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Making the Most of Your Mental Health Consultation

36th Native American Child and Family Conference

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School readiness begins with health!

Presentation Objectives

- Define “effective” early childhood mental health consultation (ECMHC)
- Identify the qualifications, skills and characteristics of effective ECMH consultation.
- Discuss roles and responsibilities
- Describe core components of effective consultation programs
- Explore issues related to cultural competence in ECMHC.
- Highlight resources



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Ground Rules/ Shared Agreements

- Take care of yourself
- Suspend certainty
- Turn off or mute cell phones
- Go out on a limb
- Maintain confidentiality
- Demonstrate respect

“I Already Know This”



Reflection

- What do you think of when you think of early childhood mental health consultation?
- What do parents think?
- What do stakeholders think? (e.g. community, boards, primary care, community agencies/referral sources, etc.)

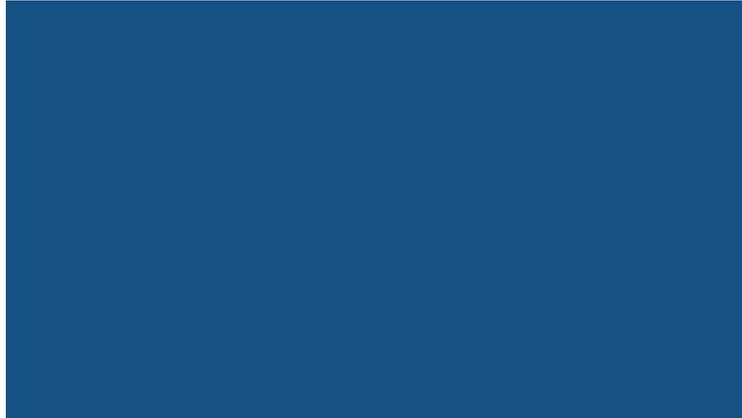


Learning about ECMHC

- How do parents and family members learn about consultation availability?
- How do staff learn about the consultant's role and services?
- How does ECMHC work within the other child and family serving community agencies?



Video- A Day in the Life of an I/ECMHC



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Definition of Early Childhood Mental Health Consultation:

“A problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise - primarily child care, child development, and families – or individuals with child care responsibilities.”

(Cohen & Kaufmann, 2000)



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Defining ECMHC (cont'd)

- Promotes social emotional development
- Addresses children's challenging behavior
- Primarily indirect services
- Impacts child, family, staff, and outcomes



Defining I/ECMH Consultation (cont.)

- Culturally sensitive
- Family focused



Child- and Family- Centered Consultation

- Child observations
- Parent consultation
- Staff support for individual and group behavior management
- Modeling/coaching
- Link to community
- Training on behavior management
- Modeling and supporting individual child
- Education on a child's mental health
- Advocacy for family



Child and Family Centered Video



Programmatic Consultation for Staff and Programs

- Classroom observation
- Strategies for supportive environments
- Training on behavior management
- Support for reflective practices
- Promote staff wellness
- Address communication issues
- Promote team building
- Training on cultural competence



Child and Family and Programmatic On-Line Lesson

Understanding the Infant and Early Childhood Mental Health Consultant: Lessons for Strengthening Practice

Main Menu

- ROLE
- PROGRAM
- CULTURAL CONSIDERATIONS
- REFLECTIVE PRACTICE
- FOUNDATIONAL KNOWLEDGE
- CHILD & FAMILY
- CLASSROOM & HOME
- SYSTEMS
- CORE COMPETENCIES
- Intro Video



What ECMHC “Isn’t”



- Formal diagnostic evaluations
- Therapeutic play groups
- Individual therapy
- Family therapy
- Staff therapy
- Family support groups

SCENE 1...TAKE 1...

- Read the Scene on the front of the card
- Discuss your Take on the scene and decide:
 - What type of consultation is indicated?
 - What might be the role of the Mental Health Consultant?



The Perfect Mental Health Consultant...



The Effective Consultant: Qualifications & Characteristics

- Education/Knowledge
 - Masters degree in a related field, e.g., social work, psychology
 - Core content knowledge
- Respectful
- Trustworthy
- Open-minded/non-judgmental
- Reflective
- Approachable
- Good listener
- Compassionate
- Team player
- Flexible
- Patient



Consultant Knowledge

- Child development
- Typical and atypical behavior including:
 - Attachment
 - Separation
- Medical and genetics information
- Cultural understanding
- Treatment alternatives
- Family systems
- Early childhood systems
- Adult learning principles



Skills and Experience

- Ability to work in group settings-
- Observation, listening, interviewing and assessment
- Sensitive to community attitudes and strengths
- Cultural competence
- Respect for diverse perspectives
- Ability to communicate
- Familiar with interventions and treatments



Specialized Experience

- Separation and loss
- Substance abuse
- Maternal depression
- Abuse and neglect
- Teen motherhood
- Working with fathers
- Early childhood mental health including:
 - Aggressive behavior
- Medical concerns including:
 - Prematurity and low birth weight
 - Failure to thrive
- Developmental delays including:
 - Speech and language
 - Learning
 - Developmental disabilities



Competencies

- Thoughts
- Questions
- Concerns
- Feedback



Relationship: How we are is more important than what we are



Elements of the Consultative Stance

- Mutuality of endeavor
- Avoid position of expert
- Wondering not knowing
- Understanding another subjective experience
- Consider influence
- Hearing and representing all voices
- Centrality of relationships
- Parallel process
- Patience

Johnston & Brinamen, 2006

Successful MH Consultation

- is **not** based on the frequency of services provided or on the amount of money spent on the mental health consultation.

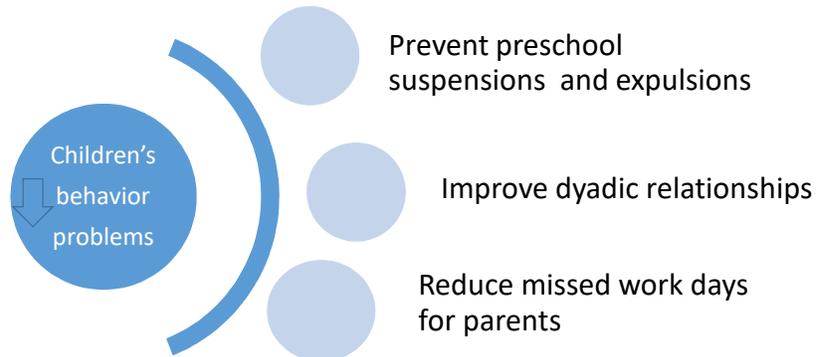


Roles and Responsibilities

- Support staff in addressing individual challenges that effect work
- Provide crisis stabilization
- Work with families on resolving behavioral challenges
- Refer when indicated

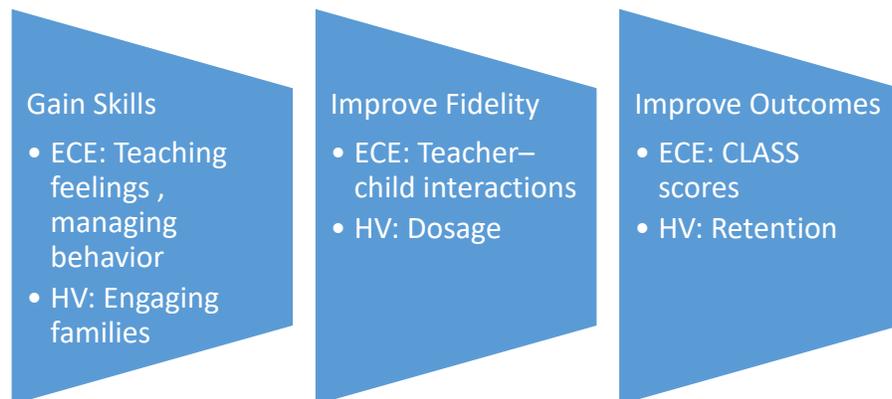


Child- and Family-Level Outcomes



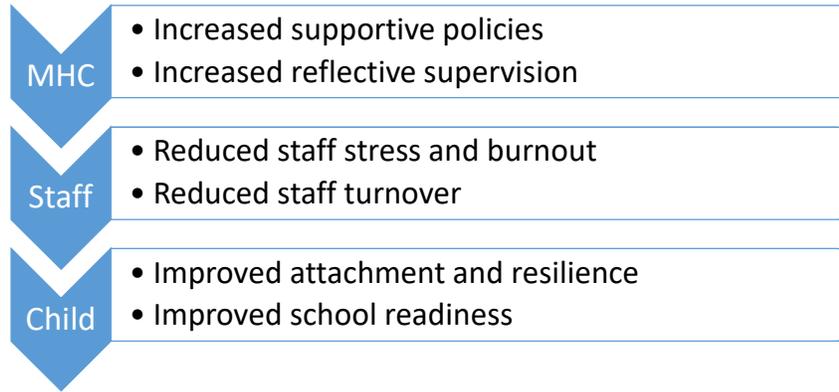
Hepburn, Kathy S.; Perry, Deborah F.; Shivers, Eva M.; Gilliam, Walter S. "Early Childhood Mental Health Consultation As an Evidence Based Practice." *Zero to Three* 33 (2013): 10-19.

Provider-Level Outcomes



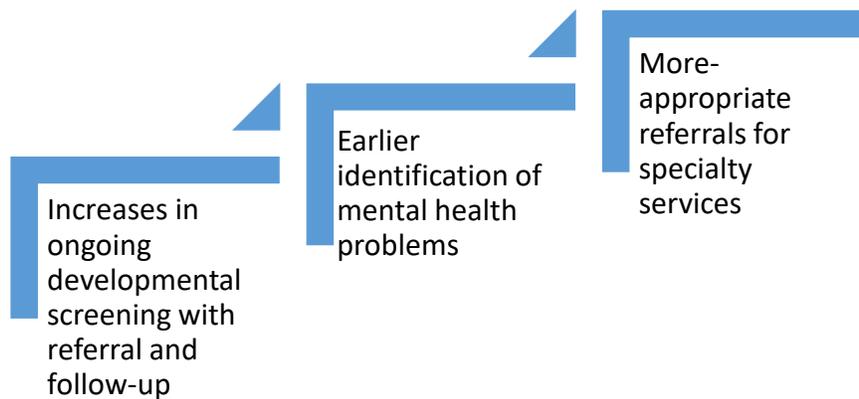
Hepburn, Kathy S.; Perry, Deborah F.; Shivers, Eva M.; Gilliam, Walter S. "Early Childhood Mental Health Consultation As an Evidence Based Practice." *Zero to Three* 33 (2013): 10-19.

Program-Level Outcomes



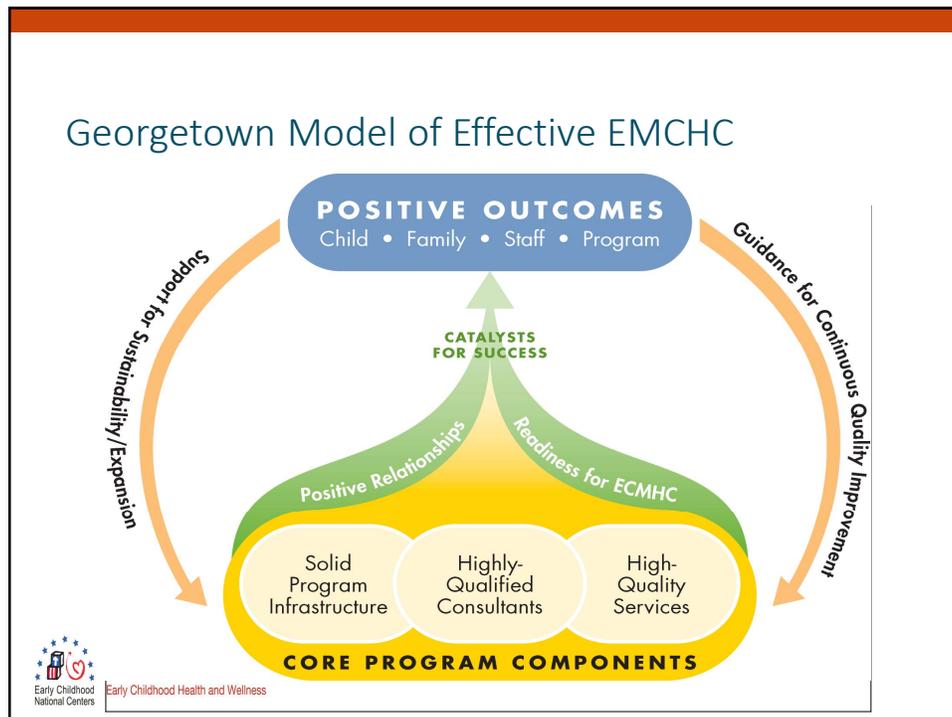
Hepburn, Kathy S.; Perry, Deborah F.; Shivers, Eva M.; Gilliam, Walter S. "Early Childhood Mental Health Consultation As an Evidence Based Practice." *Zero to Three* 33 (2013): 10–19.

System-Level Outcomes



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Hepburn, Kathy S.; Perry, Deborah F.; Shivers, Eva M.; Gilliam, Walter S. "Early Childhood Mental Health Consultation As an Evidence Based Practice." *Zero to Three* 33 (2013): 10–19.



Mental Health Consultation is Effective When

- consultants engage in both family and child consultation and program level consultation
- program level consultation may be getting more “bang for the buck”
- integrated into day-to-day
- “part of the team”

Mental Health Consultation is Effective When

■ Strengths based	■ Individualized and comprehensive
■ Relationship based	■ Family focused
■ Preventative	■ Inclusive
■ Culturally sensitive	■ Integrated
■ Promote staff wellness	■ Promote strong community partnerships



Mental Health Consultation is Effective When

The consultant has:

- experience with young children and families with low-incomes
- a long term commitment to the program
- an approach consistent with program’s philosophy and best practices

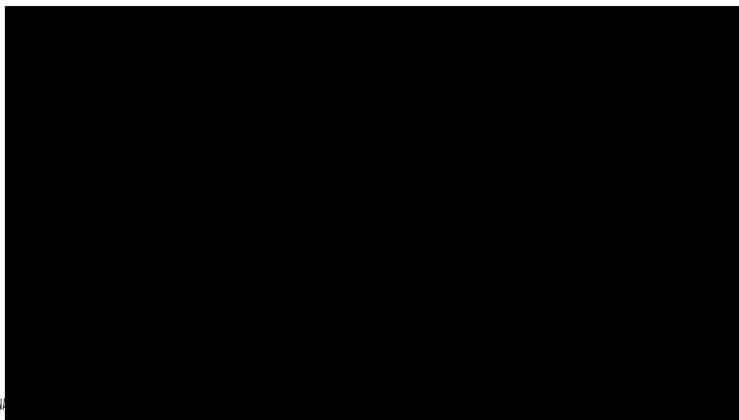


Getting Off to a Good Start: High Quality Service

- Clarify roles and expectations up front
 - Written agreements
 - Widespread communication
- Integrate into ECE program
 - Attend activities/events
 - ECE program-level accommodations



How do others introduce you?
Are teachers your champions?



Define Culture?



Culture

- Culture is a shared system of meaning, which includes values, beliefs, and assumptions expressed in daily interactions of individuals within a group through a definite pattern of language, behavior, customs, attitudes, and practices.

Christensen, Emde, and Fleming (2004) and

Emde (2006)



Reflecting on Consultant Cultural and Linguistic Competence

- Explore the meaning and degree of importance of key constructs for each family (e.g. discipline, mental health, behavioral expectations, comfort talking about personal concerns)
- Reflect on one's own culture and the role it plays in shaping perception and understanding



Activity on Culture

- When you were sick?



Tip of the Iceberg



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Video Consultation and Culture



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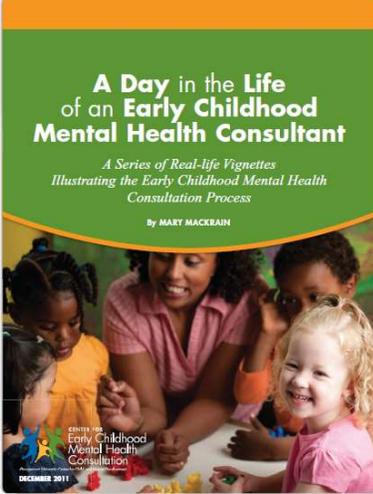


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Homework: Assess Your MH Consultation
How do you Know if it is Working?

- Adopt a Process: Consider
 - Survey staff
 - Survey families
 - Survey your consultant
 - Survey community members

Quick Survey Tools

- *How is the Mental Health Consultation in the Program? Survey for Families*
- *How is the Mental Health Consultation in the Program? Survey for Staff*
- *Assessing Your Program's Early Childhood Mental Health Consultation: How do you know if your mental health services are effective?*



Is it Working? How is it Working?

- Is it Effective?
- Is it Sufficient?
- How do you know?
- What are the outcomes?



Mental Health Consultation Resources

Mental Health Consultation Tool



<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool>



Making the Most of Your MHC PD Suite on ECLKC

Mental Health

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Making the Most of Your Infant/Early Childhood Mental Health Consultation Services

Infant/early childhood mental health consultation (IECMHC) is an effective strategy for addressing young children's challenging behaviors. At the same time, IECMHC supports young children's social and emotional development. The Head Start and Early Head Start program supports the IECMHC model through the Head Start Program Performance Standards. The Standards require that a mental health professional be onsite to provide mental health consultation. In this session, learn more about the role of the mental health consultant in early child care and education. Also, find resources for effective strategies to help design, develop, or sustain your mental health consultation services and system.

Resources

Making the Most of Your Infant/Early Childhood Mental Health Consultation Services | PowerPoint Slides (2) (PPTX, 1.2MB) and PDF (3) (PDF, 1.7MB)

Training Handouts

- Baseline Survey: Mental Health Consultation (Handout 1) (3) (PDF, 83KB)
- Types of Mental Health Consultation (Handout 2) (3) (PDF, 227KB)
- What to Know Before Training on Trauma, Adversity, and Resilience (Handout 3) (3) (PDF, 61KB)
- Mental Health Philosophies (Handout 4) (3) (PDF, 58KB)
- Finding a Mental Health Provider for Children and Families (Handout 5) (3) (PDF, 95KB)
- Head Start Program Performance Standards with a Mental Health and Social and Emotional Focus (Handout 6) (3) (PDF, 152KB)

Topic: Mental Health

Keywords: Social emotional development, Challenging behaviors

<https://eclkc.ohs.acf.hhs.gov/mental-health/article/making-most-your-infantearly-childhood-mental-health-consultation-services>





Center of Excellence (CoE): Infant and Early Childhood Mental Health Tips and Tools

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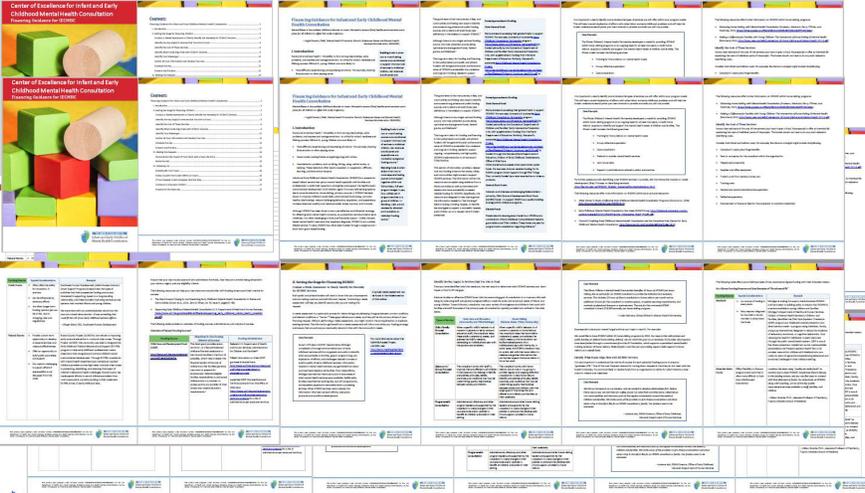


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Over 400 pages of Resources



<http://samhsa.gov/iecmhc/>



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More Resources

- Center for Effective Mental Health Consultation
<http://www.ecmhc.org/>
- *What Works?* Study
<http://gucchd.georgetown.edu/78358.htm>
- *Mental Health Consultation in Child Care* (K. Johnston & C. Brinamen)
- Family Connections
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/mental-health/adult-mental-health/FamilyConnection.html>
- *Mental Health Consultation in Early Childhood* (Donahue, Falk, & Provet)
- Special Issue: Current Issues and Practices in Early Childhood Mental Health Consultation, *Infant Mental Health Journal* May/June 2012 Volume 33, Issue 3
- Early Childhood Mental Health Consultation, *Zero to Three*, May 2013, Vol 33 (5)



To Continue the Discussion, Join MyPeers



Email health@ecetta.info and say “I’d like to join MyPeers”



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MyPeers Mental Health Consultation Community



WELCOME TO THE INFANT/EARLY CHILDHOOD MENTAL HEALTH COMMUNITY

Written by *Sunyoung Ahn in Mental Health Consultation* Updated Feb 28, 2017 1:05 PM EST 70 Views

This is an online peer learning community for Head Start leaders and related personnel (e.g., mental health, disabilities and other managers, mental health consultants, TA providers and policy makers) to share resources, network with each other, and provide support to improve or access mental health consultation services.

Add a Reaction 3 4

Activity Attachments (0) Related Content (0)

No content found



MyPeers Mental Health Consultation

Quick Links - Infant/Early Childhood Mental Health Consultation Resource

Check out these resources to help support effective mental health service implementation!

- Early Childhood Mental Health Consultation - An Evaluation Tool Kit**
This resource offers data to support the importance of heading in early childhood mental health consultation. Programs may use the resources in this tool kit as a guide in designing and implementing effective mental health services for families.
- Making the Most of Your Infant/Early Childhood Mental Health Consultation Services**
Infant/early childhood mental health consultation (IECMHC) is an effective strategy for addressing young children's challenging behaviors. At the same time, IECMHC supports young children's social and emotional development. The Head Start and Early Head Start program supports the IECMHC model through the Head Start Program Performance Standards. The Standards require that a mental health professional be onsite to provide mental health consultation. In this session, learn more about the role of the mental health consultant in early childhood and education. Also, find resources for effective strategies to help design, develop, or sustain your mental health consultation services and system.
- May 2016 Mental Health Services Newsletter: What is Infant/Early Childhood Mental Health Consultation (IECMHC)?**
Infant early childhood mental health consultation (IECMHC) is emerging as an effective strategy for supporting young children's social and emotional development. This issue of the Mental Health Services newsletter explores Head Start's commitment to IECMHC. Also find IECMHC resources available on the ECHHC and other websites.
- Mental Health Consultation Tool**
The Infant/Early Childhood Mental Health Consultation (IECMHC) learning module highlights the role of the IECMHC. The interactive module is divided into lessons with realistic scenarios and short video clips. Each lesson has its own resource area designed to provide extensive support around IECMHC. Reveal it as needed to gain a better understanding of your role as a Head Start IECMHC.
- Professional Development in Infant/Early Childhood Mental Health Consultation Webinar**
Examine effective infant/early childhood mental health consultation (IECMHC) in this webinar. Presenters discuss IECMHC outcomes and share implementation strategies. The webinar also highlights a new professional development resource for IECMHC consultants. Watch video clips of reflective practice and see mental health consultants talk about their role.
- What Works: A Study of Effective Mental Health Consultation Programs**
The following study from the Center for Child and Human Development at Georgetown University explores mental health consultation efforts nationwide. It provides recommendations and tips for policymakers, early childhood mental health consultation providers, program administrators, and researchers to better improve the effectiveness of mental health services and programs.



Reflections/ Thoughts



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Head Start Performance Standards with Mental Health and Social and Emotional Focus

This list represents a variety of Head Start Program Performance Standards that include some aspect of mental health; however, it is not exhaustive of every standard that may be related to mental health.

Key Changes from Previous Program Performance Standards in Mental Health

- a greater emphasis on **support for mental health and social and emotional well-being**
- provides **clarity on the requirements for programs to use mental health consultants** to ensure Head Start programs are supporting children's mental health and social and emotional well-being
- **increased emphasis on the prohibition of expulsion for challenging behaviors**

The new Head Start Program Performance Standards are effective as of November 7, 2016, which is 60 days after their publication.

MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELL- BEING

(a) A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

Child Mental Health and Social and Emotional Well-Being

1302.45

(a) *Wellness promotion.* To support a **program-wide culture that promotes children's mental health, social and emotional well-being**, and overall health, a program must:

(1) Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with **challenging behaviors and other social, emotional, and mental health concerns**;

(2) **Secure mental health consultation services** on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner;

(3) Obtain parental consent for mental health consultation services at enrollment; and,

(4) Build community partnerships to facilitate access to additional mental health resources and services, as needed.

(b) *Mental health consultants.* A program must **ensure mental health consultants assist**:

(1) The program to **implement strategies to identify and support children with mental health and social and emotional concerns**;

(2) Teachers, including family child care providers, to improve **classroom management and teacher practices through strategies that**

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include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning;

(3) **Other staff, including home visitors, to meet children’s mental health and social and emotional needs through strategies that include observation and consultation;**

(4) **Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and,**

(5) In helping both **parents and staff to understand mental health and access mental health interventions**, if needed.

(6) In the implementation of the policies to limit suspension and prohibit expulsion as described in §1302.17.

Family Support Services For Health, Nutrition, And Mental Health

1302.46

(a) *Parent collaboration.* Programs must collaborate with parents to promote children’s health and well-being by providing medical, oral, nutrition and **mental health** education support services that are understandable to individuals, including individuals with low health literacy.

(b) *Opportunities.* (1) Such collaboration must include opportunities for parents to:

... (iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options **for parental mental health or substance use problems, including perinatal depression;**

(iv) Discuss with staff and identify issues related to **child mental health and social and**

emotional well-being, including observations and any concerns about their **child’s mental health**, typical and atypical behavior and development, and how to appropriately respond to their child and promote their **child’s social and emotional development;** and,

(2) A program must provide ongoing support to assist parents’ navigation through health systems to meet the general health and specifically identified needs of their children and must assist parents:

(i) In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods;

(ii) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care; and,

(iii) In familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care.

SUSPENSION AND EXPULSION

Suspension And Expulsion

1302.17

(a) *Limitations on suspension.* (1) A program must prohibit or severely limit the use of suspension due to a child’s behavior. Such suspensions may only be temporary in nature.

(2) A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.

(3) Before a program determines whether a temporary suspension is necessary, a program must engage with a **mental health consultant**, collaborate with the parents, and utilize

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appropriate community resources – such as behavior coaches, psychologists, other appropriate specialists, or other resources – as needed, to determine no other reasonable option is appropriate.

(4) If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety by:

(i) Continuing to engage with the **parents and a mental health consultant**, and continuing to utilize appropriate community resources;

(ii) **Developing a written plan** to document the action and supports needed;

(iii) Providing services that include home visits; and,

(iv) Determining whether a referral to a local agency responsible for implementing IDEA is appropriate.

(b) *Prohibition on expulsion.* (1) A program cannot expel or unenroll a child from Head Start because of a child's behavior.

(2) When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child's safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher, and:

(i) If the child has an individualized family service plan (IFSP) or individualized education program (IEP), the program must consult with the agency responsible for the IFSP or IEP to ensure the child receives the needed support services; or,

(ii) If the child does not have an IFSP or IEP, the program must collaborate, with parental consent, with the local agency responsible for implementing IDEA to determine the child's eligibility for services.

(3) If, after a program has explored all possible steps and documented all steps taken as described in paragraph (b)(2) of this section, a program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.

EDUCATION AND CHILD DEVELOPMENT PROGRAM SERVICES

Purpose

1302.30

All programs must provide high-quality early education and child development services, including for children with disabilities, that promote children's cognitive, **social, and emotional** growth for later success in school. A center-based or family child care program must embed **responsive and effective teacher-child interactions**. A home-based program must promote secure parent-child relationships and help parents provide high-quality early learning experiences. All programs must implement a research-based curriculum, and screening and assessment procedures that support individualization and growth in the areas of development described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and support family engagement in children's learning and development. A program must deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, **social and emotional**

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functioning, approaches to learning, science, physical skills, and creative arts. To deliver such high-quality early education and child development services, a center-based or family child care program must implement, at a minimum, the elements contained in §§1302.31 through 1302.34, and a home-based program must implement, at a minimum, the elements in §§1302.33 and 1302.35.

Teaching and The Learning Environment

1302.31

(a) *Teaching and the learning environment.*

A center-based and family child care program must ensure teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children's skill growth aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, including for children with disabilities. A program must also support implementation of such environment with integration of regular and ongoing supervision and a system of individualized and ongoing professional development, as appropriate. This includes, at a minimum, the practices described in paragraphs (b) through (e) of this section.

(b) *Effective teaching practices.* (1) Teaching practices must:

(i) Emphasize **nurturing and responsive practices, interactions, and environments that foster trust and emotional security**; are communication and language rich; promote critical thinking and problem-solving; **social, emotional, behavioral**, and language development; provide supportive feedback for learning; motivate continued effort; and support all children's engagement in learning experiences and activities;

(ii) Focus on promoting growth in the developmental progressions described in the *Head Start Early Learning Outcomes Framework*:

Ages Birth to Five by aligning with and using the Framework and the curricula as described in §1302.32 to direct planning of organized activities, schedules, lesson plans, and the implementation of high-quality early learning experiences that are responsive to and build upon each child's individual pattern of development and learning;

(iii) Integrate child assessment data in individual and group planning; and,

(iv) Include developmentally appropriate learning experiences in language, literacy, **social and emotional development**, math, science, social studies, creative arts, and physical development that are focused toward achieving progress outlined in the Head Start Early Learning Outcomes Framework: Ages Birth to Five.

(c) *Learning environment.* A program must ensure teachers implement well-organized learning environments with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences and:

(1) For infants and toddlers, promote **relational learning** and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences; and,

Child Screenings and Assessments

1302.33

(a) *Screening.* (1) In collaboration with each child's parent and with parental consent, a program must complete or obtain a current **developmental screening** to identify concerns regarding a child's developmental, **behavioral**, motor, language, **social**, cognitive, and **emotional skills** within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current

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developmental screening within 30 calendar days of when the child first attends the program.

(2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior.

(3) If warranted through screening and additional relevant information and with direct guidance from a **mental health** or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through:

(i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and,

(ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process.

(4) If a child is determined to be eligible for services under IDEA, the program must partner with parents and the local agency responsible for implementing IDEA, as appropriate, and deliver the services in subpart F of this part.

(5) If, after the formal evaluation described in paragraph (a)(3)(i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program must:

(i) Seek guidance from a **mental health** or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness; and,

(ii) If the child has a significant delay, partner

with parents to help the family access services and supports to help address the child's identified needs.

(A) Such additional services and supports may be available through a child's health insurance or it may be appropriate for the program to provide needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in 29 U.S.C. section 705(9)(b) of the Rehabilitation Act, to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability.

(B) A program may use program funds for such services and supports when no other sources of funding are available.

(b) *Assessment for individualization.* (1) A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the *Head Start Early Learning Child Outcomes Framework: Ages Birth to Five*. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.

(2) A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff, as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based and family child care settings, and improve home visit strategies in home-based models.

(3) If warranted from the information gathered

from paragraphs (b)(1) and (2) of this section and with direct guidance from a mental health or child development professional and a parent's consent, a program must refer the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility for services under IDEA.

(c) *Characteristics of screenings and assessments.*

(1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed.

(2) If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to:

(i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition;

(ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and,

(iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications.

(3) If a program serves a child who speaks a language other than English and qualified bilingual staff, contractors, or consultants are not able to conduct screenings and assessments, a program must use an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in paragraphs (2)(i)

through (iii) of this section.

(4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must also gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.

(d) *Prohibitions on use of screening and assessment data.* The use of screening and assessment items and data on any screening or assessment authorized under this subchapter by any agent of the federal government is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for the purposes of providing rewards or sanctions for individual children or staff. A program must not use screening or assessments to exclude children from enrollment or participation.

FAMILY ENGAGEMENT AND COMMUNITY PARTNERSHIP

Parent and Family Engagement In Education and Child Development Services

1302.34

(a) *Purpose.* Center-based and family child care programs must structure education and child development services to recognize parents' roles as children's lifelong educators, and to encourage parents to engage in their child's education.

(b) *Engaging parents and family members.* A program must offer opportunities for parents and family members to be involved in the program's education services and implement policies to ensure:

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(1) The program's settings are open to parents during all program hours;

(2) Teachers regularly communicate with parents to ensure they are well-informed about their child's routines, activities, and behavior;

Education In Home-Based Programs

1302.35

(a) *Purpose.* A home-based program must provide home visits and group socialization activities that **promote secure parent-child relationships** and help parents provide high-quality early learning experiences in language, literacy, mathematics, **social and emotional functioning**, approaches to learning, science, physical skills, and creative arts. A program must implement a research-based curriculum that delivers developmentally, linguistically, and culturally appropriate home visits and group socialization activities that support children's cognitive, social, and emotional growth for later success in school.

(c) Home visit experiences. A program that operates the home-based option must ensure all home visits focus on promoting high-quality early learning experiences in the home and growth towards the goals described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five and must use such goals and the curriculum to plan home visit activities that implement:

(1) Age and developmentally appropriate, structured child-focused learning experiences;

(2) Strategies and activities that promote parents' ability to support the child's cognitive, social, emotional, language, literacy, and physical development;

(3) Strategies and activities that promote the home as a learning environment that is safe, nurturing, responsive, and language- and communication-rich;

(i) **Promotes the parent's role as the child's teacher through experiences focused on the parent-child relationship and, as appropriate, the family's traditions, culture, values,**

(ii) Encourage parents to share experiences related to their children's development with other parents in order to strengthen parent-child relationships and to help promote parents understanding of child development;

(3) For parents with preschoolers, group socializations also must provide opportunities for parents to participate in activities that support parenting skill development or family partnership goals identified in §1302.52(c), as appropriate and must emphasize peer group interactions designed to promote children's **social, emotional** and language development, and progress towards school readiness goals, while encouraging parents to observe and actively participate in activities, as appropriate.

(f) Screening and assessments. A program that operates the home-based option must implement provisions in §1302.33 and inform parents about the purposes of and the results from screenings and assessments and discuss their child's progress.

Child Health Status and Care

1302.42

(d) *Extended follow-up care.* (1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or **behavior**.

(2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, **social and emotional**, or developmental problem.

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Family Engagement

1302.50

(a) *Purpose.* A program must integrate parent and family engagement strategies into all systems and program services to support family well-being and promote children's learning and development. Programs are encouraged to develop innovative **two-generation approaches that address prevalent needs of families** across their program that may leverage community partnerships or other funding sources.

(b) *Family engagement approach.* A program must:

(1) Recognize parents as their children's primary teachers and nurturers and implement intentional strategies to engage parents in their children's learning and development and **support parent-child relationships**, including specific strategies for father engagement;

(2) Develop relationships with parents and structure services to encourage trust and respectful, ongoing two-way communication between staff and parents to create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the program and community;

(3) Collaborate with families in a family partnership process that **identifies needs, interests, strengths, goals, and services and resources that support family well-being, including family safety, health,** and economic stability;

Community Partnerships and Coordination With Other Early Childhood and Education Programs

1302.53

(a) *Community partnerships.* (1) A program must establish ongoing collaborative relationships and partnerships with community organizations such as establishing joint agreements, procedures,

or contracts and arranging for onsite delivery of services as appropriate, to facilitate access to community services that are responsive to children's and families' needs and family partnership goals, and community needs and resources, as determined by the community assessment.

(2) A program must establish necessary collaborative relationships and partnerships, with community organizations that may include:

(i) Health care providers, including child and adult **mental health professionals**, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers;

(ii) Individuals and agencies that provide services to children with disabilities and their families, elementary schools, state preschool providers, and providers of child care services;

(iii) Family preservation and support services and child protective services and any other agency to which child abuse must be reported under state or tribal law;

(vii) Domestic violence prevention and support providers; and,

(viii) Other organizations or businesses that may provide support and resources to families.

(b) *Coordination with other programs and systems.* A program must take an active role in promoting coordinated systems of comprehensive early childhood services to low-income children and families in their community through communication, cooperation, and the sharing of information among agencies and their community partners, while protecting the privacy of *child records* in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws.

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Enrolled Pregnant Women

1302.80

(c) A program must facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, **mental health services**, **substance abuse** prevention and treatment, and emergency shelter or transitional housing in cases of **domestic violence**.

(d) A program must provide a **newborn visit with each mother and baby to offer support and identify family needs**. A program must schedule the **newborn visit within two weeks after the infant's birth**.

STAFF COMPETENCY AND WELLNESS

Staff Qualifications and Competency Requirements

1302.91

(a) *Purpose*. A program must ensure all *staff*, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.

(ii) A program must ensure **all mental health consultants are licensed or certified mental health professionals**. A program must use mental health consultants with knowledge of and experience in serving young children and their families, if available in the community.

Staff Health and Wellness

1302.93

(b) A program must make **mental health and wellness** information available to staff regarding health issues that may affect their job performance, and must provide **regularly scheduled opportunities to learn about mental health, wellness**, and health education.

COMPETENCIES

Infant/Early Childhood Mental Health Consultation

Over the last decade, infant/early childhood mental health consultation (I/ECMHC) has emerged as an effective evidence based strategy to promote young children's positive social emotional development and to prevent, identify, and reduce the impact of mental health problems among young children and their families.

Increasingly states, communities and programs have adopted I/ECMHC in early care and education settings as well as in other settings typically frequented by young children and their families (i.e., pediatric offices, homeless shelters, etc.). Despite the growing body of evidence supporting I/ECMHC and its increasing prevalence there are no nationally recognized standards or competencies for I/ECMH consultants. Several states and regions have a long history of successfully implementing I/ECMHC and have developed their own guidelines related to training, education, and qualifications based on their unique programs.

A number of developers of I/ECMHC programs and researchers from across the country (RAINE: Advancing Early Childhood Mental Health Consultation Practice, Policy and Research) have met as a group to reach consensus on the definition of I/ECMHC, practice principles, as well as relational elements of I/ECMHC (i.e., "the consultative stance") over the last several years. Capitalizing on the many years of consensus building of the RAINE Group, Georgetown University's Center for Child and Human Development (GUCCHD) has facilitated a process to develop this initial set of competencies for I/ECMHC. Connecticut's Early Childhood Consultation Partnership (ECCP) generously shared their program's competencies as a strong example

of a state-wide I/ECMHC program's competencies. (www.eccpct.com/Program/Workforce). National experts from the Southwest Human Development, Harris Infant and Early Childhood Mental Health Training Institute (Phoenix, AZ); Infant-Parent Program University of California, San Francisco; and the Kids Connects program developed in Boulder, CO also shared their programs' training materials to ensure these emerging national competencies aligned with programs with a long-standing history of providing effective I/ECMHC. Experts on I/ECMHC from around the country contributed to and reviewed these competencies (see list of contributors below).

These I/ECMHC competencies developed by GUCCHD faculty and colleagues are the first step towards building a national consensus on the array of foundational skills, knowledge, and abilities needed to be a competent I/ECMH consultant. They are not meant to replace competencies that have been developed by local or state I/ECMHC programs. They can be used to supplement, extend, or guide existing or new efforts at building a qualified I/ECMHC workforce.

These I/ECMHC competencies can be used to further distinguish I/ECMHC from the guidelines that have been developed for interdisciplinary fields such as infant mental health or other consultation for young children and families. Many states have adopted guidelines for infant mental health practitioners (www.zerotothree.org/public-policy/pdf/infant-mental-health-report.pdf). Consultation competencies have also been developed by the Administration for Children and Families (*A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and Their Families: Core Knowledge,*

Competencies, and Dispositions, 2011, www.acf.hhs.gov/programs/occ/resource/effective-consultation). These newly developed I/ECMHC competencies should be viewed as additional competencies or rather a specialization of infant mental health and consultation competencies.

These I/ECMHC competencies can assist to:

- Influence hiring, supervising, and evaluating I/ECMHC consultants,
- Guide professional development, training, and coursework, and
- Lead to enhanced quality of I/ECMH consultants and increased professional credibility.

Ultimately, through refinements over time these competencies may be used to create increased clarity in the field resulting in enhanced or new financing mechanisms to support I/ECMHC in a variety of settings serving young children and their families.

List of Contributors and Reviewers to the I/ECMHC National Competencies (listed alphabetically)

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Office of Head Start Reviews

- Marco Beltran, Office of Head Start
- Kiersten Beigle, Office of Head Start
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Resources Related to Infant Mental Health Competencies

Infant, Toddler, and Early Childhood Mental Health Competencies: A Comparison of Systems: www.zerotothree.org/public-policy/pdf/infant-mental-health-report.pdf

Infant, Toddler, and ECMHC Competencies: A Comparison of Systems Webinar—ZERO TO THREE Webinar, June 2014: www.zerotothree.org/public-policy/state-community-policy/i-ecmh-competencies-webinar-ppt.pdf

Infant, Toddler, and ECMHC Competencies: A Comparison of Systems Webinar—Questions from Participants: www.zerotothree.org/public-policy/webinars-conference-calls/i-ecmh-competencies-webinar-q-and-a.pdf

Resources Related to Consultation Competencies for Infants, Toddlers and Their Families (not specific to mental health)

A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and their Families: www.acf.hhs.gov/programs/occ/resource/effective-consultation

Additional Links to Infant Mental Health State Affiliates

World Association for Infant Mental Health: www.waimh.org

Knowledge Area

DESCRIPTION

Role of the I/ECMHC

Describes how Infant/Early Childhood Mental Health Consultation (I/ECMHC) is a mental health specialization that is distinct from other activities in which mental health professionals may engage (e.g., treatment, diagnosis, and training). Demonstrates an ability to strengthen families', early care and education professionals', (including home visitors') capacities to support the mental health of all children and families in a setting, prevent mental health problems from developing or increasing in intensity; and respond effectively to mental health concerns.

Foundational Knowledge

Draws from a large body of knowledge to understand children, families, and staff and how they relate to each other. Draws from a variety of disciplines and theories to inform decisions and directions of consultation.

Culture

Describes how cultural beliefs, values, attitudes, experiences, and biases shape relationships, behaviors and influences settings and communities in important and meaningful ways.

Reflective Practice

Thinks about and questions one's influences and actions before, during or after consultation interactions. Considers the perspective and experiences of others (e.g., child/family/staff) in the context of consultation, "What must this experience have been like for the child...staff...parent?"

Child and Family Consultation

Collaborates with families, staff and other caregivers to understand and respond effectively to a child's mental health needs. Assists caregivers and home visitors to understand and effectively respond to the mental health needs of a family. Consults with families, staff, and other caregivers about a particular child or family.

Classroom/Home Consultation

Collaborates with parents and staff to assess relationships, routines, and practices that impact the classroom or home climate.

Programmatic Consultation

Assesses a program's structures, policies, procedures, professional development opportunities, philosophy, mission and practices as they relate to supporting the mental health of young children and their families.

Systems

Connects and integrates I/ECMHC to various systems that serve child and family serving systems. Contributes to the development of new consultation programs and/or to support consultation programs to expand to serve more children and families.

Knowledge Area

CATEGORIES

Role of the I/ECMHC

- Distinguishes I/ECMHC from Other Related Professions
- Natural Setting
- Consultative Process
- Consultative Stance and Reflective Practice
- Supervision
- Ethics
- Positive and Collaborative Relationships with Other Agencies

Foundational Knowledge

- Multidisciplinary Body of Knowledge
- Development and Influences on Development
- Culture
- Self-Awareness/Reflective Practice
- Understanding Families, Other Caregivers, and Systems

Culture

- Values Diversity and Works Effectively Across Cultures and Family Structures
- Self-awareness
- Promotes Cultural Responsiveness (Practices, Policies, and Procedures)

Reflective Practice

For Consultants

- Uses Self-reflection to Enhance Consultation
- Assists Others to Reflect

For Consultants Providing Reflective Supervision

Reflective Supervision (When an I/ECMH consultant is also providing reflective supervision to others)

- Values Reflective Supervision
- Self-Awareness as a Supervisor
- Supervision Skills
- Promotes Reflection in the Supervisee

Child and Family Consultation

- Works Collaboratively to Understand the Meaning of Behavior and Develop Hypotheses
- Promotes Trusting Respectful Relationships with Families, Other Caregivers and Staff
- Community Collaboration
- Develops Plans and Supports Implementation

Classroom/Home Consultation

- Promotes Understanding of the Importance of Early Relationships and Fosters Caregivers' Capacity to Promote Positive Relationships (e.g., positive adult-child relationships; peer relationships; staff and family relationships; staff relationships with each other; staff relationships with administration)

Programmatic Consultation

- Program Design and Infrastructure
- Program Wide Approaches to Supporting Mental Health of Children and Families
- Group Facilitation
- Plan for Mental Health Support in Crisis or Disasters

Systems

- Bridging Services to Promote Cohesion for Young Children and Families
- Advocacy
- Building an IECMHC Program or Expanding an IECMHC Program

Role of the I/ECMHC

Describes how Infant/Early Childhood Mental Health Consultation (I/ECMHC) is a mental health specialization that is distinct from other activities in which mental health professionals may engage (e.g., assessment, treatment, training). Demonstrates an ability to strengthen families', early care professionals', and home visitors' capacities to support the mental health of all children and families in a setting, prevent mental health problems from developing or increasing in intensity; and reducing mental health concerns.

CATEGORY	CORE SKILLS
<p>Distinguishes I/ECMHC from Other Related Professions</p>	<p>Demonstrates an understanding of IECMHC as building the mental health capacities of families, teachers and others who care for young children (i.e., an indirect, preventative service as opposed to the provision of direct mental health treatment).</p> <p>Describes the distinction between the role of the mental health consultant and other professionals who support the development of staff and family caregiver capacities (e.g., professional development coaches, health service managers, health care consultants, home visitors, early interventionists, disability coordinators) Clarifies that I/ECMCHC focuses on promoting mental health/social emotional development using a mental health knowledge base (see foundational knowledge section of these competencies below)to inform decisions and directions of consultation.</p>
<p>Natural Setting</p>	<p>Demonstrates comfort working in natural settings including homes and early care and education environments.</p> <p>Is able to articulate a consultation philosophy, model, or approach that is consistent with the employing agency/institution.</p>
<p>Consultative Process</p>	<p>Demonstrates an organized approach to the stages of the consultative process (e.g., entering the new environment, establishing mutual expectations for the work, gathering information and perspectives of all those involved (including the child), facilitating the establishment of goals, supporting and assessing progress, righting the course of the consultation when necessary, transitioning and ending).</p> <p>Demonstrates an ability to support the mental health of infants, young children and the adults who care for them.</p> <p>Recognizes when additional mental health services are warranted and is able to make appropriate and effective referrals across multiple systems.</p> <p>Keeps accurate records, appropriate documentation, and data collection in accordance with the program or setting requirements.</p>
<p>Consultative Stance and Reflective Practice</p>	<p>Able to articulate the elements of the “consultative stance.” (As described by Johnston & Brinamen, 2006)</p> <p>Demonstrates the ability to use oneself in flexible and different ways based on the unique needs of the setting, context and relationships (e.g., an observer, a listener, a facilitator, a problem solver, and educator).</p> <p>Supports staff to reflect on their disciplinary (e.g., psychology, social work, counseling) scope of practice including recognizing and maintaining appropriate boundaries and roles.</p>
<p>Supervision</p>	<p>Actively participates in regularly scheduled administrative and reflective supervision that is marked by an atmosphere of reflection and collaboration.</p> <p>Participates in regular administrative supervision that includes discussion of documentation, data collection, case consultation, etc.</p>

Role of the I/ECMHC

CATEGORY	CORE SKILLS
Ethics	<p>Adheres to the ethics and standards of professional conduct (e.g., National Association of Social Workers, NASW code of ethics), and if licensed, adheres to the requirements for maintenance of licensure.</p> <p>Routinely discusses confidentiality and the limits of confidentiality with staff and families at the start of services and revisits these topics during the course of the work, as circumstances indicate.</p> <p>Carries out the mandate to report suspected child abuse and neglect and supports others in their responsibilities as a mandated reporters.</p> <p>Seeks continuing education experiences to enhance knowledge and skills, and stays apprised of new research, scholarship and evolving notions of best practices in I/ECMHC.</p>
Positive and Collaborative Relationships with Other Agencies	<p>Establishes and maintains partnerships with relevant child and family serving agencies within the community (i.e., Early Head Start, Head Start, child care, family support, early intervention, mental health treatment, child welfare, etc.) in order to collaborate on behalf of children and families.</p>

Foundational Knowledge

Draws from a large body of knowledge to understand children, families, and staff and how they relate to each other. Draws from a variety of disciplines and theories to inform decisions and directions of consultation.

CATEGORY	CORE KNOWLEDGE
Multidisciplinary Body of Knowledge	<p>Understands and embraces multidisciplinary approaches for working with young children, families, and other caregivers and staff, drawing on fields of professional consultation, psychology, social work, health behavior, early education, infant and early childhood mental health, family/systems, etc.</p> <p>Understands that a child's physical environment, attachment, social relationships, life circumstances (e.g., poverty, domestic violence) temperament, and developmental capacities all impact behavior and social emotional health. Uses this knowledge to support change in one or more of these realms to improve child outcomes.</p> <p>Understands mental health concepts and psychological processes (e.g., parallel process, experiences from a caregiver's past and present can distort how a child's behavior is interpreted, trauma) related to adults.</p> <p>Has a broad knowledge base of social emotional curricula, screeners, best practice strategies and frameworks and resources.</p> <p>Understands adult learning theory as it relates to families and staff; i.e., concepts related to how adults learn best including strategies such as: ensures learning is relevant, self-directed, collaborative, matched to the learners style of learning, etc.</p>

Foundational Knowledge

CATEGORY	CORE KNOWLEDGE
<p>Development and Influences on Development</p>	<p>Understands the importance of the development of self-regulation (gain control of bodily functions, manage strong emotions, maintain focus) social relationships, communication and representational thinking (an object can represent something), and executive function abilities (remember information, sustain or shift attention, resist impulsive actions or responses) for school readiness.</p> <p>Understands the interplay of genes and experiences on development (that the child and the environment (e.g., parents, other caregivers, and risk and protective factors) play a role in determining the course of development).</p> <p>Understands how young children form attachment relationships with important family and other caregivers and understands its critical importance in child development.</p> <p>Understands typical and atypical growth and development of young children, including the general sequence of developmental milestones in all domains, including cognitive, sensory-motor, communication, play, self-regulatory and social-emotional.</p> <p>Understands the role of peer and group interactions and can use a range of strategies for promoting optimal interactions.</p> <p>Understands the role of temperament in child development and supports families and other caregivers to tailor strategies to match the child's temperament.</p> <p>Understands the potential negative impact of multiple separations, relational disruptions and loss on early development.</p> <p>Understands the potential negative impact of trauma including interpersonal and community violence on both adults and children.</p> <p>Understands the potential negative impact of parental depression on child development.</p> <p>Understands the influence of, and interaction between, risk factors and protective factors on child behavior and development, family and provider functioning.</p>
<p>Culture</p>	<p>Understands the role and influence of power, inequity, and oppression as it relates to adult and child behavior and relationships.</p> <p>Understands cultural variation in development, childrearing practices, and caregiver expectations.</p> <p>Recognizes the biological, psychological, and social context of culture and its influence on the values, beliefs, child rearing practices, child development, and social-emotional health and well-being.</p>
<p>Self-Awareness/ Reflective Practice</p>	<p>Understands the value of examining one's own values, beliefs, assumptions, biases and experiences to ensure one does not impose judgements based on one's own values.</p> <p>Is able to assist others to examine their own values, beliefs, assumptions, and experiences to assist them in regulating their emotions and reactions to children's behavior.</p> <p>Seeks to understand the perspectives and experiences of others in the context of consultation.</p> <p>Understands and values reflective supervision as a critical component to effective consultation.</p>

Foundational Knowledge

CATEGORY	CORE KNOWLEDGE
Understanding Families, Other Caregivers, and Systems	Understands that child development occurs within relationships. Pursues an understanding of the quality of the relationships between children and the adults who care for and teach them, and directs consultation to support and enhance those relationships.
	Understands family dynamics and systems theory (how each individual relates to the healthy functioning of the organization, group or family. Understands how members of families and groups are connected to each other through complex relationships).
	Understands the importance of identifying and linking families and staff to appropriate community supports and services as warranted.
	Recognizes the importance of support networks, particularly for isolated families.
	Understands that the relationship between the I/ECMH Consultant and the staff/caregiver impacts the relationship with the staff/caregiver and the child/family.
	Understands that the quality of relationships among adults (between-staff and between staff and the - family) influences children's experience in the classroom.
	Understands the importance of self-care and offers information to families and staff on the connection between self-care and the ability to build successful relationships with families and colleagues.
	Understands the program's system for screening and assessment to identify young children exhibiting concerns in the social and emotional domains.
	Understands programmatic problems in context of larger systems e.g., funding sources, program requirements, program culture, leadership, etc.
	Understands one's own role and the role of consultation in the various systems including local/regional systems and larger state or national systems.

Culture

Describes and demonstrates how culture (beliefs, values, attitudes, biases and experiences) shapes relationships and behaviors and influences settings and communities in important and meaningful ways.

CATEGORY	CORE SKILLS
Values Diversity and Works Effectively Across Cultures and Family Structures	Is able to describe how culture (beliefs, values, attitudes and experiences) shapes relationships and behaviors in important and meaningful ways.
	Is able to define cultural and linguistic competence and is able to describe its relevance to I/ECMHC.
	Is able to describe cultural context as a potential source of resilience.
	Demonstrates an appreciation of and respect for the unique values and beliefs of each family and family structure.
	Values and adapts to the diverse cultural contexts of the programs and communities served.
	Demonstrates the ability to explore and negotiate cultural differences.
	Works effectively with individuals, groups, organizations, and systems that vary in culture, perspective, and priorities.

Culture

CATEGORY	CORE SKILLS
Self-awareness	<p>Explores one's own preparation, background, knowledge, skills, and attributes that will enhance the effectiveness of consultation in diverse communities.</p> <p>Demonstrates the capacity for self-awareness recognizing how one's own culture and experiences shape her personal and professional world view, including perceptions and expectations of herself, others, and interactions.</p>
Promotes Cultural Responsiveness (Practices, Policies, and Procedures)	<p>Support staff to speak with families in their preferred language and to use culturally responsive professional interpreters when this is not possible.</p> <p>Works with programs to promote cultural competence (i.e., language and culture are respected, materials provided to families are culturally and linguistically appropriate, and training to increase cultural responsiveness is provided to staff).</p> <p>Supports the capacity of others to work cross-culturally to positively influence policymaking, administration, practice, and service delivery and systematically involve families, key stakeholders, and communities.</p>

Reflective Practice

Thinks about and questions one's influences and actions before, during or after consultation interactions. Considers the perspective and experiences of others (e.g., child/family/staff) in the context of consultation, i.e., "What must this experience have been like for the child...staff...parent?"

CATEGORY	CORE SKILLS
FOR CONSULTANTS	
Uses Self-reflection to Enhance Consultation	<p>Is able to describe the importance and benefits of reflective practice.</p> <p>Regularly reflects on one's own values, beliefs and assumptions as they influence interactions, relationships and directions for consultation.</p> <p>Uses reflection regularly to enhance and improve the quality of one's work by thinking about one's behavior and thoughts before, during and after interactions with families and other caregivers/professionals.</p> <p>Uses observations to explore the meaning of behavior and the quality of the relationships in a child and family's life.</p> <p>Explores a wide variety of possible approaches to work with staff, families and children—understands there is no one correct strategy nor any quick fixes.</p> <p>Explores the climate of the setting with staff and families and how the setting's unique climate contributes to or hinders the promotion of mental health in children and families.</p>

Reflective Practice

CATEGORY	CORE SKILLS
Assists Others to Reflect	<p>Assists staff and families to reflect on their “hot button” issues (i.e., what behaviors or experiences really stir up feelings or reactions) to assist staff and families in responding to children’s behaviors appropriately.</p> <p>Supports families and staff to understand how their own values, beliefs, experiences, feelings and settings influence children’s behavior.</p> <p>Uses listening, patience, and reflection to encourage others to explore solutions and directions for approaching challenges.</p> <p>Collaborates with others to explore self-care, life balance, stress reduction, and the capacity to regulate their own emotions.</p> <p>Is able to provide individual and group opportunities for staff to engage in critical reflections on personal values, experiences, ethics, and biases when working within a supportive role with families.</p> <p>Assists others to reflect on the strengths and limitations of the setting (i.e., agency, classroom, program, home, etc.) and explore how the setting impacts possibilities and approaches to supporting children, families and staff.</p>
FOR CONSULTANTS PROVIDING REFLECTIVE SUPERVISION	
Reflective Supervision (When an I/ECMH consultant is also providing reflective supervision to others)	
Values Reflective Supervision	Able to describe and define goals and benefits of reflective supervision.
Self-Awareness as a Supervisor	Develops self-knowledge and models reflective practice by recognizing the strengths and limitations of one’s personal supervisory style
Supervision Skills	<p>Develops a trusting and secure relationship with supervisees.</p> <p>Creates a climate where both the child or family and the staff’s needs are being considered so that the effectiveness of the intervention is optimized. (Shahmoon-Shanok, 2009, 8).</p> <p>Develops a collaborative partnership where the supervisee never feels alone, is not overwhelmed by fear or uncertainty, and feels safe to express: fears, uncertainties, thoughts, feelings and reactions (Shahmoon-Shanok, 2009, 8).</p> <p>Develops a collaborative relationship designed to support professional growth that improves program quality and practice by cherishing strengths and partnering around vulnerabilities (Shahmoon-Shanok, 2009, 8).</p> <p>Demonstrates an ability to help supervisees cultivate reflective practice in others i.e., with home visitors, ECE professionals and families e.g., asks questions to prompt reflective thinking in others.</p> <p>Remains emotionally present, focusing on the emotions evoked in the work and the supervisee’s reactions.</p>
Promotes Reflection in the Supervisee	<p>Assist supervisees to explore their own thoughts and feelings elicited from interactions and how they influence behavior how their thoughts and feelings influence their behavior.</p> <p>Explores the parallel process with supervisees (ability to pay attention to all the relationships and how they influence each other (i.e., between the supervisor and practitioner; the practitioner and parent; the parent and child; etc.).</p>

Child and Family

Collaborates with families and caregivers and staff to understand and respond effectively to a child's mental health needs. Assists caregivers to understand and effectively respond to the mental health needs of a family. Consults to families, other caregivers and staff about a particular child or family.

CATEGORY

CORE SKILLS

Works Collaboratively to Understand the Meaning of Behavior and Develop Hypotheses

Develops a comprehensive understanding of child and family behavior by including information from families and other caregivers, observations, and documentation (i.e., health records, anecdotal notes, assessment, etc. inclusive of development, health, physical, social, emotional, psychological family history and culture).

Gathers family information in a manner that is non-threatening, respectful, collaborative and supportive. (Southwest Human Development)

Considers the influence of medical and developmental issues that may impact behavior

Uses a variety of observation strategies, tools, and recording techniques (e.g., video) in order to gain insight into a child's behavior and the relational influences on their functioning. (Adapted from Early Childhood Consultation Partnership (ECCP))

Demonstrates an ability to assess the relationships and interactions between caregivers, staff, family and the child and how they impact child and family well-being.

Demonstrates an ability to honor parental expertise and assists others to value and support the parent-child relationship as the child's first and primary relationship in a child's life.

Assists families and staff to understand all of the influences on their view of the child (i.e., culture, history, trauma, programmatic, bureaucratic, and interpersonal). (Johnston & Brinamen 2006, Consultative Stance)

Assist families and other caregivers with accurate interpretations of children's behavior and the social emotional or physical needs that may be prompting the behavior.

Works with others to facilitate any appropriate referrals needed i.e., medical, developmental, family counseling, etc.

Promotes Trusting Respectful Relationships with Families, Other Caregivers and Staff

Facilitates understanding, mutual respect and direct communication between families and early childhood professionals, and among early childhood professionals, on behalf of the child.

Assists staff to develop trusting respectful relationships with families.

Able to engage caregivers, staff and families in thinking about and understanding the meaning of a child's behavior/presentation.

Collaborates with families and other caregivers to develop a working hypothesis about the meaning of a child's behavior.

Maintains flexibility in thinking that allows for revision of hypotheses about the child and his/her relationships. (Southwest Human Development)

Community Collaboration

Identifies and facilitates appropriate referrals for specific children and families (i.e., referrals that meet the diverse needs of families with consideration given to resources, culture and language).

Exhibits positive relationships with other professionals and agencies within the community, region or state in order to make appropriate referrals and coordinate services for children and families.

Child and Family

CATEGORY	CORE SKILLS
Develops Plans and Supports Implementation	Integrates information and collaboratively develops a plan with early childhood professionals and families that addresses a child's (and family and staff) needs in a culturally sensitive manner considering the context and available resources.
	Assists families and other caregivers to implement developmentally appropriate, evidence-based and best practice interventions for children with mental health, relational and/or developmental challenges.
	Works in collaboration with other service providers to support families and staff (e.g., Part C, quality improvement, etc.).
	Assists early care and education professionals and home visitors to implement evidence based and best practice interventions with families.

Classroom/Home

Explores how the classroom supports all children's social emotional development. Collaborates with parents and caregivers to assess relationships, routines, and practices that impact the classroom or home climate.

CATEGORY	CORE SKILLS
Promotes Understanding of the Importance of Early Relationships and Fosters Caregivers' Capacity to Promote Positive Relationships (e.g., positive adult-child relationships; peer relationships; staff and family relationships; staff relationships with each other; staff relationships with administration)	Supports staff and families to understand how the quality of adult relationships impacts the way children learn how to get along with others.
	Assists programs to select and/or implement a variety of basic observation strategies, tools, assessments, and recording techniques in order to gain insight into the functioning and mental health climate of the classroom or home. (Adapted from ECCP)
	Understands the role of peer and group interactions and offers a range of strategies based on understanding the consultant's role in promoting optimal interactions.
	Demonstrates an ability to encourage families and caregivers to foster positive peer interactions.
	Fosters families and staff capacities to promote the development of children's self-regulation, communication skills, attentional skills, persistence and other social emotional skills.
	Shares information about how young children learn and develop in a way that caregivers, staff, and families can use and understand.
	Demonstrates the ability to promote caregivers, staff and families belief in the value of their relationships with children and helps them to use interactions to scaffold development.
	Helps staff and families to integrate activities and resources that infuse mental health principles into the daily routines and interactions of the home or classroom. (Adapted from ECCP)
	Demonstrates an ability to help families, staff, and other caregivers initiate and/or modify routines to promote safety and consistency. Encourages routines and practices that are developmentally appropriate and responsive to the needs of individual children as well as the group.
	Supports staff to implement effective classroom-wide practices and strategies that promote the social and emotional development of all children in the setting.
Supports families, staff, and other caregivers to implement routines and strategies in the home that promote children's social emotional development.	

Program

Assesses a program's systems, policies, procedures, professional development, philosophy and mission as they relate to supporting mental health of young children and their families.

CATEGORY	CORE SKILLS
<p>Program Design and Infrastructure</p>	<p>Forms mutually respectful collaborative relationships with all staff including program directors and leadership.</p> <p>Shares information to promote program design elements that support positive social emotional development of young children (e.g., continuity of care, low child/caregiver ratios, staff access to support when needed, appropriate case load for home visitors, focus in home visiting on the parent-child relationship, reflective supervision, etc.).</p> <p>Identifies factors (e.g., program policies, program climate, staff wellness, human resource policies, leadership practices) influencing program quality and collaboratively addresses impediments to improvement.</p> <p>Explores and addresses program infrastructure elements that promote a positive mental health climate, for example, encourages interviewing practices that promote the hiring of staff that have the capacity to build positive relationships with children and families, promotes professional development activities that support staff's understanding of children's emotions and behaviors, encourages staff wellness activities (stress reduction strategies, health promotion, etc.).</p> <p>Assists program leadership in recognizing and supporting staff needs as a contributor to enhanced program quality.</p> <p>Evaluate the effectiveness of program level intervention strategies and revises approach in response to consultee(s) feedback and observable changes in practice, policy and/or interactions.</p> <p>Elicits and explores multiple perspectives in understanding concerns within a program. (Johnston and Brinamen, 2006, Consultative Stance)</p> <p>Represents the perspective of consultees to others across all levels of the intuitional hierarchy. (Johnston and Brinamen, 2006, Consultative Stance)</p> <p>Encourages the development of direct and clear lines of communication between staff members. (Adapted from ECCP)</p> <p>Demonstrates the ability to intervene in relational difficulties negatively impacting the mental health climate.</p> <p>Coordinates with, and among, other external quality enhancement and internal program resources (e.g., instructional coaches, training and technical assistance efforts, program leadership, etc.) in such a way as to maximize staff efficacy. (ECCP)</p>
<p>Program Wide Approaches to Supporting Mental Health of Children and Families</p>	<p>Shares information about selecting and effectively using various social emotional curricula and approaches throughout a program.</p> <p>Adapts and flexibly draws from curricula to collaboratively contribute ideas in keeping with a specific program's philosophy, needs and culture.</p>
<p>Group Facilitation</p>	<p>Engages and facilitates groups i.e., family/parent groups, staff groups, program stakeholders.</p>
<p>Plan for Mental Health Support in Crisis or Disasters</p>	<p>Facilitates or links program to resources in developing and implementing a support plan in preparation for a disaster or crisis.</p>

Systems

Connects and integrates various child and family serving systems. Contributes to the development of new consultation programs and/or to support consultation programs to expand to serve more children and families.

CATEGORY	CORE SKILLS
<p>Bridging Services to Promote Cohesion for Young Children and Families</p>	<p>Demonstrates awareness and sensitivity towards existing attitudes and strengths of community members (e.g., community leaders, community agencies, service providers, etc.).</p> <p>Identifies local and state community partners and seeks to participate in community and state level collaborations to support social emotional systems enhancement.</p> <p>Ability to work within and across systems, integrating MH concepts and supports into the cultures and environments where young children are.</p> <p>Participates as appropriate as an active participant in regular community meetings (i.e., School Readiness council, Policy Council, Head Start board, Directors’ forums, etc.) and state level initiatives.</p> <p>Encourages networking between early childhood educational centers, home visiting programs, and other child and family serving organizations within the community.</p> <p>Establishes relationships with other professionals in other early childhood and mental health disciplines, including counseling and treatment services and multidisciplinary consultation.</p> <p>Effectively uses and shares current information about standards (i.e., professional standards, program standards, licensing standards) resources; and other child and family serving systems. (Adapted from ECCP)</p> <p>Determines the type and amount of information shared during collaborative meetings by recognizing the meeting’s purpose, and then responsibly presents related information in a sensitive manner that is respectful of those involved.</p> <p>Performs outreach and engagement activities representing her ECMHC program and through this strengthens community connections and maintains a consistent referral base.</p>
<p>Advocacy</p>	<p>Demonstrates an ability to serve as an effective advocate for I/ECMHC at a local, regional or state level.</p> <p>Supports advocacy efforts at state and community levels on behalf of young children, their families, early childhood professionals and systems within which they exist.</p>
<p>Building an IECMHC Program or Expanding an IECMHC Program</p>	<p>Able to explore issues related to: hiring and training a qualified IECMHC workforce, defining the specific IECMHC model that will be implemented, determining how IECMHC services will be monitored and evaluated, how the service will be financed, and how the IECMHC will be sustained over time.</p>

Assessing Your Program's Early Childhood Mental Health Consultation: How do you know if your mental health services are effective?

1.) Does your program currently have a licensed or certified mental health professional providing consultation to your program?

Yes	No
<input type="radio"/>	<input type="radio"/>

2.) Does your mental health consultant have a positive relationship with families?

Very positive	Positive	Not Positive	Very Negative	Unsure
<input type="radio"/>				

3.) Does your mental health consultant have a positive relationship with staff?

Very positive	Positive	Not Positive	Very Negative	Unsure
<input type="radio"/>				

4.) Do you believe your mental health consultant understands the unique needs of the children and families in your program?

Very well	Well	Somewhat	Not at all	Unsure
<input type="radio"/>				

5.) Do you have a scope of work, job description, contract, or interagency agreement to outline the work of the mh consultant?

Yes	No
<input type="radio"/>	<input type="radio"/>

6.) Have you surveyed your families to determine if the families are familiar with the availability of services from your mental health consultant?

Yes	No
<input type="radio"/>	<input type="radio"/>

7.) Do you regularly provide feedback to the mental health consultant on the effectiveness and quality of their work?

Frequently and regularly	Regularly but not Often	Sometimes	Very infrequently/never	Unsure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.) Are mental health services available in the community if and/or when children or families need more mental health support?

Very available	Available	Somewhat Available	Not at all Available	Unsure
<input type="radio"/>				

9.) Does your program have an interagency agreement to facilitate referrals to community mental health providers?

Yes	No
<input type="radio"/>	<input type="radio"/>

The following questions ask your opinion about the beliefs of staff and families. What are sources of evidence for the answers to these questions? In other words, how do you know the answers to these questions (see sample surveys that may be distributed to staff and families)?

10.) Do families feel the services of the mental health consultant are helpful? How do you know?

Very helpful	Helpful	Somewhat helpful	Not helpful	Unsure
<input type="radio"/>				

11.) Do families feel the services of the mental health consultant are accessible?

Very accessible	Accessible	Somewhat accessible	Not at all accessible	Unsure
<input type="radio"/>				

12.) Do families believe the mental health consultant services can be accessed in a timely way?

Very timely	Timely	Somewhat timely	Not timely	Unsure
<input type="radio"/>				

13.) Are staff familiar with the services of the mental health consultant?

Very familiar	Familiar	Somewhat familiar	Not familiar	Unsure
<input type="radio"/>				

14.) Are staff familiar with the process to access the services of the mental health consultant?

Very familiar	Familiar	Somewhat familiar	Not familiar	Unsure
<input type="radio"/>				

15.) Do staff feel the mental health consultant's services are helpful?

Very helpful	Helpful	Somewhat helpful	Not helpful	Unsure
<input type="radio"/>				

16.) Do staff feel the mental health consultant's services are accessible?

Very accessible	Accessible	Somewhat accessible	Not at all accessible	Unsure
<input type="radio"/>				

17.) Do staff feel the mental health consultant services are frequent enough?

Very frequent	Frequent	Somewhat frequent	Not at all frequent	Unsure
<input type="radio"/>				

How is the Mental Health Consultation in the Program?

Survey for Staff

1.) Are you familiar with your program's mental health consultation services?

Very familiar	Familiar	Somewhat familiar	Not at all familiar	Unsure
<input type="radio"/>				

2.) Are you familiar with the process/procedure to access the mental health consultant?

Very familiar	Familiar	Somewhat familiar	Not at all familiar	Unsure
<input type="radio"/>				

3.) Do you feel the services of the mental health consultant are helpful?

Very helpful	Helpful	Somewhat helpful	Not helpful	Unsure
<input type="radio"/>				

4.) Do you feel the mental health consultant is easy to reach and available?

Very available	Available	Somewhat available	Not at all available	Not sure
<input type="radio"/>				

5.) Do you believe the mental health consultant can be accessed in a timely way?

Very timely	Timely	Somewhat timely	Not timely	Unsure
<input type="radio"/>				

6.) Do you feel the mental health consultant services are frequent enough?

Very frequent	Frequent	Somewhat frequent	Not at all frequent	Unsure
<input type="radio"/>				

Survey for Families

1.) Are you familiar with your program's mental health consultation services (your program's licensed mental health professional)?

Very familiar	Familiar	Somewhat familiar	Not familiar	Unsure
<input type="radio"/>				

2.) Do you feel the services of the mental health consultant are helpful?

Very helpful	Helpful	Somewhat helpful	Not helpful	Unsure
<input type="radio"/>				

3.) Do you feel the mental health consultant is easy to reach and available?

Very available	Available	Somewhat Available	Not at all Available	Not Sure
<input type="radio"/>				

4.) Do you believe the mental health consultant can be accessed in a timely way?

Very timely	Timely	Somewhat timely	Not timely	Unsure
<input type="radio"/>				

5.) Do you feel the mental health consultant services are frequent enough?

Very frequent	Frequent	Somewhat frequent	Not at all frequent	Unsure
<input type="radio"/>				



Philosophy Cards

The most important role of the mental health consultant is to support staff.

Teamwork and the team approach maximize the impact of any mental health intervention.

Programs should consider adopting behavior management strategies that all staff learn and apply throughout the program.

Families with mental health problems may pass the problems on to the next generation no matter what the staffs do.

Crises occur when families are out of control and not caring about things that they should.

One primary focus of mental health is mental well-being.

Diagnosis of a mental disorder or social/emotional disability helps in the understanding of a child's difficulties.

When program and staff meetings are held about a family, all family members should be present and encouraged to be participants.

Programs should have the option and a procedure for determining whether a child's behavior should lead to removal from the program.

Program staff should reach out to troubled families, even when they are not asking for help and even when they resist efforts of help.

School readiness begins with health!

Activity Excerpted from: <http://store.samhsa.gov/shin/content//SVP07-0152/SVP07-0152.pdf>

Hepburn, K. S., & Kaufmann, R. K. *A Training Guide for the Early Childhood Services Community*. DHHS Pub. No. CMHS-SVP0152. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005.

Understanding and Eliminating Expulsion in Early Childhood Programs



Research tells us that high-quality, supportive early childhood programs have a positive effect on the lives of infants, young children, and families. Early childhood programs help support young children's readiness for school and lifelong success. Unfortunately, recent data show a troubling number of children are expelled, or kicked out, of early childhood settings. When this happens, children do not receive the benefits that early childhood programs provide.

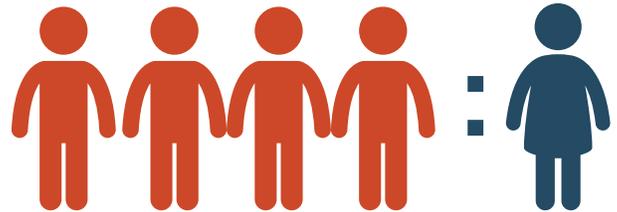
Did You Know?

- Preschoolers are expelled at 3 times the rate of children in kindergarten through 12th grade.
- Preschool-aged boys are 4 times as likely to be expelled as girls are.
- African American children are expelled almost twice as often as Latino and white children and more than 5 times as often as Asian American children are.¹

Why Is Expulsion a Concern?

Young children expelled from preschool are more likely to:

- Lose chances to learn, socialize with other children, and interact with positive adult role models.
- Miss out on chances to develop and practice the very skills they may most need, including social and emotional skills.
- Develop ongoing behavior problems leading to later school difficulty.
- Experience harmful effects on development, education, and health.
- View themselves negatively or as not capable of learning.
- Develop negative views about learning, school, teachers, and the world around them.



Families who have a child who has been expelled may:

- Lose access to a teacher or program that may have provided support to their child and family.
- Experience increased stress, including financial challenges, as they look for alternative care. Some parents may lose their jobs when a child is expelled because there are limited alternatives or other care.
- Blame themselves or their child. This can lead to harsh and less effective parenting approaches at home.

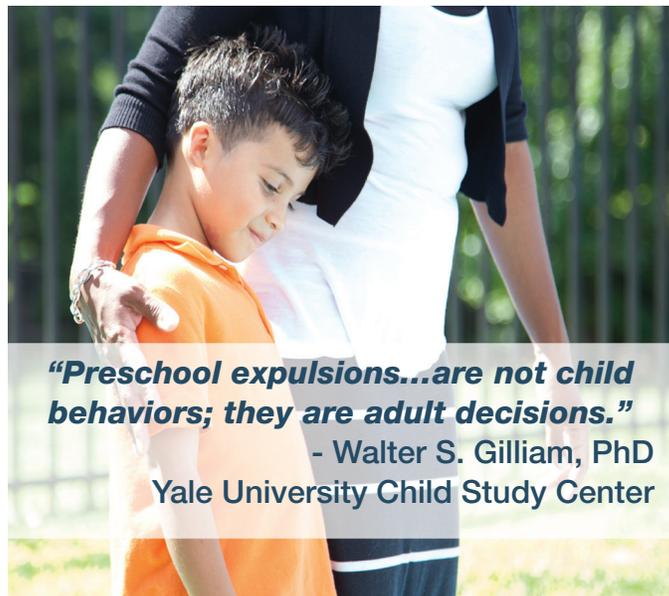


Why Is This Happening?

- Early childhood programs provide a variety of reasons for expelling a child. Typically, a child is removed from a program because of challenging behavior. Teachers and other staff may feel concerned about the safety of the child and other children in the program.

Other factors may include:

- Teachers may feel overwhelmed by a child's behavior or may lack the education or skills they need to guide and respond to a child's challenging behavior.
- Work conditions, including low salaries, may contribute to teachers feeling stressed or depressed. This can affect their behavior management skills or tolerance for problem behaviors.²
- Classroom conditions, such as high teacher to child ratios, may affect a teacher's ability to manage a classroom and deal effectively with children who display challenging behavior.³
- Teachers may misunderstand a young child's challenging behavior. For example, a young child who has experienced trauma may engage in aggressive behaviors or use hurtful language. His behavior may be interpreted as willful or purposeful instead of a reaction to his experiences.
- Implicit bias - unconscious negative beliefs - may affect how African American boys, in particular, are viewed. Teachers may unknowingly view African American boys as more difficult to control or more harmful. This may lead them to respond more often with harsh consequences. They may also recommend children be expelled.⁴
- Early childhood programs may have limited resources and capacity to support staff who have difficulty with a child. Programs such as Early Head Start and Head Start with access to infant/early childhood mental health consultation report less expulsion.⁵



A National Response to Expulsion

Nationwide, early childhood programs are being encouraged to implement policies to reduce and eliminate preschool expulsion. In 2014, the US departments of Health and Human Services and Education issued a policy statement to assist states and early childhood programs to prevent and limit expulsions in early learning settings.⁶ In addition, the recently revised Head Start Program Performance Standards clearly prohibit expulsion due to children's behavior (§1302.17[b]).

Federal programs are encouraging early childhood programs to adopt mental health supports, such as infant/early childhood mental health consultation - a service that helps reduce preschool expulsion. The revised Head Start Program Performance Standards outline steps programs must take to keep children successfully participating in the program. These steps include:

- Collaborating with parents
- Using a mental health consultant
- Referring children for an evaluation to determine if they qualify for services under the Individuals with Disabilities Education Act.

In addition, the Substance Abuse and Mental Health Services Administration has partnered with the Health Resources and Services Administration and the Administration for Children and Families to fund a National Center of Excellence for Infant and Early Childhood Mental Health Consultation. This center works to increase access to mental health consultation for early childhood programs across the country.

Teachers and Caregivers, You Have an Important Role

During the first 5 years, young children are learning how to identify and respond to strong emotions, play and get along with other children, and respond to adults. Young children need adults who feel prepared to teach these important social and emotional skills. They also need adults who can respond to and help prevent challenging behavior.

Some resources to explore include:

Resources for Infant and Toddler Teachers

- *“What are ‘challenging behaviors’ when working with infants and toddlers?”* Early Head Start Tip Sheet No. 36.
- *“Digging Deeper: Looking Beyond Behavior to Discover Meaning - A Unit of Four Online Lessons”*
- *“Strategies for Understanding and Managing Challenging Behavior in Young Children: What Is Developmentally Appropriate and What Is a Concern?”* Technical Assistance Paper No. 10.
- *“Challenging Behaviors,”* Zero to Three

Resources for Preschool Teachers

- *“Helping Children with Challenging Behaviors Succeed in the Classroom”*
- *“Teachers’ Choice! Digging Deeper into Challenging Behavior,”* parts 1 and 2 (webinars, March 1, 2014, and April 25, 2014), Early Childhood Development, Teaching, and Learning.
- *“Moving Right Along...: Planning Transitions to Prevent Challenging Behavior”*

Resources for Teachers in Environments Serving Children From Birth to 5 Years of Age

- *“Backpack Connection Series,”* Technical Assistance Center on Social Emotional Intervention for Young Children
- *“Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children,”* Center on the Social and Emotional Foundations for Early Learning.
- The Devereux Center for Resilient Children. www.centerforresilientchildren.org
- *“Standing Together Against Suspension & Expulsion in Early Childhood”*



How Else Can You Help?

While working with young children and families is rewarding, it can also be complex, intense, and stressful. Understanding and sensitively responding to the unique needs and behaviors of all young children and families is hard work! Early care and learning programs, in partnership with families, can help ensure children have the best start possible.

Here are ways you can help.

- Know your program's approach for developmental screening.
- Know your program's procedures for obtaining additional services and support when concerns are identified.
- Work with your program leaders to make sure you have the support and training you need to work with children with challenging behavior.
- Seek support through the partnership with your program's mental health consultant.
- Learn new ways to create healthy environments for all children. This includes building your skills and understanding in child development, cultural awareness, family dynamics, and trauma.
- Build positive relationships with coworkers and families to help promote awareness of the cultures that are part of your classroom and program. You can explore your understanding of differences that might influence how you perceive behaviors.
- Use relationships with trusted supervisors, colleagues, or your mental health consultant to uncover and explore biases you may have.
- Work with your program leaders and managers to connect with and use your partnerships with local mental health agencies to support children and families who need additional help.
- Help families nurture their child's social and emotional development by connecting them with pediatricians, parenting groups, and home visiting services.
- Learn more about and implement research and evidence-based strategies to promote social and emotional development.
- Talk with your supervisor about implementing a program wide approach that supports young children's social and emotional development and responds to and prevents challenging behavior.

Reflect on Your Practice

1. What do you describe as challenging behavior? What are your attitudes and beliefs about young children with challenging behavior? What ideas and research findings in this fact sheet raise questions about your practice? What new approaches might you try?
2. Think about the last time you responded to a young child displaying challenging behavior. What was stressful about the situation? What were you feeling before you responded? After? What would you do differently if you had the chance?
3. What types of support do you need to try out these new ideas (eg, assistance from your director, additional resources for your program)?



Strong teacher - family and program - family partnerships are critical to reducing expulsion.



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Resources/Suggested Reading

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