THESIS

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION:

CARE PROVIDERS' EXPERIENCES OF THE CONSULTATIVE RELATIONSHIP

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ABSTRACT

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION: CARE PROVIDERS' EXPERIENCES OF THE CONSULTATIVE RELATIONSHIP

This study examines child care teachers' experiences receiving early childhood mental health consultation (ECMHC). Although there is substantial research demonstrating that ECMHC is an effective intervention in helping teachers better address challenging behaviors in their classroom and promote a more nurturing classroom environment, there has not been any published research to date investigating teachers' personal experiences receiving consultation. Considering that teachers are the primary focus of most ECMHC interventions, the purpose of this study was to examine child care teachers' personal experiences receiving consultation. Eight child care teachers were interviewed for this study, and data from these interviews were used to construct a theoretical model for how child care teachers experience consultation. Results from this study indicated that most teachers found consultation to be helpful in addressing challenges and promoting protective factors in child care. The most meaningful components of the consultative relationship as identified by participants were consistency, confidence in the confidentiality of consultation, and teachers' perception of consultants' positive emotional responsiveness. The most significant benefits identified by participants were: 1) having space to speak freely, 2) brainstorming in consultation, 3) processing personal concerns in consultation, 4) feeling validated as a teacher, 5) gaining additional knowledge and skills, and 6) growing in self-awareness. Challenges experienced within the consultative relationship included unmet expectations of receiving immediate feedback from consultants, wanting consultants to spend

more time working directly with children, and dealing with inconsistency in consultation. These results indicate the most helpful components of consultation, and speak to the challenges that arose in consultation, providing consultants and researchers with valuable insight into how ECMHC affects child care teachers. By examining the helpful and challenging dynamics of consultation identified by child care teachers, consultants and researchers can consider ways to expand and improve future implementation of ECMHC.

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INTRODUCTION

Children's social and emotional development has become a more immediate priority in early childhood education and early child care settings as research continues to confirm that children's early social emotional development predicts their school-readiness and other future outcomes (Duran et al., 2010; Kaufmann et al., 2012). Young children are spending increasing amounts of time in child care settings before they enter kindergarten, and with this development comes an opportunity to offer early childhood mental health support to children before they enter school (Cohen & Kaufmann, 2005). Additionally, the need for early childhood mental health support is becoming more apparent to educators, mental health professionals, and policymakers as research indicates that preschool expulsion rates are rising across the United States, with many centers expelling an average of 10.8 out of every 1000 children due to behavior issues (Duran et al., 2010; Gilliam, 2007). One strategy that has been adopted by many early child care providers, including Head Start, in order to address young children's difficult behaviors and to promote their social-emotional development is early childhood mental health consultation (ECMHC) (Duran et al., 2010; Kaufmann et al., 2012).

Since its first implementation in the late 1980s, ECMHC has made increasing progress in addressing these social-emotional and behavioral needs of young children by facilitating a dynamic partnership between early childhood mental health (ECMH) professionals and early child care providers (Duran et al., 2010; Johnston & Brinamen, 2006). Preliminary research findings demonstrate that ECMHC can bring about positive outcomes for young children and child care providers when implemented to fidelity, but further research is needed to establish ECMHC as an evidence-based practice, and to improve ECMHC implementation in child care

centers (Allen & Green, 2012; Connors-Burrow et al., 2013; Duran et al., 2010; Hepburn et al., 2007). This thesis examines the dynamics of ECMHC as experienced by child care teachers and identifies potential obstacles to effective implementation of ECMHC, particularly the challenges faced by care providers who receive consultation.

REVIEW OF LITERATURE

The following section provides a thorough review of the existing literature on ECMHC, including an in-depth exploration of ECMHC theory and practice, as well as a critical review of current ECMHC research findings.

History and Development of ECMHC

The initiative to partner early child care providers with ECMH professionals began in 1988 when ZERO TO THREE, formerly the National Center for Clinical Infant Programs, pioneered a daycare consultant program in its local vicinity of Contra Costa County, California (Johnston & Brinamen, 2006). This program drew upon the work of the Child Development Program at the University of Michigan, as well as the Infant-Parent Program at the University of California – San Francisco, and its mission was to provide child care providers with "the breadth and width of social work [support] and the more internal focus of the psychodynamic world" (Johnston & Brinamen, 2006, p. ix), essentially combining systematic social services with mental health support. At its start, ECMHC was made available to any interested child care center in the area, regardless of the center's funding source, as the program's founders hoped to get the program off the ground before implementing eligibility requirements (Johnston & Brinamen, 2006). Child care centers were encouraged but not solicited to participate in the program, and consultation was open-ended, on-site, and mutually determined by child care center staff and ECMH consultants (Johnston & Brinamen, 2006).

Now almost thirty years later, ECMHC is offered by a number of different ECMH agencies to child care centers nationwide, and program implementation varies by state and agency (Duran et al., 2010; Hepburn et al., 2007; Wesley & Buysse, 2006). The recent adoption

of ECMHC in child care centers across the country is due in large part to new quality assurance requirements for child care centers that receive state or federal funds (Connors-Burrow et al., 2013). Recent studies have found that the emotional climate of the early child care classroom, as demonstrated in child care providers' interactions with children, is directly and positively associated with children's social-emotional development and prosocial behaviors (Connors-Burrow et al., 2013). In response to these findings, policymakers have turned to ECMCH with the hope of ensuring children's healthy social-emotional development through interventions that foster teachers' nurturing abilities and improve their behavior management capacities, (Connors-Burrow et al., 2013). Early Head Start and Head Start Programs are currently the primary recipients of ECMHC, as Head Start's performance standards require administrators to improve child care quality by utilizing ECMH consultation services, but private and in-home care providers are now beginning to participate in these programs as ECMH agencies acquire the funding and personnel needed to provide ECMHC in these centers (Duran et al., 2010). As of 2012, ECMHC was being implemented in some capacity, whether statewide or regional, in 29 states, though this number has likely grown in the last five years with the improvement of child care quality requirements (Kaufmann et al., 2012, p. 274).

Overview of ECMHC

Although ECMHC programs differ in manner and duration of implementation, ECMHC can be generally defined as a contracted service between an early childhood mental health agency and an early child care center, in which an ECMH professional from the agency

> works collaboratively with early childhood education staff, [program directors], and families to improve their ability to prevent, identify, treat, and reduce the impact of mental health problems among children from birth through age six. (Cohen & Kaufmann, 2000, p. 8, cited in Duran et al., 2010, p. 2)

This definition is derived from the theoretical principles that guide ECMHC, namely: building teachers' capacity through a positive and supportive consultant/consultee relationships, the necessity of collaborative effort in consultation, and the indirect nature of the intervention (Duran et al., 2010; Hepburn, 2007). Another helpful definition provided by Hepburn et al. (2007) states that ECMHC is "a service provided at an arms-length from the child; supporting and empowering others to become therapeutic and deliver care and interventions in the context of the child's and caregiver's everyday activities and caregiving" (p.5).

Theoretical framework of ECMHC. Although ECMHC has yet to be formally manualized, proponents of ECMHC agree that there are a set of theoretical principles that guide ECMHC practice (Cohen & Kaufmann, 2005; Duran et al., 2010; Hepburn et al., 2007; Johnston & Brinamen, 2006; Wesley & Buysse, 2006). Since its start in the late 1980s, ECMHC has been centered upon three main strategies for improving child outcomes: building caregivers' capacities to teach children pro-social practices and address difficult behaviors, collaborating with caregivers and program directors to ensure that interventions are relevant and plausible, and fostering positive and supportive relationships between consultants and consultees so that positive outcomes may be maintained after consultation is terminated (Duran et al., 2010; Hepburn et al., 2007; Johnston & Brinamen, 2006). This framework is referred to by ECMHC proponents as the 'consultative stance' because it informs the consultant's practice from initial contact with caregivers and throughout the rest of the consultative relationship (Hepburn et al., 2007; Johnston & Brinamen, 2006).

Capacity-building. The goal of ECMHC is to improve the developmental outcomes of young children by ensuring that children have access to a nurturing and engaging learning environment (Cohen & Kaufmann, 2005). The primary mechanisms for change in this system are

the adults who facilitate this environment, namely child care providers, administrators, and parents, so ECMHC focuses on building the capacities of these caregivers, helping them to develop more comprehensive perspectives, skills, and strategies in their interactions with young children (Duran et al., 2010; Hepburn et al., 2007). Capacity-building for caregivers involves a variety of activities including but not limited to: individual consultation, classroom observations, staff meetings and trainings, en-vivo modelling and coaching of behavior strategies, psychoeducation around children's social-emotional development, and individual support and empowerment (Duran et al., 2010; Green et al., 2012; Hepburn et al., 2007). The purpose of this capacity-building is to not only equip caregivers to better address challenges in the classroom, but to help caregivers learn to more successfully prevent and address future social-emotional challenges that arise in their interactions with children (Duran et al., 2010; Hepburn et al., 2007; Wesley & Buysse, 2006).

Collaborative effort. From the ECMH agency's first contact with a child care center and in every subsequent contact throughout the consultation program, collaboration between consultants and consultees (care providers and administrators) remains the cornerstone of the ECMHC model (Cohen & Kaufmann, 2005; Hepburn et al., 2007). Collaboration in ECMHC involves open communication and mutual respect between both parties in every contact. The consultant and the consultee each bring valuable insight and expertise: while the consultant brings in-depth clinical and developmental knowledge, the consultee brings early childhood experience and specific insights about the classroom and children that the consultant would not be able to fully gather in weekly classroom observations (Duran et al., 2010; Hepburn et al., 2007). When parents participate in consultation, typically for child-specific issues, they too bring

experiences and child-specific insights that the consultant needs in order to offer relevant and effective services (Hepburn at al., 2007).

This emphasis on gathering expertise and input from multiple sources is derived from an appreciation for the ecological systems perspective, understanding that effective interventions consider the various contexts that influence human behavior and implement strategies that address each context (Duran et al., 2010). Further, successful interventions in the classroom and at home require consultants, care providers, and parents to collaboratively assess, plan, and implement "a coordinated plan of action across all settings" (Duran et al., 2010, p. 3). In practice, this process of mutually conceptualizing and addressing a particular issue often requires the consultant to work to understand the consultee's perspective in light of the consultee's experiences, while also encouraging the consultee to consider how additional factors within the classroom or home affect children's behavior (Cohen & Kaufmann, 2005; Wesley & Buysse, 2006). This collaboration between consultant and consultee ensures that interventions in the classroom and at home are both appropriate and effective.

Relationship-based intervention. The power of ECMHC lies in the consultative relationship itself (Duran et al., 2010; Green et al., 2012; Hepburn et al., 2007; Johnston & Brinamen, 2006). More than any classroom management strategy or specific ECMH intervention, the relationship between consultant and consultee determines both the effectiveness and sustainability of ECMHC. A major instrument of change within the consultative relationship is the "parallel process," in which consultants' empathy and responsiveness towards the care providers influences care providers to interact similarly towards the children in their care (Hepburn et al., 2007; Johnston & Brinamen, 2006). Additionally, by encouraging care providers to join them in "wondering together" about the root of a child's behavior, consultants are able to

introduce the idea of making positive changes in the classroom or home without immediately triggering caregivers' defensiveness about their role in the child's behavior (Hepburn et al., 2007, p. 8). Trust and respect between the consultant and the consultee is an integral part of effective, long-term change in the classroom and home (Cohen & Kaufmann, 2005; Duran et al., 2010; Hepburn et al., 2007).

Variety in ECMHC. Although all ECMH consultants work from this consultative stance, actual implementation of ECMHC varies between agencies. Consultation programs in child care centers, for example, can range from six months to multiple years, depending on the child care center's interest in ECMHC and the participating ECMH agency's ability to provide services (Alkon, Ramler, & MacLennan, 2003). Additionally, the actual amount of time that a consultant spends in the center and in individual consultation with care providers can vary, with some consultants meeting with each teacher weekly, and others only meeting every few months (Hepburn et al., 2007). The focus of ECMHC can also differ between programs, with some consultants concentrating their efforts on the most immediate and severe issues within child care centers and other consultants consciously allotting time for preventative measures, such as staff trainings (Duran et al., 2010). Recently, some consultants have also used ECMHC in combination with other ECMH curricula, such as the Incredible Years Parent and Teacher Training Series, and have had promising results (Duran et al., 2010; Raver et al., 2008).

Consultant credentials and expertise. Although ECMHC programs share the same theoretical framework, consultants within these programs vary in educational background and professional experience due to the lack of a national licensing or accreditation board specific to ECMHC (Duran et al., 2010). However, the majority of consultants working in Head Start Programs hold a professional license or certification in a mental health or human service

discipline. In some states and programs, early childhood professionals who do not hold a relevant license or certification but have been trained in ECMH are permitted to provide consultation services with the exception of clinical interventions (Duran et al., 2010). Although many consultants have at least a master's degree, if not a PhD, there is no standard educational requirement for consultants (Duran et al., 2010; Hepburn et al., 2007).

Necessary knowledge and skills. Regardless of their professional and educational credentials, effective consultants share a set of knowledge and skills that inform their work with caregivers (Duran et al., 2010; Hepburn et al., 2007). Hepburn et al. (2007) state that a qualified consultant has a thorough knowledge of:

> child development, underlying concepts of social-emotional development, screening, assessment, and clinical indicators, evidence-based strategies for mental health promotion, prevention, and intervention, community resources, [and] family systems. (p. 7)

Additionally, Hepburn et al. (2007) maintain that skilled consultants are proficient in: "observation, listening and interviewing, working with families and staff within collaborative relationships, reflection, modeling, [and] cultural competence" (p. 7). This set of knowledge and skills is also upheld by Cohen & Kaufmann (2005) and Duran et al. (2010). Cohen et al. (2005) adds, however, that an effective consultant possesses attributes of "warmth, empathy, and respect" (p. 20).

Evidence Base for ECMHC

The evidence base for ECMHC is continuing to grow as research demonstrates that this intervention produces a variety of positive outcomes for children and their care providers, but ECMHC is not yet considered an evidence-based practice by foremost ECMHC researchers (Duran et al., 2010; Hepburn et al., 2007; Kaufmann et al., 2012). Although ECMHC is an individualized intervention by design, this individualization makes it difficult for researchers to

accurately measure ECMHC practices and outcomes. While consultants work from a generally unified theoretical model for consultation, there is no exhaustive manual for ECMHC and implementation of specific strategies in ECMHC therefore vary from consultant to consultant (Kaufmann et al., 2012).

These frontline ECMHC researchers claim that, for ECMHC to be established as an evidence-based practice, there needs to first be an established framework for ECMHC, prescribing specific ECMHC practices, and then an established assessment to measure agencies' fidelity to this model (Duran et al., 2010; Kaufmann et al., 2012). Once this framework and assessment are established, researchers can conduct more randomized-controlled trials to investigate ECMHC practices on a large scale and thereby validate ECMHC outcomes (Duran et al., 2010; Kaufmann et al., 2012).

There are currently only two ECMHC studies (Gilliam, 2007; Raver et al., 2008) that utilize a randomized-controlled design, although Dr. Gilliam has recently published two updated reports since his initial study (Gilliam, 2014; Gilliam, Maupin, & Reyes, 2016). Aside from these few randomized-controlled studies, there are a significant number of ECMHC program evaluations that have been published in peer-reviewed journals, and many of these studies include a control or comparison group (Kaufmann et al., 2012). This literature review includes an explanation of major ECMHC findings and an evaluation of current ECMHC research.

Child outcomes. In their randomized-controlled studies, both Gilliam (2007) and Raver et al. (2008) report that ECMHC yields significant improvements in preschool children's externalizing behaviors and pro-social development. Gilliam (2007) found that ECMHC was associated with statistically significant decreases in children's externalizing behaviors compared to the control group, specifically in the areas of hyperactivity and oppositional behavior.

Additionally, Gilliam (2007) found that ECMHC was associated with statistically significant decreases in preschool expulsion rates. Findings from Raver et al. (2008) revealed that ECMHC was also effective in reducing children's aggressive and disruptive behaviors. However, the impact of ECMHC on children's internalizing (withdrawn, isolating) behaviors is yet to be substantiated, as findings from Raver et al. (2008) and Gilliam (2007) are dissimilar. A number of smaller studies have demonstrated that ECMHC is also effective in accelerating children's pro-social development, which has been associated with positive future outcomes for children, especially in regards to school-readiness (Duran et al., 2010; Hepburn et al., 2007).

Teacher capacity. Numerous studies, including Raver et al. (2008) report that ECMHC is effective in improving child care providers' ability to maintain a positive classroom environment and address children's difficult behaviors (Duran et al., 2010). Raver et al. (2008) observed that teachers receiving ECMHC had more positive interactions with children and were significantly more effective in addressing behaviors than teachers who did not receive ECMHC. In their analysis of 11 studies, Brennan et al (2005) found that teachers in 9 out of the 11 studies reported feeling more confident in their ability to positively manage their classroom (as cited in Duran et al., 2010, p. 6). Similarly, Green et al. (2006) found that teachers receiving ECMHC reported lower levels of job-related stress (as cited in Hepburn et al., 2012, p. 2). These findings were not supported by Gilliam (2007; 2010), but this may be due to the exceedingly short duration of Gilliam's intervention (8 weeks and 12 weeks respectively). With the exception of Gilliam's studies, the majority of ECMHC literature supports the claim that ECMHC significantly improves teacher-capacity (Hepburn et al., 2007). Refer to Duran et al. (2010) and Hepburn et al. (2007) for additional information concerning the evidence base for ECMHC.

Attributes of effective ECMHC. Although there remains a need for more scientifically vigorous studies to establish EMCHC as an evidence-based practice, proponents of ECMHC are also investing in research to understand what factors influence the effectiveness of ECMHC in child care settings. Current findings suggest that the most significant factors in effective ECMHC include: the consultant's level of embeddedness in a center, the quality of the relationship between consultant and consultee, and the quality of administrative support provided to the consultant (Duran et al., 2010; Hepburn et al., 2007; Johnston & Brinamen, 2006).

Level of embeddedness. The consultant's level of embeddedness, or amount of involvement, in a center is one of the most significant indicators of ECHMC outcomes. A number of ECMHC studies indicate that consultation is most effective when it is provided on a regular basis for a significant period of time, at least 6 months (Alkon et al., 2003; Duran et al., 2010; Green et al., 2003; Hepburn et al., 2007; Johnston & Brinamen, 2006; Raver et al., 2008). More significant than the duration and frequency of consultation, however, is the extent to which the consultant is integrated into the child care center and considered "part of the team" (Duran et al., 2010, p. 10). This embeddedness is characterized by teachers' perceptions of the consultant's accessibility, availability, and approachability (Duran et al., 2010; Hepburn et al., 2007).

Quality of consultant-consultee relationship. Research also supports the claim that the effectiveness of ECMHC is significantly determined by the quality of the relationship between the ECMH consultant and the child care provider (Cohen & Kaufmann, 2005; Duran et al., 2010; Johnston & Brinamen, 2006). Green et al. (2006) found that teachers who reported having a positive relationship with consultants were also more likely to report that consultation had been helpful and effective (as cited in Allen & Green, 2012, p. 241). While clinical and developmental expertise are vital to the consultation model, consultants' interpersonal skills are an equally

necessary component to effective ECMHC (Cohen & Kaufmann, 2005; Duran et al., 2010). Qualitative data from focus groups indicate that the consultant's cultural competency, or his or her ability to identify, understand, and respect the consultee's perspective even when it differs substantially from his or her own is one of the most powerful tools within consultation because it validates the consultee's experience and bolsters the consultee's willingness to make positive changes (Allen & Green, 2012; Duran et al., 2010; Johnston & Brinamen, 2006).

Administrative support. Although the consultant-consultee relationship is central to ECMHC theory and practice, effective consultation is only possible if it is supported and promoted by administrators within the child care center and those supervising consultants (Allen & Green, 2012; Duran et al., 2010; Johnston & Brinamen, 2006). Research findings demonstrate that child care directors' participation in the promotion of ECMHC is vital to teachers' acceptance and inclusion of consultants onto their team (Allen & Green, 2012; Duran et al., 2010). Duran et al. (2010) maintains that administrators can help promote ECMHC on their team by "championing a shared vision for promoting children's mental health and supporting positive social and emotional development, and ensuring that this vision permeates all aspects of the program" (p. 10).

In addition to having support from child care directors, ECMH consultants need adequate training and supervision from their own administrators in order continue delivering effective consultation throughout the program (Allen & Green, 2012; Duran et al., 2010; Johnston & Brinamen, 2006). Results from a qualitative study by Allen and Green (2012) indicate that consultants are prone to feelings of isolation and disconnectedness from other consultants, which can in turn lead to a reduction in their effectiveness at child care centers. Two strategies that have been adopted by many ECMH agencies include reflective supervision, in which the consultant

receives both emotional support and professional guidance from an experienced clinical supervisor, and peer consultation, in which consultants meet together to discuss and support one another through various issues that arise in consultation (Duran et al., 2010). Johnston & Brinamen (2006) add that this sort of support is necessary for all consultants, even the most experienced ECMH professionals.

Gaps in Research

Despite the dozens of peer-reviewed studies testifying to the effectiveness of ECMHC in improving child outcomes and building caregivers' capacities to promote positive social-emotional development in young children, there remains a lack of consistency between ECMHC programs' definitions and implementation of ECMHC services (Duran et al., 2010; Hepburn et al., 2007; Kaufmann et al., 2012). Additionally, because ECMHC has not been manualized, it is nearly impossible for researchers to evaluate programs' fidelity to the model (Kaufmann et al., 2012). One of the most significant gaps in the research is the question of "What are the key components to effective consultation?" (Hepburn et al., 2007, p. 2). The current model includes a number of strategies for effecting change in the classroom and in teacher-student relationships, including individual consultation, en-vivo coaching and modelling, etc., but which elements are essential, and which are superfluous? Are there elements of the current ECMHC model that are actually diminishing the effectiveness of the intervention? (Duran et al., 2010; Hepburn et al., 2007).

Conclusion

The evidence base for Early Childhood Mental Health Consultation (ECMHC) is expanding as an increasing number of studies demonstrate that ECMHC is a promising intervention for building the capacities of caregivers to promote a nurturing classroom

environment and manage challenging behaviors (Duran et al., 2010; Green et al., 2012; Hepburn et al., 2007; Kaufmann et al., 2012). Although ECMHC is a complex, layered intervention that incorporates a variety of theories, strategies, and professional specialties, a critical factor in effective ECMHC is the relationship between the ECMH consultant and the participating care provider (Duran et al., 2010, Green et al., 2012; Hepburn et al., 2007; Johnston & Brinamen, 2006). Research on ECMHC demonstrates that the quality of the relationship between the consultant and consultee, specifically in areas of trust, accessibility, and approachability, is one of the primary determining factors in the effectiveness of ECMHC (Duran et al., 2010, Green et al., 2012; Hepburn et al., 2007; Johnston & Brinamen, 2006). However, there remains a few significant gaps in the research supporting ECMHC, namely research establishing ECMHC as an evidence-based practice, and research demonstrating the key processes in effective ECMHC.

METHODOLOGY

Although the research opportunities within this topic are many, this thesis focuses on answering the question: What is it like to receive ECMH consultation as a child care provider? The purpose of this study was to explore child care providers' experiences in and perceptions of the consultative relationship in an attempt to identify and address potential interpersonal barriers to effective ECMHC in child care settings. Knowing that the relationship between the ECMH consultant and the care provider is one of the key instruments of change in ECMHC (Duran et al., 2010, Green et al., 2012; Hepburn et al., 2007; Johnston & Brinamen, 2006), could there be dynamics within this relationship that inhibit more effective consultation?

I hypothesized that the participants would identify personal support as the most beneficial component of consultation, and feeling uncomfortable being observed as the most significant challenge in consultation. I also hypothesized that the results of this study would demonstrate a need for more understanding of and patience towards resistant child care providers. Included in this chapter is an overview of the study design and an explanation of my approach to data analysis.

Study Design

Research approach. I used grounded theory to guide my research methods and data analysis. According to Glaser and Strauss (1967) who pioneered this research approach, grounded theory is "the discovery of theory from data systematically obtained from social research" (p. 2). While traditional social research methods typically focus on using data to verify or refute existing theories, grounded theory holds that theories ought to be developed from and continually refined by new data (Glaser & Strauss, 1967). This qualitative method involves

concurrent data collection and analysis, where data analysis guides subsequent periods of data collection and so on as theory becomes more refined by data (Charmaz, 2014). More specifically, I conducted semi-structured interviews with child care teachers receiving ECMHC to gather information about their experiences of the consultant-consultee relationship, and then used grounded theory methods of coding and memo-writing to analyze the data collected during interviews and develop an initial theory of this experience in consultation based on the themes that arose in data analysis.

There are some limitations and challenges associated with grounded theory. Because grounded theory draws upon subjective, highly qualitative data, findings can be difficult to validate and directly apply to practice. Grounded theory requires the use of tentative theoretical categories to inform future study, so results from an initial grounded theory study cannot be immediately applied to practice; more study is required to confirm that the tentative theory is accurate (Charmaz, 2014). Additionally, because the process of coding and memo-writing is based on the analyst's theoretical impressions of the data, researcher-induced bias is a fair concern (Charmaz, 2014). That being said, when grounded theory is understood as a method of developing theory rather than validating an existing theory, this qualitative method provides researchers with a valuable framework or set of flexible guidelines to inform the explorative process.

The exploratory nature of this study, namely exploring potential interpersonal barriers to the consultant-consultee relationship in ECMHC, warrants the use of a qualitative method that focuses on the development of theory rather than the verification of an existing theory. While research shows that a positive consultant-consultee relationship yields a more effective intervention (Duran et al., 2010, Green et al., 2012; Hepburn et al., 2007; Johnston & Brinamen,

2006), there are no published studies to date that explore care providers' experiences of the consultant-consultee relationship and the barriers that might be present within those relationships.

Research setting. This study took place in two licensed child care centers in Northern Colorado, both of which were receiving contracted Early Childhood Mental Health Consultation (ECMHC) services from a community mental health center. The community mental health center providing ECMHC services will hereafter be referred to as 'AgencyW', and the two child care centers that participated in this study will be referred to as 'CenterA' and 'Center Q'.

Early childhood mental health specialist program. AgencyW began providing ECMHC services to child care centers in Northern Colorado in May 2015. This agency provides ECMHC services to child care centers through a grant from the Colorado Office of Early Childhood's Early Childhood Mental Health Specialist (ECMHS) program. The ECMHS program aims to increase access to mental health services for young children, birth through age five, by providing consultation, coaching, and training to child care providers and families with young children (Colorado Department of Human Services, Office of Early Childhood, 2016b). The focus of these services is to build the capacities of care providers and parents to promote social-emotional learning and appropriately manage children's difficult behaviors, thereby improving children's long-term developmental and social-emotional outcomes. Through developmental screenings and behavior assessments, the EMCHS program also works to identify children's developmental and mental health needs and to connect families to the appropriate community resources to address these needs (Colorado Department of Human Services, Colorado Office of Early Childhood, 2016b).

Funding for the Colorado ECMHS program is provided by the state, and the program receives oversight from the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support (Colorado Department of Human Services, Colorado Office of Early Childhood, 2016b). This funding covers all of the expenses related to the ECMHS program, so consultation is offered to child care centers at no cost. The Office of Early Childhood requires that specialists submit detailed documentation of their time and activities in each center, including basic demographic information about the children receiving direct services from consultants, including the child's age, gender, and race, for the purpose of generating impact reports. All identifying information, such as the child's name and date of birth, are kept confidential. The Office of Early Childhood monitors program implementation through data collection and supervision from ECMHS program administrators and trainers from the Office of Early Childhood. The Office of Early Childhood does require that pre- and posttest classroom evaluations be completed every three months in each participating classroom, and that The Devereux Early Childhood Assessments (DECAs) be completed by teachers and parents for each child that is receiving individual services from an ECMH specialist. Currently, there is at least one ECMH specialist operating out of each of the 17 community mental health centers in Colorado (Colorado Department of Human Services, Colorado Office of Early Childhood, 2016b).

The scope and duration of services provided by the ECMH specialist is mutually determined by each child care center and their partnering community mental health center at the beginning of the partnership, so ECMHS services can vary greatly between centers. The level of "embeddedness", or degree to which a community mental health center is present in a child care center, also varies between centers depending on the needs and goals of the participating child

care center and the capacity of the community mental health center to meet those needs. Consultation typically begins in a given child care center after the center's director contacts the ECMH agency and requests support for a specific child who is at risk of expulsion. This initially child-focused contact can then lead to a conversation about embedded consultation if the early child care center expresses a desire for more center-wide services. Community mental health centers participating in this ECMHS grant spend the majority of their time in embedded centers, but they often provide brief consultation for specific children in centers where they are not embedded.

Course of intervention. At the time of this study, AgencyW was embedded in two child care centers in Northern Colorado and providing approximately 12 hours of ECMH service per week to each center, including direct services (consultation, classroom observation, face-to-face meetings, facilitating groups, etc.) and indirect services (planning, travel time, training, administrative work, etc.). Because individual consultation with child care providers is a key component of ECMHC, AgencyW had allotted time for consultants to meet individually with each lead teacher for 30 minutes every month for direct, individual consultation in addition to the weekly face-to-face check ins with teachers in the classroom. This consultation time was voluntary but strongly encouraged by the consultants and child care directors, and teachers were offered Continuing Education Credit (CEC) for time spent in consultation and time spent completing supplementary assignments on their own time. The agency began consultation at CenterA in May, 2015, and at CenterQ in May, 2016. Consultation began in both centers after the center directors contacted AgencyW for child-specific support. Embedded consultation began soon after this initial contact, when directors from both centers expressed interest in more center-wide consultative services.

Aside from a short break in December, 2015 and the summer of 2016, teachers at CenterA received regular, monthly consultation, approximately 19 30-minute sessions per teacher at the time of this study. Teachers at CenterQ had received regular monthly consultation since they started receiving services in May, 2016, approximately 7 30-minute sessions per teacher at the time of the study. Aside from individual consultation, ECMH consultants spent an average of 4 hours per week in each center, checking in with teachers, building rapport with teachers, and spending time in the classrooms to observe child and teacher interactions. Therefore, much of the relationship-building between consultants and consultees happened outside of individual consultation time.

Reason for researching in this setting. This research setting was chosen for both convenience and generalizability. At the time of this study, I was working as a masters-level intern at the agency providing ECMHC and had been present in CenterA and CenterQ for much of AgencyW's involvement in each center. At the time of this study, these centers were receiving ECMHC services from AgencyW and were already familiar with me, so recruitment of participants was more feasible than in centers who were no longer receiving consultation, or who were not familiar with me.

In regards to its generalizability to other child care centers, this research setting is representative of privately-owned, licensed, and rurally-located child care centers in both its child and staff demographics. I obtained aggregate demographic information of both children and staff from the directors of the centers to confirm the generalizability of this research setting to other locally-owned, licensed, and rurally-located child care centers in the U.S. These data on children in rural U.S. child care centers were retrieved from a 2008 study of rural U.S. child care centers, which surveyed 951 families from five different states who were receiving center-based

child care (Maher, Frestedt, & Grace, 2008, p. 6). In regards to child-demographics, children enrolled in CenterA and CenterQ were essentially representative of other rurally-located children in child care in both economic and racial demographics, as demonstrated in Table 1. Comparing these demographics to those of the children in CenterA and CenterQ, I determined that the children in this research setting were similar in economic and racial demographics to other rurally-located children in child care. In regards to staff demographics, there are no nationwide studies specific to rurally-located child care workers, but a 2013 study conducted by the Office

Table 1. Demographics of children in rural child care. This table compares the economic and racial demographics of children from CenterA and CenterQ to those of children in a 2008 multi-state sample of rural U.S. child care centers.

Sample	*Percent of children receiving subsidized child care*	*Percent of African-American and Latino children in child care*
Rural U.S. Child Care Centers	27%	26%
Children from CenterA and CenterQ	21%	27%

of Planning, Research and Evaluation (OPRE) under the Administration for Children and Families, U.S. Department of Health and Human Services did gather demographic information of child care providers across the U.S. In regards to median years of experience in early childhood education, participants from CenterA and CenterQ are representative of early childhood teachers nationwide, with a median of 9 years of paid experience as early childhood teachers, as shown in Table 2. There is greater deviation between the demographics of the study sample (participants from CenterA and CenterQ) and the national profile in regards to educational level, with the study sample including more teachers with some college but no degree (38% versus 28%), more teachers with Associate's degrees (37% versus 17%), but less

Table 2. Demographics of ECE teachers. This table compares the experiential and educational demographics of the study sample to those of a 2013 nationwide sample of ECE teachers.

Sample	*Median Years of paid ECE experience*	*Percent ECE teachers with some college, no degree*	*Percent ECE teachers with an A.A.*	*Percent ECE teachers with a B.S./B.A. or higher*
Center-based ECE teachers (nationwide)	10	28%	17%	39%
Participants from CenterA and CenterQ	9	38%	37%	25%

teachers with Bachelor's degrees or higher (25% versus 39%) (OPRE, 2013, p. 11). However, the small size of the study sample likely contributes to the moderate degree of deviation between the study sample's demographics and those of the national profile of early childhood education teachers.

Recruitment. I aimed to recruit a sample of eight participants, as my advisor and myself determined that this sample size would be appropriate for the scope of my resources and timeline, while still providing an adequate amount of participant feedback to inform an explorative study on child care teachers' experience in consultation. That being said, there are limitations to having a sample this small, namely that the experiences of eight teachers from two child care centers might not accurately represent the experiences of child care teachers receiving consultation in similar settings.

Participant recruitment began after I received approval from the CSU IRB. Because I already had a working relationship with participants, I chose to verbally recruit participants. Verbal recruitment followed the Verbal Recruitment Template provided in Appendix A and approved by the CSU IRB. I did not attempt to recruit teachers to whom I had been providing

individual consultation to, as the content of the interview questions pertained to teachers' relationships with their consultants, and interviewing teachers with whom I had a consultative relationship would have pose a significant conflict of interest and could have jeopardized these consultative relationships.

I explained the study to the directors at CenterA and CenterQ one month before recruitment, and the directors presented this research opportunity to their lead teachers during their respective staff meetings, giving eligible participants two weeks to consider participating in this study before I asked for their final decisions. I made it known to potential participants that their participation was completely voluntary and that refusing to participate in this study would in no way influence their employment status or their access to ECMH consultation. I also informed potential participants during these individual conversations that they would have the right at any moment during the study to withdraw from participating in the study without consequence.

Participants. Eight participants were recruited and interviewed for this study. All eight lead teachers I approached readily agreed to participate. Six participants were recruited from CenterA, and these participants had received consultation services for approximately 19 months at the time that the interviews were conducted. Two participants were recruited from CenterQ, with one participant (TeacherO) having received seven months of consultation and the other (TeacherX) having received three months of consultation, as this second participant was hired as a lead teacher three months before interviews were conducted.

Informed consent. Every lead teacher within the two participating centers was 18 years or older and could comfortably speak and write in English. In an effort to ensure that all participants fully comprehended their role and rights in this study and freely consented to

participate, all participants were asked to read and sign a copy of the Informed Consent form provided in Appendix B. This form was written at a 6th to 8th Grade reading level so that participants could easily comprehend the content of the form. I also gave a verbal explanation of the informed consent form and asked participants if they have any questions about their participation in the study. Participants who agreed to participate in the study and signed the informed consent form were given a copy of the form for their own records, which included my contact information, as well as the contact information of my advisor and the CSU IRB should participants have any further questions or concerns about the study. Signed informed consent forms have been securely stored in a locked cabinet behind a locked door on campus at Colorado State University (CSU) under the care of my advisor, Paula Yuma, until May 2020, in accordance with CSU's Institutional Review Board's student research protocols. All E-Files, including interview recordings, interview transcripts, and the file linking participants' names to their alias assignments have been stored in a secure E-file that only my advisor and myself have access to.

To protect the wellbeing of the consultative relationship between participants and their respective ECMH consultants, I made it known to both participants and their ECMH consultants that all identifying information collected from interviews, including references to specific consultants, would remain confidential. ECMH consultants from AgencyW do not have access to the raw data collected from interviews; they can only review the aggregate information included in final, published report.

Also included in the informed consent form was an explanation of mandatory disclosure procedures. This section of the document explained that all identifying information would be kept confidential except in circumstances when I am mandated by law to make a report to

authorities or the court. These circumstances include: reports of child abuse or suspected child abuse, reports of intent to harm oneself or others, and court-mandated disclosure. As licensed child care teachers are mandated reporters themselves, participants were already familiar with mandatory disclosure procedures, but I did review the procedures again to ensure that participants were fully aware of the procedures when they participated in the study.

Compensation. Each participant was offered one $5 gift card to a local coffee shop as compensation for their time spent participating in this study. This compensation reflected the small degree of effort and the minimal amount of risk associated with this study. No identifying information was needed to provide this form of compensation. These gift cards were purchased with my personal funds.

Interview format. Participant interviews were conducted on site at CenterA and CenterQ in the areas typically designated for individual consultation. Interviews were conducted behind a closed door to ensure confidentiality. The directors at CenterA and CenterQ agreed to schedule float teachers for each classroom during interviews so that I could conduct interviews during the work day.

I had anticipated conducting a total of eight 45-minute interviews with the lead teachers from CenterA and CenterQ. I did conduct eight interviews, but these interviews lasted an average of 21 minutes, not including the time taken to review and sign consent forms. This average time was less than the 45 minutes I anticipated, but all interviews, with the exception of one, covered all of the research questions listed in the Interview Guide, in addition to various follow-up questions, and participants were given the opportunity to exhaustively answer each question. One interview was terminated early (at 14 minutes) because the participant, TeacherN, was called back into her classroom by her director due to a scheduling issue on the director's part. Although

TeacherN’s interview was cut short, TeacherN was able to offer a significant amount of input during her interview, and so findings from her interview have been included in the results chapter of this report. All participants were given the opportunity to review their transcripts before data analysis began and add any additional input if they wished. No teachers offered additional input.

Interview structure. The purpose of these interviews was to gather as much relevant information as possible in order to analyze and find themes within the data during the data analysis phase of research. Interviews followed a semi-structured format which included use of open-ended questions related to the research question, but allowed participants to answer freely within the topic. I used the questions outlined in the Interview Guide provided in Appendix C, but I also asked follow-up questions that were not outlined in the Interview Guide, based on the need to ask follow-up questions in response to participants’ answers. Additionally, I refined the Interview Guide as I conducted interviews, eliminating questions from the Interview Guide that did not appear to be relevant to participants’ experiences. However, I did not add any new questions to the Interview Guide. This interview structure was congruent with the design of grounded theory, namely that theory is formulated and refined by data (Glaser & Strauss, 1967), because the questions from the Interview Guide were used to initiate participants’ responses but not govern them, and participant’s responses were used to refine the Interview Guide for future interviews.

In order to accurately collect data from participants, I asked for participants’ consent to record interviews on a voice recording device. I assured participants that all recorded data would be kept confidential and would be stored on a password-protected E-file that only my advisor and myself would have access to, but I reminded participants that they were free to deny

recording rights if they so chose. Also included in this request to record the interviews was a request for permission to share participants' exact words in the form of anonymized quotes in my final report. If participants withheld this permission, participants' exact words would not be shared in the report, only used to inform thematic analysis. All eight participants consented to being recorded and to having their exact words shared in the form of anonymized quotes.

Anticipated Issues

There were a number of factors within this study that could have inhibited my ability to effectively conduct the study. Because I worked within the agency that provided ECMHC services to the child care centers participating in this study, participants might not have answered as candidly as they would with an unrelated researcher. To address this concern, I clarified during the processes of recruitment and gaining participant consent that: 1) I was acting independently of AgencyW for this study, 2) that no one from AgencyW would have access to any identifying information gathered during interviews, only the anonymized, aggregate data, and 3) that the purpose of this study was to inform the future improvement ECMHC services rather than specifically address issues within consultation at these two centers. I anticipated that participants would be slow to report any negative feelings about their relationship with their consultants, but I utilized reflective listening and open-ended questions aimed at uncovering different layers of the consultant-consultee relationship, in the hopes of encouraging participants to speak more candidly about their experiences working with an ECMH consultant as each interview progressed.

I also anticipated that some participants might feel hesitant to consent to having their interviews recorded because the prospect of having one's words recorded can be a source of worry for people who are not accustomed to such a practice, and I had planned to use

interpersonal skills of empathy and encouragement to ease participants' discomfort about being recorded, while ultimately respecting participants' rights to withhold consent to being recorded. However no participants expressed any hesitancy in consenting to being recorded.

The final issue I anticipated was a difficulty in recruiting enough participants to generate a pertinent contribution to the current field of ECMHC research. I had aimed to recruit eight participants, but understood that the sample available to me between the two participating child care centers included only nine teachers, as I did not recruit teachers to whom I was providing individual consultation services. In order to address this potential issue, I had obtained directors' agreement to provide float teachers to fill in for lead teachers participating in interviews, thus freeing lead teachers up to participate in this study during their work day. However, as mentioned earlier, all eight teachers I approached readily agreed to participate, fulfilling the intended sample size.

Potential Risks and Benefits

Although I did not anticipate any risk to participants, I recognized that it was important to consider the unlikely but possible degree of risk involved in semi-structured, qualitative interviews. This format of information gathering allows participants to answer interview questions with few parameters, so there was an unlikely but possible risk that talking about one's experiences could bring up distressing feelings. To address this risk, I reminded participants before the start of each interview that they could end the interview at any time if they experienced feelings of distress or for any other reason. I am experienced in observing clients' non-verbal communications, so I looked out for signs that participants were becoming distressed and was prepared to end the interview if participants showed signs of distress. If needed, I was also prepared to refer participants to appropriate mental health support services through

AgencyW. During the course of the interviews, no teachers became distressed. Only one interview was terminated early, and as previously mentioned, this was due to a scheduling mistake on the director's end.

Approach to Data Analysis

Congruent with the processes of data analysis outlined in grounded theory, I first transcribed the data collected during interviews and then used the strategies of coding and memo-writing to uncover themes within the data.

System for anonymizing data. Before transcribing the data, I anonymized the data by assigning each participant with a randomized alias. Aliases included the word 'Teacher' with a random alphabetic letter at the end (e.g. 'Tina' might have been assigned the alias 'TeacherF'). The file containing the alias assignment for each participant has been stored in a password-protected E-file that is only accessible to my advisor and myself. During transcription, I also omitted any reference to specific people or organizations by replacing the name with the person's title or the organization's agency type and a random alphabetic letter at the end (e.g. A director named 'Savannah' might have been given the alias 'DirectorM').

Transcribing data. I transcribed the recorded interviews using a transcription software retrieved from transcribe.wreally.com to expedite the transcription process. However, I proofread the initial transcriptions to ensure that any potential transcription errors were fixed before the coding stage. The original audio recordings have been securely stored in a password-protected E-File, and will be kept there for at least three years after the study has been completed, in compliance with IRB protocol.

Coding data. In order to identify significant themes within the data, I began data analysis by coding the transcribed interviews. Coding refers to the process of sorting through and

labelling pieces of information according to their attributes (Charmaz and Bryant, 2009). During the coding process, researchers identify and label pieces of information using process-oriented labels. These labels were later used to conceptualize the data and begin formulating theory. For the process of coding data and memo-writing, I used the data analysis software NVivo.

Initial coding. During the initial coding phase, I read through the interview transcriptions line by line and assigned each line with a short gerund phrase that appeared to best describe what the participant was expressing in that line. Using gerund phrases as initial codes helped me begin uncovering themes and outcomes of ECMHC that were not readily visible before.

Focus coding. After coding each line of interview data with gerund phrases, I moved on to selective coding, the process of identifying the most frequently occurring or most significant codes and then grouping data according to their appropriate focus codes (Charmaz & Bryant, 2009). These focus codes helped to illustrate the significant processes in ECMHC that were identified by participants.

Thematic coding. I then used these focus codes to inform thematic codes, which identify potential relationships between focus codes (Charmaz, 2006). These thematic codes eventually informed the construction of a tentative theory for participants' experience receiving consultation, which can be found in the discussion chapter of this report.

Memo-writing. Throughout the course of the interviews and the data analysis process, I utilized the practice of memo-writing to document and refine emerging themes within the data. This process began during interview process, as I began to jot down and reflect upon patterns that were emerging in interviews. Theses memos, or brief notes, informed my preliminary ideas about the processes involved in the consultative relationship (Charmaz & Bryant, 2009). During the coding process, I documented more focused ideas and themes within the coded data, noting

potential sequences and progressions of themes within the data. These notes were eventually used to articulate the study findings and inform my tentative theory.

Acknowledging researcher bias. As mentioned earlier in the chapter, I have been working as a graduate-level intern at AgencyW and have worked with many of the participants in this study before and during the course of this study. Although I did not recruit teachers to whom I had been providing individual consultation, I have been present in participants' classrooms for observations, and I work closely with the consultants referred to in this study. I acknowledge my inherent bias towards consultation and I have worked to find ways to separate myself from the data as much as possible, understanding that it is not possible to fully remove myself from this research setting. During recruitment, interviews, and follow-up meetings with participants, I reminded participants that I was there that day as a researcher and not a consultant. Additionally, I referred to participants' consultants by their names so that participants could more easily distinguish between their experience with a specific consultant rather than consultants in general. During the data analysis process, I refrained from adding contextual information about consultation that was not mentioned by consultants, as this additional context from my consultant perspective could skew the interpretation of the data.

Additionally, I sought external audit to confirm the accuracy of my codes in capturing the intended meaning of participants' words. My advisor, who was not involved in the data collection and analysis processes, and who is not connected to the research setting, reviewed my codes for accuracy and helped me reword codes that reflected a slightly different meaning that the original intent of the participant's words.

Supporting generalizability of theoretical model. In order to evaluate the accuracy of my theoretical model in capturing participants' true experiences in child care, I shared this

theoretical model with one teacher from the research setting who did not participate in the study but had been receiving consultation from the same consultant for the same amount of time as participants, and asked this teacher if this study's theoretical model fit her experience of the consultative relationship. This teacher confirmed that this model was congruent with her experience, specifically in regards to ways that consultation has helped address and alleviate challenges in child care and helped promote staff and center, as identified by participants. Because this teacher was not a participant but worked in the same setting as participants, her feedback helped to establish generalizability of the research findings to child care teachers working in similar center environments.

Conclusion

This chapter discussed my methodological approach to exploring child care teachers' experiences receiving consultation. This study's processes of data collection and data analysis were explained, as were the limitations of the study in regards to sample size and researcher bias.

FINDINGS

This chapter presents the main findings and themes that arose from analysis of participants' interviews. The chapter begins with a brief explanation of participant demographics before diving in to the research findings. Interview questions were based on the research question: 'What is it like to receive ECMHC as a child care teacher?', so the results from this study explain two main processes: 1) the progression of the consultative relationship over time, and 2) the value of consultation in addressing challenges and promoting protective factors in child care. A third, more tentative process emerged as well, the process in which challenges and protective factors influence the implementation of consultation, but this third process was inferred from the data rather than directly addressed by participants, and therefore requires further study in order to be substantiated. The significance and implications of these findings will be discussed in the following chapter.

Participant Demographics

I collected the following participant demographics in order to examine the role that certain demographic factors may play in the outcomes of ECMHC: participant's sex, age group, education level, and years of work experience in child care. It is important to note that all lead child care teachers in Colorado are required to have completed a minimum of two three-credit-hour early childhood classes from an accredited college or university and worked in a child care role for at least two years. Less early childhood work experience is required if lead teachers have completed additional early childhood coursework (Colorado Department of Human Services: Office of Early Childhood, 2016a). Table 3 displays the demographic information collected from participants during the interviews. It is important to note that age, education level, and child care

Table 3. Participant demographics. This table provides the following demographic information of the child care teachers who participated in this study: sex, age group, education level, and paid ECE teaching experience.

Participant Alias	Sex	Age Group (years)	Education Level	ECE Teaching Experience (years)
TeacherC	Female	56 - beyond	Associate’s	34+
TeacherK	Female	36 - 45	Associate’s	19
TeacherN	Female	36 - 45	Some college	12
TeacherO	Female	46 - 55	Bachelor’s	5
TeacherP	Female	18 - 25	Some college	6
TeacherS	Female	56 - beyond	Associate’s	25
TeacherX	Female	26 - 35	Some college	5
TeacherY	Female	36 - 45	Master’s	5

experience varied significantly between participants, with no clear correlation between these factors. TeacherC and TeacherS were the most similar demographically: both were in the “56 – beyond” age group, both had associate’s degrees, and both had over 20 years of child care experience. However, the other six teachers did not share more than one demographic factor with one another (excluding the factor “female”), demonstrating that there is not a clear correlation between age, education level, and child care experience in this sample of lead child care teachers.

Understanding the Progression of the Consultative Relationship

The primary interest in this study, before considering ways in which participants did or did not find consultation to be helpful, is to better understand how child care teachers experience each phase of the consultative relationship, from initial thoughts and feelings to the relationship

as it exists at the present. The following section presents the key processes in the progression of the consultative relationship as identified by child care teachers.

Feeling hopeful initially. All eight participants expressed feeling a kind of hopefulness when they first heard that ECMH consultants would be coming in and working with them. A recurring sub-theme in this initial hopefulness around ECMHC was this idea of having a “fresh pair of eyes” to offer teachers new perspectives and strategies for addressing challenges in child care. One participant explained this sentiment as such:

> Just relief, because we know that we don't have all the answers, people above us here didn't have answers that were working, and so everybody was feeling kind of frustrated and it was just nice to know that we'd have a fresh... you know, fresh sets of eyes to look at our circumstances. (TeacherS)

This excerpt reflects both the frustration felt by teachers who were running up against challenges in child care, and the relief felt by teachers at the prospect of having new insight into these challenges. Another participant expressed excitement for this prospect of a new perspective:

> Total excitement to have somebody different, you know, new blood coming in, different opinions, different ideas other than Administration, other than your co-workers, you know, just somebody fresh. (TeacherN)

This participant, while apparently not as frustrated at her circumstances as TeacherS, still looked forward to receiving newer perspectives than those held by directors and other teachers.

Feeling hesitant initially. While all eight participants expressed hopefulness at the prospect of receiving consultation, a few teachers also expressed some hesitancy about consultation. This hesitancy seemed to center around uncertainty about the purpose and mode of consultation. One participant expressed her feelings of hesitancy around the purpose of consultation:

> At first I might have been a little bit worried because I was like 'Well why do we need the consultation?'. (TeacherX)

It is important to note that TeacherX was hired at CenterQ approximately five months after consultation had begun at CenterQ, and she was therefore not present for the initial presentation on the purpose and mode of consultation, and this may account for her initial feelings of uncertainty. Another participant expressed feeling unsure of what to expect from consultation:

> at first I was kind of like 'what is this going to be about?' … I wasn't really sure what to expect, and ConsultantU was, you know, like ... 'you can share whatever' and I was thinking 'do you really mean whatever?' You know, like, so... 'Or is this really just work stuff?'. (TeacherK)

Unlike TeacherX, TeacherK was present for the initial presentation on the purpose and mode of consultation, and yet she still expressed some uncertainty around what to expect from the intervention. For TeacherK, the uncertainty centered upon what she could and could not share with her consultant, not knowing whether this consultation time was meant only to address work-related concerns or if she could also bring up non-work concerns as well.

Becoming comfortable with observations. In answer to questions about participants' experience being observed by their consultants, some participants expressed never feeling discomfort towards observations, attributing this to already being familiar and comfortable with classroom observations. The three participants who expressed that this experience was initially unsettling explained that observations became more comfortable as they became familiar with their consultants and better understood the purpose of observations. One participant, who has worked as a child care teacher for over 34 years, explained that she never initially enjoys being observed, but that familiarity with her consultant made observations easy and enjoyable:

> I don't think anyone ever really likes being observed, but... there is a time where are you can relax after you know them, and you get used to them being there and you look forward to them coming... So in the beginning it's a little bit... you kind of wonder 'What are they thinking?'...but that's about all… Maybe a couple times and I was fine. (TeacherC)

This concern for what consultants might be thinking of teachers during observation was mentioned by the other two participants as well, and this concern seems to be related not only to unfamiliarity with the person observing, but also uncertainty around the purpose of observations:

> I think at first, before I really understood why, it made me a little anxious because, you know, we all can do our jobs but when somebody is watching you do your job, it's a little nerve-wracking because you're like 'Okay, what did I...? What am I doing wrong? What am I doing right? What are they looking for?'. (TeacherP)

This excerpt highlights the thought process behind this participant's feelings of anxiety, namely thoughts around her performance in the classroom. However, TeacherP qualified this statement with "before I really understood why," indicating that understanding the purpose of observations helped to alleviate her worries about being observed by her consultant. The third participant expressed a similar sentiment around performance anxiety, relating her initial expectations of observation to her previous experiences being observed by child care quality rating programs:

> at first I was worried about observations because I think it was like one of the rating people coming in to observe and after we... it was a lot easier than I thought it was going to be… it wasn't like 'I'm grading you on this'… I thought it was really great, and I really like how they give positive feedback… to hear that feedback was also very nice and encouraging and made the observation super easy. (TeacherX)

Although TeacherX was initially worried that she would be critically evaluated by her consultant, this worry subsided when she saw that she was not being rated and she received positive feedback rather than critique from her consultant during observations.

Becoming familiar with consultant. In answer to questions about their first few interactions with their consultants and then their interactions a few months into consultation, many participants identified that these interactions became more comfortable as they became more familiar with their consultants. One participant related this experience of becoming more familiar with her consultant to the experience of talking with a close co-worker:

> They became, you know, not so... I wouldn't say they were ever really stiff or anything, but you know, more of like just talking to somebody that you work with all the time and who understands what you're going through. (TeacherP)

For TeacherP, familiarity brought not only comfortability, but also understanding. While her first few interactions with her consultant were seemingly positive, they lacked a degree of understanding on the consultant's part that can only be gained through time spent together in conversation and observation. Another participant expressed a similar experience of developing greater understanding with her consultant:

> Much more at ease ... [like] a friend… now we can sit and talk about anything and everything for a moment in time. I can squeak in a little 'How are you doing?' for a minute, and she squeaks in how am I doing, and then we can move on to the children and make sure that the children are... that we're able to follow through with what we've kind of made a plan for and... how it's making us feel. (TeacherC)

For TeacherC, familiarity in the consultative relationship enabled she and her consultant to dive more quickly into focused conversations about the children in the classroom and how she (TeacherC) was handling concerns in the classroom. This familiarity also brought a level of openness to conversations between TeacherC and her consultant, characterized by TeacherC's statement "now we can sit and talk about anything and everything for a moment in time."

Developing trust with consultant. Concurrent with this process of developing familiarity in consultation, many participants identified a process of developing trust with their consultant and the impact that this trust had on their interactions with their consultant. One participant explained how she developed trust with her consultant, and even identifies the specific turning point of trust in the relationship:

> I'm not really one to really share a lot when I don't really know somebody... once I get to know somebody it's fine, you know, and I feel comfortable with it… at first I definitely just tried to keep it work-related stuff… very like surface... but as I got to know her that definitely changed… I think one day she came in and the schedule had gotten all jumbled up and I was already having a really stressful day and she could see that I was already like... so she... that day was just really, I think, probably the monumental point where...

> she was like 'Are you okay? I know it was very stressful when I first came in and you didn't know what was happening' and so I think it was probably then. (TeacherK)

For TeacherK, trust and comfortability are usually developed through familiarity, but the turning point in her relationship with her consultant occurred when her consultant was emotionally responsive towards her, recognizing that she was having a stressful day and intentionally checking in with her on a personal level. Another participant shared a similar experience of finding her consultant to be positively responsive:

> I've always felt like I could always go to any of them with anything and it wouldn't matter... they're not going to criticize me and, you know, like 'What are you doing? Are you kidding me?' ... and instead of 'Well did you do this? Did you do this?', it's 'Well, have you tried...? or 'How do you feel about...?'. (TeacherN)

For TeacherN, this positive responsiveness that she received from her consultant helped to maintain her trusting relationship with her consultant because she knew her concerns would be well received.

Another participant identified that it can be difficult to trust others with concerns, especially work-related concerns, because sharing these can bring negative consequences if these concerns were ever shared with another teacher or a director. This participant explained that she needed to know that she could trust her consultant with this sensitive information before sharing openly with her:

> I don't like to share anything because it can come back and bite you in the butt, and so I have to trust somebody a lot to share about you know, even frustrations at work… at first it was kind of the trust thing. 'I don't know how far I can trust you', and then by the time we were done it was like 'Oh this irritates me and this irritates me'… I've always been relaxed with her... just guarded, so there was like no guarding by the third month. I was like 'Yeah okay. Here it is'. (TeacherO)

Once TeacherO felt she could trust her consultant to keep their conversations confidential, she was able to speak freely with her consultant without feeling guarded. Another participant

expressed a similar sentiment, identifying relationship-building as a key component in the process of developing trust:

> you have to build that relationship… where you really understand each other… I think we're at a really comfortable level where we can talk about... almost everything professionally and, you know, I can rely on her to keep that confidential, and that I can tell her kind of whatever I need to say and talk through things with her" (TeacherP).

Trusting that her consultant would keep their conversations confidential allowed TeacherP to more fully utilize the consultation time because she felt she could process whatever she needed to with her consultant.

Evaluating the Value of Consultation

When reflecting upon their overall experience in consultation, all but one teacher (TeacherY) expressed that they found consultation to be a positive and helpful experience. Because TeacherY's experience deviated significantly from the experiences of the seven other participants, her experience will be explored separately from these main findings in a later section of this report. This current section highlights the ways in which consultation did and did not meet the needs and expectations of these seven participants.

Helping to address and alleviate challenges in child care. In the course of their interviews, participants identified a number of challenges they have experienced in their work as child care professionals. These challenges were layered, and often fluctuated based on the dynamics of the children in their classroom from year-to-year, the dynamics of their staff and leadership, as well as dynamics in their personal lives. Table 4 demonstrates the most significant ways that consultation directly addressed and helped alleviate specific challenges in child care. Only themes that were raised by at least five out of eight participants have been included in this table. These themes of consultation directly addressing challenges in child care are ordered by how frequently they were mentioned by participants, from most-to-least frequently occurring.

Table 4. Challenges addressed in consultation. This table highlights the ways in which consultation helped to address and alleviate specific challenges in childcare.

Theme	Challenges in Child Care	Addressed in Consultation
Having a space to speak freely	"for a lead teacher... there's a lot on our plate already... I don't know that, as far as stress goes and that sort of thing… I don't always know how to have like an outlet." (TeacherK)	"just to know that there's this other support… where we can really just be open and, you know, say things that are bothering us… that kind of helped to... kind of have that outlet kind of put on me." (TeacherK)
	"when you've had one of those mornings and those days… life's been rough around the edges." (TeacherC)	"[It was] just very helpful to be really honest with her when there was things that were going on in the classroom… you can say what's on your mind and you know you're not going to hurt anyone's feelings at all… I got to just spill it there a couple times... it was a big relief." (TeacherC)
	"Not to say that they don't, you know, that up-front doesn't [provide emotional support] ... [but] they have their job to do, we have our job to do." (TeacherX)	"the fact that I get to personally talk to somebody, like just have that 30 minutes a month or however often it is to get my feelings out there and my frustrations and be able to just vent about work and in appropriate setting is really healthy… very uplifting and supportive, very supportive. It's good to feel supported as a teacher." (TeacherX)
Brainstorming with Consultant	"the teacher that I work with and myself were fairly experienced but we were coming up against things that didn't seem to have any logical answers... people above us here didn't have answers that were working, and so everybody was feeling kind of frustrated." (TeacherS)	"She had a lot of experience and she really had just some good ideas that were practical, that were inexpensive, and that we could start using right away. And they worked really well." (TeacherS)

Theme	Challenges in Child Care	Addressed in Consultation
	"it was hard at Dinosaur School a little bit. Had all them cutie little boys, but they were hard to figure out for a minute… 'How can we do this? I've got this and this and this and this, and I'm doing this, this, this, and this, but I need it tweaked'." (TeacherC)	"[we] talk about children and brainstorm and get ideas off each other… that's what I could do when we got to talk... got to ask those hard questions... you get a time to just say 'Help!'... and you've got it… a couple ideas that I hadn't quite got there yet." (TeacherC)
	"I've only actually worked childcare for 5 years. I was a preschool teacher for 20 years before that, so being that this is my first like actual preschool/child care... the experience was very... shocking. Kids are totally different than what the children are just the ones that just go to preschool and then go home... and so that was the big thing and hardest to... to deal with was 'Where are these kids coming from?'." (TeacherO)	"It was a way to talk to somebody who is not connected... and brainstorm sometimes. Sometimes we brainstormed over 'Okay, what can we do?' ... and I had time to do that instead of... you know, like in the classroom and then going 'Hang on a second. I've got to go over here and put out this fire'." (TeacherO)
Processing Personal Concerns	"everything going on personally… everything that's gone on with my daughter and with my mom... no matter what they say, you can't leave it at home, and… we need that [personal support] because sometimes we don't get that from Admin because they're focused on money and pushing kids through, you know what I mean? Their goal is different." (TeacherN)	"[Consultants are] here... for just not only the... work aspect, but personally... because it does all go together … I think the last time I sat there and talked with ConsultantU, it was a 'me' time... it had nothing to do with work… I didn't know I would get so much out of it. I thought it would just be... I didn't know it would have that personal aspect to it." (TeacherN)

Theme	Challenges in Child Care	Addressed in Consultation
	“my dad died... and then I had my brother die a couple... few months after that… I didn't want to drop the children of course in the classroom, but it really affects you when certain things happen in your life… you know you're moving, you're kind of in a trance, I think, when you're... when you go through things like that, and you don't really... you want to be accountable for everything that you're doing and you're trying.” (TeacherC)	“I really needed someone to talk to… I was worried if I was that reflection of sadness into the room… But I wasn't… it was really... confirming when... ConsultantU could come in and she could observe and then I could find out 'Yeah I really still got this'... So it was really nice to have that at that time in my life... it was a big relief. I could say something and just know that I was still me, and I can still do good in the classroom and be alright.” (TeacherC)
	“I definitely had some of my own like personal stuff, like life just happened for me, like I don't know the middle of the year and so... I really felt like, you know, it was affecting my job and kind of, you know, my attitude while I was here… family issues and stuff at home, just kind of... went a little crazy and… I didn't really know how to deal with that.” (TeacherK)	“I think she could see that and so she was very good to, you know, check with me on a personal level also… I didn't know if AgencyW did like family counseling and that sort of thing and so I kind of asked her about that and she, you know, she gave me resources for that... I've learned how to kind of separate stuff that's happening outside and... know how to not bring it here to work all the time.” (TeacherK)
Improving Staff Communication	“Oh my God, there was no... no communication. None… it just would drive me nuts. And they're like 'Well, why didn't you do this?' Like 'Because you didn't tell me that I needed to do it'. (TeacherO)	“She went to DirectorZ and said 'This is an issue with all of your teachers and it needs to be addressed because they're getting very frustrated'. So she was the one that... started the ball rolling and get it... she went and made the water smoother so there was no offense taken… and it's gotten a lot better.” (TeacherO)
	“[I didn’t know] how to [express concerns to staff] without having them take offense, because I don't do that... 'Well you're doing this wrong' and not like that.” (TeacherO)	“Well she gave me ideas, you know… how to phrase these phrases that are not bad... to where it's not offensive, because I'm a very direct person... how to still be direct but not say it to where people will take offense at it.” (TeacherO)

Theme	Challenges in Child Care	Addressed in Consultation
	“we work with women. We all have hormones, so it can be difficult to be like 'Hey I gotta talk to you for a second'.” (TeacherX)	“You can kind of see like between the staff too where it's like okay well if you have an issue talking with somebody well now we’re able to talk to each other about [it].” (TeacherX)
Receiving specific help for specific concerns	“we're on a time crunch… and it seems like everything always happens like this *snaps*.” (TeacherN)	“if we ask for specific things she... she gets it right to us. Or if she doesn't know, she's like 'Well, I'll find out and I'll get right back to you' and she does... and that's huge.” (TeacherN)
	“at the time we were interviewing some older teachers, and I have had an experience where the other assistant who was older than me didn't want to listen to me as a lead because she was older, and so things didn't really go very well and that was causing a lot of anxiety for me because I don't want to lose my position over that again.” (TeacherP)	“So we were just talking about things I could watch for in an interview or... I think ConsultantU's recommendation for us getting to sit in on the interviews sank in with them because I've gotten to, so that really helped get to see them in a different, you know atmosphere. People are much different around directors or, you know, bosses, so you get to see a little bit more of them with that.” (TeacherP)
	“I have some kiddos who have a really hard time conflict and they *snaps* ... it instantly triggers and they're off the rocker, they just don't know how to handle it.” (TeacherX)	“‘Tuck the Turtle’ was one of those things ConsultantJ saw and she's like ‘You know, this would be really good for your class’, and she did it for the whole center and they all loved it… it has been very specific help, which is good.” (TeacherX)
Receiving emotionally responsive support	“I definitely had some of my own like personal stuff, like life just happened for me… one day she came in and the schedule had gotten all jumbled up and I was already having a really stressful day.” (TeacherK)	I think she could see that and so she was very good to, you know, check with me on a personal level also… she was like 'are you okay?', you know, 'I know it was very stressful when I first came in and you didn't know what was happening'” (TeacherK)

Theme	Challenges in Child Care	Addressed in Consultation
	"I could say a few months into it, that's probably when I had personal things happening in my life, and I really needed someone to talk to… you're moving, you're kind of in a trance, I think, when you're... when you go through things like that." (TeacherC)	"when you talk to someone about problems or just sadness, they know a lot... and then all you have to really do is just even get that 'Hi!' when they walk by, and I... you can tell that they care, so you're alright… I just enjoyed it and needed it a lot. It was nice." (TeacherC)

Helping promote protective factors in child care. In addition to addressing challenges in child care, participants identified a number of ways in which their consultants helped promote protective factors (inherent personal strengths and environmental resources) in child care. These protective factors varied between child care centers and child care teachers, as each teacher brought unique personal strengths to her center. The following section highlights the most significant ways in which consultation helped promote participants' protective factors. These themes were mentioned by at least five out of eight participants, and are ordered by how frequently they were mentioned by participants, from most-to-least frequently mentioned.

Feeling validated as teacher. Many participants identified the importance of being validated in their work, explaining that this validation helped them keep moving forward on difficult days. One participant explained that this validation was especially important to her when she was struggling to address some difficult behaviors in her classroom:

> I feel validated that somebody is in there actually... actually observing, watching, seeing that we're doing all that we can do, and know how to do, and with all the experience we have… that somebody sees and acknowledges that you are doing everything you can. (TeacherS)

For this participant, receiving validation from her consultant and having her efforts acknowledged was an important support for her when the challenges in the classroom persisted

despite her best efforts. Another participant expressed a similar appreciation for the validation she received from her consultant, explaining that it was a helpful reminder for her when she was going through some difficult personal matters:

> I had personal things happening in my life, and… I was worried if I was that reflection of sadness into the room. But I wasn't… she helped me know that I'm good at what I do, even though I knew... it's satisfying... it's nice to hear it too. You have to hear it. (TeacherC)

It is important to note that TeacherC had been working in child care for over 34 years, and TeacherS for 25 years, and both still identified validation as a necessary support in their work as teachers, seemingly indicating that teachers do not outgrow their need for validation.

Adding to teachers' understanding and skills. In addition to feeling validated in their work as teachers, a number of participants identified ways in which consultation provided them with information and strategies that supplemented their existing knowledge of child development and classroom management. One teacher explained that she is naturally intrigued by child behaviors and she works to understand them more so she can better help the children in her care:

> I like behavior a lot... so I can't say that it stresses me out. I just want to know about it... And as soon as I get knowing about it and understanding it from a deeper level, then I can really move into it wholeheartedly… because I know where it began. So... I just feel like that's what I could do when we got to talk... got to ask those hard questions... and then I could get some help with that… even if I did know the answer on how to help that little person, or I felt like I did, you never really know that whole true answer, and it's really nice [to] … get their perspective... to add to your own. (TeacherC)

TeacherC was already working to better understand child behaviors in order that she might better support the children in the classroom, but she valued the additional perspective offered by her consultant. Another teacher expressed a similar appreciation for this additional perspective to supplement her own, adding that her consultant made this additional information easy to understand:

> Very positive. Very informational. It's really nice to have an outsider's point of view when you're in your classroom every day and just even once a month, it's like 'Oh let's change something up' because they made me think of something new or gave me some different ideas... they make it interesting and they make it apply-able and so it's easier to pick up that information because it's not just the same thing over and over again, or it's not language that I don't understand. (TeacherX)

This excerpt highlights the importance of providing supplemental information and strategies in a manner that is engaging and accessible for child care teachers.

Promoting personal self-awareness. Considering the ways in which consultation has affected them personally, a number of participants expressed that they learned more about themselves through consultation. One participant explained that this increased self-awareness helped her better understand herself in the context of her work as teacher:

> It's just made me more aware of like, the kind of person I am for my job, for my bosses, and the children I take care of. It's made me more aware of how my heart works, you know, for them. (TeacherK)

Another participant added that consultation helped her better understand why she teaches the way that she does and the thinking behind it:

> the more time I've been able to spend with them, we've been getting a little bit deeper into... more personal things as to why I teach the way that I do and so it helps me understand my thinking. (TeacherX)

This self-awareness helped teachers better understand how their personal experiences and ideologies impacted their work with children, and vice-versa, as another participant explained:

> somebody over here was screaming and... I was like 'I can't handle that', and she was like 'From that person or just screaming unnecessarily in general?' And that made me think…. [helped] me figure out that it's not the kid, because I knew it wasn't kid, but I had never been asked that question. (TeacherO)

Through some reflective questioning from her consultant, TeacherO was able to better understand her reaction to the screaming child, realizing that this behavior of unnecessary screaming triggered a strong reaction in her.

Ways ECMHC was unable to address challenges in child care. Although the vast majority of feedback for consultation was positive, especially in regards to consultation helping to address challenges in child care, a few participants did identify ways in which consultation did not meet their expectations. More time will be spent discussing the importance of informing participants' expectations in the discussion chapter of this report. The following section simply presents the critical feedback of consultation offered by participants.

Wanting immediate answers from consultant. One participant expressed that she had felt some frustration earlier in the year when her consultant was unable to give her immediate answers about some challenging behaviors that were going on in her class. This participant had experienced a change in consultant about six months into consultation, and she identified a significant difference in response between her first and second consultant:

> I had ConsultantH first, and I thought that was wonderful. She had a lot of experience and she really had just some good ideas… I really like ConsultantU and I feel like, you know, she gets along with everybody, but that she just doesn't have the experience, and so it would be just slightly frustrating when I would ask her a question and she'd almost always say 'Well, I'll get back to you on that', you know, 'I need to talk it over with my supervisors'. (TeacherS)

TeacherS went on to explain how this lack of immediate feedback eventually led to greater frustration when she was facing more significant challenges in the classroom and the suggestions ConsultantU gave her did not seem to help:

> Last year, when we had four difficult girls in our class... nobody really had any answers, and it's not that I blame anybody. It was just that it... we were disappointed that there was nothing at this level that we could do to help them… At the beginning, I kind of thought... it just sounds ridiculous now, but I kind of thought that you guys would have all the answers and that we would just be able... I would just be able to pop in and say 'This is what's going on' and you'd be able to put your finger on it or, you know, after a couple times of observation, that there would be more helpful suggestions. (TeacherS)

TeacherS had expected immediate answers from her consultant, and she received some with her first consultant, but found that her second consultant was not able to answer as quickly, and this

led to some frustration for TeacherS as the challenging child behaviors in her classroom became more intense.

Wanting more consultant-child interventions. A common theme in participants' feedback about consultation was a desire for consultants to spend more time working directly with the children. One participant expressed that she really appreciated the few social-emotional small groups that her consultant did with some children who were struggling in the classroom, and she wished her consultant would do more of those groups:

> for a while, we did the small groups with the kids. That was amazing... but then that, you know, again it was the timing, the scheduling of where to go and what to do... That didn't work out, which would be nice to see again. (TeacherN)

Another participant expressed a similar sentiment, explaining that these groups had been very helpful for children who were struggling to regulate themselves:

> I wish it would be more… with the kids and stuff, I wish that would be more... meeting with the kids more than what they did… especially with the kids who have a hard time getting together and a hard time with their peers and bouncing off the walls… the few things that they did with them, you know, it really helped, and I think if it... if they could do it… more than once a month, I think it would really help more. (TeacherO)

Considering the effect of inconsistency. A few participants expressed that there were times in consultation when their consultant would be unable to meet, and these participants spoke to the effect that this inconsistency had on the helpfulness of consultation. One participant expressed that this inconsistency and subsequent lack of continuity in consultation led her to rely less on her consultant for answers and support:

> I think part of the initial excitement was dimmed when time after time, for various good reasons, people can't show up. You feel like you're going to... you know, you're anticipating talking to somebody and repetitively it doesn't happen… I don't remember that it [affected my relationship] with ConsultantH, and I don't think it really did with ConsultantU either. It's just… when you miss those times, just the continuity is broken… when you feel like there's some stability and support... and then it's not there, I mean, I'm just not going to depend on that as much. (TeacherS)

While TeacherS's relationship with her consultants was apparently not affected by this lack of consistency, TeacherS did identify that it limited her inclination to depend on her consultants for support. However, it appears that the effect of inconsistency can be mended if consultation becomes more consistent. One participant expressed that consultation was initially inconsistent, but it soon became more consistent, and her experience had been positive since:

> ConsultantH is amazing. We would meet... I loved meeting with her... see it seems like, well of course because she had the baby, but... we would meet with her periodically, it didn't seem like it was very consistent in the beginning but then we'd get to meet with her once a month, and then ConsultantU stepped in very easily… I mean it's all worked out, so nice with everybody. (TeacherN)

Another participant added that there were times when her consultant forgot to follow-through with a request, but her consultant's cumulative record of following-through with requests was still positive:

> She's always been, I think, pretty good about [following through] so... I think sometimes she just forgot and, you know, I can only imagine how much she actually has to do... There were occasions where we had a harder time… for the most part she's always been pretty good with following through. (TeacherP)

The distinction seems to lie in the frequency of inconsistency, where occasional or temporary inconsistency can be reconciled, but frequent instances of inconsistency might lead teachers to stop relying on their consultant for support.

Examining the outlier. While a number of participants identified ways in which consultation could have been more helpful or identified challenges in their time in consultation, all but one participant (TeacherY) still considered consultation to be a positive experience overall. Considering that TeacherY's experience differed so drastically from the rest, her experience will be examined separately from other participants' in the following section.

Expecting behavior coaching. Similar to a few other participants, TeacherY expressed that she initially expected to receive more immediate and child-specific support. She explained that she had been expecting on-going behavior-coaching in the classroom:

> Basically I thought it would just be, you know, kind of observing in the classroom and then giving some ideas on how to deal with certain behaviors that, you know, maybe we could try and we weren't, you know, familiar with, and more of an ongoing basis and more like in-class kind of stuff… Just having the person actually in the room more, and kind of giving us coaching in the room. (TeacherY)

TeacherY was not the only participant to express this unmet expectation for immediate feedback in consultation, but unlike other participants, TeacherY was not interested in receiving more individual, personal support, and was therefore unable to find any benefit to consultation:

> I mean, we had fine little chats but... it was more kind of like 'well how are you feeling?'… 'I'm fine but I want help with this child and you're not giving me any ideas', so I guess that's what I wanted more was help with specific child behaviors, not how I was doing… I felt it was kind of a waste of time… truthfully… I really honestly haven't seen any... benefits… I think that it could be a very valuable tool if, you know, if they could really offer some valid… workable advice to help us… haven't really had any of that. (TeacherY)

Here, TeacherY explained that she was not interested in receiving teacher-focused support, an important distinction because TeacherS expressed a similar frustration with not receiving immediate, child-specific support, but she still appreciated the individual support and validation she received in consultation. TeacherY also expressed that her disappointment in consultation might have been avoided if the purpose of consultation had been more clearly explained in the beginning:

> I guess maybe that was a problem of... when they told us that this would, you know, this was happening, it wasn't really explained what the purpose was clearly, because what we thought, I think, was not what was going to really happen. (TeacherY)

Finding consultation inconsistent. TeacherY identified that, for her, the greatest challenge in consultation was the inconsistency of observations and consultations. She explained

that this inconsistency limited her consultant's ability to truly understand the classroom dynamics:

> it was very intermittent... and inconsistent, and I think... for it to work, it needed to be more often and consistent so that they kind of just became... part of the fabric of the classroom so they could really see what it was really like, because I think sometimes it's kind of artificial, the kids' behavior when a new person is in the room... It was just so random when she would be here. It really was not... I just did not see any benefit to it. (TeacherY)

Inconsistency in consultation was a challenge raised by a few other participants, but TeacherY's experience differed from most of these participants in that consultation did not become more consistent over time, and so the effects of inconsistency were not reconciled by more-consistent consultation later on.

Feeling undermined by consultant. TeacherY described her initial experience in consultation as "fine," despite it not meeting her expectations, but she explained that the relationship took a downward turn when she experienced conflict with her consultant and her directors concerning some difficult child behaviors in the classroom:

> I think it started out fine, you know, it was okay... but I really do think that eventually it just kind of got in the way of the issue that we had with the one child. It was getting totally out of control… [there] was a child that just had a lot of behavior issues. Biting, defiance.... and I tried to ask for more help in, you know, finding out what was going on with this child, and for whatever reason we could never... I think Admin kind of stood in the way... there was just so many walls to break down that nothing ever changed, and the classroom teachers just felt very undermined by everything that happened. (TeacherY)

When asked how this conflict affected her relationship with her consultant, TeacherY expressed that the relationship functionally ended after this conflict occurred:

> It basically ended it... yeah… I've only talked to her like once [since]… it was fine, I mean, it was professional, but I'm not really sure where it's going to go from here because she hasn't been actually in the classroom… so I'm not really sure what's happening. (TeacherY)

It is important to note that this conflict occurred in the Spring of 2016, approximately six months before TeacherY was interviewed, indicating that the fallout from this conflict, namely the lack of further communication with her consultant, persisted for a significant amount of time and cannot be attributed to scheduling challenges on the consultant's part. It is important to consider how this lack of communication affected TeacherY, regardless of her consultant's potential motives and reasoning, because this experience was apparently detrimental to TeacherY's overall experience with consultation.

Considering How Child Care Dynamics Impact Implementation of Consultation

Although the majority of data from this study indicate ways in which consultation affects existing challenges and protective factors in child care, participants did offer some direct and indirect references to ways in which challenges and protective factors in child care may have influenced the effectiveness of consultation. There do not appear to be enough data in this domain to substantiate any theories about ways in which challenges and protective factors in child care affect the implementation of consultation, but these themes do raise opportunities for future research and have therefore been included in this report. The following section presents findings related to ways in which consultation may be impacted by child care dynamics.

Being limited by challenges in child care.

Limited by scheduling conflicts in child care. A few participants mentioned that there were times when scheduling conflicts within the center limited their time in consultation. In answer to the interview question about challenges in child care, one participant explained that it was sometimes a challenge to find time for consultation:

> I think just finding the time to do it. Sometimes you just have too many kids and not enough staff, or schedules get wonky, like it's been Christmas break so everybody's had a weird schedule. (TeacherX)

Another participant added that the limited amount of available space at the center limited her consultant's ability to continue doing social-emotional small groups with children:

> for a while, we did the small groups with the kids. That was amazing... but then that, you know, again it was the timing, the scheduling of where to go... That didn't work out. (TeacherN)

Limited by parents' resistance. One participant spoke to the effect that resistance from some parents had on she and her consultant's efforts to support a child that was struggling in the classroom:

> There was an incident with child who ended up dis-enrolling because [the parents] just disagreed completely with what ConsultantU was saying, what we were saying … we had lost that child but... I think we would have lost him no matter what because we would have been pushing for him to get tested, and ConsultantU was trying to assist us with that [referral process], and they did not like that. (TeacherP)

Limited by teachers' resistance. In addition to being limited by parental resistance, it appears that teachers' own feelings of resistance to certain interventions may similarly limit the implementation of consultation. One participant shared her thoughts on communicating with parents, explaining that even though she had begrudgingly accepted this responsibility, she still wished her consultant would handle this responsibility for her:

> it sounds like it'd be easier for her to go straight to the parents because she's... she is more objective, you know, she's... she doesn't have a bias because they're not in her classroom, she's not with them all the time… it was a little frustrating at first, a little, you know, I was like 'Oh okay. I actually have to do more work than I thought'. (TeacherP)

Utilizing groundwork laid by protective factors. This theme, considering ways in which teachers' existing strengths and internal resources prepared them to receive consultation more readily, is certainly more inferential than the previous theme, but may offer some insight into why some participants were more apt to receive consultation than others.

Utilizing teachers' readiness to learn. The majority of participants expressed that they are regularly seeking new opportunities to expand their knowledge as teachers. One participant expressed that she has always valued the input she receives from other professionals:

> I've always liked other people in the classroom… I've learned to appreciate what other experiences people have and, you know, just bringing that into the room. (TeacherN)

Another participant added that this experience of learning new things every day is one of the reasons she enjoys being a teacher:

> I really like how they give [specific] feedback… that's one of the reasons why I love to do what I do is because there are so many things to learn every day and just to remember the little things that you do learn… to hear that feedback was also very nice and encouraging. (TeacherX)

Utilizing teachers' appreciation for reflective work. A number of participants expressed the importance of spending time reflecting on how they are doing personally and then reflecting on how the children in their care are doing. One participant expressed that this personal work is important because it does carry over into the classroom:

> no matter what they say, you can't leave it at home… because it does all go together… I think that it starts with the whole person before it gets to the classroom. (TeacherN)

Another participant spoke to the importance of spending time reflecting on how children are doing in the classroom in order to stay positive and better help the children in her care:

> when you have a space that you get to talk about children, and children are who you care so deeply about, and you just want to make a positive aspect in their life... that this... that counseling is very important, and that you need it. Teachers need to be able to just talk about those children so they can always stay on that positive side, because that's... if you're truly into it because you love children, that's where you want to stay. And that really helps you. (TeacherC)

Considering Demographic Influences in Consultation

When considering teachers' experiences in consultation, it is important to consider the influence that certain demographic factors may have on these experiences. Participants in this

study represented a diverse range of ages, education levels, and years of experience in child care. The two participants who experienced significant challenges in consultation (TeacherS and TeacherY) varied significantly from one another in age (56+ years and 36-45 years respectively), education (Associate's degree and Master's degree respectively), and years of experience in child care (25 years and 5 years respectively), indicating that these variables do not necessarily predict teachers' experiences of consultation. Similarly, the remaining participants who found consultation to be beneficial in numerous domains varied significantly in these three demographic domains as well, representing age ranges from 18-25 years to 56+ years, education levels from 'some college' to 'bachelor's degree', and claiming anywhere from 5 to 34+ years of experience in child care. However, a larger sample size is needed to substantiate this theory that demographic factors of teachers' age, education, and years of experience in child care do not necessarily predict the outcome of consultation.

Conclusion

The purpose of this chapter was to present the key findings gathered from participant interviews, specifically those that speak to the progression of the consultative relationship and the ways in which participants did and did not find consultation to be a helpful and effective intervention. The findings indicate that, in regards to the progression of the consultative relationship, 1) how well-informed teachers' expectations for consultation were impacted participants' satisfaction with the intervention, 2) trust in consultation was built through consistency and confidence in confidentiality, and 3) consultants' positive emotional responsiveness was a significant mechanism in the building and sustaining of a positive consultative relationship. In regards to the value of consultation in addressing challenges and promoting protective factors in child care, participants most valued the following aspects of

consultation: 1) having a space to speak freely, 2) brainstorming with their consultant, 3) processing personal concerns, 4) feeling validated as a teacher, 5) gaining additional understanding and skills, and 6) growing in self-awareness. The few concerns raised by participants regarding ways in which consultation did not address challenges in child care included: 1) consultants not having immediate answers, 2) consultants not providing much direct support to children, and 3) consultants coming in inconsistently at times. The implications of these findings for future research and practice will be discussed in the following chapter.

DISCUSSION

The research question that guided this study was: “What is it like as a child care teacher to receive early childhood mental health consultation. This question was broken down into interview questions that examined, from teachers’ perspectives: 1) the progression of the consultative relationship, 2) the significant components of the consultative relationship, and 3) the outcomes of the consultative relationship. Findings from this study have shed light upon these three processes, highlighting specific themes within consultation that characterize teachers’ experiences with the intervention. This chapter discusses the relevant findings as they pertain to the research question, examines unexpected findings in the research, compares findings from this study to existing ECMHC research and theory, and considers opportunities for future ECMHC research and practice in light of these findings.

Addressing Research Questions

The majority of data from this study support the claim that participants found consultation to be a beneficial intervention in a number of domains. The ways in which consultation benefited participants varied, but the majority of participants identified that this intervention was especially helpful in giving them a space to speak freely, to brainstorm ways to address challenging behaviors, and to process personal concerns, among a number of other benefits. Many participants also claimed that their time in consultation helped them experience personal and professional growth, improving and expanding their influence in the classroom. While consultation did not solve all of the challenges in child care, it helped teachers process and move forward through these challenges, equipping teachers with the emotional and strategic support needed to navigate these challenges well.

Most participants expressed that what they were most looking forward to when they heard that consultants were coming in was having "a fresh pair of eyes" to help them understand and better address some of the difficult child behaviors present in their classrooms. While a number of these participants appreciated the input they already had from other teachers and their directors, these participants had looked forward to having an outsider with specialized skills as an ECMH consultant to be able to look in on their circumstances and offer new perspectives.

For the most part, this expectation for fresh perspective was met. Many participants identified ways in which their consultant offered them new insight into specific challenges within their classroom. Some even mentioned how this "fresh pair of eyes" helped them better understand themselves as teachers and personally. However, for TeacherS and TeacherY, this expectation was not met. Both teachers expressed hopes for immediate answers, expecting their consultant (ConsultantU) to be able to fix the problem or tell them how to fix it. Instead, both teachers found that their consultant was unable to give them immediate answers and didn't have any new insights to offer these teachers. They explained that their consultant often said she would "get back to them," and usually did, but she never had the solutions they were looking for.

All but one teacher (TeacherY) expressed that they appreciated the opportunity to be able to talk openly about anything (professional or personal) with their consultant, knowing that she would respect their confidentiality. This individualized, professional, personal, and emotional support was valuable to teachers, even if their other expectations (such as consultants spending more time with children) were not met.

A recurring theme within this value of individualized support was that consultants offered participants a support that their directors couldn't. While many participants valued the support they already receive from directors, they appreciated that their time with their consultants was

just for them, and that their consultants weren't subject to the business pressures that the directors naturally were. This individualized time was especially useful for participants as a time to brainstorm about how to address challenging child behaviors in the classroom. Participants also appreciated that they could talk openly about challenges in their classroom and in their center without hurting or having to argue with their fellow teachers or the directors. This space to speak freely was a stress reliever for many participants because they could express what they were feeling and their consultant would listen and respond empathetically.

This individualized support and space to speak freely were especially helpful for participants when they were going through challenges in their personal lives. A number of participants identified specific challenges that came up in their personal lives before and during consultation, and explained that their consultant helped them process these personally, but also reconcile these challenges with their professional obligations. Participants became more self-aware through this process and were able to recognize how challenges in their personal lives can affect their work in the classroom. Participants were also able to step back and see how challenges with specific children in the classroom affected them personally, and this helped teachers understand why certain child behaviors triggered their anxiety and frustration more than others.

Many participants identified that one of the things that they most appreciated about consultation was that their consultant consistently gave them positive praise for the work that they do as teachers. Many participants appreciated that someone who understood their class and understood them as teachers could give them specific positive praise, more than just "good job." This validation was especially meaningful to teachers when they were going through personal

challenges and worried that these challenges were negatively affecting their ability to teach and care for children.

Despite the benefits of consultation, many participants, regardless of whether they found consultation beneficial or not, expressed that they hoped that consultants would spend more time working directly with the children. They specifically hoped that consultants would do more social-emotional interventions with children who needed it, as participants found that the few social-emotional groups that consultants did provide at CenterA and CenterQ were helpful in addressing challenging child behaviors and gave participants new strategies for supporting children's social-emotional development.

Additionally, some participants identified that their consultation times were inconsistent from time to time, and this was a challenging dynamic in the intervention. The determining factor in this challenge with inconsistency appears to be the frequency of inconsistency. Participants who reported that consultation was initially or occasionally inconsistent did not identify inconsistency as a significant challenge in consultation, only a minor challenge. However, participants who identified inconsistency as a persistent issue expressed that inconsistency was a significant challenge on consultation, diminishing their perception and utilization of consultation as a support.

Based on my conceptualization of the research findings, Figure 1 demonstrates a theoretical model for understanding child care teachers' experiences of consultation, looking specifically at the ways in which participants identified that consultation influenced and may have been influenced by the challenges and protective factors in child care. The red arrow represents the ways in which consultation helped address and alleviate some challenges in child care. The blue arrow represents the ways in which consultation helped to promote protective

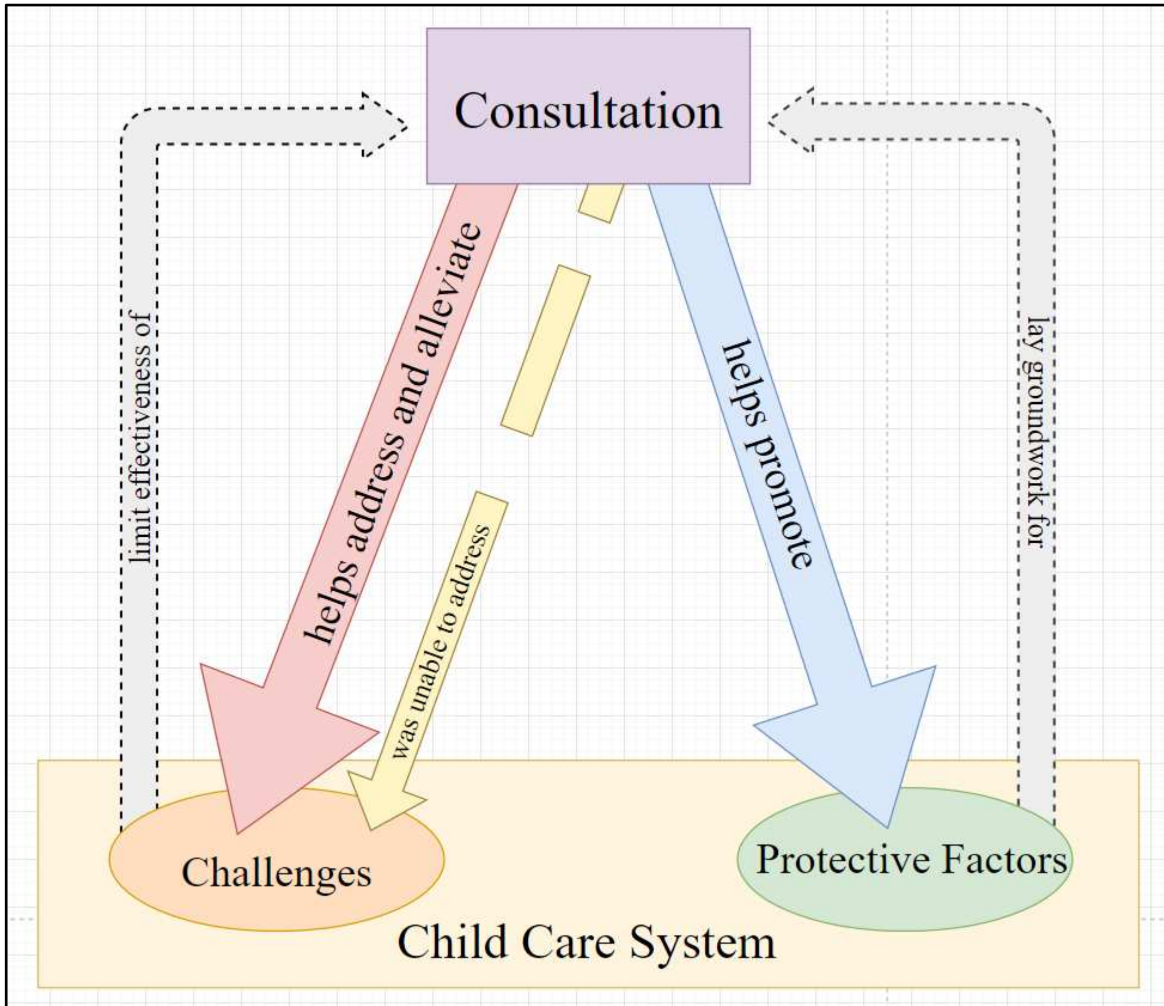

Figure 1. Theoretical model for ECMHC. This figure illustrates a theoretical framework for understanding participant's experiences of consultation.

factors in child care. The striped yellow arrow indicates ways in which consultation did not meet participants' expectations for addressing challenges in child care. And finally, the two dashed gray arrows represent the ways in which challenges and protective factors may have affected the implementation of consultation. These two arrows are dashed because, as discussed in the results chapter of this report, these concepts emerged out of inferential data analysis rather than direct participant input, and therefore require further empirical support to be substantiated.

Research Expectations Versus Findings

I had hypothesized that participants would identify personal support as the most helpful aspect of consultation, and discomfort being observed as the greatest challenge in consultation. Personal support, or processing personal concerns in consultation, did arise as a significant, helpful theme in the participants' experience of consultation, but it was not the most significant helpful theme. Processing personal support in consultation was ranked just after 'Valuing the space to speak freely' and 'Brainstorming with consultant' in terms of how frequently it was mentioned by participants.

However, discomfort being observed was not nearly as significant of an issue for participants as I had hypothesized. A few participants did express some initial discomfort with observations, but these participants all identified that this experience being observed became comfortable and even enjoyable over time and as they came to understand the purpose of observations. The findings seem to suggest that the most significant challenges in consultation were inconsistency in consultation (if this inconsistency persisted) and wanting consultants to spend more time working directly with children.

I had also hypothesized that the results of this study would indicate a need for consultants to be more understanding of and patience towards resistant child care providers. This hypothesis had been based in my experience as an ECMH consultant seeing that some teachers were resistant to participating in the more reflective work involved in consultation, and noticing that this resistance caused tension in the consultative relationship. While the results of this study did indicate that teachers who were not interested in more reflective, personal work did not find ECMHC to be a worthwhile intervention, speaking specifically to TeacherY's experience, these results did not clearly indicate a lack of patience or understanding on the part of TeacherY's

consultant. Additionally, teachers who expressed some initial hesitancy towards consultation identified that it was their consultant's consistent emotional responsiveness that led them to trust and confide in their consultant.

It is important to note that consultation was initiated by director request in both CenterA and CenterQ, and this may have influenced the effectiveness of the intervention. Directors from both centers decided to integrate consultative services into their centers because they were struggling to address specific children's challenging behaviors, but this does not necessarily mean that every teacher was wanting the support. While all participants expressed initial excitement at the prospect of having an ECMH specialist come in and help them address challenging child behaviors, TeacherS and TeacherY did not consider the more personal support to be an important factor in addressing these challenges.

Considering Previous ECMHC Research

Findings from this study support existing ECMHC research and theories, especially the "Practices Associated with the Consultative Stance" presented by the Center for Early Childhood Mental Health Consultation (CECMHC) at Georgetown University (2015). These practices have been compiled through decades of research on the effective implementation of consultation in child care centers and provide consultants with a thorough list of "dos' and "don'ts" in consultation. A number of practices highlighted within this report correspond to findings from this study, namely ways to best engage and support teachers in consultation.

Similar to brainstorming with consultants, the second most significant theme in the domain of ways in which consultation helped address challenges in child care, the CECMHC (2015) encourages consultants to "weave the information from [teacher] perspectives together in order to… co-create meaning, [interpret] behavior and [develop] hypotheses" (p. 3). In regards to

teachers' receiving specific help for specific concerns, another significant theme in the domain of ways in which consultation helped address challenges in child care, the CECMHC (2015) agrees that consultants ought to "design the intervention to fit within the context of the program and classroom" (p. 3). This report also suggests that consultants regularly validate and praise teachers, as well as respond empathetically to teachers' experiences and feelings, themes that were all confirmed by participants in this study (CECMHC, 2015).

Interestingly, this report cautions consultants against providing immediate answers to teachers concerning challenging child behaviors, a theme that had been brought up repeatedly by TeacherS and TeacherY as an unmet expectation of theirs. The CECMHC (2015) cautions against consultants offering quick evaluations and solutions because doing so limits consultants' abilities to understand contextual factors and come to a mutual understanding of these behaviors with teachers.

This report also emphasizes the importance of consultants clearly explaining their role and purpose early in the intervention through a well-planned entry (CECMHC, 2015). Findings from the study indicate that participants' unmet expectations around receiving immediate answers and having consultants work more with children may have been avoided if participants received more clear explanation of what consultants would and would not be doing in the center. Additionally, some participants who found observations to be uncomfortable initially expressed that they had been unsure of the purpose of observations and were worried that they were being graded on their performance in the classroom. Findings from this study therefore support this suggestion from the CECMHC by demonstrating the potential, negative consequences of consultants not clearly explaining their purpose and role in the centers.

Findings from this study are also congruent with existing ECMHC research that demonstrates that the quality of the relationship between the consultant and consultee, specifically in areas of trust, accessibility, and approachability, is one of the primary determining factors in the effectiveness of ECMHC (Duran et al., 2010; Green et al., 2012; Hepburn et al., 2007; Johnston & Brinamen, 2006). Participants who felt they could trust and rely on their consultants for professional and personal support expressed that their overall experience in consultation was positive and effective in addressing various challenges and promoting protective factors in child care.

Significance of Research Findings

The findings presented in this study offer valuable insight into child care teachers' experiences receiving consultation. Although there is a great deal of research demonstrating that ECMHC is an effective intervention for helping teachers better address challenging behaviors in their classrooms and promoting more nurturing classroom environments, there has not been any published research investigating teachers' personal experiences receiving consultation. Child care providers (including teachers, directors, and parents) are the focus of the ECMHC intervention, and in the context of child care, teachers are the primary recipient of ECMHC services. Understanding how teachers have experienced the consultative relationship enables consultants and researchers to better understand how consultants' efforts impact the professional and personal experiences of child care teachers. Having identified some ways in which consultation has not been well-received, namely through inconsistency and some teachers' ill-informed expectations of consultation, consultants can begin to brainstorm ways to address these challenges in the consultative relationship and make improvements in the future implementation of the intervention.

Recommendations for ECMHC Practice

The majority of findings from this study affirm that the current practices in ECMHC are helpful for the teachers receiving this service. Consultants would do well to continue building trust with their consultees through consistency, validation, and emotional responsiveness, as these were key components of the consultative relationship for teachers receiving consultation. Additionally, consultants ought to continue providing consultees with a space to speak freely, to brainstorm, and to process personal concerns, as this individual, teacher-led time with consultants was the most helpful component of ECMHC for most teachers. And finally, the findings from this study indicate that clear and thorough explanation of the purpose and components of ECMHC is crucial to the effectiveness of this intervention, as most of the challenges with consultation raised by teachers were caused by a misunderstanding of what ECMHC is and what it aims to accomplish, which is to build teachers' capacities to address challenging child behaviors themselves, and to promote social-emotional development in the classroom.

Study Limitations

This study is limited in two ways. First, this sample of eight participants from two centers is not diverse enough to fully represent child care teachers' diverse experiences receiving consultation. While the sample was demographically diverse in the domains of age, education level, and years of experience in child care, the sample was not racially diverse, and this lack of racial diversity may limit the generalizability of these findings to child care teachers who differ in race and culture from this sample. Additionally, participants in this sample all received consultation from the same agency, and because consultation varies in implementation from center to center and agency to agency, this may have also limited the generalizability of these

findings. The second limitation to this study is researcher bias. I worked with both the study participants and their consultants before and during the study, and I therefore could not fully remove myself from the research setting, nor could I fully remove my personal perspective as a consultant from the interpretation of the data.

Opportunities for Future Research

This study offers significant opportunities for future research. The results from this study indicate that consultation is a beneficial experience for most child care teachers, but more extensive research with a larger, more diverse sample and an outside researcher is needed to establish the generalizability of the findings from this study to other rural child care centers. Additionally, by studying a larger and more diverse sample of child care teachers receiving consultation, researchers could examine how teachers' cultural values and practices might influence the effectiveness of ECMHC.

Additionally, while researchers continue to build the evidence-base for ECMHC, many have identified an existing need for research that "[refines] the approach, [builds] consensus in the field, and firmly [establishes] ECMHC as an evidence-based practice" (Duran et al., 2010, p. 14). Although ECMHC is an individualized intervention by design, there is a need for an ECMHC manual that thoroughly explains and prescribes specific ECMHC interventions so that consultants are able to provide teachers with individualized support that is still in line with ECMHC practices. Once ECMHC is manualized in this way, still allowing consultants to pick out specific interventions for specific center needs, researchers can then conduct more randomized-controlled trials to investigate ECMHC practices on a large scale and eventually establish ECMHC as an evidence-based practice.

Findings from this study indicated that challenges and protective factors in child care may influence the implementation and effectiveness of ECMHC. Understanding how consultation may be limited by challenges in child care and promoted by existing protective factors in child care could help to inform more effective ECMHC implementation and practices. However, these findings were largely inferred from participants' answers rather than directly identified by participants. Therefore, more focused research would be required to fully understand this phenomenon.

Conclusion

In investigating child care teachers' experiences receiving consultation, this study has identified a number of ways in which teachers have found consultation to be helpful in addressing challenges and promoting protective factors in child care. The most significant components of the consultative relationship as identified by participants were consistency, confidence in the confidentiality of consultation, and teachers' perception of consultants' positive emotional responsiveness. The most significant benefits identified by participants were: 1) having space to speak freely, 2) brainstorming in consultation, 3) processing personal concerns in consultation, 4) feeling validated as a teacher, 5) gaining additional knowledge and skills, and 6) growing in self-awareness. Challenges experienced within the consultative relationship included unmet expectations of receiving immediate feedback from consultants, wanting consultants to spend more time working directly with children, and dealing with inconsistency in consultation.

Although this study was limited in scope and objectivity, it offers valuable insight into the experience of those to whom the majority of consultative actions are directed towards: care providers. Opportunities for future research include studying a larger, more diverse sample of

teachers receiving consultation, developing an ECMHC manual to inform consultants' practice, studying consultants' fidelity to this model, and also studying the ways in which challenges and protective factors in child care may influence the implementation of consultation.

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APPENDICES

APPENDIX A

Verbal Recruitment Script

In conversational style, …

Hello, my name is Krystal Kniegge and I am a researcher from Colorado State University. We are conducting a research study on early child care teachers' experiences receiving consultation from early childhood mental health specialists, for the purpose of better understanding this experience and improving consultation services to early child care teachers in the future. The title of our project is *Early Childhood Mental Health Consultation: Care Providers' Perceptions of the Consultant-Consultee Relationship*.

We would like you to participate in one 45 minute interview, answering questions about your experiences receiving consultation. The interview will take place at your center. You must be a lead child care teacher receiving consultation in order to participate in this study.

There are no anticipated risks or direct benefits to you, but we hope to gain more knowledge about what it's like to receive early childhood mental health consultation as an early child care teacher in an effort to improve future consultation services to child care teachers. If you agree to participate in this study, you will be given a $5 gift card to a local coffee shop as compensation for your time.

Would you like to participate?

If yes: Proceed.

If no: Thank you for your time.

APPENDIX B

Consent to Participate in a Research Study
Colorado State University

TITLE OF STUDY: *Early Childhood Mental Health Consultation: Care Providers' Perceptions of the Consultant-Consultee Relationship*

PRINCIPAL INVESTIGATOR: Paula Yuma, PhD, School of Social Work, paula.yuma@colostate.edu.

CO-PRINCIPAL INVESTIGATOR: Krystal Kniegge, MSW Candidate, School of Social Work, krystal.kniegge@colostate.edu.

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You are being invited to participate in this research because you are lead child care teacher who is currently receiving consultation from an early childhood mental health specialist. Because you are currently working with an early childhood mental health specialist, you have firsthand experience with consultation, and your input can help us find ways to improve early childhood mental health consultation.

WHO IS DOING THE STUDY? This study is being conducted by Dr. Paula Yuma, an assistant professor at Colorado State University, and Krystal Kniegge, a graduate student at Colorado State University.

WHAT IS THE PURPOSE OF THIS STUDY? We are conducting a study on child care teachers' experiences receiving consultation. The purpose of this study is to better understand what it is like, as an early child care teacher, to receive consultation from an early childhood mental health specialist so that we can consider ways to improve the experience of early childhood mental health consultation for child care teachers.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? This study is going to take place at your place of work, in the area typically used for individual consultation. Participating in this study will take about 45 minutes of your time.

WHAT WILL I BE ASKED TO DO? If you agree to take part in this study, you will be asked to participate in one 45 minute interview with the Co-Principal Investigator Krystal Kniegge. During the interview, you will be asked questions about your experiences receiving consultation.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY? If you are not a lead child care teacher receiving consultation services, you will be excluded from participating in this study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

- We do not anticipate that participating in this study will cause you any harm, but there is always a risk that talking about your experiences could bring up distressing feelings.
- It is not possible to identify all potential risks in research procedures, but the Researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY? Participating in this study does not guarantee any direct benefit for you, but your participation will contribute to our efforts to improve future consultation services to child care teachers**.**

DO I HAVE TO TAKE PART IN THE STUDY? You do not have to take part in this study. Your choice to participate or not participate will not affect your employment status or your access to your consultant. Your consultant will not know if you do or do not participate in this study. Your participation in this

research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

WHO WILL SEE THE INFORMATION THAT I GIVE? For this study, we will assign an alias to your data. For example, a teacher named 'Tina' might be given the alias 'Teacher47' so that the only place the teacher's name will appear in our records is on the consent form, which will be stored in a locked cabinet in a locked office. Only the research team will have access to the link between you, your alias, and your data.

The only exceptions to this are if we are asked to share the research files for audit purposes with the CSU Institutional Review Board ethics committee, if necessary. When we write about the study to share with other researchers, we will write about the combined information we have gathered. Any direct quotes used in our report will be identified by your alias, not your name. We may publish the results of this study; however, we will keep your name and other identifying information private.

You should know, however, that there are some circumstances in which we may be required by law to disclose your information to other people. In accordance with Mandatory Disclosure policies, we will be required to show your information to a court OR to tell authorities if we believe you have abused a child, or you pose a danger to yourself or someone else.

WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY? If you choose to participate in this study, you will receive one $5 gift card to a local coffee shop as compensation for your time.

WHAT IF I HAVE QUESTIONS? Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Paula Yuma, at paula.yuma@colostate.edu or the co-investigator, Krystal Kniegge, at krystal.kniegge@colostate.edu. If you have any questions about your rights as a volunteer in this research, contact the IRB Coordinator at: the CSU IRB at: RICRO_IRB@mail.colostate.edu; 970-491-1553. We will give you a copy of this consent form to take with you.

WHAT ELSE DO I NEED TO KNOW? The research team will also ask you for permission to record the interview using an audio-recorder for the purpose of accurately noting your responses. All audio recordings will be kept confidential. We will not include your name or identifying information when we share the results from this study with other researchers. However, you have the right to decline being recorded if you so choose.

Permission to audiotape/videotape interviews or interventions:

Is would like to digitally audiotape your interview to be sure that your comments are accurately recorded. These recordings will be stored on a password-protected E-file and may be used for future research. Only our research team will have access to the recordings.

Do you give Is permission to audiotape your interview? Please initial next to your choice below.

☐ Yes, I agree to be digitally recorded ______ (initials)

☐ No, do not audiotape my interview _____ (initials)

Do you give Is permission to use the digital audiotape for future research? If you answer 'no', we will not use this digital audio tape for any other studies and we will destroy the digital audio tape three (3) years after the study is finished.

Permission to use direct quotes:

Please let us know if you would like your comments to remain confidential and not be published under an alias. Please initial next to your choice below.

☐ I give permission for comments I have made to be shared using my exact words and associated with an alias. ______ (initials)

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 3 pages.

_______________________________________ ____________________

Signature of person agreeing to take part in the study Date

____

Printed name of person agreeing to take part in the study

_______________________________________ ____________________

Name of person providing information to participant Date

____

Signature of Research Staff

APPENDIX C

Interview Guide

Introduction:

Hello (insert teacher's name). Thank you for agreeing to meet with me. Today I'm going to ask you some questions about your experiences with consultation. Feel free to answer these questions however you'd like. This is a time for you to share as openly as you'd like about your experience working with a consultant. You know that I work the other consultants and I do consultation with a few teachers here too, but today I am here as an independent researcher.
I will keep all identifying information confidential, so the other consultants will not know which participant said what. They will only see the collective results that I share in my final report.

The reason I am asking you about your experiences working with your consultant is because I am hoping to gain a better understanding of what it's like as a child care teacher to receive consultation from an early childhood mental health specialist. The input you give today will help me and other researchers find ways to improve consultation later on. I truly believe that you are the expert on your own life, so I hope that you'll feel comfortable enough to answer these questions from your perspective without worrying that there is a 'right' or 'wrong' answer to any of these questions.

If you don't want to answer a question, just let me know and we'll move on to the next one, or we can stop the interview if talking about these experiences is too difficult today. Do you have any questions for me before we start?

Initial Questions:

- Can you tell me a little about your experience working in child care?
- What's your educational background?
- And how long have you been working at this center?

ECMHC Questions:

(Early on in ECMHC)

- Can you tell me about the thoughts/feelings you had when you first heard that consultants were coming in to work with your center?
- Did you have any reservations or concerns about consultation?

- What was it like, in the beginning, having someone sit in your classroom and observe?
- How would you describe your first few interactions with your consultant?

(Farther along in ECMHC)

- How would you describe your experience with your consultant a few months into consultation?
- Did your interactions with her feel different as you saw her more frequently? How so?

(Currently in ECMHC)

- How would you describe your relationship with your consultant now?
- Has your perception of your consultant changed since you first met her? If so, how?
- Looking back, how would you describe your overall experience with working with a consultant?
- What did you like best about consultation? What did you like least about consultation?
- How would you say your time in consultation has affected you as a professional, as a coworker, personally?
- Is there anything you want consultants to know or understand about consultation from a teacher's perspective?
- What might you tell a teacher who is about to start receiving consultation?

Conclusion:

Thank you again for agreeing to meet and talk with me about your experiences with consultation. Your input will help me and other researchers better understand what it's like to receive consultation as an early child care teacher, and it will help us consider ways to improve consultation in the future. If you have any questions about this interview or about my research study as a whole, feel free to contact me or the principal investigator, Paula Yuma. Our contact information is listed in your copy of the Informed Consent form. Have a wonderful day!