ILLINOIS MODEL FOR INFANT/ EARLY CHILDHOOD
MENTAL HEALTH CONSULTATION

A Project of the Illinois Mental Health Consultation Initiative

Updated January 2022

Mental Health
Consultation In Illinois

I/ECMHC "has the potential to reduce racial/ethnic, gender, language, or disability-based disparities in infant and young child outcomes, which are undergirded by inequitable distribution of opportunity, by supporting those (individuals) who make decisions about infants and young children."

In 2016, the Illinois Model for Infant and Early Childhood Mental Health Consultation (I/ECMHC) was developed and written by a work group of over twenty professionals representing the early childhood systems in Illinois. The Model was approved by the Leadership Team of the Mental Health Initiative and administered by the Illinois Children's Mental Health Partnership (ICMHP). Subsequently, the Illinois Model for I/ECMHC was piloted for 3 years, and Chapin Hall at the University of Chicago conducted a random control trial evaluation to determine the effectiveness of this Model (completed in 2020). Results of that evaluation can be accessed at www.chapinhall.org/research/illinois-model-I/ECMHC.

The process of piloting the Model and the results of the evaluation led to new learning and questions necessitating updates and modifications to the original design. The work of updating the Model was undertaken by an advisory work group representing expert leaders from early childhood systems in Illinois. The original work group was contacted and though many had moved on to other positions, about half were able to return and were joined by several newcomers. Those contributors can be found at the end of this document.

The evaluation findings, in combination with focused work group discussions, account for additions to and clarifications of evidence-based practices that have been incorporated into the revised Model. The work group decided to add a trauma-focused competency to the seven original competencies. Many issues such as: improving ways to assess program/staff needs, determining available resources and which ones might be most immediately effective; preparing program/staff to receive consultation—what it is and what to expect; how frequency and dosage of consultation vary with program/consultee needs and circumstances were discussed.

All mentions of "the Consultant" should be an assumed reference to an Infant/Early Childhood Mental Health Consultant.

Finally, the last several years has been a time of racial reckoning in the United States. Those of us in the I/ECMHC field, as well as members of the advisory work group have made a concerted effort to examine our roles regarding diversity, equity, and inclusion (DEI) and find ways to incorporate this lens into all aspects of practice and policy. This is reflected throughout the revised Model. As noted by the Center for Excellence, I/ECMHC "has the potential to reduce racial/ethnic, gender, language, or disability-based disparities in infant and young child outcomes, which are undergirded by inequitable distribution of opportunity, by supporting those (individuals) who make decisions about infants and young children." Further, Infant/Early Childhood Mental Health Consultants work at multiple levels and can strive to impact overall quality and equity in their work with programs or settings, and within and across systems serving infants, young children, and families.

Thank you to everyone who dedicated their time to helping design and update the Illinois Model. A list of those individuals is available at the end of this booklet.

INTRODUCTION

Countless studies have shown that access to early childhood mental health consultation can reduce preschool expulsions, improve parent-child relationships, increase the development of positive social skills, and support the quality of the workforce by increasing retention rates of early childhood professionals.

In order to incorporate best practices and support consistency in the delivery of infant/early childhood mental health services across the state, Illinois has designed a model that is informed by the diverse nature of early childhood systems in our state and yet is adaptable for use by each.

The model serves to:

- Identify best practices,
- Define the specific nature of infant/early childhood,
- Mental health consultation,
- Help coordinate consultation practices across the state,
- Describe the necessary structures and support that need to be in place to support I/ECMH Consultants and ensure the development of an adequate workforce to provide these services.

WHAT IS INFANT/EARLY CHILDHOOD MENTAL HEALTH CONSULTATION?

Infant and Early Childhood Mental Health Consultation is a multi-level, proactive approach that partners multi-disciplinary infant early childhood mental health professionals with people who work with young children and their families to support and enhance children's social-emotional development, health, and well-being.

I/ECMHC recognizes that social-emotional development is the foundation for success in learning and in life, and can be supported by strong partnerships between families, providers, programs, systems and I/ECMHC professionals. These partnerships promote and support infant and young children's healthy social-emotional development and act as a catalyst for building the capacity of providers and families to recognize the powerful influence on young children's development (prenatally through early elementary).

Strategies used include: a relational, strengths-based and individualized approach to working with a wide variety of children, families, providers, and systems in diverse communities and settings; skilled observation, screening, assessment, and the development of individualized, targeted plans designed to help children reach their full potential.

Although it is acknowledged that the consultative role covers a broad spectrum of responsibilities, the work is always based on a collaborative, consultative agreement. Consultants use their knowledge to assist providers, programs, systems, and families in understanding typical development, addressing challenging behaviors in young children, and promoting environments that foster healthy development and relationships, including honoring family and cultural diversity, and working to address equity and combat oppressive systemic and individual practices. I/ECMHC work includes monitoring and supporting infants/young children's well-being and healthy development; education and emotional support for responsive and developmentally appropriate care of young children; early identification of unmet social-emotional needs, and possible signs of developmental and mental health problems; and a focus on prevention and/or mitigation of social, emotional, behavioral, and mental health problems.

INFANT/EARLY CHILDHOOD MENTAL HEALTH CONSULTATION IS

- ***Promotion-Oriented/Preventive –*** Supports healthy development, emphasizing social-emotional development and nurturing responsive relationships for the benefit of children and focuses on early identification of social, emotional, behavioral, and developmental challenges in infants and young children.
- ***Multi-level –*** Supports young children's social-emotional and mental health needs by mobilizing the collective resources of families, providers, programs, systems, and communities; enhances collaboration on behalf of children's well-being.
- ***Relationship-based –*** Recognizes the critical role and power of positive relationships and the parallel process that is reflected at all levels among families, children, providers, programs, colleagues, communities, systems, values, and employs reflective practice.
- ***Capacity building –*** Increases the ability of infant/early childhood staff, providers, programs, systems, and policies to recognize children's physical health and developmental needs– emphasizing social-emotional and mental health needs—within the context of their family, culture, and community; works collaboratively to meet the needs of children and their families and increases the capacity of providers to be more reflective in their work.

Explicitly and intentionally acts on this understanding to create equitable and positive experiences for all infants and young children, including those from historically marginalized and oppressed communities.

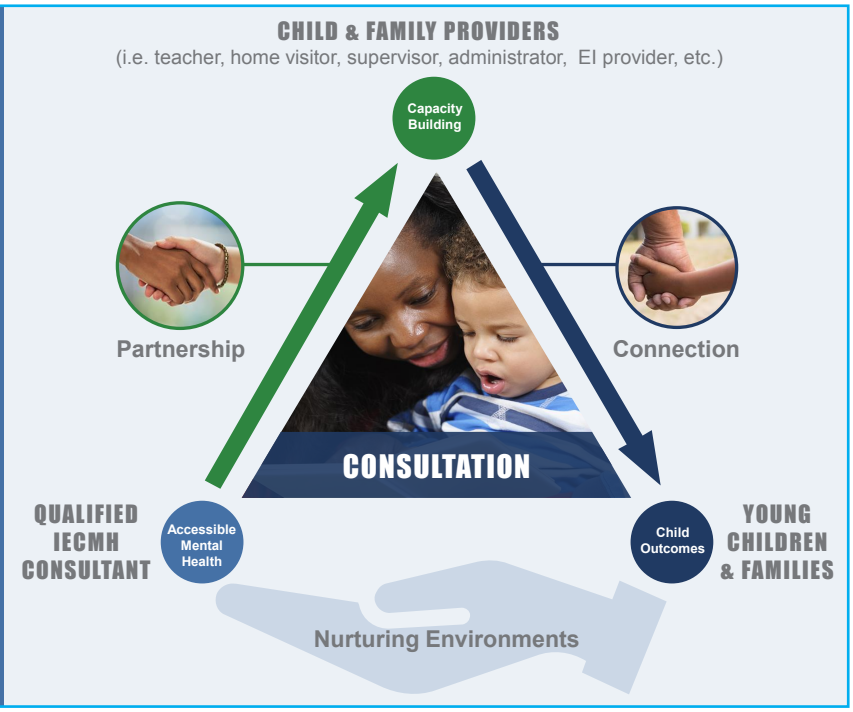
- ***Equitable and Inclusive –*** Understands broad and local historical and systemic dynamics that have generated racialized disparities in outcomes for infants, young children, and families. Further understands that adult race/ethnicity, primary language, culture (beliefs, values, voice, communication style, behavioral norms, and attitudes), abilities, biases, disposition, and life circumstances (e.g., poverty and domestic violence) impact the learning environment. Explicitly and intentionally acts on this understanding to create equitable and positive experiences for all infants and young children, including those from historically marginalized and oppressed communities. *

**The Center of Excellence on I/ECMHC revised competencies Retrieved from https://www.I/ECMHC.org/resources/workforce/*

This infographic from the Center of Excellence on I/ECMHC depicts the relationship between the consultant and those that are served through consultation. The consultant is at the bottom left of the triangle, and works in partnership with the providers/staff to support the families and children. There is not a direct line from the consultant to the families, as that is not how consultation is provided. The goal is to build the capacity of the providers to address the issues that impact the staff and the social-emotional development of young children by building a nurturing environment in which to learn and grow.

INFANT EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Fostering nurturing environments where healthy relationships grow, so children can succeed.



IECMHC is applicable to a wide array of infant and early childhood service providers and settings.

IECMHC is a mental health service based on principals of prevention, consultation and Infant Early Childhood Mental Health. It strengthens providers in their efforts to support the children and families in their care.

Accessible Mental Health Supports — *Brings mental health supports into natural settings where adults who support children are located.*

Capacity Building — *Builds the capacity of child and family providers to create nurturing environments where young children thrive.*

Child Outcomes — *Young children succeed in learning and relationships.*

THE CENTER OF EXCELLENCE FOR
Infant and Early Childhood Mental Health Consultation

> *"The best way to help young children is to help parents and other adults closest to them."*
> *Dr. Jane Knitzer*

CONSULTATION CAN BE PROVIDED IN THREE WAYS

All Infant/Early Childhood Mental Health Consultation (I/ECMHC) is conducted in a respectful and reflective manner with understanding of contextual and historical issues of the community, the program and/or home setting. The Consultant works collaboratively with staff and others connected to the program and the child and family in order to create a safe space to understand what is happening, and how to move forward to effectively support child/family mental health and well-being.

1 ***Programmatic Consultation:*** Maintains a systemic approach and aims for program-wide impact through a focus on multiple issues affecting the overall quality and equity of an early childhood setting. Collaborates with program staff to enhance the program's functioning by assisting them to:

a. Consider their program's overall social and emotional climate
b. Work to solve issues that affect more than one infant or young child, staff member, and/or family
c. Help identify and track program-wide disparities in both opportunity and disciplinary practice through use of disaggregated data analysis
d. Develop and implement policies that create more equitable experiences for infants, young children, and families

2 ***Classroom and Home Consultation:*** Collaborates with program supervisors and staff and with family/caregivers to promote equitable, warm, trusting relationships, consistent routines, and development-enhancing interactions that positively impact classroom and home climates. Understands and values the roles culture and language play in supporting infants' and young children's social-emotional development and incorporates family's culture and primary language into classrooms and homes to build continuity in the learning experiences for infants and young children between the classroom and home.

3 ***Child and Family Consultation:*** Collaborates with families and/or program or other setting (e.g., crisis nursery, foster care) staff to understand and respond effectively to an infant's or young child's mental health needs, behavioral difficulties, and/or developmental challenges or to a caregiver's mental health needs. Thus, building the capacity of staff to address social-emotional and mental health issues. Partners respectfully with families and staff to understand the context and nature of a particular family's life to enhance the infant's, young child's and family's well-being.

In both ***Classroom and Home Consultation*** and Child and Family Consultation, the consultant takes time and commits to:

- Understand how race/ethnicity, primary language, culture, abilities, disposition, and life circumstances (e.g., poverty and domestic violence) influence the infant's, young child's, or family's experiences
- Consider the program's or other setting's/system's role in hindering or supporting wellness
- Educate themself about authentic community strengths and adaptive responses to poverty, historical trauma, and other racialized experiences, and resist applying a deficit-based perspective to infants, young children, and families who are from historically marginalized and oppressed communities

WHAT IS THE ROLE OF THE INFANT/ EARLY CHILDHOOD MENTAL HEALTH CONSULTANT?

The I/ECMH Consultant's role is to engage in relationships that support and enhance children's social- emotional development, health, and well-being by providing consultation. Consultants use their knowledge to assist providers, programs, systems, and families in understanding typical development, addressing challenging behaviors, and promoting environments that foster healthy development and relationships by focusing on problem solving and capacity building. Consultants "partner with staff, program or other setting, and system leaders to build more equitable systems for infants and young children by addressing explicit and implicit bias; working to support increased positive relationships between early childhood providers and infants and young children with different abilities and from different racial/ethnic and language backgrounds. Using disaggregated data, consultants can help identify disparities in how children (and families) are treated and work collaboratively with staff to develop and implement policies that support positive and equitable experiences for all young children."

WHAT COMPETENCIES DO INFANT/ EARLY CHILDHOOD MENTAL HEALTH CONSULTANTS DEMONSTRATE?

Consultants strive to be as capable as possible in each of the identified competencies. The development of professional competence is an ongoing journey. Each consultant comes to this work with their own background and experience, and can enhance and grow their skills through practice, continuing education, and engaging in reflective practice with an individual supervisor, in collegial groups, taking time for self-reflection, and seeking other supports. The competencies serve as a blueprint for excellence to enhance consultation skills to best serve the early childhood population.

1 ***A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education.*** Consultants have foundational knowledge of child development within the context of family, culture, and communities, combined with a solid grounding in children's mental health and experience in working with infants, young children, and their families.

What does this look like in practice?

Consultants engage with providers, programs, systems, and families building relationships using a strengths-based approach that focuses on listening, observing, mutual exploration, and collaborative problem solving. Consultants recognize variations in early development from typical to atypical across domains of social-emotional, cognitive, language, motor, and adaptive behaviors and are aware of the interrelatedness of areas of development and the impact of environmental and cultural contexts on the child. They may provide training to the consultee, both formally and informally, thus increasing the ability of the consultee to support children's social-emotional development, health, and well-being in their everyday work.

2 ***Ability to Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems.***

Consultants are able to successfully engage families, providers, programs, and systems in genuine and collaborative relationships. They are aware of the internal and external factors that influence relationships and reflect this understanding as they work to achieve and maintain collaborative relationships. Consultants use an approach that is culturally sensitive and strengths-based, emphasizing capacity building and creating partnerships that support the social-emotional health of young children. In the consultation process, the consultant continually works to foster a sense of trust and openness among all of the partners.

What does this look like in practice?

The Consultant works to develop a relationship by being open, approachable, focusing on strengths, and demonstrating careful consideration of contextual issues such as culture and community. The consultant engages with the providers, programs, systems, and families to assess the needs of the consultee and collaboratively develop a plan with clear expectations and goals. This relationship is based on an understanding of the consultee as the "expert" in his or her world and includes an openness of ongoing feedback reflecting successes and challenges in the work being done in consultation.

3 *Ability to Work Effectively Throughout Diverse Cultures and Communities.*

Consultants are aware of the influence of culture on the values, beliefs, and practices related to parenting and how this affects the social-emotional development of children. Cultural beliefs can impact the way families and communities approach the sensitive topics of children's mental health and social-emotional skills, and are integral to the forming of trusting, collaborative partnerships. Consultants actively and sensitively seek to understand the culture and climate of the families and programs with whom they work and are aware of their own responses and reactions to any differences.

What does this look like in practice?

Consultants support the healthy social-emotional development of children though their work within relationships, with parents, caregivers, communities, and systems, including any person connected with the child. Consultants provide an environment in which to explore the various influences of culture on perspectives, approaches to child rearing, and mental health, demonstrating mutual respect for each of the parties involved. Consultants respect and value the home culture, accept the legitimacy of culturally-based practices, and promote and involve all families, including extended and nontraditional family units. Being sensitive to the idea that each person brings their own experience, beliefs, and history with them to any relationship, the consultant supports the ongoing exploration of similarities, differences, and practices. Consultants engage in routine self-assessments through reflective practice to increase sensitivity and awareness of their own cultural influences and potential reactions to relationships in which they are working.

4 *Ability to Effectively and Sensitively Gather Information.*

Consultants are skilled in collecting information through multiple methods including, but not limited to, observation, discussions, and the use of social-emotional screening tools that contribute to a better understanding of the child, family, provider, program, and system contexts. Consultants strive to be unbiased and objective in their use of methods and in their practice of documenting and reporting of information in order to accurately reflect the situation in all its dimensions.

What does this look like in practice?

Consultants are skilled in active listening, reflective inquiry, collaborative exploration, sharing information, and in regulating affect. To best understand children, programs, systems, and parents, consultants observe from multiple perspectives, and are skilled in noticing verbal and non-verbal behaviors, affects, and the possible impact of culture and environments. Consultants assist consultees in making meaning out of the information gathered (verbal and written), in communicating effectively and empathically, and exploring the value of using self-awareness in practice.

5 *Ability to Collaboratively Develop a Plan and Shared Measures of Success.*

Consultants work to build and support capacity within families, providers, programs, and systems through the intentional, conjoint development of consultation plans that are aligned with the agency's program or with plans required by the system. They work collaboratively to implement activities that support the plan and then measure outcomes. Consultation can have any of the following focuses: Child/Family, Classroom, Center, Home, Program, or System. Consultants use various consultation methods such as reflecting, coaching, modeling, exploring, problem-solving, and training, as they engage in a mutually agreed upon scope of work. Consultants regularly engage in assessment and evaluation at multiple levels; individual, organizational, systemic, and self.

What does this look like in practice?

The Consultant initially focuses on developing a relationship with the provider, program, system, or family which is the beginning of the consultation process. The consultant takes a non-expert stance, acting as a member of the team who facilitates a collaborative discussion. Planning may be informal or more strategic, depending on the need of the consultee. The team works to gather information through evaluation, need identification, and by assessing capacity. Together the team develops a shared agreement that identifies goals and objectives, strategies, resources, and includes a plan to evaluate and modify the approach as the consultation unfolds. The consultation continues, according to the agreement.

6 *A Knowledge of Community Systems and Resources and Ability to Develop Partnerships.*

Guided by their professionalism, ethics, standards, knowledge of best practices, and the Diversity-Informed Tenets for Work with Infants, Children and Families, consultants create partnerships by collaborating and joining with existing systems, services, and community resources. Consultants work to build reputations in their communities as reliable professionals who can bring the voice of infant and early childhood mental health to the table. It is critical that consultants have the capacity to understand local, regional, and state systems, policies, and protocols. The results of these partnerships are the sharing of resources, and the linking of services so that consultees can be connected to appropriate services. Consultants pursue opportunities to advocate for policies, practices, and linkages that support infant and early childhood mental health accessibility for communities, programs, and families, where appropriate.

What does this look like in practice?

Consultants are mindful of the social-emotional needs of children and families as they consult in infant/early childhood systems. Consultants help to bring an infant and early childhood mental health voice to conversations in each setting that serves infants and young children and their families, increasing the awareness of others about the importance of the prenatal to 8 years for the healthy development of children. Consultants work to become knowledgeable about the relevant aspects of local and state systems and to understand the impact they have on infant and early childhood mental health work. Consultants maintain ongoing relationships in the community that help to engage partners in the work of referrals, follow up, and support of young families.

7 *An Understanding of the Impact of Trauma on Early Childhood Development.*

Consultants work collaboratively and respectfully with supervisors, staff, families, and the community to identify and understand trauma in a child's/family's life, and, to more broadly understand the impacts and meaning of trauma on very young children and their families. Trauma includes any event or situation that causes ongoing stress or threat (such as domestic violence or loss of a parent/primary caregiver) and, is inclusive of issues of racism or a perception of an unsafe living environments, intergenerational trauma, and historical impacts. Consultants work with programs to understand the underlying factors that influence the interactions and reactions of very young children and staff who may be experiencing trauma while becoming aware of their own biases and triggers. Collaboratively the staff, consultant, and adults in the child's life design a safe, responsive, and nurturing environment in which young children can learn and grow. Similarly, consultants who work with programs that support families in their homes, strategize with the family to create and maintain a safe and nurturing environment that supports the development of the child.

What does this look like in practice?

Consultants are aware of the impact of trauma on very young children and their families and keep that in mind when working with programs and families. They work through reflective practice and humble sensitive inquiry to gain a clearer understanding of family's and the child's story by asking "What do you need me to know?" This helps determine the influence of the trauma on that family/child's interactions, perceptions, and needs. Consultants work together with program staff and families to design strategies, environments, and support that will best meet their needs, and help enhance and support their resiliency. Consultants, program staff, and adults in the child's life find ways to understand the child's experiences, provide nurturing consistent care, and create an environment where the child can begin to feel safe.

8 ***Commitment to Ethical Behavior and Reflective Practice.*** Consultants are guided by their own professional scope of practice which defines the boundaries of their role, while also being able to represent the field of infant and early childhood mental health. Consultants understand that reflective practice is for the purpose of learning and enhancing competence. They actively participate in ongoing learning and reflection. By continually using self-assessment and supervision to ensure the development and use of reflective capacity, and adoption of a consultative stance, the Consultant engages in ethical practices consistent with their discipline's standards of practice and/or code of ethics. The consultant responds with cultural humility, and develops relationships based on sensitive listening, responding, and the sharing of responsibility and power.

What does this look like in practice?

Consultants maintain their current professional credentials, licenses, certifications, and professional association obligations. The consultant is aware of the ethical code for the profession and performs in adherence to that code and accesses ongoing learning opportunities for professional growth. The Consultant engages in regularly scheduled reflective supervision and ongoing learning opportunities to grow as a knowledgeable, reflective practitioner and to develop and deepen the capacity to employ and maintain a consultative stance in a variety of situations.

WHAT ARE THE QUALIFICATIONS REQUIRED TO BECOME AN INFANT/ EARLY CHILDHOOD MENTAL HEALTH CONSULTANT?

When looking for an Infant/Early Childhood Mental Health Consultant there are many factors to consider. It is important to know the skills and attributes needed to be (or become) a competent consultant. Some of those that are essential to the role include the ability to build relationships by listening, reflecting, supporting others, being curious, maintaining humble and sensitive inquiry. Maintaining a strengths-based perspective, remaining open, honest, and approachable are essential attributes of a competent consultant. As well as being respectful, empathetic, and self-aware with the ability to emotionally "hold" others by listening without judgement and tolerating intense feelings while remaining open and calm. Above all, a demonstrated ability to engage in reflective practice and maintain a Consultative Stance.

Educational and experience requirements:

- An advanced degree in Mental Health such as Social Work, Counseling, Psychology, Marriage and Family Therapy, and Psychiatry; also Nursing or Child Development (specifically infant/early childhood) with additional education in Mental Health).
- A minimum of a Master's Degree. License optional.
- A minimum of 2 - 5 years of experience in areas related to infant and early childhood development and mental health.
- A demonstrated ability to engage in reflective practice and maintain a consultative stance.

Some flexibility is built into the qualifications, as there is not just one path to become a consultant, and there are varying early childhood experiences. If a consultant has less than five years of experience, it is essential that the consultant receive reflective supervision both individually as well as in a group setting. There are Reflective Learning Groups (RLG) available to any consultant that help support reflective practice skills and are of no cost to a consultant. To join an RLG, please contact INCCRRA at iecmhc@inccrra.org.

In Illinois, there is a searchable Infant/Early Childhood Mental Health Consultant Database on the Gateways to Opportunity website at https://registry.ilgateways.com/find-consultants that lists consultants that meet qualifications and have been through the Orientation to the Illinois Model for I/ECMHC. The rubric below should be used to determine if a consultant is eligible to join the database.

Professional Competencies Rubric

It is a requirement to have a master's degree, as highlighted on the rubric. The other parts of the chart demonstrate ways in which a consultant can become eligible, each worth a certain number of points. There must be a minimum of 10 points in order for the consultant to join the Consultant Database at https://registry.ilgateways.com/be-a-consultant/iecmh-consultant/iecmhc-approval.

	Points	Notes
Master's Degree: (Social Work, Counseling, Psychology, Marriage and Family Counseling, and Psychiatry)	5	Demonstrated by current license, transcripts
Master's Degree in related field: (Education, Public Health, Nursing or Child Development Etc.)	3	Demonstrated by current license, transcripts
Infant/Early Childhood Mental Health Certificate/ Endorsement/Credential	5	Such as, but not limited to: • ILAIMH Credential • IMH Certificate Erikson Institute
Work Experience with children (0-5 years old)	5+	1 point for every year of work experience with this population
Additional mental health professional development	3	Demonstrated by resume, CV, or transcripts.
Additional early childhood (0-5) professional development or coursework	3	Demonstrated by resume, CV, or transcripts
Ability to demonstrate reflective capacity	3	Participating in RLG or under the supervisor of a licensed (LSW, LCSW, LPC, LCPC, QMHC, PsyD) supervisor

Must meet a minimum of 10 points to be listed in the database

Total Points:_____

WHAT ARE THE CORE COMPONENTS OF INFANT/EARLY CHILDHOOD MENTAL HEALTH CONSULTATION?

Although Infant/Early Childhood Mental Health Consultation (I/ECMHC) consistently includes the role, competencies and skills described above, the form it takes in practice can be quite different. From the first contact where service is requested, to entering and beginning work with a consultee, to what the method of delivery and frequency and dosage of service are, there are variations in how this work will unfold. This happens because the basis of I/ECMHC is responsiveness to the needs of the consultee and the development of collaborative partnerships to accomplish the goals that will support the needs of the population receiving services. So, while consultation with a home visiting team and consultation with a child care home provider will both include essential core elements, specific activities, the frequency of contact and the length of the contractual agreement may vary greatly.

Every program is in a different stage of understanding and knowing how to engage in I/ECMHC. As a consultant begins their first contact with a program it is essential to learn how to best support that program. There are several important considerations to discuss with administrators and supervisors.

- What is their understanding of Infant Early Childhood Mental Health Consultation? Do they have a clear grasp of what it is, how it works, how much time it might take, and what to expect?
- Is the program ready to make a commitment to time and space and are they willing to address concerns with the consultant? If time and space are a problem, how will the program and Consultant work together to address these issues?
- Does the program have a picture of what they are looking for when they seek out consultation?
- Is there a range of hours per month, and frequency of visits that will be available and protected for interactions with the Consultant?
- Is there funding or supports available to ensure the Consultant is able to work with the program in an established agreed upon time frame?
- Is there a written agreement for consultation?
- Is there a method to evaluate how consultation is going, and to determine if changes need to be addressed?
- Who else works with your program that might help you think about the work? Coaches? Other mental health professionals?

Several variations of the way I/ECMH Consultation can be delivered are described below.

No matter how consultation begins, ***the first step always involves developing a relationship between the consultee and the consultant***. Where applicable, it is important to meet with the program administrator or owners, providers, and other leaders to ensure that there is a shared understanding of what can be expected from the consultation, what the role of the consultant will be, and what length of time and frequency of visits will best meet the needs of the consultee.

The Consultant is aware that the effectiveness of the consultation will be enhanced through the development of a trusting relationship at all levels. At each contact the Consultant works to develop open communication with the consultees – inviting feedback about how their work together is progressing, encouraging them to reflect on the process, their feelings, views, concerns, and assessing success of the identified goals. The consultant similarly engages in self-reflection and shares his/her observations of their work together.

Some things to consider or ask. Where is the site right now related to Infant Early Childhood Mental Health Consultation? What questions should we ask to determine how to best begin work? What is their understanding of Infant Early Childhood Mental Health Consultation? What are they asking for and what are their program goals? What might they need instead of, or in addition to consultation? For example, do they need an Infant/Toddler Specialist? A behavior specialist? A Pyramid Model Coach? Someone from Quality Improvement or a Quality Specialist? As a consultant, you will want to find out what their needs are and if I/ECMHC might help. By asking these questions and reflecting upon their responses, a consultant will uncover what the program is looking for, what is in place and what is not. This will lead to a plan, outlining how to reach their program goals, and what to do to get ready for consultation and/or other services.

Request by an agency or system to contract for I/ECMH Consultation.

May begin as a contracted service that is provided to specific programs with a formal agreement that outlines the scope of service, including expectations and the number of hours to be worked. In this case, the consultation is ongoing and may be made available to staff in a variety of formats such as team meetings, individual meetings, and supervisory sessions. Educational sessions for staff and/or families may also be included.

In a contractual arrangement such as the home visiting model as outlined by the Illinois Children's Mental Health Partnership (ICMHP), the time allotted for direct consultation to the program is typically between 10 and 12 hours a month, for a period of 2 years. Effort is made during that two-year process to assist in developing reflective practice, reflective supervision, a deeper understanding of infant/early childhood mental health, and establish an environment that supports the staff and engages in trauma-informed practices. This skill development of the consultee is the basis for sustainability of the consultation work and will help the consultant determine when to transition out of the work with the program.

Request related to a concern about a specific child or family.

Although the need of the child and family may be the catalyst for reaching out to a consultant from the beginning, establishing, and building connections with the adults who work with that child and family is essential to the consultant's work. The consultant meets with the staff and teacher, exploring all aspects of the situation, processing issues with the consultee(s) and possibly his/her supervisor. These conversations lead to a shared understanding of the presenting problem and an agreed upon plan of action that is either verbal or written.

When beginning work in this type of situation which is characteristic of consultation to child care or early education settings, the consultant may work more intensely with a program for a period of four – six weeks, spending an average of 3 hours per week. The initial focus is the concern for which the consultant was contacted, but often the work will shift to supporting the staff to consider the child and family's situation, their own reaction to the presenting issue, and to considering options for addressing similar situations in the future. At times, the consultation evolves from this crisis type of work to requests for some form of ongoing consultation or training, which can then range from weekly or monthly contacts to having the consultant available on an as needed basis.

Request related to an emergency or trauma-based situation in an agency, system or community.

When emergencies occur in communities or systems, Infant/Early Childhood Mental Health Consultants can be asked to join and work with a program, administration, staff, or children and families to provide information on the best ways to support and cope with the situation at hand. Just as mental health professionals are often called into these situations for older children and families, the Consultant possesses knowledge and skills specific to the early childhood population that is often not well represented in times of crisis.

This type of consultation would involve responding to specific requests of an immediate nature. The consultant would need to be immediately available and may visit for several consecutive days for 6-8 hours at a time. Follow-up might include a visit several weeks later or as requested by the consultee.

There are many considerations when determining how many hours of consultation may be needed, or for how long. The evaluation of the Illinois Model was based on 10-12 hours a month for one program. However, that number was not enough in some circumstances, and too many in others. Consultation will best fit a program's needs if there is flexibility in hours. In general, a smaller program with experienced staff may need fewer hours. Consider all these factors when determining the dose and frequency of consultation:

- Size of the program
  - Number of staff
  - Number of families/children
  - Number of locations
- Length of time the program has been in existence
- Supervisor turnover
- Staff turnover
- Funder expectations
- Available funding
- Demographics

Because I/ECMHC is driven by relationships, it is always important to have enough hours for the consultant to build those relationships. The number of consultation hours needed will ebb and flow, depending on what comes up as a result of the work with the staff and changing circumstances with children, families, staff, and the community. For example, more consultation and support has been needed during the pandemic when staff and families have been impacted by unprecedented stress and uncertainty. Other times and situations when additional I/ECMHC may be needed include: requests for staff training on mental health related topics; staff turnover; difficulties with supporting families/children, and more. It is helpful to acknowledge that variations in time and intensity exist and are a natural part of consultation.

WHAT ACTIVITIES CAN BE INCLUDED IN THE ON-GOING CONSULTATION PROCESS?

1 *Reflective Consultation*

The work of the consultant is based upon infant mental health principals including relationship-based reflective practice and a strengths-based orientation. Within the relationship that is built between the consultant and the various roles (which may include administrator, supervisor, program support staff, classroom staff, family support staff or home visitors) the consultant works to create a safe opportunity for individuals to communicate and reflect on aspects of the system, program, practices and situations, concerns, and themselves. As they engage in these discussions with the consultant, an understanding and awareness develops which will help to strengthen their capacity to understand and support the development of social-emotional skills that promote positive mental health in young children.

There are several ways this reflective consultation can be provided:

- ***Meeting with the Administrator*** - The consultant meets with the administrator of the program to discuss the progress of the consultation to the program, staff and families in the specific location. Obtaining the commitment and support of the administrator strengthens the likelihood of success and sustainability. In addition, the consultant creates a relationship which allows reflection with the administrator on issues related to his or her own role, when desired. The frequency of meetings with the administrator is decided through a collaborative agreement and can be regularly scheduled or based on requests that occur because of a specific need or situation.
- ***Meeting with the Supervisor*** - Regular meetings with the direct supervisor of the teaching staff, home visitors, or family support staff are essential for the consultation process. These interactions provide a space for the supervisor for reflection, problem-solving, planning, and processing concerns that arise when supporting staff as they navigate the world of challenging family work where issues of social-emotional well-being are addressed. The supervisor plays an essential role in supporting the staff, educators, and providers as they engage in the consultative process to sustain the work of infant mental health and deserve her/his support as well.
- ***Meeting with an individual(s) identified as the consultee*** - The Consultant provides an opportunity for reflection to the individual in a confidential meeting that allows them to discuss issues concerning the child and family, their own reactions, or thoughts that have surfaced during their work, and other challenging situations. Consultation may help in promoting confidence and being able to discuss what the consultee is experiencing, and has been shown to reduce burnout, compassion fatigue and increase job retention. At times, this reflective process may occur during the supervisory sessions with the program supervisor present, as the Consultant joins an already established meeting.

- *Team meetings* - The Consultant meets with the supervisor and staff in a regularly scheduled team meeting. The consultant spends time with the group supporting listening and problem-solving skills to encourage the development of trusting relationships. This can encourage the group to process issues, address case concerns, and think about influences to behavior and interactions, sharing various perspectives and conceptualizations of situations.

2 *Observing, Screening, Assessment and Strategizing*

In some consultations, the Consultant is asked to observe children, families, classrooms, or employees. Depending on the specific agreement in place, the Consultant may provide screenings or assessment and engage in discussions with the consultee, or even with families themselves, about the results of these observations and screenings. The emphasis in I/ECMH Consultation is on providing sensitive and global views and to collaborate with early childhood educators, administrators, family, or system on how the information obtained can best be used to meet the needs of a child or family. The knowledge that the Consultant brings regarding trust and relationship building helps create a foundation for developing strategies that include all perspectives at the table and increases the likelihood of accomplishing the desired outcomes.

Usually, I/ECMH Consultants are involved in screening, observation, or assessment as first steps in an evaluation process. Referrals can be made if it is determined that more extensive evaluations are needed and the consultant can offer support to everyone involved to ensure the process continues, and the child receives the services that have been decided upon.

3 *Providing Professional Development Opportunities*

Consultants possess information and skills that can add valuable support to a consultee and to systems and can be offered as formal ongoing learning opportunities. Training, seminars, information-based team meetings, or reflective groups are all possible offerings the I/ECMH Consultant can provide once they have established a relationship with a program. It is often not clear what the infant/early childhood mental health professional has to offer besides consultation, but while engaging in these relationships, the Consultant can introduce possible professional development opportunities that may be of benefit. Topics may be focused on mental health or social-emotional development such as brain development and relationship to behavior, impact of early exposure to violence and trauma, attachment and attunement, self-regulation, stress, and self-care for caregivers, maternal depression, etc.

4 *Co-Facilitation of Groups*

Some programs offer the experience of group sessions to parents/care givers in order to help strengthen the support a parent/caregiver needs or to further develop an understanding of a concept or idea. Groups can focus on a variety of topics such as breast feeding, nutrition, child development, maternal depression, etc. At times there may be some groups that would benefit from having a consultant present during the groups, utilizing their infant/early childhood mental health knowledge. The groups are program specific, and the topics are generated by the program itself. The Consultant is there at the request of the program and supports the staff that will be facilitating the group. The consultant will co-facilitate and communicates prior to the group meeting with the program facilitator and will process any observations following the meeting. Together the Consultant and the program facilitator determine what changes to the group may be beneficial, and how to proceed the following session.

5 *Direct Meetings with Families*

Consultation is most often an indirect service that enhances the work of those directly involved in the education, care, or support of a child/family relationship. There are times, however, when a consultant may find that a direct meeting with a child/family is the preferred method of engagement. At all times, the consultant keeps in mind that the work being done directly with families is temporary, and the staff/educators are the ones with an ongoing relationship. Care must be taken to explain the role of the consultant to the parent/family. Many times, there is confusion and stigma related to the term "mental health" and the traditional role of counselors, and with that comes reluctance or resistance. Programs can assist in sharing information about the role of the consultant in several ways, helping families to understand the supportive role of consultation, and the opportunity afforded to discuss challenges and concerns with a mental health consultant.

Relationships are central to consultation, and this holds true with parents/families as well. The Consultant is respectful of the family's beliefs and practices in child rearing. The consultant is aware of the family's traditions and customs and keeps those in mind as they interact with that family. The Consultant also reflects upon their own culture and beliefs to assess the impact on the relationship with the family.

Several ways of connecting with parents are offered. One of the first contacts may be a presentation by the Consultant to a group of parents/stakeholders. This could be on topics that are generated by the staff along with families or may be about I/ECMHC itself. These presentations allow the families the opportunity to become familiar with the consultant prior to any individual meeting.

Consultants may also be invited to attend a child/family review or staffing. The consultant focuses on ways to strengthen the social-emotional development of the child and can listen to parents/care givers and offer them a safe space to share their thoughts, feelings, and concerns. The consultant will assist as goals are discussed and set, and plans developed to support the family/child in meeting those goals.

The consultant may engage with the staff and families in an intervention when a child is experiencing social-emotional disruption and requires more support than is available in the setting. The role of the consultant is to assess the situation, listen to the presenting concerns, have direct contact with the staff and families, and help to move toward a plan to address the concern. This plan may involve problem solving with all invested parties, identifying resources, or referral to a therapeutic intervention.

HOW DO WE ASSESS THE IMPACT OF INFANT/EARLY CHILDHOOD MENTAL HEALTH CONSULTATION?

The Illinois Model for Infant/Early Childhood Mental Health Consultation (I/ECMHC) was evaluated by Chapin Hall and the final report from 2021 can be found using this link to the study: Illinois Model of Infant/Early Childhood Mental Health Consultation Improves Staff Reflective Capacity, Classroom Climate – Chapin Hall

The basic findings of that evaluation include:

Staff reflective capacity: Staff who received the Illinois Model showed positive changes on two standardized measures of staff reflective capacity. Interview data confirmed growth in staff reflective capacity evidenced in *(1) active listening and deeper exploration of issues, (2) thinking critically about one's reactions and biases, (3) considering others' perspectives, and (4) setting clear boundaries and being mindful of self-care.*

Classroom climate: Teachers who received the Illinois Model were more effective at cultivating a positive classroom climate by *(1) setting, modeling, and enforcing clear, consistent, and developmentally appropriate rules of conduct and applying proactive and positive behavior strategies, and (2) promoting equity by attending to children equitably and providing individualized support.*

Home visits: Home visitors who received the Illinois Model more frequently engaged in responsive behaviors during home visit and elicited input on visit content and activities from the parents. Parents whose home visitors received the Illinois Model tended to report higher satisfaction in their role as parents.

As a program begins to determine the impact or effectiveness of I/ECMHC to their program certain steps may be helpful.

The Center of Excellence in I/ECMHC outlines a cycle of assessment to consider at Research and Evaluation | The Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation (I/ECMHC):

1. Develop a theory of change
2. Explore the evidence base
3. Develop the research questions
4. Select measurement tools
5. Analyze and communicate results

Programs ask, "What do I need to know" and then write a theory of change to understand what they are looking for, and what influences that outcome. After the theory of change is developed, the next step would be to review literature and other research on I/ECMHC. This helps to garner more information and inform your next steps.

Next, form the questions you want to know. For example: Since implementing IEMHC 12 months ago how have these things changed:

- Staff turnover
- Child suspensions
- Child expulsions

In this case the Consultant could do a simple number data collection, and no specific measurement tools would be necessary. However, if you are looking for other measures, such as changes in social-emotional development in young children, reflective capacity of staff, burnout of staff, relationships between the child and the staff, or environment, the program will need to find an assessment that is dedicated to that particular information. To determine change, it would be important to do a baseline data collection, implement consultation for a determined amount of time, and then do another assessment with enough time in between to allow for a change. Please refer to the link at the Center of Excellence earlier in this section for potential measurement tools.

The next step is communicating the results. How does this fit with your theory of change? What would you adapt because of this information? What stakeholders will you inform of the information gathered?

WHAT GOES INTO THE DEVELOPMENT OF AN INFANT/EARLY CHILDHOOD MENTAL HEALTH WORKFORCE?

The success of the Illinois Model for I/ECMHC, requires that a highly capable, well trained and supported workforce is available throughout the state. Ensuring that a cadre of well-equipped professionals exists to provide I/ECMHC, necessitates an investment in workforce development to make certain that consultants have resources and adequate opportunities to acquire, develop and continue to grow the skills that are articulated in the competencies. Consultants need access to both ongoing educational opportunities and to macro level supports to ensure their growth as competent reflective practitioners.

Workforce Development

In Illinois, Infant/Early Childhood Mental Health Consultants come to the field from a variety of professions. These include social work, counseling, psychology, education, and health care.

- There are certificate and credential programs for individuals who have demonstrated interest in and commitment to the field of infant and early childhood mental health and who want to expand their knowledge, skills, and competence. The Erikson Institute offers the Infant and Early Childhood Mental Health Certificate Program, and a separate Infant Studies Certificate. The Illinois Association of Infant Mental Health (ILAIMH) offers the Infant Early Childhood Mental Health Credential for multidisciplinary mid-level professionals with a Master's Degree and above, and 5 years or more experience in the birth to five field. Note: beginning in 2021, Erikson Institute is partnering with ILAIMH, giving IMH Certificate Program students the opportunity to concurrently participate in and fulfill the requirements of ILAIMH's IECMH Credential program.
- There are social work preparation programs, as well as those in other disciplines, in the state that offer additional classes in the area of infant and early childhood mental health. These all offer pathways to becoming an infant/early childhood mental health consultant, but they are not exclusive.

Going forward, efforts to collaborate with higher education must be made to educate students about the field of infant and early childhood mental health generally and specifically about I/ECMH Consultation. Existing coursework needs to incorporate knowledge and skills needed for I/ECMH consultation work and/or new courses need to be developed. It is essential to identify and include non-dominant bodies of knowledge into these courses. To secure the future of the field, it is imperative to develop recruitment strategies to engage young and diverse professionals. Supports must be developed so that professionals in the field who have education and experience with infant/early childhood and/or mental health work can receive the training and mentoring necessary to become infant/early childhood mental health consultants. Through reflective supervision, reflective group work, professional development, and networking, consultants can gain the skills and knowledge necessary to successfully do this work. The competencies can serve as a guide for evaluating the readiness of an individual to assume the role of an I/ECMH Consultant.

Sources that Support and Enhance the Development of Skills Represented in the Competencies

On-Going Professional Development Opportunities

Infant/Early Childhood Mental Health Consultants are continually engaged in learning opportunities to support the growth and development of their skills and knowledge. Those opportunities may be offered by statewide organizations and institutions that focus on infant/early childhood mental health training such as the Start Early, Erikson Institute, the Illinois Network of Child Care Resources and Referral Network (INCCRRA), ILAIMH, and the ICMHP, as well as other sources for individualized learning. It is important that culturally and linguistically competent training is available to consultants to enhance the skills and knowledge needed for infant/early childhood mental health work. The eight core competencies serve as a blueprint for excellence and as a guide for developing learning and reflective practice opportunities that are necessary to ensure a capable and knowledgeable infant/early childhood mental health workforce.

Opportunities for the Development of Reflective Practitioners

Reflective Supervision

A key relationship for supporting the work and the growth of infant and early childhood mental health consultants is reflective supervision. This provides the consultant an opportunity for problem-solving, thinking about the work being done, and self-reflection that supports awareness of personal and professional growth. When a consultant is self-employed and does not receive reflective supervision as a part of their employment, it important that they seek out and have access to other quality experiences that allow opportunities for reflection. Core elements of reflective supervision are that it be distinct and separate from administrative supervision and is a regularly scheduled, protected time for a relationship that is collaborative and reflective.

Macro Supports to Ensure the Success of the Model

Reflective Learning Groups

The Reflective Learning Groups provide free cross-initiative gatherings for I/ECMH Consultants to reflect on their work. Such peer-reflective learning groups are recognized by national leaders as one of the most significant, as well as cost effective, tools available to support consultants in their work with early child care providers, teachers, early interventions staff, families, and young children. These groups can be peer-led or include a facilitator who supports logistical issues, promotes reflective practices, and is available at locations throughout the state. Meeting on a regular, scheduled basis, the agenda is set by the group as they determine what their needs are for reflective learning experiences.

Reflective Practice Groups

ILAIMH offers a 10-month series of virtual facilitated Reflective Practice groups (RPGs) for multidisciplinary professionals working in prenatal to five programs.

RPGs focus on developing and enhancing reflective skills, broadening perspectives and awareness of the infant early childhood mental health field, and making connections with other consultants through case discussions.

Typical participants include Early Intervention (EI) providers, Early Childhood (EC) educators, home visitors, Infant/Early Childhood Mental Health Consultants, Infant Toddler Specialists, Quality Specialists,, and child welfare specialists. Group members hold various roles including direct service providers, consultants, supervisors, and administrators. Early Intervention credits and Reflective Supervision hours toward the ILAIMH Credential are available.

State-wide Annual Symposium

Since consultants are often working independently, they profit from opportunities to network and gain new skills and knowledge with others doing similar work and facing similar challenges. Holding an annual symposium for infant early childhood consultants provides that opportunity for networking as well as presentations by professionals on essential topics that support the skill development of the Consultants.

Erikson Institute - Infant Early Childhood Mental Health Certificate Program

This online certificate program prepares practitioners to address the social- emotional, relational, and mental health needs of infants, young children, and their caregivers by applying an infant mental health lens to practice in a variety of settings and different disciplines.

The program is also aligned with the Alliance for the Advancement of Infant Mental Health Endorsement, and graduates from states that are affiliated with the Alliance can apply for that endorsement. For Categories I and II, this program meets the qualification for training. For Category III and IV additional trainings are required.

Illinois Association for Infant Mental Health (ILAIMH) Infant/Early Childhood Mental Health Credential

The Illinois Association of Infant Mental Health (ILAIMH) offers a credential for Infant Early Childhood Mental Health Specialists, including consultants. The credential is for professionals with at least five years of experience with infants, toddlers, young children, and their families/ caregivers as well as experience with reflective practice. This year-long credentialing process includes group and individual reflective supervision opportunities, reflective written essays, and a final paper of a case presentation. This credential allows consultants to gain recognition of their achievement in the I/ECMHC field.

Membership in the Illinois Association of Infant Mental Health

The Illinois Association of Infant Mental Health (ILAIMH) is a membership organization of diverse professionals working with infants, toddlers, and their families. Members come from the fields of education, social work, psychology, medicine, academia, public policy, child development, physical and occupational therapy, and other allied disciplines. With over 200 members, the diverse and multidisciplinary scope of the members reflects the nature of infant mental health practice. Though developed as a clinical specialty, infant mental health practice is infused into every setting where practitioners work with or on behalf of very young children and their families.

Leadership Team

To determine if the Illinois Model for I/ECMHC is continuing to meet the needs of the field, a Leadership Team meets regularly to address and update the model and ensure fidelity. This team is composed of statewide stakeholders, who address issues of compatibility with national models, research and evaluation, and funding. They also consider modifications to the model as recommended by professionals and agencies across the state.

FINAL THOUGHTS

In undertaking the task of working toward a statewide Infant/Early Childhood Mental Health Consultation Model, adaptable for use by all sectors, it became clear that delineating the required commonalities that define a model, while at the same time not presenting something that is unworkable in certain settings is a significant challenge. What is outlined in this document is a description of what infant/early childhood mental health is, what the role of the I/ECMH Consultant is and the components that comprise the work. The details of actual delivery may vary by sector in terms of how often consultants engage or for how long, but this model describes the work that will be common to all, and the requirements of those presenting as infant/early childhood mental health consultants. There are professional development opportunities available to orient consultants to this model through INCCRRA.

A crosswalk that compares competencies from the Center of Excellence on I/ECMHC, Head Start, the Illinois Model for I/ECMHC, the ILAIMH Credential, and Erikson Institute's Certificate Program is included in this document and can be found after the resources section.

GLOSSARY OF TERMS

Boundaries - are unwritten rules that guide roles about professional relationships with those we are working with and trying to help.

Children's Mental Health - as defined by the CDC is reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems.

Code of Ethics - is a set of principles based on an organization's core values and are the standards to which a professional is held.

Confidentiality - is a principle which requires respect for the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life. it is permissible to share confidential information with agencies, as well as with individuals who have legal responsibility for intervening if the child's welfare is at risk.

Consultative Stance - is considered a consultant's "way of being"; ten identified elements: mutuality of endeavor, avoiding the position of expert, wondering instead of knowing, understanding another's subjective experience, considering all levels of influence, hearing and representing all voices, the centrality of relationships, parallel process as an organizing principle, patience, and holding hope (Johnston & Brinamen, 2006).

Core competencies - according to ZERO TO THREE are observable skills, values, and attitudes needed by professionals to provide high quality services.

Cultural humility - is defined as having a sense that one's own knowledge is limited as to what truly is another's culture; to reject the unconscious stereotypes of others and not use them as a "safety net" to help explain behavior; to understand that we cannot know everything about every culture and because clients are complex humans who intersect in a variety of cultures.

Developmental capacity building - is to improve or increase the ability of early childhood programs, providers, family members, and community partners to address the social-emotional needs of young children (adapted from Cohen and Kaufmann, 2005).

Disaggregated Data - is data that has either been collected from a variety of sources or through multiple measures or was previously aggregated data that has been broken down into smaller units. This can allow for an in-depth look at trends across different population groups, as well as across an entire population.

Foundational knowledge - for a mental health consultant is a strong background in three core areas: child development (encompassing families, culture, and community), early education, and children's mental health.

Parallel process - A process through which the relationship between the consultant and practitioner influences the relationship between the practitioner and the child because feelings and interactions from one relationship can be carried forward to another relationship (adapted from ZERO TO THREE).

Infant/early childhood mental health - ZERO TO THREE's Infant Mental Health Task Force (2002) defines infant and early childhood mental health as "the developing capacity of the child from birth to three to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn, all in the context of family, community and cultural expectations for young children."

Mental Health Consultant - assists the child and family in integrating their services through a team approach: identifying community resources; advocating for the type, frequency, and intensity of services that meet the child and family needs; and facilitating planning and communication among families, caregivers, and service providers so that services are well coordinated.

Multidimensional poverty - is made up of several factors that constitute poor people's experience of deprivation –such as poor health, lack of education, inadequate living standard, lack of income (as one of several factors considered), disempowerment, inferior quality of work, and threat from violence (adapted from OPHI).

Program consultation - focuses on improving the quality of the early childhood program or agency and assists the program to address challenges that impact more than one child, family, or staff member (Adapted from Cohen & Kaufmann, 2005).

Programmatic consultation - focuses on improving the overall quality of the program or agency and/or assisting the program to solve a specific issue that affects more than one child, staff member, and/or family. This type of early childhood mental health consultation is typically provided to program staff and administrators.

Provider consultation - when a consultant helps providers assess and improve the quality of the services they provide to children and families and build their competence and confidence in caring for children with varying needs. The purpose of consultation is to offer in-formation, strategies and resources to meet current and future challenges.

Professionalism - conducting ourselves with a high level of integrity and in ways that are ethical, honest, trustworthy, lawful, and responsible and maintain a high level of professional competence and work to continuously acquire new knowledge and skills.

Reflective capacity - is developed, supported, and maintained through intentional practice and supportive relationships. Regularly engaging in reflective consultation or supervision is one way to nurture this skillset in infant and early childhood professionals (adapted from Wisconsin Infant/Early Childhood Mental Health Consultation).

Reflective Supervision/Consultation (RSC) - supports the professional's growing understanding of themselves in relationship with the young children and families with whom they work. RSC consists of three primary characteristics:

1. It is collaborative between the supervisor or consultant and professional,
2. It is regular and takes place at a regular, scheduled time, and
3. It is relationship based and reflective—the supervisor or consultant helps the professional to step back and consider the situation and the relationships from multiple perspectives.

The relationship between the reflective supervisor or consultant and supervisor sets the tone that echoes throughout the system, and therefore must be experienced as safe, open, and trusting. The reflective supervisor works to create a respectful and thoughtful atmosphere where staff members feel comfortable discussing information, feelings, and thoughts (adapted from Shahmoon-Shanok, 2006).

Reflective Learning Groups - are cross-initiative gatherings for early childhood mental health consultants to reflect on their work. Reflective learning groups are recognized by national leaders as a cost-effective approach to ongoing professional development and support for consultants in their work with early childhood professionals (adapted from Illinois Children's Mental Health Partnership).

Reflective practice - refers to the process of studying one's own teaching methods and determining what works best for young children, youth, or adult learners. Reflective practice can help an individual to develop and grow professionally (adapted from ZERO TO THREE).

Reflective supervision - is the act of providing guidance, oversight, or shared responsibility in the work or tasks of another in a work, professional, or personal context. In early childhood mental health consultation, a mental health consultant may experience including reflective practices and guidance on identifying motivations, feelings, and insight toward self-awareness by a mental health professional trained in this type of supervision associated with relationship-based work (adapted from the glossary of the Center for Early Childhood Mental Health Consultation).

Strengths-based - is an approach that offers guiding principles which shape the lens for viewing human behavior. The fundamental premise is that individuals will do better in the long run when they are helped to identify, recognize, and use the strengths and resources available in themselves and their environment. The strengths perspective as a philosophical principle of social work practice emanates from social work values: self-determination (the act of giving clients the freedom to make choices in their lives and to move toward established goals in a manner that they see as most fitting for them), empowerment (lays the groundwork for informed self-determination), inherent worth, and dignity (a core value of the profession is respect for every human being).

Theory of change - is based on available knowledge and previous research with an evidence base that guides the selection of intervention strategies (adapted from the Center of Excellence for Infant and Early Childhood Mental Health).

Trauma informed - is the ability to recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family; assess a child's trauma history and symptom profile; to determine whether a child is developmentally on target in the social, emotional, and behavioral domains; to inform case conceptualization and drive treatment planning; and to monitor progress over time (adapted from the National Child Traumatic Stress Network).

Wondering - the act of asking questions to further the idea that is being explored, together wondering about how to solve a problem. This promotes looking at all sides of an issue, thinking it through out loud with another person, and using reason to determine a plan of action.

RESOURCES

Center for Early Childhood Mental Health Consultation. https://www.ecmhc.org

- Tutorial 10:Cultural and Linguistic Competence in Early Childhood Mental Health Consultation
- Glossary

The Center of Excellence for Infant and Early Childhood Mental Health Consultation. Georgetown University Center for Child Development. https://www.iecmhc.org/resources/

- Early Childhood Mental Health Consultation: An Evaluation Tool Kit. Technical Assistance Center for Children's Mental Health. November 2007.
- What Works? A Study of Effective Early Childhood Mental Health Consultation Programs, Center for Child and Human Development, August 2009.

Code of Ethical Conduct and Statement of Commitment. National Association for the Education of Young Children (NAEYC). https://www.naeyc.org/

Cultural Humility: A Lifelong Practice. the Blog of the SDSU School of Social Work. https://socialwork.sdsu.edu/insitu/diversity/cultural-humility-a-lifelong-practice/

Demystifying Reflective Practice: Defining Reflective Supervision and Consultation for Infant and Early Childhood Professionals. Wisconsin Alliance for Infant Mental Health. https://wiaimh.org

Early Childhood Consultation Partnership (ECCP), Advanced Behavioral Health, 2011, ECCP Early Childhood Mental Health Consultation Competencies

Illinois Children's Mental Health Partnership. Center for Early Childhood Mental Health Consultation. https://www.icmhp.org/resources/

- Reflective Practice Guide
- Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young Children.

The National Child Traumatic Stress Network. Trauma Informed Care. https://www.nctsn.org/trauma-informed-care

Oxford Poverty and Human Development Initiative (OPHI). Policy – A Multidimensional Approach. https://ophi.org.uk

SAMHSA Expert Convening on Infant/Early Childhood Mental Health Consultation, September 11-12, 2014. Convening Summary

Wisconsin Infant/Early Childhood Mental Health Consultation. https://wiaimh.org/iecmh

- Best Practices Guideline (2006)
- Demystifying Reflective Practice

ZERO to THREE and the National Infant & Toddler Child Care Initiative. https://www.zerotothree.org/

- A Guide to Effective Consultation With Settings Serving Infants, Toddlers, and Their Families
- Values and Ethical Standards

ACKNOWLEDGEMENTS

Thank you to both committees of the Illinois Model for I/ECMHC. The original 2016 committee members who created the model that incorporated best practices and supported consistency in the delivery of infant/early childhood mental health services across the state. The 2021 committee members who reviewed the findings from evaluation, updated information, and worked from the pilot program to determine how best to modify the Illinois Model for I/ECMHC.

2021 Illinois Model Revision Committee Members

Dennis Abreu	*EL Valor, Head Start*
Christine Brambila	*Governor's Office of Early Childhood Development*
Deborah Chalmers	*Illinois Action for Children*
Linda Delimata	*Independent Consultant, Illinois Network of Child Care Resource and Referral Agencies*
Ann Freiburg	*Early Intervention*
Chelsea Guillen	*Early Intervention*
Kathy Ham	*Virginia Frank*
Laura Hansen	*Illinois Association for Infant Mental Health*
Katelyn Kanwischer	*Illinois Children's Mental Health Partnership*
Kathy Kloppenburg	*I/ECMHC Consultant, Head Start*
Alli Lowe-Fotos	*Start Early*
Libby Mitchell	*Illinois Network of Child Care Resource and Referral Agencies*
Crystal O-Connor	*Independent Consultant, Illinois Network of Child Care Resource and Referral Agencies*
Delreen Schmidt-Lenz	*Maternal, Infant, and Early Childhood Home Visiting, Early Intervention*
Christina Shirley	*Independent I/ECMHC Consultant*
Penny Smith	*Illinois State Board of Education*
Kelly Vrablic	*Illinois Department of Public Health*
Cynthia Wall	*Illinois Department of Human Services*
Lauren Wiley	*Start Early*

2016 Illinois Model Revision Committee Members

Dennis Abreu	*Department of Family Support Services*
Phyllis Bliven	*Illinois State Board of Education*
Deborah Chalmers	*Illinois Action for Children*
Linda Delimata	*Illinois Children's Mental Health Partnership, Maternal, Infant, and Early Childhood Home Visiting*
Ann Freiburg	*Early Intervention*
Andria Goss	*Department of Children and Family Services*
Kathy Hamm	*Virginia Frank*
Laura Hansen	*Illinois Association for Infant Mental Health*
Laurie Kabb	*The Ounce of Prevention Fund*
Courtney Kirk	*Baby Talk, Early Head Start*
Christina LePage	*Illinois Children's Mental Health Partnership*
Lynn Liston	*Illinois Association for Infant Mental Health*
Alli Lowe-Fotos	*The Ounce of Prevention Fund*
Peggy North-Jones	*Caregiver Connections*
Andrea Palmer	*Illinois Department of Public Health*
John Roope	Caregiver Connections
Delreen Schmidt-Lenz	*Maternal, Infant, and Early Childhood Home Visiting*
Christina Staley	*Illinois Association for Infant Mental Health*
Penny Smith	*Illinois State Board of Education*
Bryan Stokes	*Governor's Office of Early Childhood Development*
Kelly Vrabic	*Illinois Department of Public Health*
Cynthia Wall	*Illinois Department of Human Services*
Sharita Webb	*Chicago Head Start*
Nick Wechsler	*The Ounce of Prevention Fund*

COMPETENCIES CROSSWALK

This document is a comparison of competencies from the various resources:

Competencies are from the following sources:

- The Center of Excellence for Infant and Early Childhood Mental Health Consultation; Substance Abuse and Health Services Administration, U.S. Department of Health and Human Services
- Office of Head Start, National Centers; Competences: Infant/Early Childhood Mental Health Consultation
- Mental Health Consultation in Illinois, INCCRRA
- The Illinois Association of Infant Mental Health, I/ECMH Credential
- Erikson Institute Certificate in Infant Mental Health program

Role of the IECMHC Consultant				
Center of Excellence	**Head Start**	**Illinois Model of IECMHC**	**ILAIMH IECMH Credential**	**Certificate from Erikson**
Understands and can convey how IECMHC is a mental health specialization that is distinct from other activities in which mental health professionals may engage. Demonstrates an ability to strengthen families' and ECE/HV staff's capacity to support the social, emotional, and relational health of children and families in a range of settings. Partners with families and ECE/HV staff in working to prevent mental health problems from developing or increasing in intensity and/or in responding effectively to existing mental health concerns.	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 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.	***#2 Ability to Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems.*** Consultants are able to successfully engage families, providers, programs, and systems in genuine and collaborative relationships. They are aware of the internal and external factors that influence relationships and reflect this understanding as they work to achieve and maintain collaborative relationships. Consultants use an approach that is culturally sensitive and strength-based, emphasizing capacity building and creating partnerships that support the social-emotional health of young children. In the consultation process, the consultant continually works to foster a sense of trust and openness among all of the partners.	The field of Infant/Early Childhood Mental Health is multidisciplinary, blending principles and practices from several fields- primarily child development and mental health; also from early childhood education, pediatric medicine and allied early intervention specialties. The I/ECMH practitioner's stance is one of promoting and supporting the child's social-emotional development and overall wellness within the context of family/caregiver relationships and supporting relationships in all settings (e.g., home, early care and education, foster care) while considering multiple determinants—individual developmental needs, family and community systems and settings, culture and diversity, ethical practice. ***#1.0 Reflective Practices/ Self-Knowledge*** Self-knowledge is a core competency that guides and informs the practitioner's role and stance personally and professionally in all work situations and requires ongoing reflective supervision and practice.	***Note:*** *The Erikson Institute Certificate in IMH is also aligned with the Alliance for the Advancement of Infant Mental Health Endorsement, and graduates from states that are affiliated with the Alliance are able to apply for that endorsement. For Categories I and II the Certificate Program from Erikson meets the qualification for training. For Category III and IV additional trainings if required.* Taught in the Foundations of IECMHC class: Role of the consultant, focus on the Consultative Stance as defined by K Johnson, must complete a project defining how to address the leadership of an agency to convince them to bring in an IECMHC consultant. The class watches videos on consultation in action. Students will be able to: Use clinical supervision and team meetings effectively as places to explore clinical situations, raise issues and concerns, and deepen clinical work through self-examination and reflection. Work collaboratively with supervisors and a broad range of professionals such as medical personnel, educators, social workers, and early interventionists. Use inquiry and reflection during individual supervision and team meetings. Create an atmosphere of exploration and learning.

Foundational Knowledge				
Center of Excellence	**Head Start**	**Illinois Model of IECMHC**	**ILAIMH IECMH Credential**	**Certificate from Erikson**
Draws from a broad and diverse knowledge base to understand children, families, and ECE/HV staff and how they relate to one another. Turns to a variety of disciplines and theories to inform the direction of consultation.	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.	***#1 A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education.*** Consultants have foundational knowledge of child development within the context of family, culture, and communities, combined with a solid grounding in children's mental health and experience in working with young children and their families.	***#4.0 Infant/Child Development in the Context of Relationships*** "Comprehensive understanding of the strengths and needs of an infant or child can occur only within an understanding of the context of formative caregiving relationships. It is the primary caregiving relationship that is the conduit through which the infant begins to understand the world, the other, and himself (Zeanah…)." This is a complex competency, including core elements: attachment; self-regulation; growth and development-physical, biological, genetic, neurological, and perinatal factors; psychosocial risk factors and protective factors that can mitigate risks and support development; infant/EC mental health concerns and challenges; assessment; the continuum of promotion, prevention, intervention, and treatment. Additionally, IECMH practitioners must approach their work with infants, children, families/ caregivers with a deep understanding of and appreciation for the mutuality of relationships, family and community systems, culture and diversity, and self-knowledge.	V. Knowledge and Application of Theories Related to Infant and Early Childhood Development. An understanding of: The basic construct of attachment and normal and worrisome behaviors in infants, young children, and adults. HUnderstands how a baby uses a parent as a secure base, to help regulate emotions. How language emerges in the context of early caretaker-infant interactions. Development of gross and fine motor skills. Recognition of the emergence of symbolic play and its role in development. Infant sleep patterns. Issues that arise with feeding. The process of brain growth and development, especially the importance of the caregiver-infant relationship in the process of social capacity. How a baby's sense of self develops in the context of relationships.

Equality and Cultural Sensitivity				
Center of Excellence	**Head Start**	**Illinois Model of IECMHC**	**ILAIMH IECMH Credential**	**Certificate from Erikson**
Describes and demonstrates how culture (beliefs, values, attitudes, biases, and experiences), equity, and environment shape relationships and behaviors, and how they influence settings and communities in important and meaningful ways.	***Culture*** Describes how cultural beliefs, values, attitudes, experiences, and biases shape relationships, behaviors and influences settings and communities in important and meaningful ways.	***#3 Ability to Work Effectively Throughout Diverse Cultures and Communities.*** Consultants are aware of the influence of culture on the values, beliefs and practices related to parenting and how this affects the social and emotional development of children. Cultural beliefs can impact the manner in which families and communities approach the sensitive topics of children's mental health and social and emotional skills, and are integral to the forming of trusting, collaborative partnerships. Consultants actively and sensitively seek to understand the culture and climate of the families and programs with whom they work and are aware of their own responses and reactions to any differences.	***#2.0 Culture and Diversity: Contextual Issues*** Issues of culture and diversity are embedded in all aspects of the competencies. An understanding of one's own culture is a critical prerequisite for the I/ECMH practitioner. Along with self-knowledge is the openness to developing cultural curiosity across ethnicities and cultures and being able to think fluidly about what aspects of culture and ethnicity impact family functioning, perceptions and expectations of children's development, child rearing practices, beliefs, etc. that are part of the lives of families, caregivers, and teachers with whom one works. In the area of cultural competency, many scholars agree: "...there is no such thing as cultural competency – it is better to think of cultural humility as a lifelong process – always learning, always receptive and always monitoring one's own biases and assumptions" (Richman, 2009).	The credential program infuses issues of culture and equity throughout all of the coursework and assignments. In addition, the program includes a module on Diversity-Informed Tenets. When doing case presentations there is a focus on equity and cultural sensitivity, and the student must identify which tenets are applicable. The program addresses how some research is culturally biased and the importance of cultural review of the materials. There is an emphasis on awareness of implicit bias when addressing issues of behavioral concerns.

Reflective Practice				
Center of Excellence	**Head Start**	**Illinois Model of IECMHC**	**ILAIMH IECMH Credential**	**Certificate from Erikson**
Thinks about and questions personal influences and actions before, during, and/or after consultative interactions. Considers the influences on and perspectives of others (e.g., child, family, and staff) in the context of consultation (i.e., "What must this experience have been like for the child, staff member, or parent?"). Promotes reflective practice with consultees, using this experience-based learning to support consultees' professional growth and development.	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?"	***#7 Commitment to Ethical Behavior and Reflective Practice.*** Consultants are guided by their own professional scope of practice which defines the boundaries of their role, while also being able to represent the field of I/ECMH. Consultants understand that reflective practice is for the purpose of learning and enhancing competence. They actively participate in on-going learning and reflection. By continually using self-assessment and supervision to ensure the development and use of reflective capacity, and adoption of a consultative stance, the I/ECMHC engages in ethical practices consistent with their discipline's standards of practice and/or code of ethics. The consultant responds with cultural humility, and develops relationships based on sensitive listening and responding, and the sharing of responsibility and power.	***#1. Reflective Practices/Self Knowledge*** Self-Knowledge is central to the work of an infant/early childhood practitioner. The applicant seeking credential status demonstrates a habit of self-reflection, and a willingness through reflective consultation and supervision to engage in self-examination. The IECMH practitioner demonstrates an ability to reflect on relationships with children, families, caregivers, and colleagues; to examine experiences of emotional dysregulation within their work and ways of coping; is able to explore painful issues with families/caregivers and "hold" their emotional pain; and recognizes both difficult and rewarding aspects of the work. Embedded in this section are demonstrated skills in advocacy, interdisciplinary collaboration, and the ability to address ethical issues. ***#5. Professional Ethics*** The I/ECMH practitioner is expected to adhere to his/her own discipline's ethical code while maintaining an I/ECMH perspective – that the parents, family, and community support the growth and development of the infant/child. Ethical practice considerations with infants and young children must hold and reflect a family focus, keeping in mind the welfare of the infant/child, parent(s) and other family members and caregivers and the primacy of attachment relationships.	***. Use of Self-Reflective Practice*** Has an awareness of and has the ability to monitor and reflect on ways in which work with families can evoke past or present personal experiences of either the trainee or the family on a conscious or unconscious level. Has the ability to understand that one's personal characteristics, clinical context, style, and professional role influence the interactive processes with families through conscious and unconscious means. Has the ability to observe individual behavior and the interactive exchange with others, reflect on these dyadic and systems processes, and attribute relational meaning.

Child and Family Focus Consultation				
Center of Excellence	**Head Start**	**Illinois Model of IECMHC**	**ILAIMH IECMH Credential**	**Certificate from Erikson**
Collaborates with families and/or ECE/HV staff to understand and respond effectively to a child's or parent's mental health needs, behavioral difficulties, and/or developmental challenges. Partners respectfully with families and ECE/HV staff to understand the context and nature of a particular family's life in order to enhance the child's and family's well-being.	***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.	***#4 Ability to Effectively and Sensitively Gather Information.*** Consultants are skilled in collecting information through multiple methods including, but not limited to, observation, discussion, and the use of social-emotional screening tools that contribute to a better understanding of the child, family, provider, program, and system contexts. Consultants strive to be unbiased and objective in their use of methods and in their practice of documenting and reporting of information in order to accurately reflect the situation in all its dimensions.	**3. *Family and Community Systems*** Knowledge of family systems theory is essential, and a systems perspective provides a way of understanding the dynamics of interdependent relationships. (Becvar & Becvar, 1999). Additionally, practitioners require knowledge of specific community, state, and national systems and/or programs impacting and available to families with infants and young children; practitioners need to learn how to support families in accessing and navigating through various systems.	***IV. Knowledge and Application of Theories Related to Infant and Early Childhood Development and Wellness***. Has the ability to observe parent-infant interaction in families from a variety of cultures and backgrounds and make detailed observations that can be used as a basis for building meaningful relationships and interventions.

CLASSROOM AND HOME-FOCUSED CONSULTATION				
Center of Excellence	**Head Start**	**Illinois Model of IECMHC**	**ILAIMH IECMH Credential**	**Certificate from Erikson**
Collaborates with families and ECE/HV staff to promote warm and trusting relationships, steady routines, and development-enhancing interactions that positively impact classroom and home climates. Explores how elements of classroom and/or family life can play a powerful role in supporting all children's social and emotional development.	***Classroom/Home Consultation*** Collaborates with parents and staff to assess relationships, routines, and practices that impact the classroom or home climate.	***#5 Ability to Collaboratively Develop a Plan and Shared Measures of Success.*** Consultants work to build and support capacity within families, providers, programs, and systems through the intentional, conjoint development of consultation plans that are aligned with the agency's program or with plans required by the system. They work collaboratively to implement activities that support the plan and then measure outcomes. Consultation can have any of the following focuses: child-family, classroom, center, home, program, or system. Consultants use various consultation methods such as reflecting, coaching, modeling, exploring, problem-solving and training, as they engage in a mutually agreed upon scope of work. Consultants regularly engage in assessment/evaluation at multiple levels – individual, organizational, systemic, and self.	***# 4.5 Assessment in Infancy and Early Childhood*** Grounded in knowledge and understanding of typical and atypical development of children birth-five re: social emotional, physical, cognitive, speech/ language and neurological growth; observation and understanding of infants/children in the context of primary relationships; knowledge and consideration of contextual factors; use of inclusive and age appropriate tools and classification systems; commitment to an interdisciplinary approach and the ability to work with an interdisciplinary team. The assessor needs to maintain a family-focused relationship-based orientation which acknowledges the centrality of the family's expertise, elicits the family's narrative, and incorporates their voice. ***4.5.b*** The practitioner demonstrates an understanding that effective collaboration occurs when their expertise and the family's expertise are both used in the best interest of the infant/child for planning and for advocacy with community systems.	During the second year practice course students complete a plan for consultation in either a center based program or a home visiting program. Students receive level one FAN training as part of the program. They use the FAN in assignments for both consultation and direct interaction with families with young children.

Programmatic Consultation				
Center of Excellence	***Head Start***	***Illinois Model of IECMHC***	***ILAIMH IECMH Credential***	***Certificate from Erikson***
Maintains a systemic approach and aims for program-wide impact through a focus on multiple issues that affect the overall quality of an ECE/HV setting. Works to enhance programmatic functioning by assisting ECE/HV program administrators and/or staff in considering the setting's overall social and emotional climate and in solving issues that affect more than one child, staff member, and/or family.	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.	**# 2. Ability to Build Relationships and Collaboratively Engage with Families, Providers, Programs and Systems.** **#3. Ability to Work Effectively Throughout Divers Cultures and Communities.** **#5. Ability to Collaboratively Develop a Plan and Shared Measures of Success.** **#6. A knowledge of Community Systems and Resources and Ability to Develop Partnerships** **IECMHC consultant** use the identified competencies to provide Programmatic Consultation. This type of consultation maintains a systemic approach and aims for program-wide impact through a focus on multiple issues that affect the overall quality and equity of an early childhood setting.		Students complete a project in which they design a plan of consultation for either a center-based program or a home visiting program. Students complete an assignment in which they design a presentation to program administrators making a case for the inclusion of consultation as a program component.

Systems-Wide Orientation				
Center of Excellence	**Head Start**	**Illinois Model of IECMHC**	**ILAIMH IECMH Credential**	**Certificate from Erikson**
Works within and across systems, integrating mental health concepts and supports into the environments where young children spend time. Maintains awareness of the systems within which IECMHC occurs, and considers these contexts when seeking to understand factors that promote or hinder the process of change.	***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.	***#6 Knowledge of Community Systems and Resources and Ability to Develop Partnerships.*** Guided by their professionalism, ethics, standards and knowledge of best practices, consultants create partnerships by collaborating and joining with existing systems, services, and community resources. Consultants work to build reputations in their communities as reliable professionals who can bring the voice of infant and early childhood mental health to the table. It is critical that consultants have the capacity to understand local, regional, and state systems, policies, and protocols. The results of these partnerships are the sharing or resources, and the linking of services so that consultees can be connected to appropriate services. Consultants pursue opportunities to advocate for policies, practices, and linkages that support I/ECMH accessibility for communities, programs, and families, where appropriate.	***#3. Family and Community Systems*** The field of infant and early childhood mental health has been "… multidisciplinary since its inception" (Zeanah, 1993). Child psychiatrists, clinical and developmental psychologists, social workers, speech/language specialists, nurses, pediatricians, special educators, to name a few, have contributed significantly to the field. Thus, the focus on and commitment to collaboration and an understanding of all the systems becomes critical to effective care. Work among systems serving the same infant/child/family is complex and requires intentional cross-discipline/ cross-system communication and coordination. A seminal article related to system differences and service delivery in a hospital environment contrasted with those of community-based early intervention programs, highlighted a key lesson—the more various disciplines and systems communicate and learn about each other's expertise and limitations, and… forge a new partnership dedicated to the common goal of supporting optimal development…" the more robust the care will be for infants/children, parents and caregivers" (Gilkerson, Gorski, & Panitz, 1990). ***3.4*** Can demonstrate awareness of what kinds of systems might need to be brought in to best meet the diverse needs of children, families, caregivers, teachers, and communities.	Students are taught the Bronfenbrenner ecological systems theory along with the Infant Mental Health approach.

An Understanding of the Impact of Trauma on Early Childhood Development				
Center of Excellence	**Head Start**	**Illinois Model of IECMHC**	**ILAIMH IECMH Credential**	**Certificate from Erikson**
Understands the impact of trauma (including racialized, historical trauma and family violence) on infant/young child and family development and can educate others about trauma informed practices as needed.	Understand how toxic stress and adverse childhood experiences influence health and development In collaboration with agencies' mental health consultant, assess risk and make appropriate referrals for families living with challenges such as domestic violence, child abuse and neglect, substance abuse, depression (especially for prenatal and post-partum women) and other mental health issues	#7 An understanding of the Impact of Trauma on Early Childhood Development. Consultants work collaboratively with supervisors, staff, families, and the community to recognize and understand the impacts of trauma on very young children and their families, including any event or situation that causes ongoing stress or threat, and is inclusive of issues of racism or a perception of an unsafe living environments, intergenerational trauma, and historical impacts. Consultants work with programs to understand the underlying factors that influence the interactions and reactions of very young children who may be experiencing trauma, becoming aware of their own bias as well as the program staff. Collaboratively the staff, consultant and adults in the child's life design a safe and nurturing environment in which young children are able to learn and grow. Consultants also work with programs that support families in their homes and help to strategize supports to families as they strive to create the most nurturing environment that supports the development of the child.	***4.3.b.6 Trauma*** ***Exposure to domestic and community violence*** *(4.3.b.6.b)* ***Experiences of abuse/ neglect*** *(4.3.b.6.c)* ***Other trauma experiences including homelessness, unexpected events/ disasters, serious illness, or injury*** *(4.3.b.6.d)* **Re: all trauma-related foundational competencies.** Practitioner can demonstrate an understanding of how various traumatic experiences, can impact infant/child development and family relationships starting prenatally. **Re: Self-knowledge.** Practitioner can demonstrate awareness of their own past or present personal traumatic experiences, how this may influence their professional response to the trauma of others, and their ability to maintain equilibrium. **Re: Family & Community systems.** Practitioner can demonstrate an awareness that family and community partnerships and multidisciplinary specialists are necessary to effectively address the developmental impact of various traumatic experiences/events. **Re: Culture and Diversity**. Practitioner can demonstrate an awareness that cultural and community responses to traumatic experiences/events vary and can support or undermine early development. ***4.4.d.2*** Can demonstrate knowledge that children who have experienced traumatic stress may exhibit a wide range of behaviors shaped by experience, relationships, and developmental stage	Throughout all classes there is an emphasis and awareness of the impact of trauma on early childhood development. This concept is woven into all classes in the Certificate program. In addition, there are overt discussion related to trauma and it's effects on infants and young children and their families. There is a yearlong practice class that addresses trauma. Students complete an assignment designing trauma informed care in the system in which they work.


inccra