

# Infant and Early Childhood Mental Health Consultation: Overview of Research, Best Practices, and Examples



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*This brief provides an overview of infant and early childhood mental health consultations (IECMHC) for policymakers and program leaders, summarizing its state of research and implementation efforts. According to the Center of Excellence for Infant and Early Childhood Mental Health (CoE, 2021) IECMHC is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, home visiting, early intervention and their home.*

## Important Considerations About IECMHC

- IECMHC is rooted in **social, racial, and ethnic justice efforts** to strengthen caregiving environments and reduce the expulsions of young children from communities impacted by systematic racial and ethnic inequities. In addition, multiple economic and social stressors place children and families at greater risk for health and mental health challenges.
- IECMHC is a multilevel intervention being implemented and scaled in a **range of early childhood settings** across states, territories and tribal communities, including Head Start, child care, home visiting, state preK, early intervention for young children with or at-risk for disabilities, child welfare, and pediatric primary care.
- IECMHC is an **evidence-based approach** which has consistently demonstrated positive impacts for children, ECE providers and related professionals, and programs.

### Addressing disparities in disciplinary practice

Much of the research, evaluation, and policy supporting IECMHC came together to investigate the effectiveness of IECMHC in addressing persistent disparities in rates of expulsion from ECE settings for young boys of color (Gilliam, 2005; Lamont et al., 2013; U.S. Department of Education, Office of Civil Rights, 2014; 2021).

## Components of IECMHC Across Settings

A goal of IECMHC is for the mental health professional to build the capacities of staff, educators, and family members, enabling them to more effectively address challenging behaviors, promote social-emotional competencies, and build more equitable systems (CoE for Infant and Early Childhood Mental Health Consultation, 2020a; Nadiv, 2017). Infant and early childhood mental health consultants aim to accomplish this goal by:

- Working directly with early childhood educators in **naturalistic settings**, such as ECE center-based classrooms, family child care, or in the context of home visitation.
- In an ECE context, **taking part in their daily classroom routines, modeling intervention** approaches, sharing useful strategies, **facilitating referrals**, and helping early childhood educators, program leaders, and related professionals strengthen their knowledge about the factors that can influence social-emotional development (Hunter et al., 2016).
- Examining **factors impacting children’s behaviors at multiple levels** (e.g., family, care setting or classroom, program, community) and tailoring intervention activities accordingly, to address each child’s specific needs and goals and support systemic changes (CoE for Infant and Early Childhood Mental Health Consultation, 2020a; Green & Allen, 2012).
- **Offering consultation at multiple levels of a system or program.** IECMHC can be child- and family-focused, classroom- and home-focused, programmatic, and/or systems-wide (CoE Center of Excellence in Infant and Early Childhood Mental Health Consultation, 2020b). The key to this multilevel intervention is the development of warm, equitable, culturally and linguistically mindful, and trusting relationships between adults that facilitate the development of responsive relationships between adults and the infants, toddlers, and young children they care for.

### **The Role of IECMHC in Home Visitation**

An example of a setting in the early care and education (ECE) mixed delivery system where IECMHC is expanding is home visitation, a direct intervention for parents and other primary caregivers that has been demonstrated to support positive parenting, help reduce abuse and neglect, and improve school readiness (Administration for Children and Families, n.d.). Since the inception of the Maternal, Infant, and Early Childhood Home Visiting ([MIECHV](#)) federal program in 2010, home visits by a nurse, social worker, or trained parent educator have rapidly expanded as a strategy to support pregnant women and families with young children at risk for poor maternal and child health outcomes (Health Resources and Services Administration, 2021). However, home visitors have reported feeling underprepared to address the behavioral health needs of parents they serve (Tandon et al., 2005). Parents and other primary caregivers coping with mental health issues may display impaired abilities to connect and engage with their children in ways that are responsive (Elgar et. al, 2007; Wilson & Durbin, 2010) which could have a long-term impact on development (Kamis, 2021; National Foundation on the Developing Child; 2008/2012). Mental health consultants can provide information about best practices and translate concepts from the latest research to build the capacity of home visitors to work with families coping with behavioral health issues. This work can help support families in creating positive and responsive home environments to foster development across domains (Goodson et al., 2013).

- The Center of Excellence for Infant and Early Childhood Mental Health Consultation ([CoE](#), n.d.) described how mental health consultants can play an important role in working with home visitors to screen, refer, and support new parents with or at-risk for clinical depression.

- A Project LAUNCH<sup>1</sup> grantee in Alameda County, California described an [enhanced home visiting program](#) in East Oakland that provided access to mental health consultants. Key elements of this model include having the consultant: a) provide training, support and case consultation about complex behavioral health issues faced by home visiting clients; b) offer short-term crisis intervention and triage to other community-based supports; and c) help buffer secondary traumatic stress<sup>2</sup> home visitors may experience from working with families with multiple vulnerabilities, including behavioral health challenges.

## Summary of research and evaluation findings

The research on IECMHC has provided evidence of significant, positive impacts at multiple levels, which was recently summarized by the CoE (2020b) in an [evidence synthesis](#). Selected findings about outcomes at multiple levels of ECE systems are summarized below:

- **Child-level outcomes.** Research demonstrates IECMHC leads to **greater gains in social-emotional competencies** (self-regulation, social skills, protective factors, and adaptive behaviors) and decreases in challenging behaviors and expulsions. These findings about positive child outcomes have been **replicated numerous times** across settings, assessment instruments, and research designs (CoE for Infant and Early Childhood Mental Health Consultation, 2020c).
- **Provider-level outcomes.** IECMHC has been found to lead to **increases in self-efficacy in addressing challenging behaviors**, knowledge around social-emotional development, and levels of closeness and sensitivity during teacher-child interactions (CoE for Infant and Early Childhood Mental Health Consultation, 2020c; Hepburn et al., 2013). Additionally, IECMHC has been associated with **lower levels of educator stress** (Brennan et al., 2008; Hepburn et al., 2013).
- **Family-level outcomes.** There have been fewer studies done examining family-level outcomes, but the evidence that exists suggests that IECMHC improves families' communication with educators, parenting skills, and access to services supporting mental health (Caputo, 2016; Hunter et al., 2016).
- **Program-level outcomes.** At the program-level, IECMHC has also been found to lead to **reduced amounts of staff turnover** and improvements in **program quality and classroom climate** (CoE for Infant and Early Childhood Mental Health Consultation, 2020c).

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<sup>1</sup> Linking Actions for Unmet Needs in Children's Health Grant Program—or Project LAUNCH—is offered by the Substance Abuse and Mental Health Services Administration (SAMSHA) to promote the wellness of young children, from birth to 8 years of age, by addressing the social, emotional, cognitive, physical and behavioral aspects of their development.

<sup>2</sup> The [National Child Traumatic Stress Network](#) (NCTSN) defines secondary traumatic stress as emotional distress when an individual hears about the firsthand trauma experiences of another, which often takes an emotional toll on the helping professionals.

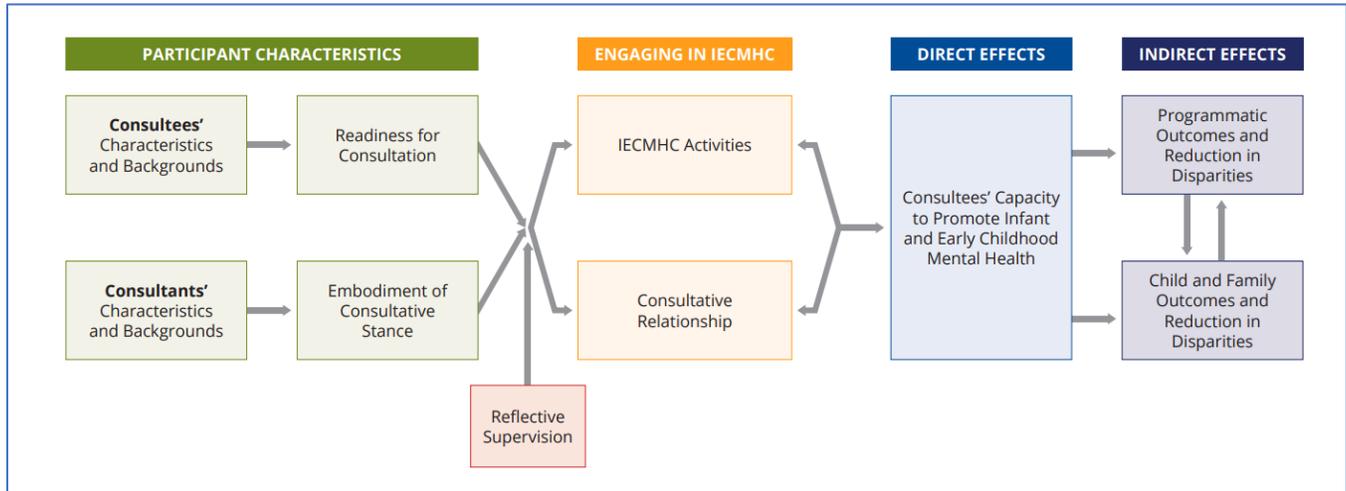
- **Evidence for advancing equitable systems.** Notably, evidence does not yet point to improvements in mitigating racial disparities in expulsion rates. The CoE analysis concluded most studies have not been focused on disaggregating data by race or ethnicity, or otherwise quantifying reductions in disparities (CoE for Infant and Early Childhood Mental Health Consultation, 2020c). Emerging research is more explicitly examining how IECMHC can help address implicit bias by ECE and related providers through long-term, consultative relationships (Davis et al., 2018).

## IECMHC Theory of Change

Though the research on the effectiveness of IECMHC is substantial, the field is still trying to understand ‘why’ and ‘how’ desired outcomes are achieved at different levels of programs and systems. Towards this end, the [CoE](#) (Davis et al., 2021) recently developed a theory of change that breaks down some of the mechanisms by which **consultation can effect outcomes indirectly through changes in consultees**—such as ECE teachers or home visitors—as a result of the consultation.

- **Expected *direct* changes in consultees.** Changes that are expected in consultees during the consultative relationship can include changes in: a) knowledge about child development, disabilities and delays, contextual and neighborhood factors that could influence child and family functioning; b) perceptions about what could underlie child or parent behavior; c) emotional connections to children, families, and team members and abilities to practice with empathy; and d) depth of responsiveness to the social and emotional needs of children and families.
- **Expected *indirect* changes in programs and systems.** IECMHC also impacts larger programs and systems by improving the **overall climate** of a service delivery setting, such as a preschool classroom or family child care setting that serves infants and toddlers. As is the case with much of the theory behind IECMHC, there is significant **attention to improving racial equity**. An anticipated *indirect* outcome of the consultative relationship is a reduction in disparities in social-emotional and learning outcomes for which the populations of vulnerable children served by publicly subsidized ECE programs are at-risk. The logic model demonstrates that a pathway for the longer-term changes in children, families, programs, and systems occur through the *direct* changes in ECE professionals who are engaged in consultation.

**Figure 1: IECMHC Theory of Change**



## Competencies for IECMHC

Given the evidence on IECMHC’s impacts and the conceptualization about the pathways through which these impacts can be achieved, states are investing in this intervention at increasing rates. Research-supported best practices have been put forth in the literature to support states in developing effective IECMHC programs. Beginning with Michigan, several states have developed infant mental health consultant [competencies](#) and a career ladder that includes an endorsement, with a national credential currently being developed.

Synthesizing across historical work from Georgetown University Center for Child and Human Development ([GUCCHD](#)) and work across states, territories, and tribal communities, the CoE (2020a) recently developed a set of practice-based principles and [competencies](#) to support the implementation of effective IECMHC programs. According to this framework that was informed by an equity rubric, effective mental health consultants should be: collaborative, individualized, relationship-based, culturally and linguistically responsive, evidence-informed, grounded in developmental knowledge, data-driven, delivered on a continuum (promotion to intervention), delivered in natural settings, and integrated with community supports and services (CoE for Infant and Early Childhood Mental Health Consultation, 2020a; Hunter et al., 2016; Kaufman et al., 2012).

## Clinical and Reflective Supervision

An essential kind of reflective practice that has been built into many of the foundational models of IECMHC (Duran et al., 2009) is clinical and reflective supervision. This important part of personal and professional development offers empathy and encourages self-awareness for consultants to explore reactions to their work, manage difficult feelings, and understand the parallel processes that could underlie the relationship-focused work of IECMHC (Parlakian, 2001). This could be offered individually or in group format.

For more information about different approaches to clinical and reflective supervision, please see this [learning module](#) developed by the CoE for Infant and Early Childhood Mental Health Consultation.

Mental health consultants who embody these competencies also continuously engage in **reflective practice** by thinking about and questioning personal biases, assumptions, and experiences, and are committed to continuous self-exploration (CoE for Infant and Early Childhood Mental Health Consultation, 2020a).

A major addition to previous competencies is the focus on **equity and inclusion**, requiring that consultants understand the historical and current contextual dynamics that create and reproduce disparities in outcomes for infants, toddlers, and young children from racially minoritized groups.

## Development of state and local models

According to the Center of Excellence for Infant and Early Childhood Mental Health Consultation, states seeking to adjust or [develop their own models](#) of IECMHC should identify their own specific needs and capacities (SAMHSA, 2017). Research demonstrates programs who develop an early childhood mental health vision to guide their services and approach are more likely to achieve positive outcomes (Green & Allen, 2012). To get started, states may want to develop a core team, conduct a needs assessment, and develop a theory of change or strategic plan (SAMHSA, 2017; Davis et al., 2021). They may also seek to identify needs and requirements related to [eligibility, service design, workforce, and infrastructure](#) to successfully develop an IECMHC model that will work within their state context (SAMHSA, n.d.). It is worth noting that several states, territories, and tribal communities are engaged in developing or implementing an early childhood mental health strategic plan as part of their Preschool Development Birth-5 grant initiative work,<sup>3</sup> that may build on previous early childhood systems work funded by other federal grant efforts. In the context of recovery from the COVID-19 pandemic, many states and localities are also capitalizing on the interest of stakeholders and the availability of new funding opportunities to build or expand systems-wide IECMHC efforts that support young children, families, and ECE staff returning to work in ECE settings with new and compounded behavioral health risks.

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<sup>3</sup> [PDG B-5 federal grants](#) were first awarded in FY 2019 and FY 2020 to support states in building, enhancing, and expanding birth through 5 mixed delivery systems and high-quality B-5 programs and services. These awards differ significantly from previous federal [Preschool Development Grants](#), as well as [Race-to-the Top Early Learning Challenge](#) grants. However, several states have leveraged multiple federal funding opportunities to build the infrastructure for a statewide IECMHC service delivery program.

## Suggested Follow-up Resources

- [Center of Excellence for Infant & Early Childhood Mental Health Consultation](#)
- [Annotated Bibliography: The Evidence Base for Infant and Early Childhood Mental Health Consultation](#)
- [Consultation Competencies](#)
- [Status of the Evidence for Infant and Early Childhood Mental Health Consultation](#)
- [Equity Toolkit](#)
- [How Early Childhood Education Providers can use COVID-19 Relief Funds to Establish Lasting Mental Health Supports for Staff and Children](#)

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