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Abstract

There is high demand for future school psychologists to address the need for continuous evidence-based consultation that moves beyond K-12 settings, and includes evidence-based consultation to promote school readiness for infants and toddlers with and at risk for developmental disabilities. While there exists a demand for school psychologists in infant and toddler settings, the primary focus of training programs is preparing graduates to work in school-based settings. Currently, a gap exists in graduate training opportunities in evidence-based consultation practices that support school readiness for infants and toddlers with and at risk for disabilities served through Part C services. While school psychologists typically are trained on evidence-based consultation mechanisms that have largely been utilized in K-12 contexts, they rarely receive consultation training with families of infants and toddlers. Therefore, expansion of training is necessary to support infants and toddlers through evidence-based consultation models. To underscore the importance of continuity in application of evidence-based consultation models, the current manuscript compares an evidence-based consultation model validated in K-12 settings and a consultation model for promoting infant and toddler developmental competencies. An illustration of the application of evidence-based consultation frameworks within multi-tiered systems of support and recommendations for graduate training, to better prepare school psychologists for work in birth-to-three settings, is provided.

keywords: *early childhood consultation, toddler consultation frameworks, infant consultation frameworks, early childhood graduate training.*

Building Future Capacity of School Psychologists to Address the Demand for Inclusive Evidence-Based Consultation: Moving Beyond K-12 to Include School Readiness Frameworks

The National Association of School Psychologists (NASP) indicates that school psychologists are well-positioned to provide services to infants, toddlers, and their families in early intervention settings (NASP, 2015). Although it is well-established that the earliest years of development are a critical time for promoting developmental competencies that are foundational for school readiness (Horm et al., 2016), school psychologists report infrequent engagement in service delivery for infants and toddlers in Part C of the Individuals with Disabilities Education Act (IDEA; Albritton et al., 2019). In addition, when school psychologists provide services to infants and toddlers, activities rarely include consultation (Albritton et al., 2019), although collaboration with educators and families is a core principle of early childhood services (NASP, 2015). Therefore, there is a clear need for future school psychologists to understand and build competence in implementing inclusive, evidence-based consultation that promotes healthy development. This is foundational for school readiness for infants and toddlers with and at risk for developmental disabilities in very early childhood settings.

History and Background

Over the past few decades, there have been calls for a shift in school psychologists' roles beyond typical educational settings (e.g., K-12) to reach young children and their families in home-based and community settings (Bagnato, 2006; Bagnato et al., 1987; NASP, 2003; 2015; Widerstrom et al., 1989). This movement toward expansion of school psychology services to early intervention contexts coincides with federal educational legislation. With the passing of the Education for All Handicapped Children Act, an

amendment known as Public Law 99-457 in 1986 (Smith, 2005), which included the provision of multidisciplinary early intervention services to infants and toddlers aged 0 to 3 who have identified disabilities, the role of school psychologists expanded to providing services in early childhood settings as a part of multidisciplinary teams (Short et al., 1990; Widerstrom et al., 1989). In 1990, this law merged into IDEA, which was reauthorized in 2004.

IDEA (2004) includes two sections relevant to early childhood services and settings: (1) providing early intervention services to infants and toddlers with disabilities and their families through Part C services, and (2) services for young children and preschoolers aged three to five through Part B services. While Part B of IDEA clearly outlines the roles and responsibilities of school psychologists, these services are not fully extended to Part C. Under Part C services of IDEA, federal law requires states to identify, screen, assess, evaluate, and implement interventions for children needing early intervention services through a multidisciplinary approach (IDEA, 2004). However, school psychologists are not explicitly named or mandated as service providers on these multidisciplinary teams (Albritton et al., 2021), resulting in a lack of funding for school psychologists to engage in infant and toddler program spaces. Further, states vary in the agencies responsible for overseeing and implementing these procedures (Bricker et al., 2013). Most states' leading agencies align with educationally or developmentally related services, such as the Department of Education or the Department of Health and Social Services (Early Childhood Learning and Knowledge Center [ECLKC], 2018). However, some states' leading agencies are not clearly connected to child development or education. For example, oversight for Part C services in Arizona is provided by the Economic Security Agency, and by the Public Welfare Office in Pennsylvania (ECLKC, 2018). Unlike Part B services provided in educational settings, Part C services are often provided within a family's home to foster intervention that serves the family unit. This service delivery system differs from the traditional educational-based setting (i.e., school,

district office) where school psychologists are typically housed. These widely varying agencies and roles within early intervention settings, coupled with the absence of explicit federal policy and funding, may partly explain the lack of consistent involvement of school psychologists in these non-traditional settings.

Beyond legislation that warrants involvement of school psychologists in early intervention, the National Association of School Psychologists (NASP) has long recommended involvement of school psychologists in these early intervention contexts to provide services to families and to support early childhood providers in implementing evidence-based interventions (NASP, 2003). In 2003, NASP first recommended the provision of empirically-based mental health and educational services by school psychologists in early intervention settings. NASP reiterated these recommendations in a 2015 position statement (NASP, 2015). In addition, this paper added to NASP's previous guidance by including recommendations regarding school psychologists' engagement in multi-tiered systems of support (MTSS) in early childhood contexts. Expanding the role of school psychologists in providing services to infants and toddlers with disabilities is also consistent with the *Professional Standards of the National Association of School Psychologists* (NASP, 2020). One of the guiding ethical principles of school psychologists is to "promote school, family, and community environments that are safe and healthy for children and youth" (NASP, 2020, p. 53). In their 2015 position statement, NASP indicated that school psychologists should provide services to children with and without identified disabilities and risk factors from birth to age 8 (NASP, 2015). NASP further recommended that school psychologists engage in early childhood services by collaborating with community partners and families, providing evidence-based interventions, and consulting with educators or early interventionists on effective instructional strategies. In addition, throughout NASP's Policy Playbook (2019), which describes NASP advocacy initiatives, the prevention of academic and social-behavioral problems through

early identification and early intervention are consistently noted, although services for infants and toddlers are not specifically mentioned. Given this guidance, expansion of the traditional role of the school psychologist is necessary to support infants and toddlers in early childhood settings.

The Role of the School Psychologist

School psychologists are generally more involved in Part B services than Part C services, likely due to differences in funding and federal legislation as described above. However, these services remain limited in scope. In a study by Hosp and Reschly (2002), a sample of participating school psychologists from a specific geographic location reported administering approximately seven preschool assessments monthly. However, in the same study, participating school psychologists nationwide reported administering two preschool assessments on average every month. In addition to the limited time spent providing services to address the needs of infants and toddlers, school psychologists' roles in very early intervention are restricted as well. A recent survey revealed that school psychologists' contributions generally are limited to assessment and evaluation for special education services through Part B (Albritton et al., 2019). Further, this survey revealed that less than half of school psychologists practicing in early childhood settings spend time consulting with families and teachers regarding individual children's learning or behavior.

Despite accrediting body recommendations for providing services through Part C, school psychologists' involvement in early intervention settings has traditionally been limited (Albritton et al., 2019). Given the growing demands to provide very early intervention services (Office of Special Education Programs, 2020), school psychologists must shift from diagnosis-centered to prevention-focused services in early childhood settings (Albritton et al., 2019). This shift can be accomplished by the reconceptualization of school psychologists' role as health service providers through greater

engagement in consultation, and supporting implementation of universal screening, evidence-based intervention, and mental health services in early childhood settings (Albritton et al., 2019). There is a need to better understand how school psychologists may increase and enhance collaboration with families in early intervention settings to positively impact children's school success.

Unfortunately, there is limited information regarding training for school psychologists to provide comprehensive, evidence-based services in Part C settings, despite the documented call to prepare more school psychologists to engage in these contexts (NASP, 2015; Widerstrom et al., 1989). While there exists an increased opportunity for school psychologists to engage in work with infants and toddlers, graduate programs generally remain focused on preparing practitioners to work in K-12 educational settings. In a recent study by Stein and Albritton (2022), the authors examined school psychology graduate training syllabi for inclusion of content related to early childhood. Results revealed that when early childhood training is included, it primarily occurs in courses focused on assessment strategies or lifespan development. In addition, school psychologists working in early childhood settings reported minimal training in early childhood service provision in their graduate program (Albritton et al., 2019). These respondents also indicated that they received most of their training in early childhood practices through on-the-job experience, reading journal articles, professional conferences, and district workshops. Ultimately, when school psychologists are underprepared to provide services in early childhood settings, vulnerable families and children are negatively impacted by practitioners' limited knowledge, competency, and efficacy (Albritton et al., 2019). Thus, it is imperative that school psychology graduate programs adequately prepare graduates to provide the same array of services to infants and toddlers as those provided to children in K-12 settings.

When the field focuses its efforts solely on K-12 contexts, thus deemphasizing a lifespan development perspective (inclusive

of birth to five), practitioners are limited to the degree to which they can provide effective consultative services that optimize developmental outcomes foundational for school readiness. Therefore, the purpose of this paper is to advocate for the expansion of the traditional role of the school psychologist to include services for infants and toddlers. To accomplish this goal, the following extensions to graduate training are presented: (a) an example of an evidence-based consultation model for promoting infant and toddler developmental competencies foundational for school success, which is congruent with a K-12 model, and (b) examples of needed didactic training, opportunities for field training, and assessment coursework in professional preparation programs.

Evidence-Based Consultation Models

Despite the inclusion of early childhood consultation models in the field's professional standards and evidence of positive outcomes, a recent survey of school psychology graduate training programs revealed that no participating programs provided training in this area (Stein & Albritton, 2022). While school psychologists typically are trained in evidence-based consultation frameworks widely implemented in K-12 contexts, they rarely receive consultation training with early childhood interventionists or families with infants and toddlers (Albritton et al., 2019). Although the literature is limited, evidence suggests that the implementation of evidence-based infant and toddler consultation frameworks is associated with reduction in challenging behaviors (Gilliam et al., 2016; Poole et al., 2012) and improved social skills (Perry et al., 2008), decreased activity levels (Sheridan et al., 2014), decreased expulsion and suspension from early childhood programs (Gilliam, 2005), and teachers' increased use of praise (Dufrene et al., 2012). Moreover, multiple studies have demonstrated that school psychologists and school psychology graduate students can be effective consultants in early childhood settings beyond Part C, such as in Head Start

classrooms (Dufrene et al., 2012; Poole et al., 2012) and preschool classrooms (Sheridan et al., 2006).

Mechanisms by which greater consultation by school psychologists may be achieved exist in infant and toddler settings. Parallel to Multi-Tiered System of Support (MTSS) in K-12 contexts, the Pyramid Model has an extensive and expanding research base establishing this framework's effectiveness in supporting infants, toddlers, and preschoolers (Fox et al., 2003; Hemmeter et al., 2016; NASP, 2015). The Pyramid Model is an evidence-based multi-tiered approach to addressing social and emotional development of infants and toddlers (Hemmeter et al., 2016). This model is intended to guide the efforts of early childhood educators, early interventionists, families, and other professionals (e.g., school psychologists) in providing increasingly intense and specialized supports to infants and toddlers, to promote healthy development and prevent later social-emotional and behavioral challenges (Fox et al., 2003; Hemmeter et al., 2016). Evidence for the effectiveness of employing consultation within the Pyramid Model to support infant and toddler social-emotional development and school readiness has been accumulating over the past decade (Baggett et al., 2010a, 2010b, 2010d, 2011). A visual depiction of the Pyramid Model is shown in Figure 1.

The Pyramid Model and MTSS serve as conceptual models for providing consultation from birth to young adulthood. Several frameworks for consultation that could be implemented through MTSS in early intervention settings exist that align with commonly taught consultation models validated in K-12 settings. For example, Conjoint-Behavioral Consultation (Sheridan, 1997) is based on Bergan and Kratochwill's (1990) behavioral consultation model; the Getting Ready intervention was developed based on principles of both Conjoint-Behavioral Consultation (Sheridan, 1997) and triadic consultation (Marvin et al., 2020; McCollum & Yates, 1994); and Early Childhood Mental Health Consultation (ECMHC; Cohen and Kaufman, 2005) is derived from Caplan's Mental Health

Figure 1
The Pyramid Model



Note. Figure from National Center for Pyramid Model Innovations (2020).

Consultation model (Caplan et al., 1994). Knowledge of K-12 and infant and toddler consultation models, including their commonalities and differences, is critical to preparing school psychologists to implement evidence-based consultative services to support young children and their caregivers. The following evidence-based consultation model provides a framework by which school psychologists can conceptualize consultation work in early intervention settings.

Example Infant and Toddler Consultation Framework

One possible reason for the gap in training in infant and toddler consultation models is that K-12 school-based consultation models have a longer history and more extensive evidence base,

relative to the more recent and emerging consultation approaches used in birth to three contexts. Despite the currently limited training on early childhood consultation models, school psychologists are positioned with the foundational knowledge of school-based consultation models to inform their early childhood consultative practices. To demonstrate how these consultation frameworks overlap, a K-12 consultation model frequently taught in school psychology graduate programs, Teachers and Parents as Partners (TAPP; Sheridan, 2014), and an evidence-based consultation approach to support parents in fostering infant and toddler social-emotional and communication developmental competencies, Baby Net (Baggett et al., 2010c, 2020, 2021b), are presented below. Further, an illustration is provided of how school psychologists can draw upon the TAPP model to provide services in early childhood contexts by highlighting the intersections between TAPP guiding principles and Baby Net intervention components.

TAPP was developed as an extension of the traditional conjoint-behavioral-consultation model (CBC; Sheridan, 1997). TAPP focuses on consulting and collaborating with stakeholders in a child's life to address academic, behavioral, and social challenges (Sheridan, 2014a). It is well-established that effective collaboration between families and educators is crucial for promoting optimal academic and social-emotional outcomes (Smith et al., 2020). Prior research indicates that TAPP effectively addresses behavioral, academic, and social-emotional challenges in students enrolled in pre-kindergarten and kindergarten (Sheridan et al., 2006). The TAPP model has primarily been examined in K-12 settings, and its utility and effectiveness have not yet been explored in Part C contexts. However, as mentioned previously, school psychologists may draw on common K-12 frameworks to apply and extend their understanding of these consultative approaches to early childhood contexts.

Baby Net is a version of the Infant-Net Program (Baggett et al., 2010c), which is an adaptation of the Play and Learning Strategies program (PALS; Landry et al., 2008). The PALS program is

an evidence-based intervention implemented with infants, toddlers, and preschoolers to promote social-emotional, communication, and cognitive competencies foundational to school readiness (Landry et al., 2008). Using the PALS strategies, the Baby Net Program includes parent coaching that focuses on enhancing sensitive parenting skills (e.g., identifying and responding to baby's signals, maintaining the interest of the child, promoting early literacy skills), and incorporating these skills into daily routines (Baggett et al., 2010b, 2021b; Feil et al., 2020). Parents engage in learning new content on the program-specific phone app, upload a 5-minute video of a typical interaction with their baby, and then participate in a video call with their coach to reinforce learning, co-view the interaction video for coach feedback, and co-create an action plan for the mother to practice strategies before the next call (Baggett et al., 2021b). To date, there is mounting evidence of the efficacy of Baby Net for promoting infant social-emotional and social communication competencies (Baggett et al., 2010c, 2010d; Feil et al., 2020), as well as strong support for the program's ability to engage families who often struggle to engage in home visiting supports (Baggett et al., 2020, 2021a). The similarities between the models and explicit examples of how the TAPP principles are enacted in the Baby Net Program are presented in Table 1.

The similarities between the TAPP and Baby Net components and principles allow future school psychologists to see how their existing skills may be leveraged to provide consultation to support the development and well-being of infants and toddlers, which are foundational to school readiness. Prior to school entry, services through Part C are typically implemented either in the family's home or a clinic setting. The remote-delivery option of Baby Net illustrates how school psychologists, who are primarily based in educational settings, may be effective consultants within the context of home-based services.

Higher Education Training for School Psychologists

Field Training

In order to implement and receive supervision on the above practices, graduate students should be provided with practicum and placement experiences in infant and toddler settings. These experiences could include involvement in Head Start programs, partnering with the leading agency of Part C for their state, and/or collaborations with community networks that serve children and families prior to school entry. Such applied experiences have been shown to enhance key consultation skills in participating graduate students (Donovan et al., 2015).

It should be noted that while most school psychology graduates will continue to serve primarily in K-12 contexts, it is important that those interested in working in early intervention settings be provided with the opportunity to hone their skills while still receiving supervision as graduate students (Donovan et al., 2015). Students should also be provided with field training and supervision within infant and toddler settings in order to grow the school psychology workforce to address the growing demands for intervention with very young children and their families.

Didactic Training

Prior to field training, school psychology graduate students should engage in classroom-based learning on infant and toddler development and contexts. School psychology graduate training programs should provide instruction on the legal mandates and professional standards that warrant practitioners' involvement in infant and toddler services. Instruction should include current discrepancies between the policies of Part C leading agencies, the referral process to Part C services, the differences between Individualized Family Service Plans (IFSPs) and Individual Education Programs (IEPs), ways school psychologists can support transition from Part C to Part B services, early childhood development of

social-emotional and pre-academic skills, and the preventative and social justice nature of involvement in early intervention.

Assessment Sequence

Graduate programs should include coursework that allows students to learn and practice assessment tools and techniques for working with infants and toddlers. Students should learn to identify screening measures that are appropriate for caregiver concerns, such as the Ages and Stages Questionnaires, Third Edition, (Squires & Bricker, 2009) and the Devereux Early Childhood Assessment (LeBuffe & Naglieri, 1999). Further, students should have the opportunity to practice and receive feedback on developmental and play-based assessments.

Table 1

TAPP Central Components and Potential Enactment in the Baby Net Program

TAPP Components & Principles	Baby Net Examples of Enactment
TAPP Principles	
<p>Principle 1: Communicate frequently and clearly.</p> <ul style="list-style-type: none"> • Options for mode of communication • Regular check-ins with caregivers to describe expectations • Child-focused 	<p>The Baby Net Program was designed to be a remote-delivery option that addresses many barriers often experienced by parents (Baggett et al., 2020; Beacham et al., 2019; Feil et al., 2020).</p> <p>Coaches communicate with families often regarding reported challenges, help with the application of skills, and frequently let the mother know that the coach is thinking about her and her baby.</p>
<p>Principle 2: Ask open-ended questions and listen.</p> <ul style="list-style-type: none"> • Ask the parent for help • Engage parents in conversation besides providing advice • Active listening 	<p>There is an emphasis on open-ended questions regarding knowledge acquisition and practice of skills. The coach asks the mother her thoughts about what she did well and what things she would like to try differently next time. The mother is regarded and valued as the expert on her child.</p>
<p>Principle 3: Express the importance of working together.</p> <ul style="list-style-type: none"> • Collaborate with parents to identify ways to address the child’s behavioral challenges • Acknowledge parents’ effort and express appreciation 	<p>Coaches actively work to build relationships with parents and their babies. The concept of collaboration is a central tenet of the Baby Net program. Coaches frequently request the mother’s input on the program, such as how skills align with her daily routines, what skills are not working, and how the coach can help. The mother’s successes, however small, are celebrated on each call.</p>

Table 1- continued**TAPP Central Components and Potential Enactment in the Baby Net Program**

TAPP Components & Principles	Baby Net Examples of Enactment
Principle 4: Focus on the positives. <ul style="list-style-type: none"> • Describe behaviors of the child and not inherent characteristics • Affirm the parent's role in changing their child's behavior 	When co-viewing parent-recorded interaction videos, coaches select time points that showcase the mother using the skill correctly. The mother's role in the infant's positive response (e.g., smile, laugh, eye contact) is directly attributed to the mother's change in behavior.
TAPP Rules	
Rule 1: Make positive contacts with parents.	Coaches frequently make positive remarks about the parent's participation in the program, use of a new skill, and the positive impact the mother's behavior has on the baby. For example, a coach may send a screenshot from an interaction video of the mother and baby smiling at one another to reinforce use of parenting skills.
Rule 2: Act sooner rather than later.	Each concept presented in the Baby Net Program follows a progression of skill building. Therefore, if the mother has not yet mastered a foundational skill, the coach will spend time practicing the skill with the mother. The coach can also identify a mother's challenge with a skill through the parent-uploaded interaction videos. Challenges are discussed with the mother, and an action plan is co-created to outline specific situations (e.g., practice the skill when you are dressing your baby) for the mother to practice.
Rule 3: Conduct collaborative parent-teacher conferences.	Coaches conduct weekly video calls with participants to review newly learned concepts, address challenges and celebrate successes, emphasize progress towards goals, actively listen to the mother, and co-create action items for the mother to practice before the next call with her coach.
Rule 4: Use a home-school note system to communicate frequently.	The ePALS Baby Net app includes a secure messaging system called "Coach Talk." Coaches and mothers frequently converse through Coach Talk about the baby's progress, developmental milestones, and positive remarks about the mother's use of the skills.

The Neonatal Behavioral Assessment Scale-Fourth Edition (Brazelton & Nugent, 2011), the Mullen Scales of Early Learning (Mullen, 1995), the Bayley Scales of Infant and Toddler Development-4 (Bayley & Aylward, 2019), and the Battelle Developmental Inventory-3rd Edition (Newborg, 2020) are common measures used for developmental evaluations and are normed for children from birth into early childhood.

An example of a course that focuses on providing services to infants, toddlers, and preschoolers and their caregivers is the University of Nebraska Omaha's school psychology program's assessment course called "Early Childhood Assessment." Students in this course learn about early academic and play assessment and how to address mental health needs in early childhood. Further, they must engage in an immersive consultation experience with a local Head Start program to provide consultation regarding children's social-emotional development. This course emphasizes the incorporation of coursework and field experiences as an important way for graduate training programs to effectively prepare future school psychologists with the critical tools needed to provide high-quality services in early childhood settings.

Conclusions

In summary, school psychologists are encouraged to reconceptualize their role as health service providers across multiple development stages (i.e., early childhood, elementary, secondary, and postsecondary education). Despite growing interest in the field and NASP guidance, systemic barriers that include lack of federal funding, clear policy for school psychologists in early childhood settings, and limited communication and collaboration among agencies may hinder school psychologists' engagement in infant and toddler settings. However, to adhere to NASP's (2020) guidance and broad legislative requirements, it is necessary that school psychologists use their knowledge of screening, evidence-based consultation frameworks, and effective intervention practices to support children in (or soon to enter) early childhood settings. Specifically, school psychologists may provide consultation with all stakeholders in infant and toddler care through their understanding of tiered frameworks of support and applicable consultation models. Ultimately, by

providing such services, school psychologists may prevent later academic and behavioral challenges while promoting school readiness for infants and toddlers.

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