The Evidence Base for Early Childhood Mental Health Consultation

Deborah F. Perry, Ph.D.
Georgetown University Center for Child & Human Development

May 17, 2011
Overview

- Set stage, define ECMHC
- Findings from two systematic reviews of the literature
- Findings from a national study of effective ECMHC
- Selected findings from other state evaluations
- Resources to support ECMHC implementation
State Pre-K Expulsion Rates

Gilliam, 2005
Access to Support Associated with Decreased Expulsion Rates

<table>
<thead>
<tr>
<th>% Classrooms Expelling</th>
<th>No Access</th>
<th>On-Call Access</th>
<th>On-Site Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.3%</td>
<td></td>
<td>10.3%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

Access to Behavioral Support Staff

Definition of Early Childhood Mental Health Consultation (ECMHC)

“A problem-solving and capacity–building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise - primarily child care, child development, and families – or individuals with child care responsibilities.”

(Cohen & Kaufmann, 2000)
Goals of ECMHC

- Primarily indirect services that build the capacity of staff and family members
- Promote social emotional development
- Prevent escalation of challenging behaviors
- Referrals for additional assessments and services
- Improve outcomes for children, parents, and staff in early care and education settings
Types of ECMHC

- **Child/family-centered consultation**: Focuses on a particular child with challenging behavior and/or the family of that child

- **Programmatic consultation**: Focuses on a general program or classroom issue that impacts the mental health of staff, children and/or families

  Cohen & Kaufmann, 2000
Child- and Family- Centered Consultation

- Child observations
- Program practices
- Staff support for individual and group behavior management
- Modeling/coaching
- Link to community

- Training on behavior management
- Modeling and supporting individual child
- Education on children’s mental health
- Advocacy for family
Programmatic Consultation for Staff and Programs

- Classroom observation
- Strategies for prosocial environment
- Training on behavior management
- Support for reflective practices
- Promote staff wellness
- Address communication issues
- Promote team building
- Training on cultural competence
What ECMHC “Isn’t”

- Formal diagnostic evaluations
- Therapeutic play groups
- Individual therapy
- Family therapy
- Staff therapy
- Family support groups
Current State of Research

Systematic Reviews of ECMHC Research (Brennan, Bradley, Allen & Perry, 2008; Perry et al., 2010)

- Limited number of peer-reviewed studies
- Methodological approaches vary, but 2 Randomized Controlled Trials
- Wide variety of measurement instruments are used to track outcomes.
  - Most child behavior outcomes are reported by teachers and/or parents
Summary of Findings: Child Outcomes

- Decreased problem behaviors, especially externalizing
- Decreased numbers of children expelled for behavior
- Greater gains on socialization, emotional competence, and communication
- Improved social skills and peer relationships
Summary of Findings: Staff Outcomes

- Competency and self-efficacy
  - Consultation was associated with improved self-efficacy of staff
  - Teachers working with mental health consultants (MHC) felt more confident working with children
Summary of Findings: Staff Outcomes

- MHC helped teachers feel less stressed
- Teaching skills and communication with families were enhanced
- Teachers working with MHC were more sensitive and less harsh when working with children
- Teachers better able to involve parents
Summary of Findings: Program Outcomes

- MHC reduced staff turnover in early childhood programs
- MHC had more positive effects on programs when consultants were seen as parts of teams
  - Helped staff adopt a consistent philosophy of mental health
- Classroom Environments
  - Inconsistent findings of association between MHC and improved classroom environments using the ECERS
Summary of Findings: Family Outcomes

- Family gained access to mental health services
- Improved communication with staff
- Parenting skills improved
- Parenting stress findings were mixed
- But, fewer studies included measures of family outcomes
Determining What Effective ECMHC Really Looks Like...

- *What Works?* study
  - Targeted focus on exploring the key components of effective consultation programs
  - Site visits to 6 programs with positive outcomes
  - Participation from those delivering and receiving ECMHC services

- (Duran et al., 2009)
Study Sites

- Child Care Expulsion Prevention (MI)
- Early Childhood Consultation Partnership (CT)
- Early Intervention Program/Instituto Familiar de la Raza (San Francisco, CA)
- Early Intervention Project (Baltimore, MD)
- Kid Connects (Boulder, CO)
- Together for Kids (Central Massachusetts)
Conceptual Model of Effective EMCHC
#1: Solid Program Infrastructure

- Well-defined model
- Strong leadership
- Clear organizational structure
- Strong hiring and training component
- Supervision and support mechanisms for consultants

- Strategic partnerships
- Community outreach and engagement
- Clear communication
- Evaluation
- Financing
#2: Highly-Qualified Consultants

- Educator, collaborator, coach and cheerleader!
- Content Knowledge
  - Infant/early childhood mental health (I/ECMH)
  - Typical & atypical child development
  - Best/evidence-based practices in I/ECMH
  - Cultural and linguistic competence
  - Service systems and community resources
Highly-Qualified Consultants (cont’d)

- Skills
  - Work at multiple levels
    - Group settings and one-on-one
    - Children and adults
    - Infants, toddlers and preschoolers
  - Communicate effectively
  - Develop targeted & *individualized* strategies
  - Build strong, healthy relationships!
#3: High-Quality Services

- Include *both* types of consultation
- Provide an array of services/activities
  - Information gathering
  - Individualized service plan development
  - Plan implementation support
  - Provider/family education
  - Provider/family emotional support
  - Linkages to services beyond consultation (e.g., direct therapy)
Process Components

- Catalysts for Success (the yeast!)
  - #4: Positive Relationships
  - #5: Readiness for ECMHC

- #6: Outcomes Measurement
  - Continuous Quality Improvement (CQI)
  - Sustainability
Putting the “Mental Health” into ECMHC

- Bringing a mental health perspective to understanding young children’s social emotional development
- Creating a therapeutic alliance with consultees
- Modeling and fostering reflection
- Integrating new practices/strategies (i.e., individualized, evidence-based)
ECMHC Fundamentals

- Strong service initiation process
- Collaboration
- Family involvement
- Cultural and linguistic competence
- Individualization & integration of services/strategies
- Integration of consultant into program
- Consistency across home & classroom
Growing Evidence Base

- Rigorous studies in Arkansas, Connecticut, Michigan, and Maryland
- Replication of findings from the Chicago School Readiness model in Newark NJ
- Improving measurement and theories of change
Theory of Change

- A statement that links activities and outcomes to explain a causal sequence of events
  - HOW an outcomes is achieved
  - WHY the desired change should result
- Necessary in designing approaches for evaluating complex interventions
  - Determine steps in sequence/timing
  - Identify what needs to be measured
Logic Model

- Graphic depiction of aspects of a program
  - Inputs, activities, short- and longer term outcomes
- Descriptive rather than explanatory
- How are they similar/different:
  - May have elements of theory of change visible in a logic model if links between activities and outcomes are very specific
ECMHC MD Evaluation Logic Model

Early Childhood Mental Health Consultation

Skills and Qualifications
- Satisfaction
- Relationship

Parenting
- Behavior and Attitudes
- Stress

Early Care and Education
- ECE Providers Attitudes/ Beliefs
- Classroom Environment

Young Children
↓Challenging Behavior
↑Social Skills

Expulsions
Arkansas: Phase 1

- From 2005 to 2008, study participants included:
  - Head Start and Arkansas Better Chance (ABC) Centers
  - 193 teachers
  - 1,448 children
- Included a comparison group
Arkansas: Phase 1

- Data collection activities included:
  - Assessment of Child Behavior /Strengths
  - Assessment of Teacher Behavior and Classroom Management
  - Teacher Surveys

- Data collected at beginning/end of school year
Arkansas: Phase 1 Results

- Teachers were very satisfied with the consultation services.
  - 74% reported that they look to the mental health professional for help
  - 87% reported having a good relationship with the mental health professional
  - 76% reported having learned a new strategy
Arkansas: Teacher Behavior

- By year 3, teachers receiving consultation were significantly:
  - Less permissive
    - permissive teachers avoid enforcing rules even when it seems necessary
  - Less detached
    - detached teachers interact less with children and do not appear interested in their activities
  - More sensitive/positive (trend level finding)
    - sensitive teachers have warm, high quality communication and show enthusiasm
By the third year of the project, children at intervention sites had:

- Fewer behavior problems than children in the comparison sites
- Better scores on Attachment scale of the DECA
  - ability to have a mutual, strong relationship between a child and significant adults
Connecticut: Early Childhood Consultation Partnership

- Advanced Behavioral Health subcontracts to 10 community-based child behavioral health agencies
- 22 master’s level consultants serving more than 200 ECE centers state-wide
- Manualized approach, short-term
  - Child-focused up to 9 hours (~1 month)
  - Core classroom consultation 4-6 hours/week (~12 weeks)
CT: 3 Statewide RCTs

- **Study #1 (2005-2007)**
  - Preschool (3-4 yo) programs in CT
- **Study #2 (2008-2010, finishing)**
  - Preschool (3-4 yo) programs in CT
- **Study #3 (2008-2010, finishing)**
  - Infant/Toddler (0-2 yo) programs in CT

- Inclusion: Requesting ECCP; Consenting
- Exclusion: Prior ECCP treatment
ECMHC Logic Models

ECCP Consultation

Teacher Beliefs

Teacher Child Interactions

Child Behavior

Teacher Stress Control

Classroom Environment

Gilliam, Yale University
CT: Study 1 Evaluation Measures

- Classroom Quality & Interactions
  - Early Childhood Environment Rating Scale (ECERS-R)
  - Arnett Caregiver Interaction Scale (CIS)

- Teacher Beliefs and Feelings
  - Parental Modernity Scale
  - Child Care Worker Job Stress Inventory
  - Teacher Depression (CES-D)

- Child Behavior Problems
  - Conners Teacher Rating Scale – Long Form (CTRS-LF)
  - Social Skills Rating System (SSRS)
CT: Study 1 Results

- Positive Effects on
  - Teacher-rated Externalizing Behaviors

- No Effects on
  - Non-Externalizing Child Behaviors
    - Internalizing Behavior Problems
    - Prosocial Behaviors
  - Classroom Environment
    - ECERS-R (all domains)
    - Arnett Caregiver Interaction Scale (all domains)
  - Teacher Beliefs and Feelings
    - Authoritarian Beliefs
    - Job Stress, Control, and Satisfaction
    - Depression
CT: Studies 2 & 3 Measures

- Classroom Quality & Interactions
  - Classroom Assessment Scoring System (CLASS)
  - Preschool Mental Health Climate Scale (PMHCS)
- Target Children [+Random Peers]
  - Conners Teacher Rating Scale – Long Form (CTRS-LF) or Infant-Toddler Social Emotional Assessment (ITSEA)
  - Social Skills Rating System (SSRS) [+Random Peers] or Brief Infant-Toddler Social Emotional Assessment (BITSEA)
  - Preschool Social Behavior Scale (PSBS)
  - Preschool Expulsion Risk Measure (PERM) [+Random Peers]
  - Time Sampling (Structured Activities & Free Play)
    - (Relational Aggression, Oppositionality, Disruptive Behavior)
- Home-School Collaboration
  - Family Involvement Questionnaire
  - Parent Satisfaction with Educational Experiences
Effect Sizes for Studies 1-3
PRELIMINARY (incomplete data)

<table>
<thead>
<tr>
<th></th>
<th>Study 1 (P)</th>
<th>Study 2 (P)</th>
<th>Study 3 (I/T)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TARGET CHILDREN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher Ratings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CTRS/ITSEA</td>
<td>.57</td>
<td>.37</td>
<td>.66</td>
</tr>
<tr>
<td>SSRS-Ext</td>
<td>.39</td>
<td>.52</td>
<td></td>
</tr>
<tr>
<td><strong>Direct Observation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relational Aggression</td>
<td>-.02</td>
<td>-.30</td>
<td></td>
</tr>
<tr>
<td>Oppositionality</td>
<td>-.25</td>
<td>.58</td>
<td></td>
</tr>
<tr>
<td>Disruptive Behavior</td>
<td>-.13</td>
<td>1.89</td>
<td></td>
</tr>
<tr>
<td>Home-School Collaboration</td>
<td>.44</td>
<td>.58</td>
<td></td>
</tr>
<tr>
<td><strong>RANDOM PEERS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSRS-Ext/BITSEA</td>
<td>-.23</td>
<td>.29</td>
<td></td>
</tr>
</tbody>
</table>
Michigan Child Care Expulsion Project: Evaluation

- CCEP serving 31 counties through 16 sites
- Child-specific and programmatic consultation
- Master’s level mental health, with MI infant mental health endorsement
- Relationship-based model, with reflective supervision
- Child-specific outcomes compared to comparison group
Michigan CCEP: Evaluation Results

- Children in both groups improved over time, but parent reported gains in CCEP group were higher:
  - Behavioral concerns & Protective factors (DECA)
  - Hyperactivity & Attention problems (BASC 2)
  - Social skills (BASC 2)

- Greater gains in some behavioral and social skill areas were associated with more hours of consultation with providers (but not parents)
Measurement Issues

- Complexity of phenomenon
- Limited valid/reliable tools
- Danger of relying on child behavioral changes alone
  - Needing to measure change at multiple levels
    - Staff, family, program, and child
    - From multiple perspectives: MHC, Staff & Family
  - Missing information about implementation/ fidelity
ECMHC Fidelity

- Causal links between ECMHC and outcomes requires knowledge that the intervention was implemented with fidelity…
- How to assess fidelity of an individualized, relationship-based, capacity-building intervention?
ECMHC Practice-based Principles

- Relationship-based
- Individualized
- Collaborative
- Culturally and linguistically competent
- Grounded in developmental knowledge

- Evidence-informed
- Data-driven
- Delivered in natural settings
- Spans promotion, prevention & intervention
- Links with community services and informal supports
The Process of ECMHC

- Initiation
- Exploration & Engagement
- Plan Development
- Plan Implementation & Evaluation
- Transition
- Maintenance
An Innovation and Improvement Project funded by the Office of Head Start, U.S. Department of Human Services (#90YD0268)
Center for Early Childhood Mental Health Consultation

- Georgetown Center for Child & Human Development
- University of Colorado, Denver
- Vanderbilt University
- University of South Florida
- Head Start/Early Head Start partners
- Other consultants and contractors
Challenges to Effective ECMHC

- Many mental health professionals are not trained in: consultation, infant and early childhood mental health, working in homes and group settings
- Administrators may not have a comprehensive vision of what mental health consultation can do for Head Start
- Staff wellness has not been as much of a priority as child and family issues
Our Approach

- Build upon the success of the Center for Social Emotional Foundations for Early Learning
- Combine research with practical applications
- Develop web-based products that will be free and easily accessible
Target Audiences

- **Primary:**
  - Mental health consultants working with Head Start and Early Head Start (HS/EHS)
  - Head Start Leadership/Administrators

- **Secondary:**
  - Head Start staff and families
  - Technical Assistance providers and trainers
Mental Health Consultants

ECMHC products are designed to:

- help mental health (MH) consultants assess their skills and knowledge;
- build their capacity to integrate evidence-based strategies into their work; and
- identify additional resources that can support a continuum of high-quality mental health services and supports.
Products for MH Consultants

- On-Line tutorials:
  - Strengthening Early Childhood Mental Health Consultation in Head Start and Early Head Start Programs
  - Defining Early Childhood Mental Health Consultation and the Consultant Role
  - The Effective Mental Health Consultant
  - Mastering the Consultative Stance

- Coming soon:
  - Recognizing and Addressing Trauma in Infants, Young Children, and their Families
  - Social Emotional Development in Young Children
  - Partnering with Families in Early Childhood Mental Health Consultation
  - Promoting Cultural and Linguistic Competence
Interactive Tools

- Choose and Use:
  - Screening and assessment tools for young children’s social emotional development

- Coming soon:
  - Choose & Use:
    - Social and emotional curricula
    - Parenting programs
  - Infant Toddler Temperament Tool (IT3)

- Other Tools:
  - Observation Toolkit
  - PBS Manual & Tools
  - Perinatal depression toolkit
Head Start Administrators

ECMHC products are designed to:

- help HS/EHS administrators assess the quality of their approach to mental health;
- build their capacity to support and sustain evidence-based strategies; and
- provide guidance and resources that can support a continuum of high-quality mental health services and supports.
Administrators’ Toolkits

- Promoting a Program-Wide Vision for Early Childhood Mental Health Consultation
  - Needs Assessment Tools
- List of Head Start Performance Standards that relate to Mental Health
- Cultural Competence Self Assessment tools

Coming soon:
- Toolkit on Policies, Procedures and Structures
- Interviews with EHS directors
- Cultural and Linguistic Competence Module
Head Start Staff

ECMHC products are designed to:

- help HS/EHS staff have practical tools to help them build positive relationships with young children and families;
- build their capacity to implement and sustain evidence-based strategies; and
- promote staff wellness so that they can provide support to children and families.
Products for Staff

- Teaching Tools for Young Children
- Positive Posters for teachers (Spanish & English)
- Everyday ideas for promoting positive social emotional development

Staff Wellness Materials:
- Taking Care of Ourselves booklet
- Relaxation audio recordings (Spanish & English)
- Stress Posters
- Discovering Feelings booklet
- My First Year booklet
Head Start Families

ECMHC products are designed to:

- help HS/EHS families have practical tools to help them build positive relationships with their young children;
- build their capacity to use effective strategies in their homes and communities; and
- reduce their stress and promote positive well-being so that they can provide support to their children.
Products for Families

- Positive posters for home (Spanish & English)
- Baby’s First Year
- Discovering Feelings

Family Wellness Materials:
- Taking Care of Ourselves booklet
- Relaxation audio recordings (Spanish & English)
- Stress Posters

Coming Soon:
- Infant Toddler Temperament Tool (IT3)
Resources

- **Early Childhood Mental Health Consultation**

- **What Works?** study
  - [http://gucchd.georgetown.edu/78358.html](http://gucchd.georgetown.edu/78358.html)

- Center for Early Childhood Mental Health Consultation
  - [www.ecmhc.org](http://www.ecmhc.org)

- Research synthesis on ECMHC
  - [http://www.vanderbilt.edu/csefel/pdf/rs_ecmhc.pdf](http://www.vanderbilt.edu/csefel/pdf/rs_ecmhc.pdf)

- **Mental Health Consultation in Child Care**
  - (K. Johnston & C. Brinamen) Book published by Zero To Three Press