship that provides opportunities for the administrator to reflect on issues related to their own role, as needed. The frequency of meetings with the administrator is determined through a collaborative agreement and can be scheduled regularly or arranged as needed in response to specific circumstances or concerns.

The consultant meets with the staff's direct supervisor(s):

During this consultation, the consultant meets with the supervisor for the teaching staff, home visitors, or family support staff. These interactions offer a space for the supervisor to engage in reflection, problem-solving, planning, and addressing concerns that arise while supporting staff in navigating the challenges of family work, particularly in areas related to social-emotional well-being. The supervisor plays a key role in supporting staff, educators, and providers throughout the consultative process, helping to sustain the work of infant mental health, and is deserving of their own support as well.

The consultant offers a confidential space for reflection:

During this consultation, the consultant sets up time and space to allow individuals to discuss concerns related to the child and family, their own reactions, thoughts that have emerged during their work, and other challenging situations. Consultation helps to build confidence and provides an opportunity to openly discuss the consultee's experiences, which has been shown to reduce burnout, alleviate compassion fatigue, and improve job retention. At times, this reflective process may also take place during supervisory sessions, with the program supervisor present, as the consultant joins an already scheduled meeting.

The consultant meets with the supervisor and staff together in team meetings:

During this consultation, the consultant supports the group in developing listening and problem-solving skills to foster trusting relationships. This collaborative environment encourages the team to process issues, address case concerns, and consider the factors influencing behavior and interactions, while sharing diverse perspectives and conceptualizations of various situations.

The consultant offers group training sessions:

Programs may decide that they would benefit from training on a variety of topics important to families and relevant in their home visiting work. Topics they may cover include mental health, social-emotional development, brain development, behavior, relationships, the effects of early exposure to trauma or violence, attachment and attunement, parent-child interactions, self-regulation, stress, self-care for caregivers, maternal depression, and more.

The consultant joins the home visitor on a visit to a family:

The focus of IECMHC is to help build the capacity of those who are working directly with the families and children, and during this joint home visit the consultant's role is strictly to support the development of early childhood professionals, not to assess, evaluate, or diagnose family members or the child. These interactions are rare, and would require the family's explicit permission, with a clear understanding that the focus is on enhancing the home visitor's skills and effectiveness.

Dosage, Duration, and Delivery of IECMHC

For IECMHC to lead to meaningful change, a period of about 18 months is typically required. Consultants engage with programs for 8–10 hours each month, depending upon the size of the program. This duration builds trust and safety, enabling the identification of strengths, areas for growth, and actionable strategies.

IECMHC can be delivered in person, virtually, or through a combination of both. Before 2020, most consultation occurred in person, often requiring programs to cover consultants' travel expenses or adjust fees to account for travel costs. However, many consultants have since transitioned to offering virtual consultations.

While some programs may still prefer in-person consultations, the success of IECMHC lies in building strong relationships between consultants and program team members. These relationships foster self-awareness and a reflective approach to working with others, including families. Effective consultants demonstrate consistency, predictability, and reliability, which can be achieved regardless of the delivery method.

Virtual consultation also enhances accessibility, especially for remote or rural areas that may lack resources or qualified IECMH consultants, promoting more equitable services for early care and education programs. A consideration for virtual IECMHC is in the availability of technology in reliable working conditions as well as a program's network availability and capacity. consultation virtually will remain.

Delaware's Model for IECMHC in Home Visiting

The Delaware team knew that to create a Model and plan for eventual state-wide implementation, they would need to center their efforts around a strong Theory of Change (TOC). A TOC is an outline of what needs to happen and the outcomes of each of the steps toward implementation. Inputs include conducting a needs assessment; providing an orientation; and conducting ongoing training, evaluation, and assessment. Anticipated outcomes include improved child outcomes, as well as providers improving practices, organizational health, morale, and retention of staff and families.

At the heart of early childhood development lies social, behavioral, relational, and emotional well-being.

Theory of Change

Vision: All infants, young children, their families, and those that support them within home visiting in Delaware have access to high-quality, equitable, and culturally sensitive infant and early childhood mental health consultation, creating environments where child and adult social, emotional, and mental wellness and capacity for mutually beneficial, nurturing relationships thrive.

Inputs	Activities	Outputs	Outcomes
• Partners and consultants with IECMHC expertise. • State funding and policy support. • Equitable and evidence-driven model for providing IECMHC. • Messaging and advocacy resources for engaging in IECMHC outreach. • Well-trained and supported consultants that reflect the diversity of the programs and families served by home visiting programs. • Evidence-based tools, assessments, and data tracking resources. • Data for improvement	• System • Contractor coordination and oversight of consultation with the DE Department of Education • Facilitation of monthly Thought Partner Meetings • Monthly data collection, analysis, and, reporting to state partners • Consultants • Training on the model • Monthly group and 1:1 Reflective Supervision (RS) • On-demand case consultation • Support to further develop individual IECMHC competencies • Home Visiting Programs • Regular supervisor 1:1 Reflective Supervision • Regular Home Visitor Group Reflective Supervision • Regular Home Visitor 1:1 Reflective Supervision with Consultant and Supervisor • Specialized mental health training	• System • Number of state meetings held • Satisfaction with meetings • Use of data for improvement and to refine model • Consultants • Consultant demographics • Number of trainings by topic held with consultants and satisfaction with training • Number of RS sessions held with consultants • Number of case consultations • Change in consultant practice and competency • Home Visiting Programs • Program staff demographics • Understanding of what IECMHC is • Number of trainings attended by topic and satisfaction with training • Number of RS sessions held with supervisors and home visitors • Change in reflective capacity of home visitors and supervisors • Home visitor and supervisor stress level • Understanding of mental health needs of families and young children • Number of referrals to mental health	• Short-Term Outcomes • Increased supervisor reflective capacity. • Increased home visitor reflective capacity. • Increased HV staff understanding of mental health topics and confidence discussing these topics with families. • Increased home visiting program staff understanding of IECMHC. • Intermediate Outcomes • Reduced stigma with accessing and using IECMHC. • Reduced home visitor stress. • Increased access to mental health support for staff and families. • Long-Term Outcomes • IECMHC is accessible to all home visiting programs with stable funding. • Consultant workforce with racial, ethnic, and linguistic alignment to staff and families.. • Reduced home visiting staff burnout and turnover. • Improved staff and family mental health outcomes. • Reduction in long-term health disparities.

One of the most impactful elements leading to the creation of the Delaware Model has been regular meetings with the external consulting team to help shape the Model as they work to understand and address any barriers to successful implementation. Using the parallel process, the team was sure to include regular meetings with program leadership in the actual Model itself. This way, just as they had encountered in their own processes, when issues arise or there are concerns from the home visitation programs, leadership can respond in a responsive manner. These meetings allow leaders to examine their program's culture, adjust services to align with their goals, and reflect on their relationships with team members. This reflective process enhances leaders' self-awareness and capacity to engage effectively with their teams. In turn, these improvements foster team members' ability to develop reflective capacity and self-awareness in their work with children and families, ultimately strengthening family relationships.

As the State completes their pilot of the Delaware Model of IECMHC in Home Visiting, they will be adding consultants from Delaware to all the home visiting programs. It will be important that each program has a plan for connecting to qualified consultants and knowing how to interview and assess the fit for each program.

Expectations for IECMH Consultants who Participate in Home Visiting Programs

It is important for home visiting supervisors/managers to spend initial time with their consultants to build a rapport and a foundation of trust, learn about consultation, and share information about their programs, team strengths, and any areas of support needed. Together the supervisor and consultant will determine a flow for consultation that is favorable for both the program and the consultant. The flow includes the duration, frequency, and location that consultation will occur. The supervisor will also partner with the consultant to introduce IECMHC to the home visitors presenting a shared message around the components and benefits that IEMCH will provide.

Explaining to Staff How IECMHC Will Happen in the Program

Ideally, staff should be informed when IECMHC begins within the program. This ensures they are aware of its purpose and can understand if the consultant interacts with their family or co-facilitates a meeting or activity with themselves or others on the staff. A recommended approach to explaining IECMHC is to share that it is a service designed to strengthen staff and program capacity to better meet the needs of families. This capacity-building effort focuses on staff and program development to improve the quality of services offered. Share with staff that consultants bring valuable knowledge and expertise that can greatly benefit all adults working with children, as well as the overall program.

Children thrive when they are healthy in body, mind, and spirit, with all areas of development interconnected.

Five Essential Elements for Success

Duran et al. (2009) identified five essential elements that contribute to successful IECMHC in early care and education settings. These elements include:

- Positive relationships
- Readiness for IECMHC
- Solid program infrastructure
- Highly qualified consultants
- High quality services

Each of these core programs components contributes to successful outcomes for children, families, staff, and the overall program.

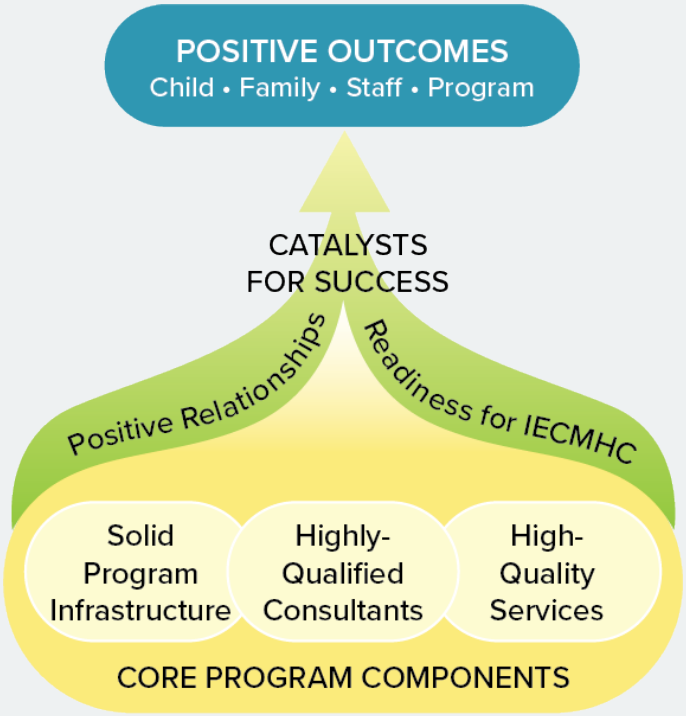
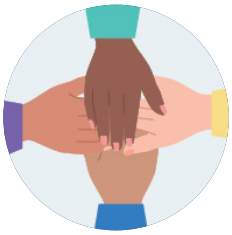


Figure 1: Core Program Components



Positive Relationships:

Nearly any success in the field of early childhood, home visiting, and related fields can be attributed to establishing and maintaining healthy relationships among the adults that care for young children. A strong collaborative relationship with program leadership is essential for IECMHC to lead to meaningful growth and change within a program. The process should begin by building a solid partnership between the consultant and program leaders. Whenever there seem to be ongoing bumps on the path to success, always go back to relationships to determine if they might be impacting other parts of the system.

Readiness for IECMHC:

Prior to beginning any type of IECMHC, the consultant should assess a program's readiness to engage in services. When the consultant assesses readiness, they can get a good idea of the staff's willingness to:

- Gain more awareness of the dynamics that contribute to the challenges families and caregivers may face
- Remain open to learning new strategies and approaches
- Consider underlying reasons for caregiver's or children's behaviors
- Engage in self-reflection and reflective practice

Solid Program Infrastructure:

As part of this solid partnership, program leadership needs to commit to regular, consistent, and predictable availability for themselves and their team members. IECMHC is most effective when it is provided on an ongoing basis, preferably at the same time during the month. Once this foundation is established, program leaders can effectively introduce and implement IECMHC at the team level. Other aspects of strong program leadership and structure include:

- Clear organizational mission, vision, and values
- Clear expectations of the consultant's role
- Requirement for the consultant to engage in support structures and supervision
- A program evaluation and feedback plan

Highly-Qualified Consultants, and High-Quality Services:

The remainder of this document is dedicated to helping programs hire consultants who can provide high-quality services. SAMHSA's CoE has identified defining characteristics of IECMHC that can be used to assess the quality of the services being provided by the consultant, as well as qualifications to consider when hiring. In addition to the guidance below, consider other characteristics of the consultant or responsibilities that are unique to the program and agreed upon in the contracting stage of the consultative process.

Selecting a Qualified IECMH Consultant

Qualifications show that a professional has the knowledge necessary to understand the intention of consultant role.

Delaware adopted a rubric of qualification that includes education, experience, skills, and attributes. This allows those who are hiring or contracting with IECMH consultants to include a variety of skills and knowledge and connect programs with consultants who are best suited for them. This rubric ensures that the consultant has a master's degree in a field that connects to early childhood and has training and support in infant mental health. This also allows for a more diverse workforce with varied backgrounds and experiences.

This rubric allows consultants to find various ways to earn 10 points, the amount needed to qualify as a consultant. For example, a consultant with a master's degree in a mental health field would score five points; if they have three years of experience in early childhood they would score three points; and then if they are receiving reflective supervision, they would earn another three points. Since that would add up to 11 points, they would be qualified to be an IECMH consultant.

Figure 2: IECMHC Qualifications Rubric

EDUCATION		
Advanced Degree in Mental Health (Minimum of Master's Degree) An advanced degree in Mental Health such as Social Work, Counseling, Psychology, Marriage and Family Therapy, or Psychiatry.	Current license or transcripts	5
OR		
Advanced Degree in Related Field (Minimum of Master's Degree) **All three below required:** An advanced degree in Education, Child Development, Public Health, Nursing, or a related degree. Degree included a focus on infant/early childhood. Completion of additional post—degree professional development seminars/workshops/ trainings with a focus on mental health.	Transcripts Transcripts Certificates of completion	3
WORK EXPERIENCE		
Work Experience with Children and Their Families (Prenatal – 5 Years) A minimum of at least 5 years of work experience with children and their families (prenatal – 5).	Résumé or Curriculum Vitae	5
OR		
A minimum of at least 3 years of work experience with children and their families (prenatal – 5).	Résumé or Curriculum Vitae	3
REFLECTIVE PRACTICE		
Current Involvement in Reflective Practice. Active participant in reflective practice with a plan for ongoing participation.	Documentation of current involvement in reflective practice, with plan for continuation of ongoing participation	3
INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTANT TRAINING		
Infant and Early Childhood Mental Health Consultant Training. Successful completion as a participant in Infant and Early Childhood Mental Health Consultant Training.	Certificate of completion	2
	QUALIFICATIONS POINT TOTAL: _____	

Important Aspects of a Qualified IECMH Consultant/The Consultative Stance

Effective IECMHC requires a framework that sets it apart from other types of consultation. This framework, referred to as the Consultative Stance, was developed by Johnston and Brinamen (2006) and is described in detail in their book, Mental Health Consultation in Child Care. This foundational framework guides the overall approach to consultation, regardless of the context in which it occurs or where it falls on the continuum from promotion to intervention.

The ten elements that make up the Consultative Stance are described below.

1. **Mutuality of Endeavor**

   The consultant and the individual, group, or program (consultee) agree on the changes expected as a result of the consultation. There is a shared understanding of the purpose and the outcomes and what will be required from the consultant and the consultee.

2. **Avoiding the Position of Sole Expert**

   The consultant holds expertise in the knowledge and skills necessary to provide effective and quality IECMHC but recognizes that consultees have expertise in the child, program, and relationships at play. The consultee is held as the expert in what does and does not seem to work well in the relationship and may even be sure of the reasons why. The consultant uses their expertise in asking questions, listening, observing, and strategizing to address concerns.

3. **Wondering Instead of Knowing**

   The consultant uses an inquisitive stance to observe interactions and relationships. Curiosity defines the consultant's conversations with consultees. They wonder about the thoughts and feelings of each person involved and listen intentionally to gather information about a consultee's emotions and perspectives.

4. **Understanding Another's Subjective Experience**

   The consultant understands that individuals enter relationships with expectations and perceptions originating from their life and work experiences. The consultant supports the consultee to be aware of the ways in which their own values, beliefs, and experiences influence their relationships, work, and behavior.

5 and 6. Holding Hope and Patience

The consultant recognizes the challenges in relationships but stays far enough removed from the dynamic to continue to see possibilities and not become discouraged. The consultant receives reflective supervision to share any doubts or fears that may exist. Reflective supervision is also a space that allows the consultant to share any frustrations and challenges felt by considering how their own subjective experiences inform their understanding of the work. The consultant uses their position outside of the situation at hand to support consultees to maintain perspective, envision possibilities, and be patient with the process.

7. Parallel Process

The Parallel Process invites individuals, especially those in supervisory or consultative positions, to be aware of how they engage with and support others. It refers to the interactive nature of relationships—how one relationship might impact another and vice versa. The consultant's "way of being" in their work influences the way consultees will, in turn, respond to and interact with the individuals and children with whom they work and support. When the consultee feels a sense of safety, kindness, and concern in their relationship with the consultant, they are more likely to be able to offer that same safety and concern to others. Jeree Pawl captured this idea with the phrase, "Do unto others as you would have others do unto others."

8. The Centrality of Relationships

The consultant recognizes that children's development occurs in the context of relationships and remains keenly aware that the primary work lies in understanding the relationship between the consultee and child. The success of the consultee-child relationship depends in part on the quality and success of the consultant-consultee relationship and the consultant strives to foster safety and trust in the consultation relationship.

9. Hearing and Representing All Voices

Consultants gather information from and about all individuals involved in a particular situation and, when appropriate, present the perspective or voice of a party not present to promote communication and collaboration. Only when the consultee feels heard and understood can the consultant introduce consideration of the others' perspectives and experiences. The consultant uses the relationship formed with the consultee to introduce additional perspectives and voices the consultee may not have considered - particularly the child's. In all interactions and observations, the consultant holds the child's experience and voice in mind and supports the consultee to do the same.

10. Considering All Levels of Influence

There are multiple levels of influence on an individual's perception of a child, family, or program. These may be personal (such as an individual's life and work experience, culture, and values), interpersonal (relationships with coworkers or families), programmatic, bureaucratic, or societal.

The consultant uses reflective supervision to identify and understand the factors influencing the way they perceive a consultee, child, or program. They might explore who the consultant most aligns with; how the consultant describes the individuals involved; or the words they use to characterize the situation. These answers provide insight into how the consultant views the adults and children concerned.

Likewise, the adults in the child's life bring their own life histories and values into the consultation experience. It is the consultant's role to support the consultee to identify the influences shaping their perspectives, understand how those experiences influence their work with others, and explore potential assumptions and biases.

IECMHC Competencies

SAMHSA's CoE has identified a set of competencies reflecting the knowledge, skills, experiences, and qualities that position IECMH consultants to provide effective and productive consultation. An equity lens has been embedded in each of the competencies to identify and address inequities that exist across early childhood systems. The CoE has also developed a self-reflective learning tool to assist IECMH consultants in identifying areas of strength and opportunities for growth related to the Competencies.

The specific Competencies are as follows:

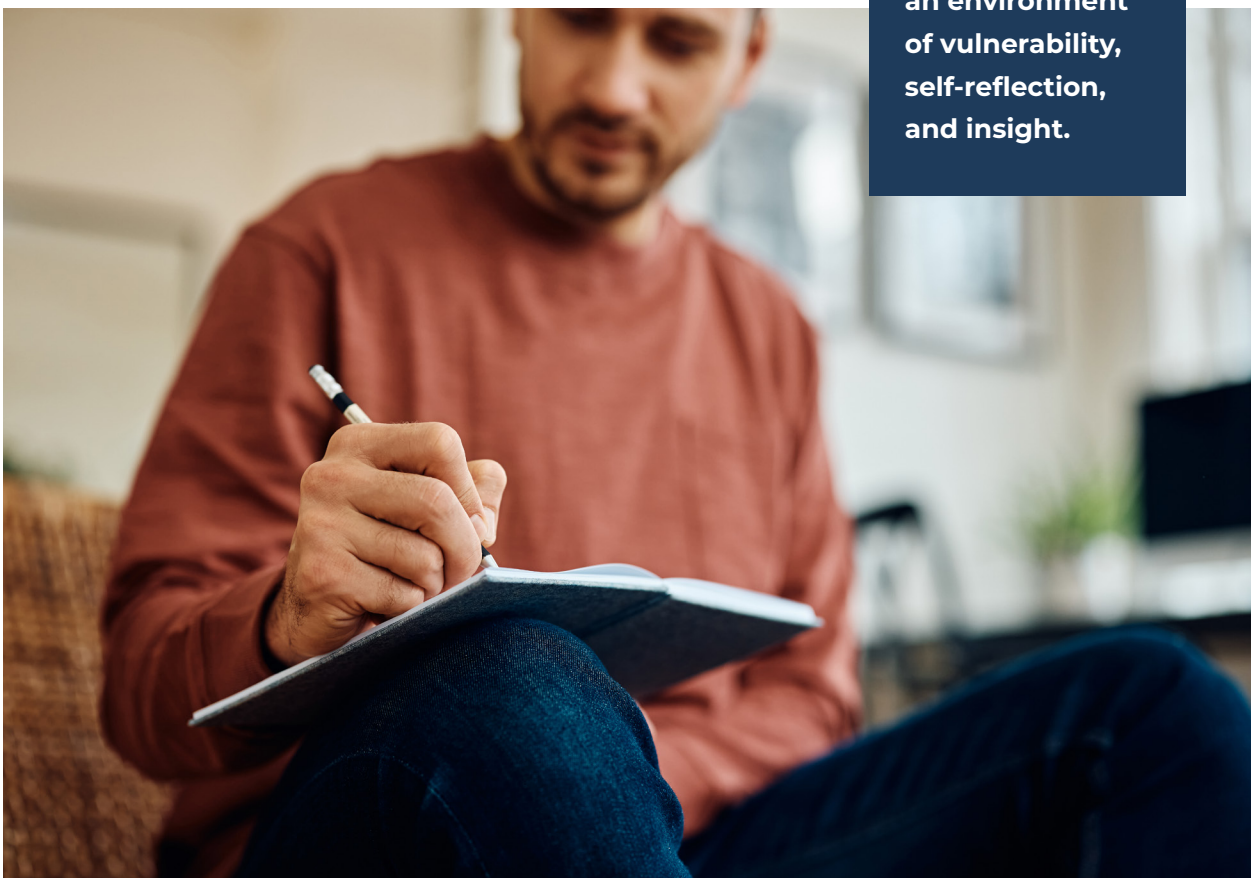
Foundational Knowledge

- Understands the Multidisciplinary Body of Knowledge that Informs Consultation
- Understands the Nature of and Influences on Development
- Understands the Importance and Power of Culture
- Understands the Importance of Self-Awareness and the Nature of Reflective Practice
- Understands the Functioning and Relationships Between Families, Caregivers, IECMH Consultants, and Systems
- Equity and Cultural Sensitivity
- Demonstrates an Awareness of Race and Racial Identities, Cultural Variation, and Normative Differences in Family Structure
- Demonstrates Self-Awareness
- Promotes Cultural Responsiveness in Practices, Policies, and Procedures

Reflective Practice

- Uses Self-Reflection to Enhance Consultation
- Assists Others in Reflecting

A consultant's role is to foster an environment of vulnerability, self-reflection, and insight.



Child and Family-Focused Consultation

- Values and Promotes the Power of Relationships and the Importance of Relationship-Building
- Works Collaboratively to Understand an Infant's and Young Child's Behavior
- Supports and Facilitates Plan Development and Implementation for Child's Behavior
- Supports and Facilitates Referrals, Service Provision, and Community Collaboration

Classroom and Home-Focused Consultation

- Promotes Secure and Supportive Relationships Between Infants and Young Children and Adults that Respect the Cultures, Languages, and Abilities of Each Family
- Supports Families and Staff in Understanding the Nature of Development and Possibilities for Developmental Support
- Supports Families and Staff in Providing or Encouraging Consistent Routines and Developmentally Appropriate and Culturally Responsive Interactions and Practices
- Fosters a Deepened Understanding of Mental Health Issues and Related Interventions for Child's Behavior

Programmatic Consultation

- Understands and Attends to Program Cultural Context, Design, and Infrastructure
- Supports and Facilitates Program-Wide Approaches to Supporting the Mental Health of Infants and Young Children and Families
- Engages in Group Facilitation
- Supports and Facilitates Plans for Mental Health Support During Crises or Disasters
- Systems-Wide Orientation
- Evaluates the Complexity of Working Within Multiple Systems
- Bridges Services to Promote Cohesion for Infants, Young Children, and Families
- Promotes Mental Health and Social and Emotional Well-Being
- Understands Inequities Across Systems and How to Dismantle Them Through Policy

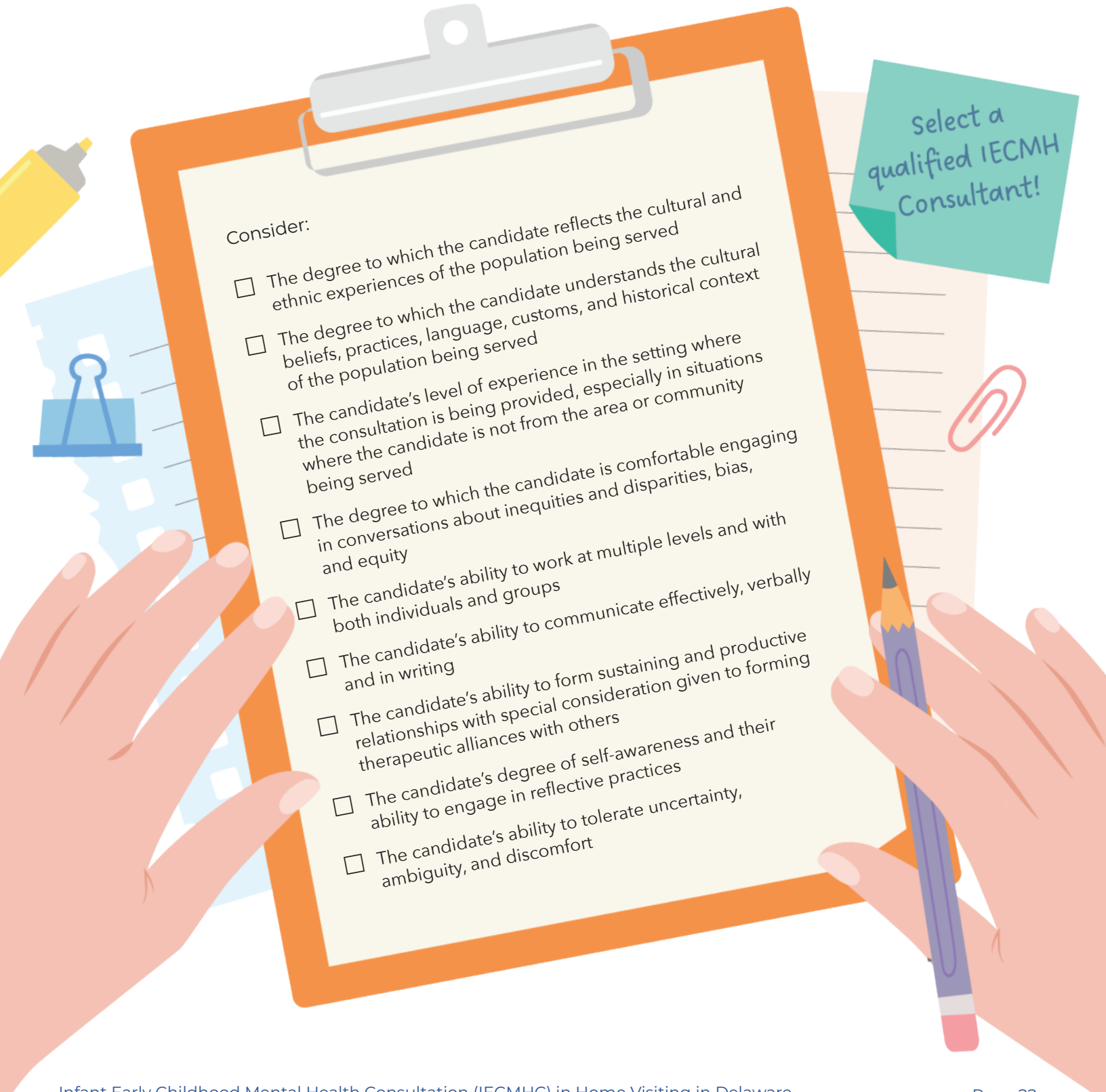
Tribal Considerations

- If the IECMH Consultant is not a member of the Tribe or familiar with the Tribal Customs, they will collaborate with a Mentor from the Tribe that can provide guidance about the ways of the Tribe and the most effective ways to use IECMHC.

Early experiences profoundly shape every aspect of infant and toddler development—cognitive, physical, social, and emotional.

Additional Considerations when Selecting an IECMH Consultant

In addition to the guidance above, there are other key factors to consider when selecting a consultant. These considerations can be used along with the Competencies to help decision-makers select the best match for their program.



Interview/Hiring Questions for IECMHC Candidates

The following list of questions can help assess a candidate's experience and essential skills:

- IECMHC is not typically direct work with young children. It involves collaborating with adults to assess and understand a child's behavior for the purpose of identifying strategies that will support healthy and positive social and emotional development.
  - Describe your experience in early care and education settings.
  - Share your experience in observing challenging situations and guiding caregivers toward understanding children's behavior.
  - How do you use an inquisitive approach to identify missing information or awareness?
  - How comfortable are you suspending an "expert stance" and not having immediate answers to caregiver problems?
  - How do you believe that caregivers' personal histories and beliefs influence their views on children's behavior?

The following list of questions can help assess a candidate's reflective capacity:

- IECMHC requires a focus on reflective practice, both on the part of the consultant, and on the part of the adults that the consultant may support. This is a key aspect of the work, and essential to growth and forward progress for all adults that are a part of the consultative process.
  - How do you honor the expertise of each individual receiving consultation?
  - In what ways do you engage in self-reflection and reflective supervision?
  - Explain how partnering with the family and valuing their expertise is essential to helping a family and child.
  - How have you (or will you) offered new perspectives, skills, and strategies to team members while also helping them be a leader in the problem-solving process?

The following list of questions can help assess a candidate's ability to navigate systems:

- IECMHC involves knowledge of and linkage to a variety of family-serving systems and resources. One of the key roles a consultant may play is helping the adults in a child's life navigate these often complicated and interwoven systems to help access services that will meet the family's needs.
  - Give an example of how you have been able to link and bridge systems and services on behalf of a child, family, or program.
  - How familiar are you with the resources and family-serving systems in this community? And, if you are not familiar yet, how would you make a plan to become more familiar?
  - Describe how you can reflect on your own personal history, experiences, and beliefs, and the ways in which these influence your perspectives on the early care and education system, the caregiver, and the child.

The following list of questions can help assess a candidate's comfortability discussing inequities and disparities:

- In IECHMC, you will meet individuals, families, and programs that have cultures that are different from yours. This may include primary languages spoken in the program or in the home. This may also include customs or practices that look different than ones with which you are most familiar.
  - How will you learn more about unfamiliar cultures and practices?
  - How do you identify and acknowledge preconceived judgments or assumptions? And what support do you need to manage these assumptions effectively?
  - How will you acknowledge and invite conversations about cultural differences with the programs or individuals with whom you work?
  - How will you make sure that all individuals you work with feel that their culture or racial identity is respected, understood, and considered when making decisions?
  - In what ways have you committed to ongoing professional development and growth, specifically in cultural awareness and sensitivity?
  - How will you adopt a learner's mindset in relationships with diverse individuals or programs?
  - What support do you need to address instances of inequity and or assumptions faced by children, caregivers, or teachers?
  - What support do you need to challenge dominant narratives in classroom settings that misinterpret children's behavior or family engagement?

The following are questions that assess a candidate's ability to form sustaining and productive relationships:

- In IECMHC, you will need to have strengths in how to build and maintain relationships with a variety of individuals. You may be simultaneously collaborating with administrators, classroom teachers, and/or caregivers, requiring you to balance different agendas and priorities among these groups. Forming a therapeutic alliance requires strong listening skills and the ability to suspend judgments or perspectives you feel strongly about to create and maintain space for the other person in the relationship.
  - Describe how you have been able to form relationships in your past consultative work.
  - Share about a time when you had to "reframe" viewpoints to highlight common ground.
  - What strategies do you use to acknowledge differing perspectives while supporting common goals?
  - Share an example of when you had to let go of your expertise to learn from someone else.
  - How do you communicate and facilitate a process of "shared problem solving" while valuing diverse perspectives?
  - Share a time when you had to yield to someone on a strongly held belief.

Conclusion

Hiring an IECMH consultant requires careful thought and consideration to ensure a positive and productive experience. When there is alignment in goals, clear outcomes, and forward momentum, the consultation process can be highly beneficial.

However, there are times when the fit between the program and the consultant may not work. Challenges may arise due to disagreements on the consultation approach or when desired outcomes seem increasingly unattainable. In such cases, a reassessment is essential. This could involve revisiting and adjusting expectations and goals in a collaborative meeting or, in some cases, recognizing that the consultant is not a suitable match for the program.

A consultant's role is to foster an environment of vulnerability, self-reflection, and insight. If they cannot create this space, the effectiveness of the consultation will be limited. Both the program and the consultant should feel empowered to end the contract if necessary. This possibility should be explicitly stated in the contract to provide clarity and flexibility for both parties.

Regardless of what source used to find a consultant, it is important to be aware of the ways in which the consultant accesses ongoing professional development and their own reflective supervision or consultation. Seasoned IECMH consultants have found that unless they continue to learn and grow themselves, and prioritize self-awareness, they become less effective in their work over time.

In summary, early experiences profoundly shape every aspect of infant and toddler development—cognitive, physical, social, and emotional. Children thrive when they are healthy in body, mind, and spirit, with all areas of development interconnected. At the heart of early childhood development lies social, behavioral, relational, and emotional well-being. Investing in emotional health early on is essential to ensuring healthy development and lifelong well-being. Delaware is taking steps to implement IECMHC in their home visiting programs and sees this as an additional way to support the home visitors and enhance the work with families.

For More Information

SAMHSA's Center of Excellence for Infant and Early Childhood Mental Health Consultation: https://www.iecmhc.org/

HRSA's Roadmap for Embedding IECMHC into Home Visiting Programs: https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/iecmhc-roadmap.pdf

Delaware Department of Education

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