

Creating Partnerships through Early Childhood Mental Health Consultation

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Guidelines for Dialogue

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- Session: 1:30 – 4:30; Break from 3:00 – 3:10



- Silent cell phones & put them away!
- Share ideas & ask questions
- Listening ears; limit side conversations



Learning Objectives

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Participants in this workshop will:

- Discuss the central features of effective early childhood mental health consultation programs.
- Identify and apply the key concepts in early childhood mental health consultation that support positive relationships between parents, early childhood professionals, and mental health consultants.
- Develop the knowledge and skills needed to evaluate early childhood mental health consultation programs.



Early Childhood Mental Health Consultation (ECMHC)

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- A problem solving & capacity-building intervention implemented within a collaborative relationship between a MH professional & EC staff (Cohen & Kaufmann, 2005)



- Includes culturally sensitive, indirect services for children birth through six in group care and early education settings
- Purpose: To promote social and emotional development in young children and to transform children's challenging behaviors



2 Types of Early Childhood Mental Health Consultation

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- **Child and Family Centered Consultation** - MHC and ECE staff work together to address the factors that influence child's or a family's difficulties in functioning well in the Head Start classroom
- **Staff and Program Centered Consultation** – MHC and ECE staff work together to improve overall program quality and to help the program address broad issues that affect more than one child, staff, or family member



ECMHC: The Need

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- ECMHC is a widely used strategy for addressing the mental health needs of young children, their families, and early childhood care providers
- ECMHC is important for early identification of children's social and emotional needs & for children's school readiness
- ECMHC is a key strategy for reducing expulsion rates in early childhood programs (Gilliam, 2005)
- Nationally, the median rate of preschool-age children with emotional and behavioral challenges is approximately 8%; no rural / urban differences (Roberts et al., 1998; U.S. Dept. of Health & Human Services, 2005)
- For children in rural areas, ECMHC may be the only available MH services for children this age



ECMHC: The Benefits for staff & programs

(Brennan et al., 2008)

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Staff benefits:

- Improves staff self-efficacy
- Increases staff confidence
- Reduces job stress
- Increases staff sensitivity toward children

Program benefits:

- Improves overall child care center quality and reduces staff turnover



ECMHC: Benefits for children & families

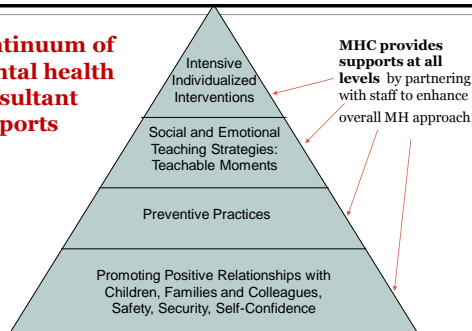
(Perry et al., 2009)

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- Gains on socialization, emotional competence, and communication
- Improved social skills & peer relationships particularly for children with internalizing (depressed, withdrawn) behaviors
- Decreased problem behaviors and decreased numbers of children expelled for behavior
- Family access to mental health services
- Improved family communication with staff
- Parenting skills improved
- Parenting stress unaffected by consultation



Continuum of mental health consultant supports



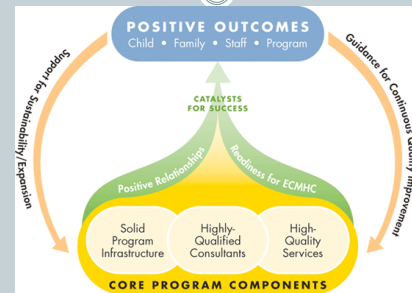
A model for promoting children's social-emotional development and preventing challenging behavior (adapted from the Center on the Social and Emotional Foundations for Early Learning).

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Framework for Effective ECMHC

(Duran et al., 2010)

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Core Program Components

(Duran et al., 2010)

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- Solid program infrastructure
 - strong leadership
 - clear model design
 - strategic partnerships, evaluation, etc.
- Highly-qualified mental health consultants
- High-quality early childhood services



Core Component #1:

Solid Program Infrastructure (Duran et al., 2010)

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- Strong leadership
- Clearly defined model of early childhood consultation
- Clear organizational structure
- Hiring & training of program staff
- Supervision & support for MHCs
- Strategic partnerships & Community outreach
- Clear communication
- Financing
- Evaluation



Core Component #2: Highly Qualified MHCs

(Duran et al., 2010)

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- Education & content knowledge
- Skills
- Attributes / characteristics



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Core Component #3: High Quality Consultation Services

(Duran et al., 2010)

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- Positive beginning to consultation
- Collaboration
- Family involvement
- Cultural and linguistic competence
- Individualize services & strategies
- Consistency across home and classroom
- Use practical materials
- Consistency & availability of consultants
- Integrate MHC into program routines & operations

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Catalysts for Success

(Duran et al., 2010)

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- Readiness for consultation
- Quality relationships

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Catalyst: Readiness for Consultation

(Duran et al., 2010)

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- Program readiness
 - Supportive ECE program administrator
 - Program flexibility
 - Embraces a “mental health perspective”
- Provider readiness
 - Open to new knowledge & willingness to try something new
 - Willingness to collaborate
 - Not threatened by consultant
- Parent / caregiver readiness
 - Acceptance of need for support
 - Willingness to try something new
 - Willingness to collaborate

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Catalyst: Positive Relationships

(Duran et al., 2010)

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- Positive relationships between the MHC and:
 - Early care and education providers
 - Family members & children

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Positive Relationships: Key to Successful Consultation

(Allen, 2008)

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- MHCs who build positive relationships with staff & parents are more effective in reducing children’s behavioral problems & improving prosocial behavior (Green et al., 2006)
- Family involvement is a critical component of ECMHC (Collins et al., 2003).
- Without a positive relationship with the family, ECMHC may be less effective (Yoshikawa & Zigler, 2000).
- Young children are dependent on their parents for access to mental health services.

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Positive Relationships: MHCs & ECE Staff (Allen, 2008)

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- Building relationships take time
- MHC & EC staff must have opportunities to meet
- MHC & EC staff & program must have a mutual understanding of the **roles and responsibilities of the MHC**
- EC program administrators are key
- MHCs must establish credibility with staff & programs



Building relationships take time (Allen, 2008)

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“..just to take time to get to know the people they are working with and visit the classrooms and spend time and not feel an urgency to start diving right in right away.”



Opportunities to meet with EC staff (Allen, 2008)

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“I wish that I would have been more properly introduced to all the staff so that they knew who I was and that I knew who they were, so when I stepped into that system I knew who they were, what role they played in the students’ and in the staffs’ lives and what they expected of me.”



Program administrators are key

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“I think what was really helpful to us is that ... the [management] had social work backgrounds, so they really understood what mental health was about and welcomed it, and were supportive about it...”



Establish credibility

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“You can have all of the clinical expertise in the world, but if you look like a deer in the headlights when you go into the classroom, you lose credibility.”



Use strengths based approach

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“Try to be positive. Hopefully, if you are consistently present there in her classroom, you are helping out, and you are being positive, then she will eventually come to you and talk with you about specific children that she is concerned about. Just put some faith in the building of that relationship.”



Cultural sensitivity

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“So from the very beginning really... recognition of one’s own self, one’s own values, one’s own belief system, one’s own culture, to really know yourself in a certain way so that ...you can be open and helpful and not condescending and not off-putting to the people that you are working with. So...the first piece is knowing yourself and then having great insight...into your own self and your own culture.”



Listen to staff

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“I just solicit her opinions about the kids that I see without actually saying I think they have behavior problems. I just ask her opinions about those kids, what she thinks about them and what she has done with them, just to let her have a chance to speak before I would venture to saying anything about them. I hope that maybe she might say something that I can concur with that would lead into a discussion of further intervention.”



Positive Relationships: MHCs & families

(Allen, 2008)

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- Opportunities to connect with families
- Family centered approach
- Strengths-based approach
- Maintain a flexible schedule
- Bilingual
- Culturally sensitive
- Rural MHC: Dual roles



Opportunities to Connect with Families

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- *“If I could be more involved with some of the activities that the Head Start centers have for parents, that is just another way for them to get to know me, and maybe not feel the stigma or shyness or whatever it is about asking questions about child development, just asking general questions, see what is happening at home, what could I do. I would like to be more involved with the families.”*
- Rural Mental Health Consultant



Family Centered & Strengths Based

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“I also think that being a person who is more family-centered in their thinking and looks at the situation from a strengths-based perspective is real important.”

○ Rural MHC

- *“The other thing is also understanding and going at the pace of the parents and not pushing too far, but letting them have a good experience with a mental health person.”*

○ Urban MHC



Culturally Sensitive

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- *“I think it is vital they really, absolutely have to understand cultural differences and the implications for families when their child has been referred to a mental health consultant, even just coming to observe that child in the classroom. I think it is so threatening for some families and so intimidating.”*

○ Urban MHC



Rural Consultation: Dual Roles

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- *“It is a very small place in a rural community, and if you are a member of the community, such as a teacher, and you are saying to the mental health consultant you really need to look at this kid because there is something goofy going on, and you live next door to that family or they are the next ranch over, it is way more personalized in a rural community. It could also, in a rural community, make it really tough, because it is hard to separate [the roles].”*

- Rural MHC



Program Evaluation

(Hepburn et al., 2007)

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- Meet with stakeholders
- Discuss appropriate evaluation strategies (process vs. outcome evaluation)
- Determine program theory of change
- Develop logic model
- Write program description
- Develop evaluation questions & determine measures
- Create data collection plan & gain access to partic.
- Develop plan for managing & analyzing data
- Dissemination



Outcomes (Hepburn et al., 2007)

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- Child outcomes
 - Decreased expulsion
 - Increased number of children in appropriate placements
 - Decreased problematic behaviors (internalizing and externalizing)
 - Increased pro-social behavior
 - Improved school readiness



Outcomes

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- Family & ECE Provider Outcomes
 - Implementation of techniques suggested by MHC
 - Enhanced self-efficacy
 - Increased knowledge
 - Reduced stress
 - Improved interaction with child
 - Strong provider & consultant collaboration
 - Satisfaction with services



Outcomes

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- Program Outcomes
 - Increased quality of early childhood settings
 - Decreased job turnover
 - Improved linkages with community resources



Methodological Considerations

(Hepburn et al., 2007)

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- Length of time between pre- and post-assessment?
- What outcomes can be reasonably expected?
- When will the sample be selected?
- What is an appropriate number of data collection tools?
- How will comparison groups be designated?
- Will data collectors be blind to the intervention?



ECMHC Resources

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- **Center for Early Childhood Mental Health Consultation** at the Georgetown University Center for Child and Human Development
 - <http://www.ecmhc.org>

2010 ECMH Institute



Thank You!

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