

Using CCHCs to Support Children's Social and Emotional Well-being

Melissa Linn: Today I'm pleased to have with us Kim Clear-Sandor, Mercedes Gutierrez, and Kelli McDermott. They will introduce themselves in a moment. I'll hand it over to Kim.

Kim Clear-Sandor: Thank you, Melissa. Welcome everybody to our child care health consultation webinar series, where we host a quarterly webinar for child care health consultants. Today's session, Using Child Care Health Consultants to Support Children's Social and Emotional Well-being is such an important topic for anyone. Regardless whether you're a health consultant or you're working in an early childhood program, we think you'll find something to take away because social emotional well-being is such an important part of children's health. Next slide, please.

My name is Kim Clear-Sandor. Myself and my colleague, Mercedes Gutierrez, host these quarterly webinar series. We are so excited to bring in subject matter experts to join the conversation with all of you. I bring my background as a nurse and a family nurse practitioner working in clinical and early childhood settings, and as a child care health consultant for many, many, many years to all of these sessions. Always so happy to be here with you. I'm going to pass it over to Mercedes.

Mercedes: Hi, everyone. My name is Mercedes Gutierrez. I am a senior training and technical assistance associate with the National Center for Health, Behavioral Health, and Safety. Yes, like Kim said, we do these quarterly webinars. I'm always excited to come and talk to you all. I bring my medical background, but I've also worked in child care programs as a child care health consultant and as a health manager in several head start programs. I am very, very excited to be here with you all today. I'm going to pass it over to Kelli.

Kelli McDermott: Hi, everybody. I'm thrilled to spend this time with you today. I'm also part of the National Center on Health, Behavioral Health, and Safety and present on a wide variety of topics about behavioral health. I am a clinical social worker by training with a specialization in early childhood mental health and a long background working in Head Starts' across Region I and the country to support early childhood mental health topics. Looking forward to our conversation today.

Kim: Thank you, Kelli, and thank you for being here. I just want to reiterate to everybody our wonderful support team in the back is dropping things in the chat. That PDF of the slide deck is popping in there. I just want to let folks know it's there. You can click it. Download it. You'll have links to all the wonderful resources.

Please, I know Melissa was so great talking about that little Q&A button. But if you can help us out a little bit by using the Q&A button for questions, they won't get lost in the chat. Because our experience with all of you is we get a lot of good sharing going on in that chat, and we don't want to miss one of your questions. Please try and stick those questions in the Q&A bubble. If it

goes in the chat, it's really not that big of a deal. We will try and get to it. But I just wanted to elevate those two things.

What's today's session about? Really, we're going to look at that role of the health consultant, or anyone that's working from the perspective of health in the early childhood setting, to think about this aspect of health that is social and emotional well-being. What is it? What are the strategies? How can we support our children by working with our staff, working with connecting folks to resources, so that we can really fully support this social emotional development and think about what's our role in that and how can we go about it. Next slide, please.

We like to ground every session in what is a child care health consultant and what do they bring to the field. Sometimes folks don't even know about child care health consultants. Somebody might be a director or somebody new to a program and a child care health consultant walks in and you're like, who is this person? What do they do?

We have some wonderful resources to help get you acquainted with the breadth and depth of knowledge and expertise that a child care health consultant can bring to a program to support children, staff, program, family health. The first resource we have is our health consultant competencies, which really describe that breadth and depth of knowledge and talk a little bit about what does that look like in an early childhood program.

In general, we talk about a health consultant being a health professional with education and experience in child and community health. They have specific training in early care and education. We have the I call it the Baskin Robbins approach, 30 different flavors. We have 50 different flavors of what that looks like in every single state. Our products are really developed in a way that you can individualize them for your state, your early childhood programs, to reflect the work of the health consultant. Just want to share that.

The second resource is how can early child care health consultants improve the health and safety in early care and education setting? Just like to remind you that those resources are there. If you're working with a director or a new consultant, we encourage you to share them, read them, look through them. It might spark some ideas about how you can work together. Next slide. How does this all kind of fit together? We pulled out the child care health consultant competency number 11, which specifically addresses the role of the health consultant in supporting infant and child social emotional well-being. There's two sections to it.

One really addresses supporting the program environment so that it promotes that social and emotional well-being. The second part is helping staff be able to look at issues from a social emotional well-being place and connecting them to those resources. I think the next slide of expands on that a little bit more to give those definitions of that competency.

When we cover the content today, we're really going to cover this in totality. We're going to look at what does a health consultant, what role do they play, what strategies they can use, and then how can we connect to those other resources. Many of us appreciate that we might be the

one in the program that day and the questions are going to come to us. We don't always need to know the answers, but we need to know where to go and who to connect with and to know that it's important enough that we make those connections.

Hopefully as we go through this session, we'll increase everyone's awareness, and we'll begin to see ourselves in this work. Thank you for putting the handout in the chat again, too. Appreciate that. With that, let's dive into a little bit about what is social emotional well-being? We're going to start that by launching a poll. Kelli.

Kelli: Yes. This poll is coming at you, and is out now. We have the question, what is social emotional development? Is it the development of a child's capacity until age 5 to form close and secure adult and peer relationships, regulation of their emotions, exploration of their environment, all of those things? We're about a third of the way there. Give you a couple more minutes to think about that.

Kim: We get to see the results coming in on the back end. I know no one else gets to see them. But it's riveting.

Kelli: Watching the screen. I guess I could talk to you all. I see these coming in. We're missing a few more. We'll just give it another few seconds for folks to vote. I will say that oftentimes, we see in polls like this a pretty good bell curve of folks who choose different responses. Today we have a pretty overwhelming response rate for letter D, which is all of the above. 93% of you said yes, we think this is D. You are correct. All of the folks who selected A, B, and C, you are also correct. It's just this and. We want to think about all of those domains when we're thinking about social emotional development.

Is anybody surprised by this? Have reactions to this in the chat? Or please share them in the chat. We want to hear from you. I know that there is a conversational tone to this hour. We want to continue with that theme so we can absolutely make some space for your reflections as we move forward. When we think about social and emotional well-being, this is a little bit of a review slide. We know that kids exist in their community and cultural contexts. Social emotional health is developing pretty rapidly in those early years. It's critical for them to be able to form secure relationships, experience and regulate their emotions, and explore and learn within their environments again, all of those things that we talked about in the poll.

But it's also really important to know that these are laying the foundation for children to grow up into people who can do other really important things that we think about in the social emotional domain, having empathy, being able to problem solve, making relationships with peers and adults. All of those things are connected to school readiness. When we think about social and emotional well-being being everybody's business, that's why. It's really a key part of kids being able to be successful as they learn and grow in their early years and then beyond.

Mercedes: Kelli, I really appreciate you bringing up that social emotional development is based on that community context and the family context. It falls right into this slide on social determinants of health. If you've been with us throughout the past two years, you've seen that

we brought this slide up almost to every single one of our trainings. It's because so much of health really is determined by the social determinants of health.

Social emotional development in our young ones is, in fact, determined by social determinants of health. If this slide is new to you, let me take you through it really quickly. The social determinants of health are really defined as the conditions in the environment where people are born, where they live, where they work, where they play.

They can affect a wide range of health, including mental health, as we're talking about today. If you take a look around this circle, you'll see that there are these five domains of social determinants of health. We have that education, access, and quality. Making sure that families have access to high quality education programs. Head Start programs could be that. Childcare programs could be that for our populations that we're talking about today.

Then health care access and quality also. Do the families that come to your program have access to quality care? How is the neighborhood and built environment that they live in, is it safe? Do they feel like they can go out and safely take transportation to make it to the places that they have to go that could affect their health, like the grocery store, doctor's appointments, all of that.

Then the social and community context, as Kelli mentioned, is just that sense of community that you feel where you live. Do you feel like we talk about back in the day where you can send your kids outside and you know that your neighbors are going to take care of them. You know that they're watching them, too. Do you feel that in that neighborhood that you live in?

Then economic stability we know definitely affects a person's overall health. As Kelli mentioned, we usually talk about this at the level of just overall health. But today we want you to take a deeper look into it and see how this could affect mental health and behavior. That, actually, leads me into the next slide. When we talk about social determinants of health, we really are looking at how they could lead to health disparities or health inequities. On this slide here, we're talking about some of the health disparities that occur or some of the disparities that occur when we're thinking about social emotional well-being of children.

Just some really broad, really alarming facts here on the slide for you. African American children are expelled almost twice as often as Latino and white children and more than five times as often as Asian American children. Why is that? I want you to start thinking about why, "the why." What's happening here? Preschool-age boys are four times as likely to be expelled as girls.

Think about your programs. Think about if that resonates with these statistics that you're seeing within the programs that you work with. Then preschoolers are expelled at three times the rate of children in kindergarten through 12th grade. There's a lot of things that are happening here. You might be already thinking about some of the whys.

I can tell you that a lot of times when we ask why a child has been expelled, we're usually given the not excuse, the reasoning, the explanation that they were just experiencing a lot of challenging behaviors and maybe the staff were not prepared to deal with these challenging behaviors.

As a child care health consultant, you might be thinking, What's my role in this? How do I play a part? Today, we want to explain to you the difference between what's normal developmentally appropriate behaviors versus those challenging behaviors, and then hope to give you some skills to prepare your staff in the programs and the families that you work with to cope and deal with some of these challenging behaviors. Kelli, if we're looking for a way to understand what are the normal developmentally appropriate behaviors, would you say this is a good resource to start with?

Kelli: Absolutely. Yes. Knowing the milestones is critically important. We're doing a lot of work in our center to help folks to understand what early child development looks like across all domains, but especially in this social emotional area. Because we know that what you're saying, Mercedes, is absolutely true, that teachers and educators are not feeling equipped to support children who are displaying behaviors that are challenging to manage. That's resulting in disruption to their placement.

I will also give the caveat that at Head Start, suspension and expulsion are prohibited and our performance standards. What a lot of times happens when we bring these conversations up is people stop listening and say this isn't relevant to Head Start. But what we know is that there are some coded language. I think that everybody who's on this call directors, health consultants, and anybody else who's listening can reflect a little bit on times that you might have heard someone say, we just don't have the capacity to meet this child's needs. There might be somewhere that is a better fit. They need a one on one.

Our teachers are telling us that it's them or this kid and make a choice. We already have a staffing crisis. We're making the decision to terminate enrollment because of that. There's lots of different ways that this shows up in our work and is relevant to Head Start, even though we know this is not best practice and we do not want to be feeding this machine that keeps anybody's biggest risk factor for experiencing an expulsion to be under five years old.

I will say yes, starting here and thinking about social emotional development and what we can expect to see is so helpful, and to recognize that social emotional skills build in the same way that other developmental skills build. If we're thinking about physical development and how that is shown through first year crawling, and then you're creeping, and then you're walking, and then you're running. Social emotional development looks a little bit like that.

The difference is that when we are really stressed or really frustrated or having a big feeling, which happens a lot in early childhood, we lose access to some of those skills that we might have when we're a little bit better put together. People say, I know they can do this. I've seen them do it before.

A little bit of a tweak is to find some empathy to say, maybe in this moment because of whatever they're experiencing they're not able to access those social emotional skills in the same way that they can still access being able to walk. It's a little bit of a nuanced approach. I think it's helpful to have a conversation about.

Kim: I think, Kelli, these little handouts, I know the QR code just goes to the nine-month-old. It brings you to that space on the CDC website with the Learn the Signs Act early handouts. But you know that social emotional milestone might not be at the top of what a health consultant is thinking about. It definitely gives you a sense of where folks are at.

I love the way you characterize the big feeling. Like I think all of us can relate to those moments where we're having a big feeling and we have to reel ourselves in at that point. What does that look like for a little kid, too? As a health consultant, bringing that lens to a conversation or to a situation is such a great thing, I love what you said about feeding the machine, just bringing that awareness and let's talk about it a little more. Thanks for letting me jump in.

Kelli: Of course. Please jump in. We want to just put in the room with us ways that children communicate how they're doing right. Behavior is communication. I think we've done a really good job over the last many years of accepting that and using our megaphone to share that information.

What we also know is that being a caregiver for young children who use these strategies to communicate is really hard. The task is big. It requires quite a bit of detective work. Infants, toddlers, preschoolers, they're communicating with us all day long through all of the things on this list their behavior, their body language, their sounds. Then sometimes when we're lucky, they use some words that make sense, and we understand.

What I hear often from people is they don't know what a child is trying to tell them. That can feel helpless and frustrating. That makes sense, right? However, this is a really forgiving process. What kids need to know from us is that we're doing our best to stay plugged in, to try to figure out what they're telling us, to translate it, to try different things on, and to stay in relationship even when it's hard, is leaps and bounds more important than being right about what they're looking for.

Hanging in there with a child and doing your best to decipher is really critical work. All of that is feeding that social emotional development, that capacity to enter relationships and to understand who they are in the world. Which if you break it down like that, is a really significant impact on just one child and then a classroom. You can make it bigger and bigger. On the next slide. Yeah, Kim, I'm going to pass you the mic.

Mercedes: Kim, you're muted.

Kim: On the note, thank you of building off that idea of understanding what you're seeing, that when you're thinking about how children communicate and what are they saying and showing and what is that curiosity, we have this little scenario. It's actually from the NAEYC website. It's

a little bit different. It presents a situation where, as a health consultant, it's something you might witness. Or it might be something that a teacher relays to you.

The story goes, a preschooler is singing to a rag doll in the dramatic play area, pretending to rock her to sleep. Another peer snatches the doll and says baby wants sleep. Upset, the preschooler says that's my baby and I'm rocking her to sleep. You can just see this playing out right. Her peer insists that the baby needs to be under the blanket. The preschooler lies down with the doll for a second, then jumps up to close the blinds. What are you thinking about that scenario? What do you think is going on there? What are you curious about?

Jacob the kids are familiar with different practices surrounding bed, sleep time. This could be an opportunity for introducing diversity of practice. Wonderful points. Wonderful points. Any other thoughts? Well, Jacob, you're like hitting it out of the park right there on the first reply. It's exactly it.

Mercedes: Thanks, Jacob.

Kim: We didn't plant him out there, everybody, just in case you're wondering. That's exactly right. You could have a reaction to the snatching behavior, like someone went and grabbed the toy out of another child's hand. You could step somebody may step into that space and address that behavior. When you step back and you watch the whole piece going on, you have to be curious about what is this child's routine and understanding and what is another child's routine and understanding? Just getting at that, taking the moment to peel back the layers of the onion, think about the situation a little bit differently instead of just attaching the behavior of snatching and pulling a doll away or speaking in a certain way to another child as a problem. But take that time to understand. Thank you.

Kelli: Beautiful answers in the chat. Thank you all for tossing them in there. I think having those opportunities to just say, what are children trying to tell us about themselves and their family and the context of their culture in such simple interactions can be really rich. Now I'm going to push us into a conversation about adult response to behaviors. this, I know there's some things popping up in the Q&A.

We will do our best to address those as we move into consultation, especially mental health consultation. I know you're all consultants, too. I wanted to give you a little bit of a distinguished slide about developmentally appropriate behaviors and challenging behaviors. Mercedes teased this a little earlier.

What we know about developmentally appropriate behaviors is that many of them are not very fun to caregiver around. They can feel difficult. They can be annoying. They can be grating. That's just when there's one child having that behavior at a time. When you're in a classroom setting, it can feel really different and overwhelming for folks.

What we're also seeing, I just want to name, is that many programs are converting some of their Head Start slots into Early Head Start slots and the teachers are being transitioned down

from a preschool classroom age to an infant and toddler age without having much education or experience or knowledge about what is normal behavior for that younger crowd. That can feel really jarring in a lot of ways.

What we know, though, about developmentally appropriate behaviors that feel hard to manage is that typically, if you give developmentally appropriate guidance and strategies and skill building opportunities to children who are exhibiting those behaviors, they go away, that kids then find a new skill to communicate the need that they were expressing through that behavior and move on to the next thing.

Challenging behaviors are a little bit different. This is a specific definition for challenging behavior. What we think about is a repeated pattern of behavior that gets in the way of learning. It gets in the way of relationships with peers and adults. It's not responsive to all of those best tips and tricks and strategies that you have in your toolkit that have worked historically with similar behaviors of children in the same age group.

What we think about here is duration how long these behaviors are lasting, how frequently they're popping up. When they're happening, are they intense? Are they big? Generally, what I am hearing from folks as a mental health consultant is that people are having a hard time patterning these behaviors in a way that was not the case before five years ago. People are seeing more intensity. I'm seeing this in the Q&A, too, that behaviors just feel bigger and more difficult to manage and more children are displaying them.

We're going to need to do a little bit of work teasing out, is this developmentally appropriate behavior that we need to skill build a teacher around responding to? Or are we just seeing truly challenging behavior and kids are bringing more things in with them. As we move on to the next slide, we can talk a little bit about supportive environments. But we'll get back a little bit to mental health consultation, as well.

Kim: I think that's, as we continue to go through this slide deck, there's a couple questions in the chat. Like what's the difference between an early childhood, infant early childhood mental health consultant and a health consultant? It really goes back to your skills, knowledge, expertise, backgrounds, and experiences. It also goes back to your state, actually, quite honestly. What are your regulations and standards? Who can call themselves one.

I think it's important. I hope you hear it as Kelli contributes to this conversation how different her expertise might be and the comments that she's having might be, then, something that maybe you have heard before or thought about before in that sense. Like I think in my back pocket, I want to print out the last slide and keep it in my reminder binder so how old am I? I'm talking about binders. But a binder that reminds me is our redirection responding to developmentally appropriate behaviors?

What is that duration? It's giving me these thoughts about having conversations in my early childhood program about these things that maybe then I'm engaging with my early childhood mental health consultant to further the investigation and conversation. Thank you, Maria. You

did a screenshot. That's much cooler than a binder. I totally appreciate that. you can see that this is a big topic. As a health consultant, you're really thinking about where can I support that in this space? I also think about where do we see it? Like where can I see it?

What does it look like? How does it show up? On the next slide we're going to watch a quick little video to see how does what does it look like in real time to be in an environment that has an environment that's set up to support social and emotional development and adult interactions that set it up. When you're watching it, try and tune into what's in the environment that seems to address these pieces? What is the adult doing? Mercedes, let her roll.

[Video begins]

Narrator: As an infant and toddler caregiver, you play an important role in shaping young children's social and emotional development. Experiencing nurturing and responsive interactions early on will help infants and toddlers develop and maintain healthy relationships. As the infants and toddlers in your care setting grow and develop, celebrate their strengths, and continue to recognize development that may seem outside of the expected range for the infant or toddler's age.

Narrator: You may need to talk with your supervisor or trainer for support as you consider strategies that help care for and support infants and toddlers in your program that are having social and emotional difficulties. Continue to consider the environment and how infants and toddlers respond to the world around them.

Teacher: Good job.

Narrator: During routines or specific parts of the day, do any of the infants or toddlers in your care seem frustrated or experience irritability? Depending on their cues and responses, think about the ways you can adapt the environment to be more supportive for them. You can also look for opportunities to offer gentle touches or physical closeness, helping them to feel safe and build and maintain a sense of control.

[Baby crying]

Teacher: I know. Max. Max.

Narrator: These are just a few ways you can continue to carefully observe and promote the social emotional development for all infants and toddlers in your program.

[Video end]]

Kim: Thank you. Thank you, Mercedes. What do you all think? What about the environment did you notice? What did you notice about the adult and child interactions that were really supporting that social and emotional well-being? I'd love to hear their thoughts in that chat there. Adults were on the floor and engaged, close to them, proximity, and encouragement. I

love this clapping hands, encouragement. Teachers engaging, encouraging, celebrating, acknowledging feelings. Gentle, loving, and engaged. Kelli, you want to talk about any of these?

Kelli: Yeah, just will start by saying that my early childhood mental health heart is just going pitter patter with all of these reflections. It's so lovely. I hear you. I know, that's one of my favorites, too, of just really checking in with a kid and making them feel seen and heard. I'm loving what I'm seeing, Kim. Did you call all these people in advance?

Kim: What makes me so happy is that I hope when I see these reactions that when we're going into a classroom and observing it, that we're naming it as that. It's not just, they're here. Our teachers are here with kids. There's important work happening here. That these interactions and these celebrations and these engagements, this is important social emotional development work that's happening. I love the recognition of that in the environment in the chat. I love the environment with the mirrors and then the soft toys and having soft places to be. Mercedes, did you want to share? You're on mute.

Mercedes : I was just going to say that I think I had a little self-reflection during watching that video. Because the first clip of the baby chewing the soft toy, my immediate thought was, I hope they have a bin for mouth toys.

Kim: That's right.

Mercedes: I got to stop thinking so much about health and safety. This is very appropriate. Just enjoy this moment. Enjoy this moment that this baby is exploring with their mouth. They're feeling a new texture, and how much that's contributing to their social emotional development. There are some times I think, as you all with health backgrounds, might go into a classroom and your immediate thought is how do I make this more healthy and safe? We have to check ourselves sometimes and say, "what are they gaining from this? what are they gaining from this moment, and how much are they learning?" Let's just make sure that yes, they do have that mouthed toy bin later. But it's all good.

Kim: It's to let them explore it before it gets put in the bin. That's a perfect transition into the next piece of our webinar where we're thinking about, as a health consultant, and when we put on those health and safety lens and we're thinking about health and safety walking into the room, we really need as, again, from the health consultant perspective, to be aware of everything that's going on in that room.

That teacher really embodies the person who's doing it all. They are working really hard to implement high quality curriculum. They are assessing children's growth and development. They are building relationships. They are doing this important work. We hope there's healthy and safe behaviors that we're noticing, as well. But this important work is happening.

It's important we understand that. Because as a consultant, we can incorporate anything around health and safety into make sure that social emotional development is reflected in it. It's good, as a health consultant, to know that early childhood programs have early learning

guidelines. Just like the CDC steps out the different social and emotional well-being milestones, the early learning guidelines, the curriculum, the standards that teachers are working on, mostly include a social and emotional development component of it.

That when we can support a program to do an activity and think about how we can ensure social emotional development as part of that, we are really supporting them in implementing and integrating this as a normal part of their work. The next slide is this little handout. It's not a little handout. There's another one you're going to take a screenshot of and copy that link.

It is an idea about how to look at the daily routines. These are the two that we're going to show you are really focused on those health and safety routines that are a normal part of everyday life. But think about how, in this routine, can we integrate supporting social emotional development? How do we put those two things together? What does it look like when we put it together? We saw in the video it happening through interactions in the classroom. On this slide, we're looking at how do we do it in a pretty regular repeated activity throughout the day. Kelli has some great ideas.

Kelli: Yes, toileting and diaper changing time is a wonderful place to engage with a child. It's usually a one on one activity. It's a natural opportunity to just check in, to talk, to respond to the cues that the child is giving. This tip sheet it's so lovely because it gives you lots of choices about ways that you can talk to a child during this time. I've heard from many people that they're interested in talking to kids more often, but they don't always know what to say. This is just a little bit of cueing for the adult, too.

I recommend putting this up right by the toileting station or the diaper station and letting folks to review it regularly, instead of having the expectation that we're going to keep all of the things that we need to keep in our brain while we're toileting and diaper changing along with this at the same time. Because we know that, I mean, just the health and safety aspects of diapering alone are extensive. This is just one way that we can take the burden off a little bit, but also further social emotional connection.

Kim: The idea that it's an opportunity for one on one time, like wow. It's not just about how many wipes you do and spraying and cleaning and where do you put it. Like, there's a child here and we need to do that. I really appreciate this handout. Other folks are saying it's an opportunity to teach and things like this. This link brings you to a couple of these types of — here, you can forward the slide Mercedes. I'm going to skip that one for now.

Mercedes: Forward to this one.

Kim: This is the big resource that has quite a number of different activities and routines during the day. They talk about hellos and goodbyes which we know can be a hard time feeding, eating, resting, and transitions between activities. You can look at these, think about how you can use them in your training with your teachers. Think about how this helps inform you. Even if you're developing policies and practices, how you can ensure that you are elevating and

reiterating some of these important social emotional well-being opportunities as you are talking about different health activities throughout the day.

Mercedes: I saw one of the questions in the Q&A say I'm a nurse. How do I get my programs to realize that I can help them with mental health and social emotional aspects of their program and of the child's well-being? This goes back to the competencies that we began with. Competency 11b does say that you, as a child care health consultant, you can help early care and education staff respond to social emotional behavioral concerns.

Here's a scenario. In the chat, could you tell us how you would respond to this scenario? You have a six-week-old infant that is just enrolled in your program and the staff is very concerned that this baby just cries, cries, cries, nonstop. They reach out to you, whether maybe you're the child care health consultant, maybe you're the health manager. But they're reaching out to you and asking you for help. What kind of help could you offer a program like this that is going through this?

Think about is this a health concern? Is this a social emotional concern? How could you help this program? Materials to soothe the baby, might be social emotional. Has anybody out there been called for this? The program staff might automatically give you a diagnosis and they're saying, well, this baby has colic. Please come help us. Might be an attachment issue. OK, I was going to say, look at family history.

As a child care health consultant or as the health person on staff, you could be looking for those patterns of crying. You might need to educate the staff on what those cues are. Remember Kelli talked about how children communicate. It could be that they're hungry, that they're wet, that they're tired. Helping the teachers, helping the staff really understand how to soothe this child, how to work with this child and the family. Kelli, am I missing any other things that they should be looking for?

Kelli: The one thing that I always go back to is the impact that this behavior has on the adults. Because we know that babies borrow our calm. That's what co-regulation is. The longer we hold a crying baby, the more stressed that we become. It's a biological experience.

How are teachers remaining regulated themselves so that they are available for co-regulation of that child? Hanging in there when it feels like everything they're doing is not working. Then also, this piece of normative development. Going back to what can we actually expect at different stages of time? Which I think is a segue into your next one, Mercedes.

Mercedes: Yes. Thank you for saying hanging in there is definitely important because this could be just that period of PURPLE crying. Maybe you have not heard of this before. But here's a great resource for you. PURPLE is actually an acronym that stands for the explanation of why a young child, at this age range, could be crying that much. They're just really going through that period of development, of adjusting. Again, if you remember the scenario, they were six weeks old. They're just new to this world, new to this environment. They're just having this period of crying that will pass. The main word here is that it's just a period. It will pass.

As a child care health consultant, what I would do is I would reach out to the infant and early childhood mental health consultant. There's a lot of questions in the chat. What's the difference between us? What is the main difference? I know my limits. I know that I don't know everything about mental health and child development, well-being, social emotional development. I would reach out to the infant early childhood mental health consultant and say, hey, what do you think is happening here? Kelli, could you give us a background about what infant early childhood mental health consultation is?

Kelli: Absolutely. If we move into the next slide, I think this will answer some questions for folks who are like, how do I distinguish us from mental health consultants? Also to the nurse who said, hey, I know some stuff. We want to say yes, this is everybody's business. Early childhood mental health and early social emotional development is really synonymous with each other. The more that you're supporting kids in this developmental area, the more that you're laying the foundation for positive mental health forever.

We want to make sure that we are holding this in mind kind of across domains, across specialties and backgrounds. This is truly multidisciplinary. Mental health consultation is kind of a sister consultative program to child care health consultants. What we know is that this is an evidence-based approach that pairs mental health professionals with people who work with young children and their families.

This is probably a very similar definition to child care health consultants that you've seen. On the next slide, really we can break down what that means. The biggest emphasis that I like to give is that mental health consultation is not about therapy. It's not about fixing a child or even helping to extinguish a child's behavior. Because most of the time we get called in it's because there's a fire that needs to be put out, I'll just be honest with you.

What it actually is increasing the capacity of adults to support children in a variety of different ways. This can look like helping children to skill build. This can look like implementing different strategies that are really helpful across the board in classrooms and are considered best social emotional practices. This can be frameworks. We'll talk a little bit about that in a minute. It can be helping to support curriculum.

What we want to think when we think about early childhood mental health consultation is that this is a culture in a program, and that social emotional development, social emotional well-being is supported intentionally across the day for children. Because they exist in relationships. The more that we nurture the relationship, the more that they are growing and able to be who they are, stand on their own as little people.

On the next slide, we want to just highlight that we know there are really significant barriers and challenges to finding a consultant. Head Start performance standards do require that every Head Start program has an existing relationship with a qualified mental health consultant. Those qualifications can be found in the performance standards. But we know that there are a lot of reasons why that's not always in place.

If you are in a program that is looking for a mental health consultant and really struggling, we put together a few strategies that you might try to find someone. The other thing that I want to highlight is we often are trying to find unicorns as mental health consultants. We want somebody who has extensive early childhood mental health experience and also knows about trauma-informed care and staff wellness and emergency preparedness and substance use and addiction recovery and all of the resources that might exist in the mental health domain anywhere near our program.

That can feel like a lot of pressure to find that person. Most of the time that person doesn't exist. What you can do instead is say, you know what, I know that my staff needs a lot of support around their own wellness. I'm going to find somebody and contract with them to say our mental health consultant is going to focus on wellness. They might not be the perfect fit and have a lot of experience working with early childhood populations. They might need to learn about Head Start. We might send them our foundations of infant and early childhood mental health IPD course that they can get a little bit of knowledge.

But there are opportunities to grow someone into the role if they feel like they check at least one of the boxes. I want to just make sure that we're not limiting ourselves. Then on the next slide, I think this mirrors child care health consultants and the kind of domains that mental health consultation can be. First, we have child and family-focused consultation, which is really about helping adults understand how to best meet the needs of a child or a family. Again, it's not a direct service to that child or family but is instead once removed in supporting the people who are working directly with that child and family.

We also do whole classroom and group support, making sure that strategies are in place to best support all kids across the board, promote inclusion, prevent challenging behavior, and ultimately have a better opportunity for adults to stay regulated and connected in those classrooms. Then programmatic consultation really looks at administration, policies, procedures, child guidance policies, and hopefully will help to align all of those levels so that we're working toward the same goals.

I know I'm speeding through here. Throw in the chat anything that feels like a question mark and we can return to it. At the heart of mental health consultation is nurturing and responsive relationships. That is similar to the heart of early childhood mental health. We cannot do this work without really holding relationships as the foundation of everything that we do.

Children learn and develop through their relationships and intentionality is incredibly important. A lot of folks think that positive relationships happen naturally. I'm just a kid person. I've always enjoyed kids. Then they bump up to somebody that they don't connect with as naturally and it feels hard. Our first question is, what's going on with this child? All the things that I've always done have always worked for me are not doing the trick now.

Then we have to lean into intentionality, that we have to be responsive to those cues, that we have to be nurturing on purpose. It's not just that we're exuding who we are as people. We have to find ways to consistently show up for that kid until they trust, for whatever reason, that

we are going to keep showing up for them. That is really hard work, especially in the face of I saw somebody post in the Q&A that sometimes teachers are getting hurt, that the behaviors are really big.

Obviously, we know that a child who's hitting a teacher isn't going to always be met with a teacher who's excited to see them. How do we show up anyway? How do we, one, protect that teacher, help that child build new skills, and really come at this in a way that makes everyone feel supported, without disrupting their enrollment. That's a place where a mental health consultant should really be able to support. On the next slide, you'll see the pyramid model. There was a question in the Q&A about frameworks versus curriculum. Our center is a partner with the Pyramid Model Consortium. We work closely with the National Center of Pyramid Model Innovations, as well.

We definitely recommend an overall framework for children instead of a curriculum. Because what happens a lot of times with curriculum is that folks will do their social emotional section of the day. It's like five minutes at circle time or whatever the kids can tolerate. Then they check it off the list and they feel like they're done. A framework gives us a little bit more room to be intentional across the day and to really embed social emotional practices in everything that we do.

The pyramid model is just one way to do that. There are lots of ways that programs do that and it's absolutely wonderful if you find something that's a good fit for you. But what we can say about the pyramid model is that this framework truly does promote social emotional development and prevent challenging behavior and it's an evidence-based model.

What we know is that the more social emotional skills a child has, the less likely they'll be on those challenging behaviors to communicate, to get those needs met. The bottom of the pyramid that you see here in blue is aligned with the conversation we've been having today. It's almost exactly the competencies that we've been talking about.

High quality supportive environments, nurturing responsive relationships, these are universal practices, which means that's what every child needs in these early years. It's not just something that we can cherry pick. It's something that every single child will benefit from. Our environments that serve children should be abundantly paying attention to this and doing these practices on purpose.

Kim: I love that, Kelli. I keep thinking about those little handouts. Like every opportunity where you can embed that, it sounds like it's important.

Kelli: I mean, I'm like yeah, come over here. Be with me in the mental health space. But really it's a thing where I want for this to feel like a multidisciplinary priority, I guess is what I would say. In the same way that we've worked really hard to integrate health topics into our behavioral health conversation. This is a little bit about the evidence base for mental health consultation in the Georgetown model. There is a lot you can read about it. I wanted to just

give you the high points here to recognize that there are a lot of ways that people want to use mental health consultants.

It feels like a very tricky time to be in the early childhood space. I want to acknowledge that. One of the ways to support child outcomes is to build the capacity of the adults. Even below that blue box on the pyramid model is the true foundation, which is a workforce that is competent and supported and structurally sound. Thinking about mental health consultation as a tool to really support and increase the capacity of adults to develop more strategies to support kids with what they've got going on, I think the better we will see these outcomes. Mercedes, you want to take it away?

Mercedes: Thank you, Kelli. We hope that today you realize that it is very important to learn about social, emotional, and behavioral milestones. We gave you a few resources in the beginning to check those out. It is very important to support staff and families' understanding of children's social emotional growth. That is the role that you can play in this as a child care health consultant.

Then utilizing infant early childhood mental health consultation to support children, classrooms, and programs. A few resources we want to highlight for you before you go. Kelli mentioned this IPD course that is available to you all. Please register for the IPD. If you do, these courses that are there can count towards your CEUs, your continuing education units for a child development associate for your CDA. Make sure you can check out some of these great resources on the IPD. There is one called Foundations of Infinite Early Childhood Mental Health Consultation.

We always like to highlight the resources for you all. This is on ECLKC. There is a skill-building modules, the competencies that we talked about. They're there in a handout format. A lot of the previous webinars live there, as well. Again, Kim and I do this every quarter. We're so happy to have a guest speaker with us. We really thank Kelli today for joining us.

If you haven't seen my super cool Zoom background, I will highlight it for you now. It is Black Maternal Health Week coming up soon, next week. We hope that you all take a minute to acknowledge Black Maternal Health Week in your programs. Know that if you do not have pregnant people on your roster, you still serve expectant families because you have families that come in pregnant. One of their children could be on your roster.

It is important to be prepared to serve expectant families. These are two great resources how Head Start can improve birth outcomes and pregnancy-related health disparities in Black families. Black Maternal Health Week was created by Black Mamas Matter Alliance. We are supporting it through the Office of Head Start. Questions. I'll pass it over to Melissa to close us out.

Melissa: Thank you Mercedes. Thank you so much to all of our presenters, Kim, Mercedes, and Kelli, for today's presentation. We hope that it has been informative and reflective information for you. We just have a few announcements. May 21 to 23 we invite you to the Be Healthy, Be

Safe, Be Well Health and Mental Health Leaders Institute. You can register by clicking on the QR code or the link. Next slide, please.

Don't forget to fill out the evaluation on today's webinar. Please click the link or you'll find it after you exit the Zoom. Your feedback will help us to improve training and technical assistance offerings in the future. Reminder, after you submit the evaluations, you'll see a new link that allows you to access the certificate. Next slide, please. Thank you for joining us today. You can always subscribe to our mailing list. Here is the link. Next slide. Find us on social media. Join us for continuing the conversation on MyPeers.

To close out, you can find more of our resources in the health section of the ECLKC or write to us at our email address, health@ecetta.info. Thank you for your participation today. Thank you to our presenters and our webinar team. Kate, you can close the webinar.

Kim: Thanks, everybody.