Promoting High Quality Child Care for Young Children with Mental Health Needs

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August 1, 2008
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Overview

► Review prevalence estimates
► Make case for mental health consultation as a quality improvement strategy
► Review findings from research synthesis
► Measuring quality of child care
Prevalence of Problem Behaviors

- No national epidemiological data
- Early Childhood Longitudinal Study: 10% of all kindergarten children show problematic behavior
- Review of Literature by Qi & Kaiser (2003):
  - Across 6 studies of Head Start children: externalizing 16-30%; internalizing 7-31%
  - Across 18 studies in low-income community samples: ranges from 8% to 57%, depending on where sample was drawn, risk factors
Dif rates for public versus for profit versus non profits on expulsion but not suspension:

11% vs. 50% vs. 39% respectively (head start was included with public programs)

Expulsion was also found to be related to larger group size and/or higher job demands

Proportion of 3-year olds also found to be related to expulsion (typically mixed 3’s and 4’s, may place higher demands on teachers)
Older kids higher 2yr=3.75, 3yr=3.96, 4yr=5.85, 5-6 11.57 per 1,000
Boys=10.46, girls=2.26 per 1,000
AA=10.04, Wh=5.77, Latino=4.42, Asian=1.82 per 1,000
Faith-based=12.48, For-profit=11.93, Head Start=6.59 and School=6.16 per 1,000
Psych/psychia on-site/reg access=5.68, on-call=6.17, no access 10.76 per 1,000
Mental Health Consultation

- Quality Improvement strategy
  - Support positive interactions between and among staff, children, families
  - Manage job stress (staff and families)
  - Promote strengths-based communication
  - Build relationships between staff and families
  - Promote culturally-sensitive parenting supports
Defining Early Childhood Mental Health Consultation

► Culturally sensitive services offered by providers with formal preparation in children’s mental health and experience working with young children birth to six and their families

► In collaboration with administrators, staff and family members in group care/early education settings
Defining ECMHC (cont’d)

► Promotes social emotional development and transforms children’s challenging behavior
► Primarily indirect services that build the capacity of staff and family members
► The impact can be measured in the domains of child, parent, staff, and family outcomes
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
Research Review Inclusion Criteria

- Empirical research—either quantitative or mixed methods.
- Focused on MH consultation, not health consultation, or early intervention.
- Research on consultation for programs serving children birth to 8 years.
- Included child or family outcomes.
Summary of Studies

Staff & Program Outcomes, N=23

► Type I Studies, n=9
  — Included an intervention and a comparison group, usually children receiving treatment were compared to those in a non-treatment condition
► Type II Studies, n=10
  — Used quasi-experimental designs, no comparison group
► Type III Studies, n=4
  — Descriptive or correlational studies
Summary of Studies

Child & Family Outcomes, N=30

➤ Type I Studies, n=12
   — Included an intervention and a comparison group, usually children receiving treatment were compared to those in a non-treatment condition.
   — Two were randomized control studies (Gilliam, 2007; Raver, 2007)

➤ Type II Studies, n=13
   — Used quasi-experimental designs, no comparison group.

➤ Type III Studies, n=5
   — Descriptive or correlational studies.
Summary of Findings:
Staff Outcomes

► Competency and self-efficacy
  - Consultation was associated with improved self-efficacy of staff (Olmos & Grimmer, 2004; Bleecker & Sherwood, 2005; Perry et al., 2005, Green, et al., 2004).
Summary of Findings: Staff Outcomes

► **Job Stress**
  - MHC helped teachers feel less stressed (Olmos & Grimmer, 2004; Langkamp, 2003).

► **Teaching skills and communication with families**
  - Teachers working with MHC were more sensitive and less harsh when working with children (Bowman & Kagan, 2003; CQOST, 1995).
  - Teachers better able to involve parents (Elias, 2004; Shelton et al., 2001; Pawl & Johnston, 1991).
Summary of Findings: Program Outcomes

- **Staff turnover**
  - MHC reduced staff turnover in early childhood programs (Olmos & Grimmer, 2004; Gould, 2003; Langkamp, 2003; Alkon et al., 2003)

- **Impact of consultant role**
  - MHC had more positive effects on programs when consultants were seen as parts of teams (Green et al., 2004)
  - Helped staff adopt a consistent philosophy of mental health

- **Classroom environments**
  - Inconsistent findings of association between MHC and improved classroom environments (Alkon et al., 2003; Bleecker & Sherwood, 2003; Brawman-Kagan, 2003; Langkamp, 2003; Tyminski, 2001)

- **Improvement in classroom climates**
  (Raver, 2007).
Summary of Findings: Child Outcomes

- Greater gains on socialization (Bleecker & Sherwood, 2003; Tyminski, 2001), emotional competence, and communication (Kupersmidt & Bryant, 2003).

- Improved social skills and peer relationships (Bleecker & Sherwood, 2004; Duffy, 1996; Perry et al, 2005; Kupersmidt & Bryant, 2003).

- Improved social skills particularly found in children with internalizing behaviors (Hennigan et al, 2004).
Summary of Findings: Child Outcomes


**Decreased numbers of children expelled for behavior** (Field & Mackrain, 2004; Field et al, 2003; Gould, 2003; Perry, 2005; Perry et al, 2005).
Issues & Limitations

► Few peer reviewed studies
► Lack of rigorous study designs
► Inconsistent measures used
► Limited information about key components of the intervention
► Few studies that examined MH consultation in isolation
An Evaluation Tool Kit

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

An Evaluation Tool Kit

For states, communities, agencies, and programs investing in early childhood mental health consultation and committed to quality data
Measuring Quality

► ITERS, ECERS mixed findings
  ▪ Not sensitive enough to detect differences in patterns of interaction
► Caregiver Interaction Scales (Arnett, 1989)
► The Classroom Assessment Scoring System (CLASS; La Paro & Pianta, 2000).
► Preschool Emotional Climate Scale (Gilliam, unpublished)
► Quality of relationships (Green, 2004)