

Texas IECMHC New Client Engagement Checklist

INTRODUCTION

This checklist is designed to support IECMH consultants as they begin their work in a new setting and is appropriate for classroom/group and child/family-focused consultation in a range of early childhood programs (e.g., child care, preschool, Head Start, home visiting, and early childhood intervention programs).

The checklist is organized by stage of IECMHC and provides reminders about best practices. Although the checklist follows a general sequence, the timing and order of activities may vary depending on the consultant, program, and context.

A Companion Guide provides definitions, additional explanation, and suggestions for consultants to consider for each checklist element.

CHECKLIST

I. Entering the Program (Prior to Beginning Services)	Check When Complete
1. Confirm that the program director has introduced the consultant and the practice of IECMHC to program staff.	
2. Check that a written service plan/MOU for IECMHC is in place.	
3. Review results of the Texas IECMHC Needs Assessment for Early Childhood Programs if one has been completed.	
4. Begin learning about the program’s history, culture, community, and context.	
II. Building Trust and Establishing Mutual Expectations (Initial Meetings with Staff Member)	Check When Complete
1. Provide an overview of IECMHC: purpose, activities, and expected outcomes.	
2. Clarify the role of the consultant as distinct from other program supports.	
3. Begin building rapport and trust.	
4. Discuss confidentiality and its limits.	
5. Obtain the staff member’s written consent to engage in IECMHC services.	
6. Ask the staff member to obtain parental consent for child/family-focused consultation as appropriate.	
7. Provide written information summarizing the schedule for meeting (frequency, duration, location) and how the consultant can be reached when not on-site.	
III. Information Gathering and Planning	Check When Complete
1. Begin exploring the staff members’ presenting needs and concerns.	
2. Gather information related to the priority issue identified by the staff member. Use multiple sources, e.g., <ul style="list-style-type: none"> a. Interviews with staff and/or family members b. Direct observation 	

c. Administration of screening and assessment tools d. Document review (program files, medical reports shared by family, etc.)	
3. Review data with staff/family members and use these to collaboratively formulate hypotheses, set goals, and generate action steps.	
4. Provide a written summary of goals, action steps, and timeline.	
5. Make referrals as needed and follow up to ensure successful connection with community resources.	
6. Collect and enter baseline data for program evaluation as required. ¹	
IV. Supporting and Tracking Progress	Check When Complete
1. Meet regularly (as agreed upon) to review and document progress.	
2. Address challenges and celebrate and reinforce successes.	
3. Use techniques and tools (such as modeling, role play, reflective practice, and parallel process) to support relationship building, increased self-awareness, and progress in meeting goals.	
4. Collect and enter data for program evaluation per program requirements.	
5. When all goals have been met, discuss moving toward intermittent check-ins, closure, or starting a new phase of consultation.	

+++ End +++

¹ The consultant should be clear on the difference between (1) required data collection protocols for program evaluation and reporting and (2) data collected in order to better understand what is happening with a child, family, or relationship. (The latter being essential to conceptualizing the issue and developing strategies and goals for the consultation). There may be overlap between the two.



Texas IECMHC New Client Engagement Checklist Companion Guide

Texas IECMHC New Client Engagement Checklist Companion Guide

INTRODUCTION

The purpose of this Guide is to support the use and understanding of the “Texas IECMHC New Client Engagement Checklist.” This Guide was created to offer additional ideas, resources, and questions to help prepare IECMH consultants as they begin classroom/group or child/family-focused consultation.

I. Entering the Program (Prior to Beginning Services)

1. Confirm that the program director has introduced the consultant and the practice of IECMHC to program staff.

- *The program director should orient the staff to the fact that IECMHC is coming and introduce the IECMH consultant - sharing information about who they are and what they will be doing.*
- *Staff should understand how engagement with the consultant will fit into their workflow and how they can request and/or will be provided with IECMHC support.*
- *The IECMH consultant can help answer questions about the nature and benefits of IECMHC, and build trust, by attending staff and/or parent meetings - particularly at the start of services.*
- *Staff should be informed of the consultant’s availability on site (ideally a regular, consistent time and day) and how the consultant can be reached when not on site.*

2. Check that a written service plan/Memorandum of Understanding (MOU) for IECMHC is in place.

- *In most situations a written service plan or MOU between the IECMHC program and the early childhood program receiving services should be in place before consultation begins. In some urgent situations (such as when an IECMH consultant is called into a child care program because a child is at imminent risk of being expelled), first steps should focus on de-escalation and stabilization. In such cases, developing a written service plan for ongoing consultation may not happen until the immediate issue is addressed, but should be initiated as soon as possible thereafter.*
 - *Some referrals may not be appropriate for IECMHC. For example, if consultation is requested for a serious mental concern, such as a child or adult at risk of hurting themselves or others, the consultant should follow professional standards and/or agency policy regarding assessing for immediate safety needs and concerns, then immediately refer and help ensure connection to crisis mental health assessment and treatment services. These types of referrals can be good opportunities for educating those seeking IECMHC about the difference between consultation and assessment and treatment in the IECMH continuum of care.*
- *The written service plan should clarify: (1) the types of consultation and services to be provided by the IECMH consultant, (2) the frequency of visits and duration of time the consultant will be working with the program, (3) ways that time and physical space will be made available for consultation, and (4) and the ways in which staff will access consultation (whether that is through requesting consultant time and/or via program manager suggestion).*

- Note that a written service plan should be completed even if both the IECMHC program and the program receiving IECMHC services are housed within the same agency.

3. Review results of the **Texas IECMHC Needs Assessment for Early Childhood Programs** if one has been completed.

- Programs interested in beginning IECMHC should have the opportunity to complete the **Texas IECMHC Needs Assessment for Early Childhood Programs**. This tool gathers information from all members of the early childhood program and helps to identify strengths as well as areas for growth and learning that could be supported through IECMHC.
- The findings should be reviewed collaboratively by program leadership/staff and the IECMH consultant and can help to identify some initial focus and goals for consultation services.
- The findings can help the consultant begin to understand the programmatic context in which staff are working.

4. Begin learning about the program's history, culture, community, and context.

- Before meeting with individual staff members, the consultant should take time to reflect on what is known and should be learned about the program and community. For example: **Program context and culture:**
 - How long has the program been in existence and how long do staff members (and families) typically stay?
 - Do staff appear to feel trusting of leadership and peers? Do they seem to feel safe talking about challenges, biases, and emotions?
 - Are staff encouraged to be open to new ideas and different viewpoints?²

Community context and culture:

- What is the demographic composition of the community?
- What are some of the economic and political factors that impact families and programs in this community?
- What are some of the cultural, linguistic, geographic, and economic resources and assets in the community and how accessible are they to staff and families?

II. Building Trust and Establishing Mutual Expectations (Initial Meetings with Staff Member)

1. Provide an overview of IECMHC: purpose, activities, and expected outcomes.

- Share and offer to walk through resources you think might help the staff members better understand IECMHC. For example, these resources can be found on the **University of Texas Institute for Excellence in Mental Health** early childhood webpage (www.tiemh.org):
 - IECMHC in Texas brochure
 - IECMHC in Texas: What it Is and What it is Not

² Refer to **Texas IECMHC Needs Assessment for Early Childhood Programs** for additional questions related to program culture and context.

- *Continuum of Care Graphic*
- *Texas IECMHC Menu of Services*
- *Texas IECMHC videos*
- *Reflective Practices handout*

2. Clarify the role of the consultant as distinct from other program supports.

- *Inquire about other supports that are made available to staff and families in the program (e.g., behavior specialists, Pyramid Model coaches, inclusion specialists) and explain how IECMHC is different from these.*
- *Explain how IECMHC is also different from therapy and other mental health supports.*

3. Begin building rapport and trust.

- *Before getting into specific concerns, take whatever time is needed to build initial trust and rapport.*
Some examples of introductory questions include:
 - *Tell me about your program and yourself: how long have you been here? How long have you been in your current role?*
 - *Have you worked with an IECMH consultant before? If so, what was that experience like?*
 - *Do you have any questions, concerns, or hesitations about partnering with me that I might be able to address?*
- *If useful, continue exploring the staff member's attitudes and experiences related to mental health and wellness. Some examples of questions include:*
 - *What is it like for you to talk with families about children's social, emotional, or behavioral challenges?*
 - *Are staff in this program encouraged to engage in activities to manage the stress of the work and prevent burnout? If so, what have you found works for you?*
 - *Have you had any experience with reflective supervision/consultation? (If so, what was that like for you?)*

4. Discuss confidentiality and its limits.

- *Explain the exceptions for and parameters of confidentiality.*
- *Follow professional standards and/or agency policy regarding informing the client when the IECMH consultant is mandated to break confidentiality.*

5. Obtain the staff member's written consent to engage in the IECMHC process.

- *The IECMHC program should have a Consent Form for staff members to complete whenever engaging in either classroom/group or child/family-focused consultation.*
- *The signed consent form should be added to the program's (electronic) data files per program protocol.*

6. Ask the staff members to obtain parental consent for child/family consultation as appropriate.

- *The IECMH consultant should provide the staff with a Consent Form for Parents/Primary Caregivers that must be completed prior to initiating any child/family-focused consultation.*
- *Ensure that the consent is provided in the preferred language of the primary caregivers.*
- *The completed and signed consent form(s) should be added to the program’s (electronic) data files per program protocol.*

7. Provide written information summarizing the schedule for meeting (frequency, duration, location) and how the consultant can be reached when not on-site.

- *Use an existing or create a document that you can leave with the staff member(s) that specifies how frequently you will be meeting (and for how long), as well as the location where you will meet. Make sure the staff member knows the best ways to reach you when you are not on-site, and in the event of an emergency.*
- *The recommended frequency and duration of child/family- and classroom/group-focused consultation (developed as part of the TX statewide approach to IECMHC) is weekly meetings for 3-6 months.*
- *It is recommended that goals be revisited (and updated as needed) at least every 3 months.*

III. Information Gathering and Planning

1. Begin exploring the staff members’ presenting needs and concerns.

- *Begin exploring the issue that prompted the request for IECMHC. In listening to the concerns, take time to reflect on the unique strengths, values, and beliefs that you hear the staff member(s) articulating.*
- *Highlight the collaborative nature of IECMH consultation (e.g., that the consultant is not the expert, concerns are explored together, wondering together rather than judging or evaluating, and looking to the staff and family members’ wisdom and experience to lead to solutions).*

A few things to keep in mind when starting IECMHC with a new client– shared by experienced IECMH consultants:

- *It is common for the initial engagement to take multiple attempts. Consistency in reaching out and offering support helps to establish the start of a trusting relationship.*
- *Feeling frustrated or discouraged by challenges in getting started is not uncommon. This is a normal part of the process and is an excellent topic for reflective supervision.*
- *Try not to jump to conclusions or make assumptions; always be wondering why something might be happening. The answer is often not what you think or what you might be assuming based on past experiences. Always be listening with a wondering, nonjudgemental ear.*
- *Remember to show up for staff with curiosity, humility, and consistency. You won’t always have “the answer,” but the power of your consultation is in your ability to pause, listen deeply, and walk alongside someone as they find the wisdom to solve problems and challenges.*

- Convey hope about the staff member's ability to learn, grow, gain insights, and find solutions that will strengthen their relationships and improve outcomes as a result of the work.
- **NOTE:** If the consultation has been initiated at the request of a program manager, take time to explore the staff member's understanding of why you are there and any concerns they may have about sharing vulnerabilities based on the way the consultation was initiated. Be clear that the goal is to understand their perspective and experiences, knowing that they are the experts on their work and have both wisdom and areas for growth – as do you. Some possible ways to get to their own priorities include:
 - I would like to hear more about what you have been navigating in your role lately – tell me a little bit about your superpowers and your needs?
 - What can I answer about myself and my work before I ask you about yours?
 - What are your thoughts about how I can be most helpful to you?

2. Gather information from multiple sources (e.g., interviews with staff and family members, direct observation, administration of screening and assessment tools, document review).

- Develop a plan for gathering information from multiple sources to inform the development of goals and strategies. In child/family-focused consultation, emphasize the importance of including the family members as critical partners in this process. Take time to learn about and understand the existing relationships and past interactions between the staff and family members, including similarities and differences in culture, language, and beliefs. Reflect together on any assumptions or biases that might be surfacing.
- As relevant, collect demographic and historical information from staff and family members (e.g., detailed history of the concerns, developmental history, medical history of the child, family structure and background, cultural and linguistic considerations, child and family trauma and other psychiatric history etc.)
- Remind all parties that the consultant, staff, and family members each bring unique and complementary expertise and experiences to the situation (e.g., mental health, child development/education, and parenting) and therefore differences in perspective can be valued rather than seen as problematic.
- Use the sharing of perspectives as an opportunity to build and reinforce relationships and communication between the staff and family members. Use modeling or role playing positive communication strategies to encourage all parties to consider and value each other's perspective.

3. Review data with staff/family members and use these to collaboratively formulate hypotheses, set goals, and generate action steps.

- **In formulating hypotheses about a child and/or family's behavior, remember to consider:**
 - The impacts of the child's environments, relationships, and culture.
 - How culture, community, and individual values and past experiences (including trauma) impact behavior and beliefs.

- *Family strengths regardless of differences in culture, language, ability, and family structure.*
- *The child's experience and how this is shaped by their developmental stage, temperament, and attachment style.*

- **Some Considerations for Developing the Goals and Plan:**

- **In setting goals**, identify clearly what success will look like (e.g., how will you know if things are better?). Focus on ensuring that goals are realistic and measurable. Use valid and reliable assessment measures.
- Identify a timeline that includes frequency of meetings to review progress and plans to troubleshoot challenges and modify approaches as needed.
- **In creating actions steps and strategies**, maintain authentic curiosity and interest in learning about the challenges and ideas for addressing them.
- Encourage the staff and family members to share their own ideas and best guesses about strategies to try rather than sharing 'expert' information.
- Consider probing: what have you tried so far? What has worked even a little bit? What has not worked?
- Use reflective questions to explore strategies, including pros and cons of different approaches. Encourage participants to verbalize hesitation or concerns about any of the strategies or goals being considered.
- Explore the staff and family members' interest and readiness to adopt new practices.

4. Provide a written summary of goals, action steps, and timeline.

- Write up the goals and share a copy of the **IECMHC Goal Setting Form** with the staff member, family (as relevant), and program leadership.
- Be sure that each goal also includes clear and realistic action steps that the staff/family members will take toward achieving the goal.
- Develop a timeline for implementing and reviewing action steps, refining, and/or revising as necessary, and include on the Goal Setting Form.

5. Make referrals as needed and follow up to ensure successful connection with community resources.

- *IECMH consultants should become familiar with a range of community organizations that support families – for example, in the areas of housing, employment, food, legal services, health and behavioral health care (including perinatal), family violence, and peer support. Consultants may find it helpful to join local early childhood coalitions to build relationships with other community-based providers.*
- *Information gathered during the consultation process may suggest the possibility of an underlying medical, developmental, or neurological disorder that is contributing to a social emotional, or behavioral issue. The consultant should provide a referral for a more thorough assessment/evaluation and support the family by helping to address barriers that arise.*

- *Staff or family members may share information that suggests the need for behavioral health services for themselves. Consultants should be familiar enough with community resources to make referrals (including a range of options for individuals with varying financial means). IECMH consultants should clarify the line between consultation and therapy; for example, explaining that it is within a consultant's role to help make referrals and talk with staff or family member about what they can expect from these services, but that engaging in an exploration of a staff or family member's challenges (outside of the context of their interactions and relationship with children in the program setting or parenting relationship) is beyond the scope of IECMHC.*

6. Collect and enter baseline data for program evaluation as required.

- *Most IECMHC programs will have required data collection as part of a program-specific and/or larger (cross-site or statewide) program evaluation. Consultants should be trained in the use of all required measures, data collection protocols and schedules, and data entry expectations prior to beginning consultation.*
- *Consultants should obtain consent from family members and staff not only to engage in IECMHC services, but also to engage in program evaluation activities (as appropriate) before initiating data collection.*
- *Separate from data collected as part of a program evaluation, the IECMH consultant may recommend the use of screening and/or assessment tools as part of the process of understanding a child's developmental or behavioral needs and concerns (or a family's needs and concerns). In this case, the consultant should take the time to explain the purpose of the tool, the process of administration, and the results with the staff and/or family members.*
- *The consultant may administer screening or assessment tools at pre-determined intervals throughout the period of consultation as one means of measuring progress toward identified goals. Again, the results should be interpreted and shared with the staff and family members whenever administered.*

IV. Supporting and Tracking Progress

1. Meet regularly (as agreed upon) to review and document progress.

- *Throughout the process of implementation, take time to reflect with the staff and family members on their experience implementing new strategies and approaches. Revise and refine approaches as needed.*
- *Use modeling, role play techniques, and/or resource materials to support implementation of new skills and strategies.*
- *Document each meeting by completing a progress note and updating the Goal Setting Form.*

2. Address challenges and celebrate and reinforce successes.

- *Encourage feedback and open communication about hesitancy, doubt, or frustration with the plan as staff/family members implement new approaches. Explore each individual's perspective on any impacts that are resulting from these changes (positive and negative).*

- *Take time to recognize and support the skills, reflective capacities, instincts and wisdom of the staff and family members.*
- 3. Use techniques and tools (such as modeling, role play, reflective practice, and parallel process) to support relationship building, increased self-awareness, and progress in meeting goals.**
- *Emphasize regular and ongoing opportunities to pause, reflect on, and make sense of the experiences and emotions that arise – noting that this is an important part of IECMHC.*
 - *Be aware of your own reactions throughout the process and share these with the staff and family members (as appropriate) and/or in reflective supervision.*
 - *Provide hope and encouragement, noting that it can be hard to make changes and sometimes requires experimentation and multiple attempts.*
- 4. Collect and enter data for program evaluation per program requirements.**
- *Schedule data collection with staff and/or family members at required intervals throughout the process of consultation and at follow-up.*
 - *Schedule final data collection **before** completing consultation, stressing the importance of these data to demonstrate how and when IECMHC is making a difference for children, families, and early childhood programs.*
- 5. When all goals have been met, discuss moving toward intermittent check-ins, closure, or starting a new phase of consultation.**
- *The achievement of goals should be celebrated, and the consultant should reflect with the staff member and/or family on next steps. One option is scheduling a few “maintenance sessions” to troubleshoot any challenges that have emerged and solidify progress.*
 - *When the consultation has come to an end, ensure that the staff and family members know how to seek IECMHC in the future (if that fits within the program model).*
 - *If the program model allows, provide the opportunity for the staff member and/or family to identify one or more new goals, and begin the process again setting a new timeline and creating a new written plan.*