

**A project in collaboration with:**



**Office of Children  
and Family Services**

**ROBIN HOOD**



**Yale SCHOOL OF MEDICINE**  
Child Study Center



**New York Early Childhood  
Professional Development Institute**



**Early Care &  
Learning Council**  
United to Promote Quality

## I-T CHILD

### Dimensions of the Tool:

1. Transitions
2. Directions & Rules
3. Social & Emotional Learning
4. Adult Awareness
5. Adult Affect
6. Adult Cooperation
7. Adult-child Interactions
8. Individualized & Developmentally Appropriate Pedagogy
9. Child Behaviors



**Learn more about the  
I-T CHILD Tool**

## Infant-Toddler Climate of Healthy Interactions for Learning & Development (I-T CHILD)

### How Consultation Can Help

Mental health consultation is a researched-based form of social-emotional support that focuses on enhancing the interactions between child care providers and the children in their care. Research has shown that consultation services benefit both children and providers. Studies have found gains in children's social-emotional development, and gains in providers' locus of control, and reductions in children's problem behaviors and providers' stress (Gilliam, 2007; Gilliam, Maupin, & Reyes, 2016; Reyes & Gilliam, 2021).

The I-T CHILD model of consultation was developed by Yale's Child Study Center and is being piloted with family and group family child care providers across NYS. This model includes both a framework for consultation services and an assessment tool to assess the overall social-emotional climate of care settings. Consultation services using the I-T CHILD model include a pre-test, which is used for goal setting, about 13 weeks of active consultation, and a post-test to measure growth throughout the program. The I-T CHILD assessment measures providers on the nine focus areas shown to the left.

The I-T CHILD model is unique in that it provides a data-driven approach to consultation services that includes strategies that are culturally-competent and developmentally appropriate for the children in care. This model of services is also child-centered and encourages adults to view behaviors through the child's lens.

### References

- Gilliam, W. S. (2007). Early Childhood Consultation Partnership: Results of a random-controlled evaluation: Final report and executive summary. Unpublished manuscript. [http://www.chdi.org/files/3814/1202/7645/evaluation\\_of\\_ets\\_early\\_childhood\\_consultation\\_partnership.pdf](http://www.chdi.org/files/3814/1202/7645/evaluation_of_ets_early_childhood_consultation_partnership.pdf)
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- Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early Childhood Mental Health Consultation: Results of a Statewide Random-Controlled Evaluation. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55(9), 754–761. <https://doi.org/10.1016/j.jaac.2016.06.006>
- Reyes, C. R., & Gilliam, W. S. (2021). Addressing challenging behaviors in challenging environments: Findings from Ohio's early childhood mental health consultation system. *Development and Psychopathology*, 33(2), 634–646.

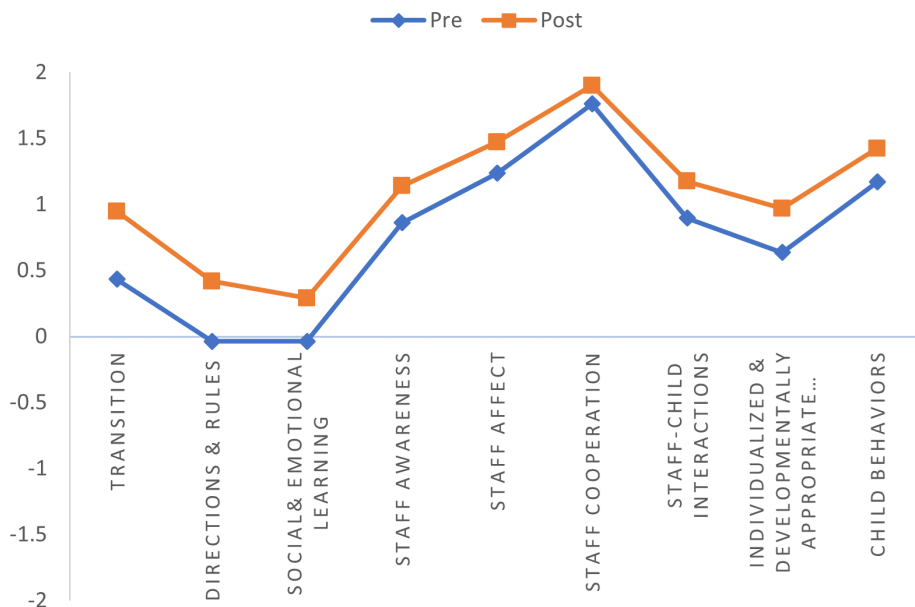
## Outcomes

- Providers shared they experienced a reduction in stress because they had someone to talk to, were better able to manage their staff, and set clear boundaries at work
- Providers strengthened relationships with the children, staff, and families they work with – some providers shared that they have had successes using strategies with their own children
- Children benefitted from the changes in the way providers respond to their emotions
- Consultants shared that they saw progress in reducing children’s behaviors by helping providers see situations through the child’s view and to adapt the environment to best support them; viewpoints shifted from “the child is the issue” to “the child has an issue”



**“I have gained more experience and I am learning about very important issues to help children and their families.”**

### I-T CHILD SCORES



The average pre and post I-T CHILD scores from 11 participating providers are shown to the left. All providers made gains in multiple areas with the most significant areas of growth being in transitions, directions, staff awareness, and individualized and developmentally appropriate pedagogy.