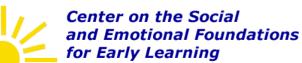
Meeting the Mental Health Needs of Children

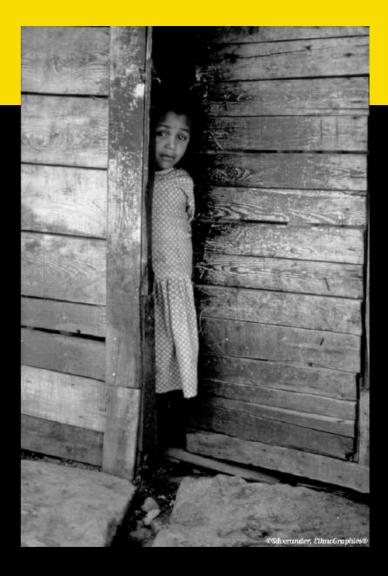
August 1, 2007

SAMI and CCPRC Institute Washington, DC





Sobering Facts







It begins early...





Campbell (1995) estimated that approximately 10-15% of all typically developing preschool children have chronic mild to moderate levels of behavior problems.





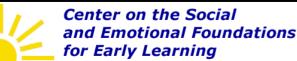


Children who are identified as hard to manage at ages 3 and 4 have a high probability (50:50) of continuing to have difficulties into adolescence (Campbell & Ewing, 1990; Egeland et al., 1990; Fischer, Rolf, Hasazi, & Cummings, 1984).





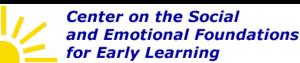
The correlation between preschool-age aggression and aggression at age 10 is higher than that for IQ. (Kazdin, 1995)





When aggressive and antisocial behavior has persisted to age 9, further intervention has a poor chance of success. (Dodge, 1993)



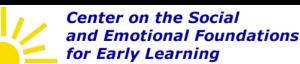




Young Children with Challenging Behavior:

- Are rejected by peers
- Receive less positive feedback
- Do worse in school
- Are less likely to be successful in kindergarten



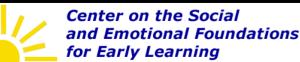






Of the young children who show early signs of problem behavior, it has been estimated that fewer than 10% receive services for these difficulties.

(Kazdin & Kendall, 1998)





Preschool children are three times more likely to be "expelled" than children in grades K-12

(Gilliam, 2005)



Teachers report that challenging behavior affects their overall job satisfaction

(Joseph, Strain, & Skinner, 2003)

Teachers report that challenging behavior is their number 1 training need

(Joseph, Strain, & Skinner, 2003)



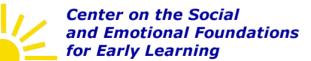
There are evidence-based practices that are effective in changing this developmental trajectory...the problem is not what to do, but rests in ensuring access to intervention and support



What does this mean for us?

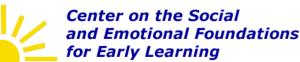








- New areas of focus:
 - Birth to Five
 - Staff and Family Mental Health
 - New State Capacity Building and Sustainability Opportunities

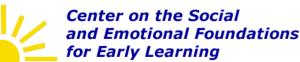




Center on the Social and Emotional Foundations for Early Learning

National Center

Partners Vanderbilt University **University of Illinois University of South Florida** University of Colorado at Denver **Zero to Three** Georgetown Center for Child and **Human Development**





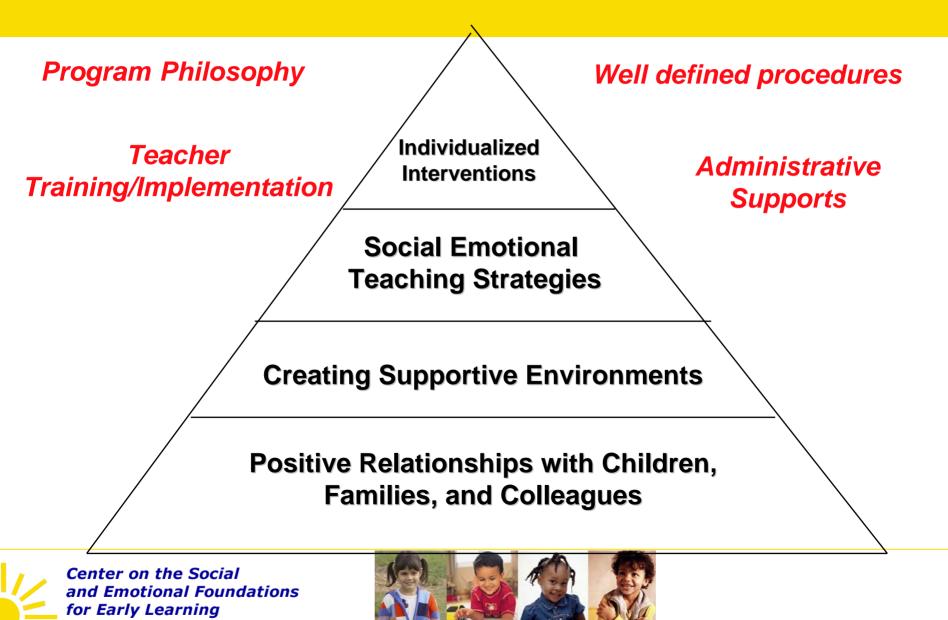
Center on the Social and Emotional Foundations for Early Learning

> **Primary Partners** NAEYC **NACCRRA** DEC NASMHPD NABE **NHSA**

	Center on the Social
	and Emotional Foundations
	for Early Learning

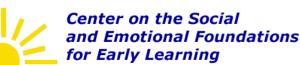


Promoting Social Emotional Competence



Resources (vanderbilt.edu/csefel)

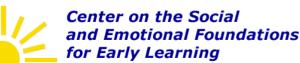
- Modules (Pyramid)
- Overview Videotapes
- Pyramid posters
- What Works Briefs
- What Works Briefs Tool Kits
- Research Syntheses
- Practical Strategies
- New Web Resources (coming soon!)





CSEFEL I Partners in Excellence

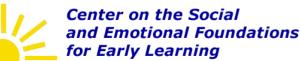
 Improved staff satisfaction Decreased turnover Increase in overall program quality •Clearly articulated and implemented policies and procedures •More intentional teaching and purposeful support of children's emotional development •Less reliance on "outside" experts •Stronger collaboration with mental health providers •Mental Health Allocations (Intervention/Prevention)





State Partnerships New Professional Development Opportunity

- Outcomes of New State Partnerships with CSEFEL
 - An enhanced infrastructure capacity to adopt the Pyramid Model
 - A cadre of trainers and coaches to build the capacity of the work force and support local implementation of practices
 - Creation of local demonstration sites
 - Evaluation of components

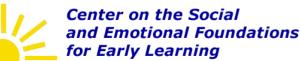




State Partnerships



- State Planning
 - Colorado
 - Iowa
 - Maryland
- Application Process (due October 15th)





Leaders' Role



- Make the commitment and provide leadership
 - Inspire a vision
 - Be a champion for mental health needs
- Get buy-in
 - Be a change agent
 - Model the way





Together We Can!



