

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

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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

## Preschool Expulsion Prevalence

- ▶ No systematic collection of data on the number of young children expelled from child care settings nationally
- ▶ First published report of statewide data in MA (Gilliam & Sharar, in press)
  - Sample of 185 randomly selected classrooms in broad array of child care settings (n=119)
  - 39.3% teachers had expelled at least 1 child, 14.7% suspended at least 1 child in past year
  - Expulsion rate 27.4 per 1,000 was 34 times K-12 rate

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)

## First National Estimates

- ▶ National Pre-kindergarten Study (n=3,898); classroom data from all 52 state-funded pre-K programs in 40 states
- ▶ Telephone survey led teacher ~50 minutes
- ▶ Weighted national average of 6.67 per 1,000 enrolled; range 0-24 (KY, NM)
- ▶ In all but 3 states, preschool expulsion rates exceeded the K-12 rates (KY, SC, & LA)
- ▶ Differences by age of child, sex, ethnicity, setting, availability of MH consultation

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.
- ▶ Investigations conducted between 1985 and 2007.
- ▶ 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).
- Teachers working with MHC felt more confident working with children (Alkon et al., 2003; Bowman & Kagan, 2003; Brennan, et al., 2003).

## 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; Bowman & 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, 1986; 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 problem behaviors** (Bleecker & Sherwood, 2004; Bleecker et al, 2005; Cagle, 2002; Field & Mackrain, 2004; Gilliam, 2007; Green et al, 2004; Kupersmidt & Bryant, 2003; Hennigan et al, 2004; Langkamp, 2003; Lehman et al, 2006; Olmos & Grimmer, 2004; Perry et al, 2005; Safford et al, 2001; Shelton et al, 2001).

▶ **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)