2007-2008

Nurturing Healthy Behavior in Early Childhood Pilot Projects

A Statewide Child Care Mental Health Consultation Project

"Mental health consultation in early childhood settings is a problem-solving and capacity-building intervention implemented in collaboration with the child care staff and families to prevent and reduce the impact of mental health problems among young children." Cohen & Kaufman, 2005

Sponsored by:
Nebraska Department of Health and Human Services
NDHHS

Nurturing Healthy Behavior in Early Childhood Pilot Projects Evaluation Executive Summary

Evaluation Approach

The following evaluation report provides information on the statewide Nurturing Healthy Behavior (NHB) in Early Childhood Pilot Projects, including Kid Squad (Omaha) and CEDARS Youth Services (Lincoln), and Central Nebraska Early Childhood (CNEC) Mental Health System of Care (Grand Island area). These pilot projects were funded by Nebraska Department of Health and Human Services (NDHHS). Evaluation data was collected and will be reported on the Kid Squad and CEDARS project. CNEC was just funded in January 2008 and will not be included in this summary. Three primary evaluation questions are addressed: (1) to what extent does the consultation impact the classroom practices? ; (2) to what extent does the program impact child outcomes related to social-emotional protective factors and behavior concerns? and (3) to what extent does the program impact the parents' skills to support their child's social-emotional skills and behavior concerns? Several assessments were administered including:

- Pre-post observations of the classrooms completed by the mental health consultants using the Teaching Pyramid Observation Tool (T-POT, Hemmeter & Fox, 2007).
- Pre-post child assessment completed by the classroom teachers and parents using the Devereaux Early Childhood Assessment-Clinical Form (DECA-C) (Kaplan, 2006).
- Pre-post assessment of teacher and parent skills in supporting children's social emotional skills and behavioral concerns.

Post data was collected across measures after a minimum of three months of mental health consultation services was provided. The following briefly describes the evaluation results.

During this first two years of operation of NHB projects services were provided to:

- 34 centers and 80 classrooms. The sites included Head Start programs, profit and non-profit child care centers, and family home care. As of June 2008, there are 17 centers and 50 active classrooms.
- 92 children who were targeted for direct intervention (37 are currently active).
    - Significantly more boys (74%) than girls (26%) received individual child consultation.
    - Children represented a wide distribution of ethnicities including: White (49%), African American (36%), Hispanic (7%), Multi-racial (5%), American Indian (2%) and unknown (1%).
- 1112 children who indirectly benefitted from the classroom consultation.

Project services included:

- 55% of the mental health consultation consisted of classroom consultation followed by child assessment (29%).

Training included:

- 41 trainings which were provided for child care staff and partnering agency staff with 673 attending for a total of 51 hours of training.
- 30 trainings which were provided for parents with 832 attending for a total of 32 hours of training.

Outcomes for Children Targeted for Individual Consultation

Teacher Ratings. A total of 41 toddler and preschool children had pre-post teacher ratings completed using the Devereux Early Childhood Assessment-Clinical (DECA-C) (Devereux Foundation, 1998). The results are reported in the following:

Outcomes for those children with Behavior Concerns based on Teacher Assessment

- 63% of the children had Behavior Concern scores (withdrawal, emotional control problems, attention problems, or aggression) within the area of concern (a score of 60 or greater) at intake. Follow-up data indicated that 21% of the children were no longer scoring within the area of concern.
- Average decrease in Behavior Concern standard scores was 3.7 (n=41). Results, which were based on a t-test analysis, found the children made significant improvement in this area (p=.01).

Outcomes for those children with Concerns in Total Protective Factors (Social-Emotional Competence) based on Teacher Assessment

- 27% of the children demonstrated concerns (a score or 40 or less) related to their Total Protective Factors (initiation, attachment and self control) at intake. Follow-up data indicated 8% of the children were no longer scoring within the area of concern.
- Average increase of Total Protective Factors standard scores was 2.9 (n=41). Results, which were based on t-test analysis, found the children made significant improvement in this area (p=.01).

Outcomes for those children with Behavior Concerns based on Parent Assessment

- 64% of the children had Behavior Concern scores (withdrawal, emotional control problems, attention problems, or aggression) within the area of concern (a score of 60 or greater) at intake. Follow-up data indicated 21% of the children were no longer scoring within the area of concern.
- Average decrease in Behavior Concern standard scores was 2.7 (n=14). Results, which were based on a t-test analysis, found the children did not make significant improvement in this area (p=.32).

Outcomes for those children with Total Protective Factors Concern (Social-Emotional Competence) based on Parent Assessment

- 50% of the children demonstrated concerns (a score or 40 or less) related to their Total Protective Factors (initiation, attachment and self control) scores at intake. Follow-up data indicated that 21% of the children were no longer scoring within the area of concern.
- Average increase of Total Protective Factor standard scores was 4.2 (n=14). Results, which were based on t-test analysis, found the children made significant improvement in this area (p=.04).

Outcomes for Classroom Teachers Participating in Consultation

Classroom Ratings. A classroom rating was completed pre/post to determine the extent the teacher practices and the classroom arrangements supported the young children's social-emotional competence using the Teacher Pyramid Observation Tool for Preschool Classrooms [T-POT (Hemmeter and Fox, 2006)]. A total of 19 classrooms had pre/post observations. The results of the ratings found that:

- 89% of the 19 classrooms made improvements between the pre score (39) and post-score (52) ratings related to classroom practices (e.g., teachers provide supportive conversations). Post-test scores were significantly improved (gain of 13) from pre-test scores based on a t-test analysis (p=.000).

- The scale also identifies any red flags (e.g., teacher talks to children primarily giving directions, telling children what to do, and reprimanding children) that were observed in the classroom. Forty-seven percent (47%) of the classrooms had identified red flags (e.g. transitions are chaotic) at the pre-observation. Of those 8 classrooms, 75% showed improved classroom practices by eliminating red flag identified situations.

Expulsions from Child Care. One of the goals of the project was to reduce expulsions of children from child care. Four (4.76%) of the 84 children served were asked to leave the child care. Two of these children's families were asked to leave just as the mental health consultant was beginning consultation. Work is being done to support these centers in addressing children's behavioral concerns to prevent future expulsions. NHB projects met the set indicator that 5% or less of children would be asked to leave the child care setting.

Teacher Self Ratings. Teachers were asked to assess their skills with respect to supporting the social-emotional competence of all their children in the classroom (e.g., I can implement a variety of strategies that help children learn social skills) and supporting a child who experienced challenges in this area (e.g., I can successfully implement strategies to address the behavioral /social-emotional challenges presented by this child). The results found that:

- Teachers rated themselves higher with respect to their classroom skills (3.16)* in comparison to their skills to address individual children's needs related to social-emotional challenges (2.79) (n=8).
- Teachers reported improved skills in supporting children's social-emotional competence in the classroom (.29 gain score), but the results were not significant, based on a t-test analysis (p=.18).
- Teachers reported significantly improved skills (.60 gain score) in addressing the social/emotional/behavioral challenges of individual children. Post-test scores were significantly improved from pre-test scores, based on a t-test analysis (p=.03).

*Based on a 4 point Likert scale with 1=almost never and 4=Almost always

Parent Self Ratings. Parents were asked to assess their skills with respect to supporting the social-emotional competence and addressing behavioral concerns of their child (e.g., I am able to use creative strategies to solve difficult situations with my child). The results found that:

- Parents rated their skills relatively high at the initiation of consultation in supporting their child's social-emotional competence (3.98)* (n=7).
- Parents reported improved skills in supporting their child's social-emotional competence in the classroom (.23 gain score), but the results were not significant based on a t-test analysis (p=.066).

*Based on a 5 point Likert scale with 1=strongly disagree and 5=strongly agree

Summary

Overall the project has demonstrated positive outcomes. The consultation resulted in improved outcomes on the social-emotional development of the children. Classroom consultation resulted in improved child care classroom environments. Teachers reported improved skills in addressing the challenges of individual children. Parents and teachers reported the support of the mental health consultant had a positive impact on the children and the children's classrooms.

Nurturing Healthy Behavior in Early Childhood Pilot Projects Evaluation Report

Program Description

The Nurturing Healthy Behavior (NHB) in Early Childhood Pilot Projects are based on the use of the Teaching Pyramid Model and Positive Behavior Intervention and Supports (PBiS) along with other evidence-based strategies, practices, and interventions promoted through the Center on the Social Emotional Foundations for Early Learning (CSEFEL). This framework guides Nebraska efforts in promoting the social and emotional development of children and preventing challenging behavior by offering early childhood and mental health consultation to providers, parents, and children in early care and education settings. The NHB funded projects are located in three Health and Human Service System regions including: Kid Squad (Omaha metropolitan area), CEDARS Youth Services (Lincoln area), and Central Nebraska Early Childhood Mental Health System of Care Project (Grand Island area). Training support to the projects was provided by the Early Childhood Training Center and CSEFEL.

The NHB projects implement the following core program components, each using a community specific implementation strategy:

- Outreach to child care centers and homes serving children eligible for Title XX funds.
- Observation, assessment and consultation to identified children or classrooms within child care centers by mental health consultants (licensed mental health professionals) with expertise in the social and emotional development of young children.
- Provision of training to participating child care providers.
- Provision of training and education opportunities to participating parents.
- Referrals of children and families, as needed, for counseling and/or other intervention services.
- Early childhood consultation to support the general classroom practices.

The specific community implementation strategies adopted by each pilot are described below:

Kid Squad. Kid Squad is a cooperative venture of the following partners: Behave'n Day Center, Center for Holistic Development, Child Saving Institute, Heartland Family Service, Lutheran Family Services, and Region 6 Behavioral Healthcare. Grant funds were awarded in the spring of 2007 which expanded Kid Squad services. Kid Squad created a clear point of contact for parents, child care providers, and other early childhood professionals who are seeking help with the social, emotional, and behavioral issues of early childhood. Once a child/and or center was identified as needing support and agreed to have mental health consultation, a mental health consultant was assigned from one of the participating agencies. An early childhood education specialist with focus on improving quality of the child care environment was also available as a resource. Multiple centers throughout Douglas and Sarpy counties were part of this project.

CEDARS Youth Services. CEDARS Youth Services is currently operating a Therapeutic Child Care program, providing consultation and training to child care teachers in CEDARS' Early Childhood Development Centers (ECDC). Funds were awarded in the spring of 2007. This first year they targeted child care classrooms within their program, which were in three locations in Lincoln. During the majority of this year CEDARS' emphasis was on training classroom staff on strategies to support the social-emotional development of the children. Trainings were open to all licensed child care centers and homes in Lincoln. Any providers that attended these sessions can request on-site coaching. This spring child specific consultation was initiated. In addition,

CEDARS expanded consultation to the therapist at St. Monica's to support her implementation of the Teaching Pyramid model.

CNEC. The Central Nebraska Early Childhood Mental Health System of Care Project **(**CNEC) Project is an integrated system of care developed with a mission to create a collaborative network of providers and families to fill identified gaps in services for children prenatal through age 5. The CNEC Nurturing Healthy Behavior Project which was funded as one of the statewide projects in the winter of 2008, has two primary goals: (1) to increase the knowledge of providers in the area by offering training on the social, emotional and behavioral health of young children and (2) support and/or implement projects/activities that fill gaps in current services that relate to the social, emotional and behavioral health of young children. Recruitment and consultant training occurred during the winter. This project identified three child cares in which support will be provided for one year. These child cares are in Hastings, Grand Island and Central City.

Program evaluation for this project included a dynamic process that utilized a multi-method approach, including both qualitative and quantitative methodologies. The program evaluation had two primary purposes: (1) to provide information to the project staff for continuous improvement of the quality of NHB Projects and (2) to evaluate its progress towards identified child, family, and staff outcomes. The proposed outcomes and indicators are listed below.

Outcomes	Indicators
Targeted Children: **1. Improved behavior and improved emotional/social development.** **2. Decreased behavior symptoms resulting in decreased removal of targeted children from childcare settings.**	○ Improved scores on the Devereaux Early Childhood Assessment – Clinical based on parent and teacher ratings. ○ Less than 5% removal of targeted children from child care due to behavioral/mental health concerns.
Family Members of Targeted Children: 1. **Greater understanding of child's behavior and parental role in change.** 2. **Increased knowledge of strategies to support child's behavior and social-emotional development.**	○ Increased knowledge, skills, and strategies based on self-ratings of knowledge of their child's social-emotional skills, as measured by a pre- and post-test.
Childcare Program Staff: **1. Increased knowledge and confidence in working with children (and their families) related to social-emotional development and related issues.** **2. Increased knowledge and confidence in working with identified children and communicating with parents regarding: social/emotional development and related behavioral concerns.**	○ Increased skills in working with children as rated on a Teacher Rating scale and classroom observations.

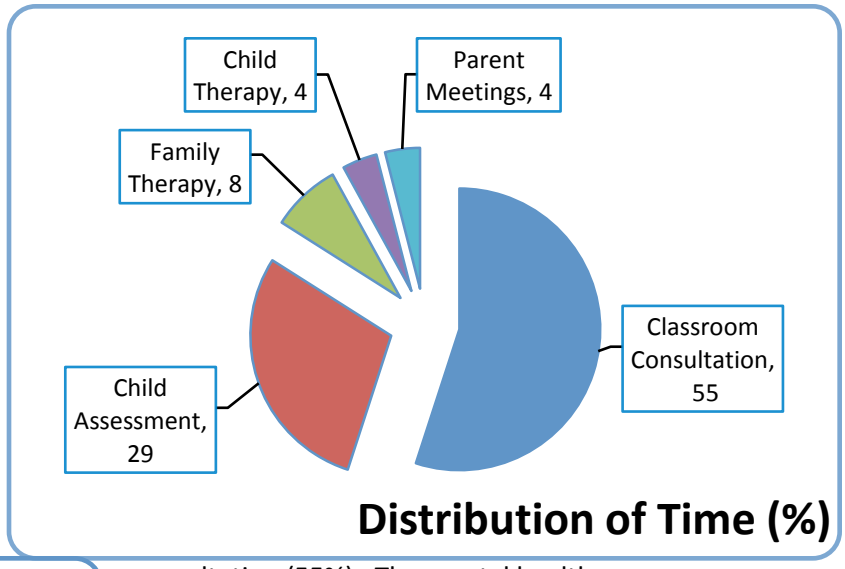
Evaluation Findings

The following evaluation report provides information on the statewide Nurturing Healthy Behavior (NHB) Projects, Kid Squad (Omaha) and Cedars Youth Services (Lincoln) and includes a brief description of these programs and the children impacted. The report addresses three primary evaluation questions: (1) to what extent does the consultation impact the classroom practices? (2) to what extent does the program impact child outcomes related to social-emotional protective factors and behavior concerns? and (3) to what extent does the program impact the parents' skills to support their child's social-emotional skills and behavior concerns? Several assessments were administered including:

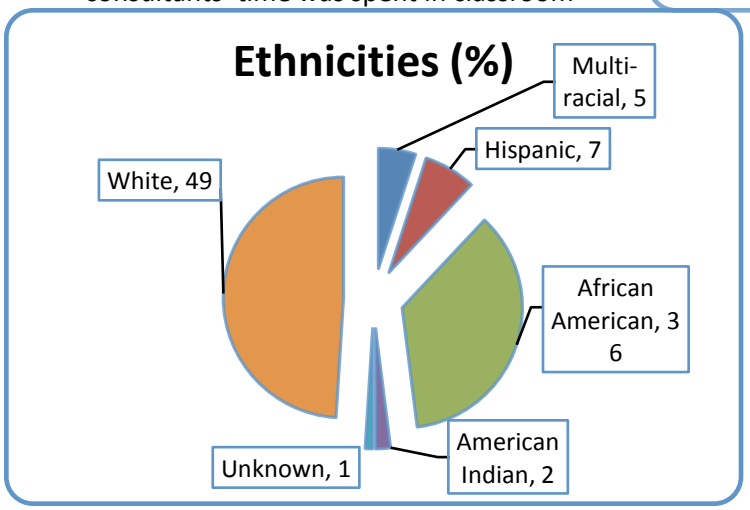
- Pre-post observations of the classrooms completed by the mental health consultants using the Teaching Pyramid Observation Tool (T-POT, Hemmeter & Fox, 2007).
- Pre-post child assessment completed by the classroom teachers and parents using the Devereaux Early Childhood Assessment-Clinical Form (DECA-C) (Kaplan, 2006).
- Pre-post self assessment of teacher and parent skills in supporting children's social-emotional skills and behavioral concerns.

Post data was collected across measures after the provision of a minimum of three months of mental health consultation. An ongoing challenge of data collection was the number of staff turnover and the number of parents and teachers who did not complete the measures, which limited the amount of teacher post data collected.

Program Implementation



Child Care Consultation. NHB projects services were provided to 34 centers and 80 classrooms across the Kid Squad and CEDARS projects. The child care sites included Head Start programs, profit and non-profit child care centers, and family home care. As of June 2008, there are 17 active centers and 50 active classrooms. Services provided to the classrooms included classroom consultation, child assessment, child and/or family therapy, and parent meetings. The majority of the mental health consultants' time was spent in classroom consultation (55%). The mental health consultants provided direct intervention to 92 children (37 are currently active). In addition, consultation was provided to the classroom teachers on general practices that could benefit all the children in that classroom. A total of 1112 children indirectly benefitted from these classroom consultations. Children served represented a wide distribution of ethnicities with the majority of the children being White (49%) or African American (36%). The majority of the children targeted for direct intervention were males (74%).



Training. A second component of the NHB projects was to provide training to address behavioral concerns and promote the social and emotional development of children. The training offered was consistent with the classroom consultation based on the Teaching Pyramid Model and was offered to child care providers and parents in the community. The two projects impacted over 1500 early childhood providers and parents. A wide range of topics was addressed such as: preventing challenging behavior, infant mental health, strategies to address aggressive behavior (e.g., kicking and biting), and parent-child interaction. In addition to these presentations, a display was provided at one early childhood conference with 500 participants.

"The training helped me to better care for my kids and interact better with their parents".

…….an Early Childhood Provider

Summary of Trainings Offered

Targeted Audience	Total # of Trainings	Total # Attending	Total # hours
Early Childhood Educators	41	673	51
Family Members	30	832	32

Overall, the training was viewed very positively based on participant ratings (4.57*). The training provided both new and useful information to the participants, in a relaxed, informative and fun format. The trainers were viewed as very knowledgeable, enthusiastic and positive. Participants noted that they learned effective ways to interact with both children and parents. Solutions to address challenging behaviors were highly valued. Participants reported that they would be able to incorporate the suggestions into their daily routines (e.g., use pictures to help with transition or create a coping corner) and interactions with children (e.g., think about how I say it and how the child feels afterwards).

*Based on a 5 point Likert Scale with 1= poor and 5=excellent.

EVALUATION FINDINGS

Outcomes for Children Targeted for Individual Consultation

Teacher and Parent Ratings of Child Outcomes. The mental health consultation supported the children's social-emotional competence and addressed behavioral challenges. The Devereux Early Childhood Assessment-Clinical (DECA-C) was used to measure the extent that the projects impacted the children. Both teachers and parents rated the children's social and emotional skills and behavioral concerns. A total of 41 toddler and preschool children had pre-post teacher ratings completed using the DECA-C. A total of 13 toddler and preschool children had pre-post parent ratings. The results are reported in the following:

Outcomes for those children with Behavior Concerns based on Teacher Assessment

- Sixty-three percent (63%) of the children had Behavior Concern scores (withdrawal, emotional control problems, attention problems, or aggression) within the area of concern (a score of 60 or greater) at intake. Follow-up data indicated that 21% of the children were no longer scoring within the area of concern.
- Average decrease in Behavior Concern standard scores was 3.7 (n=41). Results, which were based on a t-test analysis, found the children made significant improvement in this area (p=.01).

Outcomes for those children with Concerns in Total Protective Factors (Social-Emotional Competence) based on Teacher Assessment

- Twenty-seven (27%) of the children demonstrated concerns (a score or 40 or less) related to their Total Protective Factors (initiation, attachment and self control) scores at intake. Follow-up data indicated 8% of the children were no longer scoring within the area of concern.
- Average increase of Total Protective Factors standard scores was 2.9 (n=41). Results, which were based on t-test analysis, found the children made significant improvement in this area (p=.01).

Outcomes for those children with Behavior Concerns based on Parent Assessment

- Sixty-four percent *(*64%) of the children had Behavior Concern scores (withdrawal, emotional control problems, attention problems, or aggression) within the area of concern (a score of 60 or greater) at intake. Follow-up data indicated 21% of the children were no longer scoring within the area of concern.
- Average decrease in Behavior Concern standard scores was 2.7 (n=14). Results, which were based on a t-test analysis, found the children did not make significant improvement in this area (p=.32).

Outcomes for those children with Total Protective Factors Concern (Social-Emotional Competence) based on Parent Assessment

- Fifty percent (50%) of the children demonstrated concerns (a score or 40 or less) related to their Total Protective Factors (initiation, attachment and self control) scores at intake. Follow-up data indicated that 21% of the children were no longer scoring within the area of concern.
- Average increase of Total Protective Factor standard scores was 4.2 (n=14). Results, which were based on t-test analysis, found the children made significant improvement in this area (p=.04).

Outcomes for Classroom Teachers Participating in Consultation

Classroom Ratings. A classroom rating was completed pre/post to determine the extent the teacher practices and the classroom arrangements supported the young children's social-emotional competence. The Teacher Pyramid Observation Tool for Preschool Classrooms [T-POT (Hemmeter and Fox, 2006)] was completed by the mental health consultants at the initiation of their services and was used to guide their classroom consultations. There were three subscales of the T-POT that are related to Teaching Pyramid Model. *Universal strategies* examined the responsiveness of the teachers' interaction and evaluated the extent that there were classroom preventative practices in place (e.g., adequate materials, structured transitions). *Secondary supports* evaluated the extent that strategies were in place that taught children social-emotional skills (e.g., expressing emotions, friendship skills and collaboration with peers). Evaluation of individualized *intervention strategies* included collecting data to support and identify problem behavior or develop support strategies. Post assessment observations were completed after at least three months of service or at discharge. A total of 19 classrooms had pre/post observations.

Pre-Post Scores based on Three T-POT Subscales

Area	Pre	Post	Gain
Universal Strategies	3.03	3.70	.67
Secondary Supports	2.37	3.32	.95
Intervention	2.44	3.35	.91

The results of the ratings found that:

- Classrooms were rated highest in the area of universal strategies at the post ratings. Secondary supports and Intervention strategies were slightly lower, however teachers made the largest gains in these areas.
- Eighty-nine percent (89%) of the 19 classrooms made improvements between the pre and post ratings related to classroom practices (e.g., teachers provide in supportive conversations). Post test scores were significantly improved from pre-test scores based on a t-test analysis (p=.000).
- The scale also identifies any red flags (e.g., teacher talks to the children primarily giving directions, telling children what to do, and reprimanding children) that were observed in the classroom. Forty-seven percent (47%) of the classrooms had identified red flags (e.g. transitions are chaotic) at the pre-observation. Of those 8 classrooms, 75% showed improved classroom practices by eliminating red flagged identified situations.

"The therapist gave us a few pointers and their behavior changed immediately, which helped the children to calm down as whole". …a teacher

Expulsions from Child Care. One of the goals of the project was to reduce expulsions of children from child care. During the past two years, four (4.76%) of the 84 children were asked to leave the child care. Two of these children's families were asked to leave just as the mental health consultant was beginning consultation. Work is being done to support these centers in addressing children's behavioral concerns to prevent future expulsions. NHB projects met the set indicator that 5% or less of children would be asked to leave the child care setting.

Teacher Self Ratings. A primary focus of the mental health consultants was to support early childhood educators in promoting the development of young children's social-emotional skills and in addressing behavioral concerns. In order to evaluate the impact of the project on teachers, they were asked to assess their skills with respect to supporting the social-emotional competence of all their children in the classroom (e.g., I can implement a variety of strategies that help children learn social skills) and supporting a child who experienced challenges in this area (e.g., I can successfully implement strategies to address the behavioral and social-emotional challenges presented by this child). The results found that:

- Teachers rated themselves higher with respect to their classroom skills (3.16)* in comparison to their skills to address individual children's needs related to social-emotional challenges (2.79) (n=8).
- Teachers reported improved skills in supporting children's social emotional competence in the classroom (.29 gain score), but the results were not significant, based on a t-test analysis (p=.18).
- Teachers reported significantly improved skills (.60 gain score) in addressing the social/emotional/behavioral challenges of individual children. Post-test scores were significantly improved from pre-test scores, based on a t-test analysis (p=.03).

*Based on a 4 point Likert scale with 1=almost never and 4=Almost always

Parent Self Ratings. Support was offered to parents whose children who were identified as needing individualized consultation. In order to evaluate the project's impact, parents were asked to assess their skills with respect to supporting the social-emotional competence and addressing behavioral concerns of their child (e.g., I am able to use creative strategies to solve difficult situations with my child). The results found that:

- Parents rated their skills relatively high at the initiation of consultation in supporting their child's social emotional competence (3.98)* (n=7).
- Parents reported improved skills in supporting their child's social-emotional competence in the classroom (.23 gain score), but the results were not significant, based on a t-test analysis (p=.066).

"It has been helpful to have a professional resource to assist Jonathan, his teaching staff & myself. The suggestions are very helpful & make us think "outside the box". .....a parent

*Based on a 5 point Likert scale with 1=strongly disagree and 5=strongly agree

Lessons Learned

The administrators and mental health consultants of NHB projects were asked to identify the successes, challenges, and lessons learned during this past year. A number of themes emerged and are described in the following:

Successes. Over this past year, mental health consultants noted that they have helped children with problem behaviors change their behavior so they could stay in their child care setting. They have also supported staff to focus on increasing the social-emotional competence of all children. They have encountered staff who have gotten very excited about the changes, and who have generalized to other children and situations. Overall, the consultants were perceived positively.

"I am getting more solid in all of the PBiS information and I am better able to provide trainings to child care staff and parents"."..... a mental health consultant

Providers were very interested in the training around challenging behavior and the training was well received by both parents and teachers. As one administrator noted, "The consultants have developed into great trainers". As a result of the training and consultation, teachers were: 1) more focused on developing positive relationships with their children; 2) more responsive to making positive change in their classrooms around the ideas presented through the Teacher Pyramid Model; 3) developed more insight into children's behaviors; and 4) were collaborating on teams to develop a successful plan for the children.

Challenges. Staff turnover presented many challenges. It not only limited the continuity of care for the children, which increases the need for ongoing consultation, but it also meant the consultants were needing to make new relationships and train and orient new staff to the program. This lack of staff consistency made it more important that administrators and directors understood the approach so they could continue to train and support new providers. In some of the centers, there appeared to be a lack of commitment to the consultation process. This may have been because the administrators and /or teachers did not fully understand what would be asked of them. Related to this was the need to help all understand that there is no "quick fix" and that changing children's behavior usually meant changing the adult's behavior. Staff turnover and lack of buy in hindered success in some consultations.

There have been practical challenges. Time for child care staff is often stretched. Finding the time to do observations, assessments and meet with the consultants about their recommendations was sometimes hard to schedule and the scheduled sessions were often less time then preferred by the provider and consultant.

Some of the centers who requested Kid Squad consultation were in need of assistance in improving over-all quality. Sometimes unless improvement could be made, the mental health consultation was less effective. For these centers, an early childhood consultant was used who could address these quality issues.

Kid Squad parental contact was designed to work through the mechanisms the center used to contact parents, and to support and strengthen that contact. This may have inhibited contact with parents. Finding time to meet that works for families was often a challenge, several times meetings were arranged only to have parents cancel at the last meeting. Some of the difficulty may be related to the stressful lives many families experience, some may have been families lack of comfort with outside experts, and some may have occurred because the contact was not always direct.

Summary

Overall the project has demonstrated positive outcomes. The consultation resulted in improved outcomes on the social-emotional development of the children. Classroom consultation resulted in improved child care classroom environments. Teachers reported improved skills in addressing the challenges of individual children. Parents and teachers reported the support of the mental health consultant had a positive impact on the children and the children's classrooms. Parent participation was limited in the projects, so continued work to identify strategies to enhance parent, provider, and consultant connections is needed.

Recommendations

Based on the lessons learned from this project, the following is recommended:

- Build center-wide relationships (between administrators, providers, parents and children) as a foundation to building high quality care.
- Help child care staff (administrators and providers) understand the expectations for the projects to help establish buy in early on.
- Refine procedures for reviewing project expectations with child care staff and develop guidelines to determine when to terminate consultation when the child care staff are not doing their part.
- Identify strategies to increase partnerships/connections with parents whose children are receiving consultation.
- Increase the use of early childhood consultants for many of the quality program issues.

Submitted by:
University of Nebraska Medical Center's
Munore-Meyer Institute
A University Center of Excellence for Developmental Disabilities