

WHAT A Series on Effective Early Childhood WORKS? Mental Health Consultation - Q& A follow-up

Due to time limitations during the second ECMHC webinar, we are providing below a list of answers to unanswered questions from past webinars. They are organized by webinar, initials of the participant posting the question, and name of the responding presenter.

Webinar 2:

Preparing and Supporting the Workforce, Part 1:

Key Skills, Attitudes, and Characteristics of ECMH Consultants

Presenters: Pamala Trivedi and Liz Bicio

LR(to Pamala): How is the family included in the cultural, multidisciplinary team, case review, assessment, consultation, problem solving and planning?

The family is included in all aspects of the consultation process that is child-specific, and indeed the larger goal of the consultation as our team conceptualizes this service is how to join the teacher or early care provider in working together on behalf of the child. In our model, periodic meetings are scheduled with the consultant, parent, teacher, and social worker assigned to the family through the Head Start/Early Head Start school site. Although more frequent meetings often occur between the consultant and teacher/early care provider, family members significantly contribute to initial information gathering about a child's functioning in different settings, collective decisions about which kind of interventions will be put in place, how those interventions could be followed up with outside of school, and a child's progress once an intervention is underway. Occasionally, depending on the child/family needs and parental receptiveness to consultation, we also consult with parents individually on an ongoing basis.

CH-G(to Pamala): What is your working relationship with the child care director?

At our school site, the director is aware of the larger scope of consultation services, who consultees are, and the presenting issues for which these services were suggested. In K-12 settings I have worked in, the relationship between the consultant and principal seemed more formalized, and consultation was often suggested in the context of a multidisciplinary team meeting in which a child had been identified and/or found eligible for special education or related services.

SC(to Pamala): What strategies and tools have you used to evaluate the effectiveness of your early childhood mental health consultation--outcomes for children, teachers and families?

We are in the process of putting in place a formal way to evaluate the consultation services that will include child, parent, teacher, and classroom level pre- and post- indicators. To date, the evaluation of services at our site has been more informal and has involved tracking child behavior through repeated administrations of teacher checklists, as well as regular progress reports to parents that contain narrative description of child functioning in school.

ME(to Pamala): What do you think we, as the mental health consultant, need to do differently in order to get the "buy in" of the teachers who are working with the children. Who are more traditional in their education and less willing to try a variety of techniques with difficult children in the classroom?

I think that flexibility and maintaining some focus on teacher concerns is always necessary. An overarching goal that we as consultants work on at our site is attempting to shift the "burden" of challenging behavior from the child and family to a framework of facilitating skill development in children and modifying the environment to enable children to function successfully. Indeed, some of the ways we as consultants think about how child behavior unfolds may not correspond to the way teachers and early care providers think about behavior. We always ask teachers to give interventions or strategies a try and ask them to collect data on the frequency and intensity of challenging behavior so we can evaluate whether something is working together. Modeling strategies we are asking teachers to engage in is usually helpful, as is initially doing some of the work of putting together, for example, a personalized visual schedule for a child that can be used as an example for creating similar tools. As consultants, we spend a good deal of time addressing job-related teacher stress, and validating teacher perspectives, keeping in mind how consistent teacher views are with child-level data and if necessary, gently suggesting different ways of thinking about why a child presents in a certain way at school. Any suggestions that may not match teacher assumptions are always presented with humility, respect, and in a way that is tentative and open to further teacher feedback. I think that over time, the consultation effort is appreciated as mutual and a way of reducing the stress of managing a classroom of children with different levels of need.

LD(to Pamala): Do you use school-based Wrap Teams in your work at the schools?

At our Head Start/Early Head Start (HS/ES) site, we have twice monthly team meetings facilitated by the HS/ES social workers. Our consultation team, including our supervisor, attends these meetings. I think the wraparound approach offers much promise for developing and implementing plans for children and families with complex needs and is a model our team is working towards, but it is not currently in place at our school site.

MO (to Liz): What are the measures used for pre and post child-specific consultation?

ECCP uses the CBCL and CTRF for pre and post measures. A full list of measures is available in the What Works publication.

KS(to Liz): Have you done a cost benefit analysis?

ECCP is essentially an Early Childhood Mental Health Consultation Systems state and includes community based and statewide training and consultation services to providers. And finally, the program includes workforce development opportunities to build the capacity in the field. We have not done a cost benefit analysis. The annual funding for the statewide consultation program is in the "What Works?" Publication. This includes the costs of the consultants, centralized management and information system, and evaluation.

DK (to Liz): Would ABH be willing to share the data fields that the IT system tracks?

ABH specializes in designing Information Systems for programs such as ECCP to help guide, manage and report on the services across large geographic areas. As a part of our workforce development efforts Consultants are also trained in their use of the Information System and the importance of data in informing their work. The data fields are really only the beginning and depend on the needs of your program. The system is interactive and produces consultant reports such as, service visits for charts, referral forms, Center, Classroom and Child level Action Plans (that include strengths, goals objectives and hands on strategies that guide the consultation work). The system also produces program wide reports on the programs impact. Our quarterly reports for our funders are produced by the system, as well as other reports that may be requested by policy makers and other associated agencies. ABH® would be happy to speak to anyone interested in learning more about its IT system.

CC(to Liz): Does the consultation start as a universal service for all children enrolled and then moves to focusing on individual children with indetified needs?

No, ECCP can be called in on several levels: for an individual child specific service, whole classroom service or center wide service. Multiple entry points enable the ECCP program flexibility in addressing a variety of needs. It also helps to work with the centers level of consultation readiness by preparing them for example for a classroom service by first addressing the needs of an individual child in that classroom.

SD(to Liz): How does this system relate to the Michigan endorsement process through MI-AIMH?

The ECCP Early Childhood Mental Health Consultation Competencies are different than the Michigan Infant Mental Health Competencies and they are not an endorsement process. Although, Infant Mental Health Competencies are somewhat embedded in the Early Childhood Mental Health Consultation Competencies.

The consultation competencies are used to guide hiring, performance, training and continuing workforce development activities.

The ECCP Competencies have a birth to five focus and have competencies and core indicators in addition to Mental Health that emphasize the role of the consultant(example, stages of consultation, early care and education systems and guidelines, to name a few).

The Consultation competencies are intended for one service provider the Early Childhood Mental Health Consultant. And is not a "cap" so to speak of Infant Mental Health to overlay on another discipline/position such as an Early Childhood Educator, Health Consultant, Occupational Therapist, Birth to Three Worker, etc.

The Early Childhood Mental Health Consultant would be encouraged to apply to the Infant Mental Health Endorsement and would look to apply to be an Infant Mental Health Specialist.

KR(to Liz): Is there a wait list for services? What happens if caseloads are full for consultants?

There are 20 Consultants across the state of Connecticut. Each Consultant recruits and manages their own caseload. Often there are waitlists for classroom level services. For waiting classroom teachers or center directors we invite them to join one of the monthly Mental Health Consultation Groups that ECCP Consultants run throughout the state. These groups can support them until their classroom service begins. At which point they can continue to engage in this group. It is often the same Consultant who will conduct their classroom services so this is a rather seamless process.

However, for child-specific services, we look to avoid waitlists by engaging other Consultants in the state to pick up on cases where the area's Consultant may be at capacity. We are able to do this because CT is a relatively small state geographically. We also provide phone consultation in the event that someone has to wait and check in every 2 weeks until the case be picked up by an ECCP Consultant.