Early Childhood Mental Health Consultation Track Handout #2

Part I. Key Components for Building a Quality ECMH Consultation Approach

1. What promotion and prevention supports and services are available for young children and families?

2. How is social and emotional health of children, families and staff being supported within these approaches?

3. What Critical Components do you feel an ECMHC program must have to be successful?

4. Reflections, Ideas or Questions on Part I:

Part II. Stories from the Field: Application of ECMH Consultation across Diverse Settings

5. Where are you currently in terms of supporting the mental health of infants and young children in foster care?

6. What might be a next step or area for further investigation for integrating ECMHC into foster care?

7. What are the possible opportunities to strengthen the integration of ECMH consultation into your own **home visitation** efforts?

8. What are your final action steps?

Ripple Effects – Vignette 1 Mental Health in the Empowering Families in Milwaukee Program

I have seen the power of effective mental health consultation in my practice as a home visitor and especially remember the impact that it had on one particular family. I was working with a young woman in high school who had a toddler and a new baby at home. We had worked together through much of her second pregnancy. She was living in a household consisting of four generations, including grandparents who predominately spoke Spanish, while others were bilingual. I encountered her as a young woman who, while she was very unsure of herself, loved her children very much. She was trying to understand her role as a mother in the midst of struggling through adolescence. As our relationship developed over many visits, she shared with me parts and pieces of her challenging young life. She shared with me that she had been sexually abused as a young girl by a family member, largely not dealt with in the context of her family. She was deeply depressed and thought often about running away. I knew that this young woman could benefit from the support of a good therapist, but for months she denied services. Eventually, she agreed to meeting with the mental health consultant at home.

From the first moment she spoke with the family, the mental health consultant was culturally and linguistically able to meet the family where they were at. She spoke to my client and her family members respectfully and directly, and helped them to address, as a family, the reality and ripple effects of the abuse. With help, the family began to speak to one another and start the long process of healing. I watched this client gain confidence in herself as she owned her story and she grew in the ability she had to healthily parent her own children. It was amazing how much was brought to the surface in a safe context so that it could be explored and dealt with. I would have never been able to do that work with the family alone and as it turned out that was exactly what the family needed. Without the mental health consultant, I would have continued to spin my wheels addressing parenting and health without addressing meaningfully the underlying issues that were affecting her attitudes and behaviors. Now the client is engaged with a therapist, successfully attending high school daily and is planning for the future for her and her daughters.

From Katy Murphy, former nurse of EFM

Ripple Effects, Vignette 2– a HIPPY case

Vicki serves as both a Parent Partner and as a supervisor of other Parent Partners.

In this case, Vicki made a referral for specific consultation regarding a family she was working directly with. She had only recently begun working with the family, having one or two visits with the mother, Tammy. The original referral indicated that the parent was having difficulty "managing stress". After Vicki secured the mother's agreement, the consultant (Kevin) arranged to meet Vicki at the family's home during one of the regularly scheduled HIPPY visits.

In the first meeting, the consultant met the family with Vicki, and encouraged Vicki to initiate the discussion of her concerns or questions. Tiffany, her 3 year old daughter Kaylee, and a 13 year old son, Marcus, who had been suspended from school that day, were all present in the room. Later in the meeting, mother's boyfriend David entered the room while preparing to go to work for the day. He was not initially introduced to the consultant.

During the meeting, the consultant primarily engaged with Tammy, allowing her to share her story of increasing stress and depression that followed a job loss and a significant health problem that occurred in quick succession. Because the children were present, the consultant could engage both children in the conversation, then noting the "ripple effects" of this toxic stress throughout the family. For example, the young son clearly saw himself as his mother's protector, and indicated that he worried about his mother's well being when away at school. The three year old made apparent her role in attempting to distract mother from her distress and lighten her mood through near constant activity, talking, playing, singing and seeking of physical contact. Throughout the conversation, the consultant sought opportunities for Vicki to share her ideas about Tammy's dilemma, and she responded with several crucial stories and recommendations, all within the cultural context that she and Tammy shared. This helped to further the goals of increasing Tammy's sense of hope and readiness to assertively address the toxic stress that was impacting her family.

When the David was leaving for the day, the consultant introduced himself to David and briefly engaged in a three-way conversation with him and Tammy. After David left, the consultant explored the impact that the stress had on David, and vice versa, along with briefly assessing for the level of safety in their relationship. While Tammy said she wanted to seek counseling for herself, she did not want to include David in the first visit. We wrapped up the meeting by agreeing to meet at the consultant's office, which includes a Family Counseling Clinic to which Tammy agreed to be referred.

At the next visit, Tammy, Kaylee and David all showed up for the visit. Tammy indicated that she had decided that she wanted to be able to talk about ways that David was helping – and not helping – with the stressful situation they were all facing. David clearly was ready to engage, and described how the stress had been impacting him as well. They were eventually able to describe the impact of the stress on their relationship, and on the family as a whole, without blaming each other. Tammy agreed that she

would want some of the counseling sessions to include David. David was also interested in his own counseling, and was made aware that he could receive individual counseling through the agency's Low Fee Clinic if he needed it.

At the next group consultation with HIPPY, Vicki shared with the rest of the group how powerful it was *for her* to be involved in this and other consultation referrals. She descried how participating allowed her to listen without needing to respond, to try to settle herself while emotionally activated by the families stories, and to think through helpful ways that she and the consultants could work together to help the family.

Wisconsin's Logic Model

Mental Health Consultation Information

Milwaukee Mental Health Consultants

What is Mental Health Consultation? Mental health consultation helps people to work together as a team. The team will work with your Home Visitor to solve problems you have talked about.

The primary role of the mental health consultant is to help your Home Visitor provide the best service to your family. The consultant works with your Home Visitor on how they can best help your child and family. They may also help your family find other services in the community.

Examples of consultation activities:

- Observation and assessment
- Identifying problems and solutions
- Coaching on effective coping strategies
- Facilitating referrals to resources in the community

You are the key! Your input is the most important thing in helping the team find what will be most helpful to your family. Please share your ideas, questions, and concerns. If the plan does not work for you, then it isn't a good plan.

Consultation is short-term. A consultant will work with you one to five times. The goal is to make a plan that helps you to cope with the problem. It ends when the problem is solved, when you feel more prepared to deal with the problem, or if you decide to stop.

Consultation is private. The consultant and Home Visitor agree to share information only within the agency, and only with those people who need to know the information. The exception is in cases where someone is at risk of being harmed. The only form the consultant will use is a consultation summary form. This form summarizes the goals and recommendations of the team. You may have a copy of this form at any time.

Consultation is not psychotherapy. There are no diagnoses, no medical records, and no direct treatment interventions. Consultation is not bound by the same regulations as psychotherapy. The consultant can help you start therapy or other community services if you are interested.

What are the consultant's credentials that make them prepared to provide effective mental health consultation? The consultant is a licensed mental health professional. This means they have at least a master's degree in a mental health field. It also means they have had supervised experience providing mental health services. The consultant working with your team will introduce themself and answer any questions you may have about their qualifications.