



# Innovative Mental Health Consultation Linking Early Intervention Practitioners and Child Care Programs

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## PROBLEM STATEMENT

- Many child care programs that serve infants and toddlers lack support for promoting social and emotional well-being that focuses on all levels including fostering the development of individual children, creating classroom structures that nurture interaction, providing professional development, and integrating screening tools (Early Head Start National Resource Center at Zero to Three, 2004).
- In Massachusetts, the multidisciplinary Early Intervention (EI) system is a potential resource for providing infant mental health consultation to child care programs.
  - EI practitioners regularly work with children in child care centers. In addition, infant mental health training has been a priority for many EI programs.
  - EI practitioners are only reimbursed for working with infants or toddlers who are already receiving EI services. There is no reimbursement for providing consultation or professional development to the child care program.
- This poster describes an infant mental health consultation and training project linking an EI program with a child care program serving infants and toddlers from the same inner-city community. This project is part of a long-range plan to enhance the mental health consultation capacity of EI to child care programs.

## CONTEXT FOR CONSULTATION PROJECT

- Connected Beginnings (CB), an infant and early childhood mental health training institute that promotes awareness of the central importance of relationships in the lives of young children, decided to begin bridging the gap between EI and child care. CB contributed funding to reimburse an EI program for the time of two practitioners who would observe in classrooms and provide mental health consultation in a child care program.
- The Executive Director of CB met with the child care center administrators to determine the center's interest in working closely with an EI program in the community. Child care center administrators expressed interest in and commitment to a project that would focus on enhancing the quality of care for infants and toddlers and help the child care program develop a collaborative relationship with the EI program.
- During the period of this project, CB did not have sufficient resources available to fully support reflective supervision.

## PROJECT GOALS

- To promote the nurturing relationships that support social and emotional well-being and learning in infant-toddler classrooms
  - To enhance the confidence, skills, and knowledge of the staff (teachers and administrators) in the area of social and emotional well-being
  - To enhance infants' and toddlers' interactions with teachers and peers
- To prevent social and emotional challenges in infants and toddlers from escalating through early identification and appropriate intervention<sup>1</sup>
- To strengthen the connections between an EI program and a community child care center in the area of infant and toddler mental health

<sup>1</sup>The project was designed to include additional phases including training on the ASQ-SE and Mind in the Making. However, these phases have not yet been implemented.

## EVALUATION

- Process evaluation to describe how the project was implemented<sup>2</sup>
- Evaluation Questions:
  - What is the nature of the project activities?
  - Was the project implemented as designed?
- Participants: Two EI practitioners, trained in relationships-based practice, conducted observation and consultation activities with infant and toddler teachers in nine classrooms
- Methods: Semi-structured interview with consultants and document review

<sup>2</sup>The evaluation was initially designed to also examine outcomes of the program. However, only pre-consultation data has been collected thus far.



## RESULTS: OBSERVATION & CONSULTATION ACTIVITIES

CB provided consultants with an outline describing consultation activities. They also invited consultants to develop their own consultation plans, timetables, and processes as they saw fit.

Consultant Activities	As Designed	As Implemented
Initial Meetings	Meet with teachers prior to observing in each classroom to learn what questions they have about classroom dynamics and the consultation process.	Consultants tried to schedule initial meetings with teachers prior to observing in each classroom. However, administrators requested that consultants meet with them instead of the teachers.
Pre-Consultation Teacher Surveys	At the initial meeting, teachers complete a brief, pre-consultation survey.	Administrators insisted that they distribute and collect the surveys from their staff.
Observations	Observe for an hour in each classroom using 17 items from the Infant Toddler Environment Rating Scale (ITERS)* and a more open-ended observation guide as tools.	Consultants observed for at least an hour in each classroom using the 17 ITERS items as their guide. They did not use the open-ended observation form.
Reflection and Documentation	Reflect on and document perceptions of: 1. Areas of strength in the interactions between teachers and children 2. Areas for growth 3. Areas of concern.	Consultants took notes while observing, and used these notes to create write-ups for the program and for each classroom. Write-ups addressed observations of classroom set-up and interactions, recommendations, and in some cases, collaborative strategies to enhance the quality of interactions and environment for children and teachers.
Feedback/ Sharing of Observation Results	Go over results (create a dialogue) with teachers about what was observed and learned from the ITERS. Come up with a plan for achieving individual teacher/classroom goals.	1. Administrators requested a meeting with the consultants before they met with the teachers to hear the feedback that would be given to the teachers. Consultants agreed to share overall center recommendations, but not feedback for individual teachers without the teachers being present. 2. Consultants faced challenges in scheduling follow-up meetings with teachers. They eventually met with the educational coordinator and lead teacher from each classroom to share feedback two to three months after conducting the observations. Consultants shared their write-ups highlighting strengths and suggesting areas for growth. Teachers made suggestions for changes that were needed in their classrooms.

\* The 17 ITERS items were selected from four subscales based on their relevance and potential impact on teacher-child and peer interactions in the classroom. The subscales were: Space and Furnishings, Listening and Talking, Interaction, and Program Structure.  
Note. Follow-up observation, consultation, reflection, and documentation activities have not yet been implemented.

## SUCCESSSES

- Consultants provided infant mental health consultation that focused on supporting classrooms and overall program design.
- Consultants focused on teachers' strengths both in their write-ups and in their conversations with teachers.
- Having two consultants was helpful; it allowed consultants to support one another through the challenges associated with the project.
- Teachers were receptive to the presence of observers in their classrooms.
- Teachers seemed open to learning and doing more. They came up with several good ideas for how to improve their own practice and center practices.
- Consultants facilitated productive conversations between teachers and administrators about challenges to the classroom environment, routines, pace of activities, and the need for more equipment and supplies.

## CHALLENGES FROM THE CONSULTANTS' PERSPECTIVES

- Lack of organizational readiness of the child care program for the consultation project
  - Disconnect between the center administrators and the teachers
  - Center administrators wanted to control the consultation process
- High teacher turnover and frequent use of temps as teachers' aides
- Observations
  - Classrooms were divided into groups. This physical set-up made it difficult to observe a whole classroom at a time.
  - The unit of analysis was not clear to consultants (e.g., were they observing the classroom, teacher, or teacher-child interactions?)
  - It was challenging to remain a detached observer.
  - The ITERS was tedious, time-consuming, and a bit too research-oriented.
- Process
  - EI professionals' schedules and the realities of working in a child care center made it difficult for consultants, teachers, and administrators to meet.
  - Consultants were not able to form relationships with teachers before observing because administrators insisted that they meet with them instead.
  - There was too much time between observations and follow-up meetings.

## RECOMMENDATIONS FOR FUTURE PROJECTS

- Observation
  - Provide consultants with more training on observation tools.
  - Consider alternative methods including open-ended observation and anecdotal notes.
  - Consider having consultants spend more time observing in each classroom.
- Process
  - Consultants could begin by spending some time in classrooms informally so that children and teachers can get used to their presence.
  - Consultants could begin in one or two classrooms, observing and following up in those classrooms before moving on to observe in others.
  - Clarify and expand the process of reflective supervision for consultants.

## LESSONS LEARNED

- This experience suggests that EI can make valuable contributions to child care programs beyond working with individual children, even under challenging circumstances.
- It is difficult to determine organizational receptivity before entering a child care program.
- It is important to remain flexible and clear about the consultation process (e.g., not talking *about* teachers with administrators before talking *with* teachers.)
- Further professional development and mentoring would enhance EI capacity to provide infant mental health consultation to child care.

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