

# Early Childhood Mental Health Consultation: Results of a Statewide Random-Controlled Evaluation

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**Objective:** Despite recent federal recommendations calling for increased funding for early childhood mental health consultation (ECMHC) as a means to decrease preschool expulsions, no randomized-controlled evaluations of this form of intervention have been reported in the scientific literature. This study is the first attempt to isolate the effects of ECMHC for enhancing classroom quality, decreasing teacher-rated behavior problems, and decreasing the likelihood of expulsion in targeted children in early childhood classrooms.

**Method:** The sample consisted of 176 target children (3–4 years old) and 88 preschool classrooms and teachers randomly assigned to receive ECMHC through Connecticut's statewide Early Childhood Consultation Partnership (ECCP) or waitlist control treatment. Before randomization, teachers selected 2 target children in each classroom whose behaviors most prompted the request for ECCP. Evaluation measurements were collected before and after treatment, and child behavior and social skills and overall quality of the childcare environment were assessed. Hierarchical linear modeling was used to

evaluate the effectiveness of ECCP and to account for the nested structure of the study design.

**Results:** Children who received ECCP had significantly lower ratings of hyperactivity, restlessness, externalizing behaviors, problem behaviors, and total problems compared with children in the control group even after controlling for gender and pretest scores. No effects were found on likelihood of expulsion and quality of childcare environment.

**Conclusion:** ECCP resulted in significant decreases across several domains of teacher-rated externalizing and problem behaviors and is a viable and potentially cost-effective means for infusing mental health services into early childhood settings. Clinical and policy implications for ECMHC are discussed.

**Key words:** early childhood mental health consultation, preschool children, behavioral outcomes, early childhood education, preschool expulsion

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On December 10, 2014, the US Department of Health and Human Services and the US Department of Education issued a rare joint policy and recommendations statement<sup>1</sup> during the White House Summit on Early Childhood Education. This joint policy statement called for a drastic decrease in early childhood expulsions. Specifically, it mentioned early childhood mental health consultation (ECMHC), an intervention in which qualified mental health providers serve early childhood teachers and professionals as classroom-based consultants, as a promising intervention for decreasing and ultimately eliminating preschool expulsions. Unfortunately, no randomized-controlled evaluation of ECMHC has been published in the scientific literature to support this recommendation. Furthermore, the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Bill 2016 (July 10, 2015)<sup>2</sup> called for the US

Department of Health and Human Services and Department of Education to highlight evidence-based approaches to decrease suspension and expulsions in all US early care and education programs. The present study is the first true randomized-controlled evaluation designed to isolate the effects of ECMHC on decreasing the challenging classroom behaviors that often lead to expulsions, thus addressing a federally recognized urgent need.

Severe behavior problems during the preschool years are meaningful predictors of continued behavior problems, poor peer standing, and academic difficulties during kindergarten,<sup>3,4</sup> later elementary school, and middle school.<sup>5,6</sup> Externalizing and internalizing behavior problems in young children that occur frequently and intensely are of clinical concern because they result in significant disruptions to academic, social, and emotional development.<sup>7,8</sup> Externalizing behaviors include inattention, hyperactivity, impulsivity, aggression, emotional lability, and oppositionality, whereas internalizing behaviors often include anxiousness, shyness, perfectionism, and sadness. Although high-quality early education and intervention programs can prevent severe behavior problems in young children from low-income communities and families,<sup>9–11</sup> some preschoolers unfortunately begin



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their early education programs with severe behavioral problems already present. Classroom behavioral difficulties increase the likelihood of a child being removed or expelled. In fact, preschoolers (3–5 years old) are expelled at a rate more than 3 times that of students in grades kindergarten through 12,<sup>12</sup> limiting at-risk children's ability to participate fully, access, and benefit from the early educational experience.<sup>13</sup> Given the adverse consequences of behavioral difficulties in early care and education settings and the frequency of these difficulties, it is becoming increasingly important to target mental health service delivery directly to those classroom-based settings.<sup>14</sup>

Findings from a national study of prekindergarten teachers indicated that teachers who reported having an ongoing relationship with a classroom-based or on-site mental health provider (such as a psychologist, psychiatrist, social worker, or other mental health provider working within a consultative relationship with the teacher) were approximately half as likely to report expelling a preschooler compared with teachers who reported no such support.<sup>12</sup> The pronounced difference of expulsion rates in classrooms where teachers had access to mental health services suggests that integrating mental health services into preschool classrooms can be a viable option and deserves further consideration. Unfortunately, only 23% of these teachers reported regular classroom access to a mental health consultant.<sup>12</sup> Thus, ECMHC could be an effective way to reach a larger percentage of classrooms, decrease severe behavior problems in early education and childcare settings, and decrease the likelihood that children with challenging classroom behaviors will lose services through expulsion and suspensions.<sup>15</sup> Compelling evidence of ECMHC effectiveness has been a severe limitation for the field and dissemination efforts. The present study addresses previous methodologic limitations through a first-of-its-kind statewide randomized-controlled evaluation of ECMHC.

ECMHC, described in detail elsewhere,<sup>16–20</sup> is an indirect service delivery model that emphasizes ongoing problem solving and collaboration between an early childcare and education teacher and a mental health professional. Although ECMHC is increasingly being implemented and evaluated across several states,<sup>21</sup> currently there are no published reports of the effectiveness of ECMHC using rigorous evaluation methods. In 2 comprehensive reviews of all studies of ECMHC conducted from 1985 to 2008, 53 published and unpublished investigations of ECMHC were identified.<sup>22,23</sup> However, only 14 of the reviewed studies used quasi-experimental methods, reported on child outcomes, and focused on ECMHC in classrooms serving children from birth to 6 years. Furthermore, only 1 of the 14 studies involved a published randomized-controlled experiment.<sup>11</sup> Unfortunately, that study incorporated ECMHC within a larger multicomponent classroom-based intervention over 20 weeks, making it impossible to isolate the effects of ECMHC.

In general, modest improvements in teacher- and parent-reported child behavior problems and social skills have been reported.<sup>21,23</sup> Specifically, Raver *et al.*<sup>11</sup> found significant

treatment effects, with children displaying lower externalizing behaviors, improved internalizing behaviors, and observable improvements in aggressive and disruptive behaviors compared with children in the control group when ECMHC was integrated into a multi-classroom intervention program, including a separate teacher training component. Similarly, several quasi-experimental studies have reported significant decreases in teacher-rated externalizing behavior after ECMHC.<sup>24–26</sup> For internalizing problems, findings have been inconsistent, with only some studies reporting improvements in internalizing behavior following ECMHC.<sup>11</sup> However, differences in the ECMHC model, intensity, and duration, instances in which ECMHC was embedded as a part of a larger array of services, and lack of comparison groups severely limit conclusions and generalization. Further, none of the studies used rigorous experimental designs capable of documenting ECMHC effects in isolation.

### Early Childhood Consultation Partnership

The Early Childhood Consultation Partnership (ECCP) is an ECMHC program available to staff at all public and private early care and education centers serving young children (infants to 5-year-olds) throughout Connecticut and is funded by the state. Typically, services are requested by childcare center directors or staff when there are behavioral or social-emotional concerns for individual children or classroom-wide behavioral management challenges. The mental health consultation focuses on the overall social-emotional atmosphere within the classroom, behavioral concerns for individual children, a parent component, and classroom-wide behavioral management challenges.

At the time of this evaluation, the ECCP service model was 8 weeks long, with 4 to 6 hours of classroom-based consultation per week provided by 1 of 10 supervised masters-level consultants supported by the ECCP, plus a week-12 follow-up visit. The intervention is manual based and menu driven based on individualized needs of teachers and classrooms.<sup>27</sup> In addition to providing teacher training on various behavioral and social-emotional topics, the consultation has 2 main areas of focus: improving teachers' skills in classroom-wide behavior management and providing direct consultative support to the teacher in addressing the challenging classroom behaviors of identified children who prompted the request for services. The specifics of the ECCP intervention methods are described in detail in the ECCP intervention manual.<sup>27</sup>

During this evaluation, ECCP services were delivered by a total of 10 consultants. At the time of the present evaluation's start, all 10 consultants held a master's degree in a mental health or other human services-related field, mainly in psychology or social work. All were trained mental health clinicians, and 6 of the 10 consultants held or were eligible for clinical professional licenses in counseling, marriage and family therapy, or clinical social work. Consultants received different ECCP-specific training sessions from community-based content experts, organized into 13 training units (childcare, family daycare and family/friend/neighbor care, assessing quality of care, child mental health, health promotion, children with special needs, abuse and neglect, adult

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