



CENTER OF EXCELLENCE FOR
Infant & Early Childhood
Mental Health Consultation
Growth. Advancement. Impact.

Attunify
By THRIVE CENTER

The Child Is Not The Problem

*And the competence of the adult in
the room is the solution*

www.IECMHC.org

DCAEYC virtual session | September 10, 2026

Dr. Neal Horen and Shai Idelson



Agenda



- 1 *What programs are telling us about children's behaviors*
- 2 *The Pyramid Model: what works, what does not, and what is missing*
- 3 *What consultation is, what it is not, and what the evidence says*
- 4 *Why it is so hard to get, and what our national scan of 31 states found*
- 5 *How programs build consultant-level skills in their own staff, with or without a funded consultant*

Child care is in crisis



We do not have enough teachers, and the ones we have keep leaving.

28%

child care gap nationally. 4.2 million children without a formal slot

3x

the expulsion rate in preschool compared with K to 12

1 in 3

early childhood teachers leave their job within a year

1 in 2

child care providers report symptoms of anxiety or depression

Head Start, early intervention and home visiting are not faring better. We just have less data on them.

Sources: [Bipartisan Policy Center, 2025](#) | [Gilliam, 2005](#) | [Fares, Markowitz and Bassok, 2026](#) | [Stanford RAPID Survey, 2024](#)

What programs told us this year



In the chat, one word: how does your team feel about children's behaviors at the start of this school year?

“

Each year you think it can't get worse, and it just continues to get worse.

**Head Start association,
Iowa**

“

We'll no sooner get folks trained and they're gone. They're out the door.

Program director, Indiana

“

Teachers just don't have the skill set, nor the ongoing support, especially with the turnover we've had.

Program leader, Alaska

The number one cited cause of staff stress and turnover, in every state we visited: children's behaviors.

Source: [Georgetown Center of Excellence for IECMHC, discussion groups and interviews in 31 states, 2025 to 2026](#)

The Pyramid Model is the framework most of us use



Promotion for all children, prevention for some, intensive intervention for a few.



- **Top, a few children**

Intensive, individualized intervention

- **Middle, some children**

Targeted social and emotional supports

- **Base, all children**

Nurturing relationships, quality environments, and an effective workforce

It is evidence based, and it works when every tier is actually in place.

Training educators is necessary. Alone, it is not enough.



A survey of 1,419 early childhood educators.

93%

have faced challenging
behavior in their classroom

1 in 3

has had no training at all in
young children's mental health

1 in 6

has ever received a consultation

“

*It's one and done training that we don't
know how to apply afterwards.*

Program leader, Montana

“

*We don't need more training. We need
more support.*

Program leader, New York

Source: [Stein, Garay and Nguyen, Early Childhood Education Journal, 2022](#)



At the top, referrals go to services that are not there

There will never be enough therapists, and waiting for one is not a plan.

40%

of Americans, 137 million people, live in a mental health professional shortage area

27%

of the need in those areas is met

0%

of the need is met in DC's ten designated shortage areas

“

Staff want one-on-one therapy the moment a child melts down.

Program leader, Montana

We heard the same thing in program after program: children waiting months for a referral.

The missing middle squeezes the base, overloads the top



**Intensive
intervention**
overused, waitlisted

**Support for the adults in the
room**
missing in most programs

Training educators
squeezed, on their own

- Developmentally typical behaviors get pathologized.
- Referrals go to resources that do not exist.
- The child gets a plan. The educator gets nothing.
- The behavior returns. The educator burns out. The child can end up out of the classroom.

***Infant and early childhood
mental health consultation is
the missing middle.***



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What is consultation?

**Infant and early childhood mental health
consultation, or IECMHC**



Consultation builds capacity in the adults around the child



A preventive partnership with the adults who care for young children.



Not therapy for the child. A partnership with the adults, so behavior gets understood and answered in ways that help the child and do not burn out the adult.

What it is, and what it is not



Changes in how the adults around a child see, think about, and respond to the child.

WHAT IT IS

- Indirect support: it builds the adults around the child
- Promotion and prevention, before the crisis
- Works at the child, classroom, and program level
- Focused on the well-being of staff too
- A long-term relationship

WHAT IT IS NOT

- Direct therapy that treats the child
- Crisis response
- Evaluating or diagnosing the child
- A substitute for staffing
- A quick fix

It works at three levels



The guiding question: what is the behavior telling us about what the child needs?

1 CHILD AND FAMILY

An individualized plan built with the family and the teachers.

2 CLASSROOM

Better care for every child, by changing attitudes and practices that undermine relationships.

3 WHOLE PROGRAM

Helping leaders change the policies and practices that shape every classroom.

The active ingredient is the relationship between the consultant and the teacher.

The evidence: effective, replicated, and rarely used



Dozens of studies, including two randomized trials, and they point the same way.

96%

of children at risk of expulsion stayed in their program after consultation (Arkansas, 360 children)

Lower

likelihood of expulsion when teachers have access to classroom-based consultation

Fewer

behavior problems for children, in a statewide randomized controlled trial

Less

stress and turnover for teachers, and better classroom climate

Building capacity in the adults beats waiting for a crisis and treating the child.

Sources: [Conners Edge et al., 2021](#) | [Gilliam, 2005](#) | [Gilliam, Maupin and Reyes, JAACAP, 2016](#) | [CoE Evidence Synthesis, 2022](#)

DC has had consultation since 2010. Few programs get it.



Healthy Futures, run by the DC Department of Behavioral Health.

- Early childhood mental health consultation for child development centers and home providers since 2010
- Georgetown ran the evaluations. Less turnover, better classroom climate, and fewer expulsions are in the record
- Serves centers in the child care subsidy program, mostly in Wards 4, 7 and 8

If your program has a consultant, you already know what this does.

If it does not, the rest of this session is for you.



Why is it so hard to get? The workforce is not there.

What our national scan of 31 states found. Same gaps everywhere.

~5,000

consultants in the whole country, our best estimate, after 25 years of the field

0

shared national standard for who counts as a consultant. Anyone can claim the title

10

states bill Medicaid for consultation. The rest braided grants that expire

1 in 4

consultants say the programs they serve understand and use the role well (143 surveyed)

Used where it can be staffed. Underused everywhere else. Funded in patches. Underfunded as a system.

Source: [Georgetown Center of Excellence for IECMHC national scan, 2025 to 2026](#)



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What we are doing about it

Georgetown's national Center of Excellence for
IECMHC, 2026

www.IECMHC.org



What we're doing to close this gap



1 WORKFORCE

The Practical Certificate in IECMHC

Training and certifying consultants from more backgrounds, including the staff you already have.

2 ACCESS

Virtual IECMHC by Georgetown

Georgetown consultants working with teachers within days, per teacher per month. Crisis support, or steady monthly support.

3 COMMUNITY

Free tools and a new iecmhc.org

The largest resource database in the field. Free education sessions on behaviors, social emotional development, responsive feeding, staff wellness and more.

3 ADVOCACY

Research & Policy

Investing in research to prove effectiveness and ROI of consultation as well as impact of new models of consultation delivery and workforce development.



The Practical Certificate in IECMHC

100% virtual. Certified after 12 months

4 MONTHS

Training with Georgetown faculty

1 to 2 hours self-paced each week, plus a 90-minute live class, up to 24 per instructor.



8 MONTHS

Group supervision by a licensed clinician

A one-hour group session each month, up to 12 per supervisor. Support while you do the work.



WHAT YOU GET

Certified consultants

Certificate and more importantly, Specialists who know how to support adults that serve young children

\$3,000 per person for the full 12 months. Group pricing for 5 or more seats.

Links: [Program details](#) | [Certificate page on iecmhc.org](#)

Consultant-level skills for the people already in the room



We waited 25 years for enough licensed clinicians. We are done waiting.

261

people from 41 states joined
the founding cohort in June

7 in 10

enrolled without a clinical
degree

2 in 3

plan to stay in their current role
and bring consultation into it

You do not need a funded consultant position to bring consultation into your program.



In their own words: the titles on our roster

Bigger type means more people with that title.

Mental Health Specialist **Education Manager** **Director**
Clinician **Early Childhood Mental Health Consultant**
Mental Health Coordinator **Program Director** **Disabilities Coordinator**
Education Supervisor **Mentor Consultant** **Social Emotional Specialist**
Early Childhood Specialist **Mental Health Manager** **Mentor Coach**
Assistant Director **Program Manager** **Health and Disabilities Manager**
Instructional Coach **Home Visiting Specialist** **Early Childhood Social Worker**
Toddler Teacher **PK3 Teacher** **School Psychologist**

- Mental health and disabilities
- Managers and coordinators
- Consultants, coaches, teachers
- Licensed clinicians
- Directors

4 in 5

are program staff, not consultants or clinicians

1 in 8

already hold a consultant title

1 in 20

hold a clinician or therapist title



Two pathways in

Built on the national IECMHC competencies, by the team that wrote them.

MENTAL HEALTH CLINICIANS

**Clinical social workers,
counselors, therapists**

First, learn the ins and outs of early childhood settings, roles, and routines. Then learn the competencies of consultation.

EARLY CHILDHOOD EDUCATORS

**Education managers, coaches,
coordinators, directors**

First, learn attachment, trauma, child development, and observation. Then learn the same competencies of consultation.

Everyone ends at the same eight competencies, and the same skills assessment.

Designing for the funding environment we're in



Or make consultation as accessible as possible, for as many people as possible

INDIVIDUALS

12 monthly installments

Spread the cost across the year of the program.

ORGANIZATIONS

Group pricing for 5 or more seats

Possibility to defer tuition based on fiscal year.

IECMHC IMPACT AWARD

\$750 off tuition for 30 people in the October cohort

Pay \$2,250 for the full year, or under \$190 a month. Merit based.

The award is from Georgetown's Center of Excellence for IECMHC and Attunify, Inc.

Links: [How the award works and the terms](#) | [Apply inside the sign-up form](#)



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Your questions

Shai Idelson si436@georgetown.edu



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