

WHAT WORKS?

A Study of Effective Early Childhood Mental Health Consultation Programs



EXECUTIVE SUMMARY

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This report is dedicated to our friend and colleague, Dr. Jane Knitzer, whose career was devoted to improving the lives of vulnerable children and their families. Jane always began her advocacy with “what the science tells us” and then made the case for which policy options naturally follow. We hope that others will use the information in this study to inform their research, policies and practices on effective early childhood mental health consultation across the country.

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Full report available at <http://gucchd.georgetown.edu>

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Executive Summary



In recent years, there has been growing concern among many in the early care and education (ECE) community that increasing numbers of very young children are manifesting behavior problems. According to the Center for Mental Health in Schools (2005), the prevalence of clinically significant emotional and behavioral disabilities among young children ranges from 4 to 10%, with significantly higher estimates for low-income children. In very young children these behaviors can be severe enough to warrant their removal from their preschool programs (Gilliam, 2005), setting into motion a cascade of negative experiences. Early childhood mental health consultation (ECMHC) is emerging as an effective strategy for addressing these challenging behaviors and supporting young children's social/emotional development in ECE settings (Gilliam & Shahar, 2006). As such, states and communities have begun investing in mental health consultation, underscoring the need for accurate, data-driven information about the components of effective consultation.

To attend to this need, the Georgetown University Center for Child and Human Development (GUCCHD) embarked on this study to address critical knowledge gaps in the field and provide data-driven guidance around consultation program design. With funding from the Annie E. Casey Foundation and the A.L. Mailman Family Foundation, GUCCHD explored the following key questions:

1. What are the essential components of effective mental health consultation programs?
2. What are the skills, competencies, and credentials of effective consultants?
3. What are the training, supervision and support needs of consultants?
4. What level of intervention intensity (i.e., frequency and duration) is needed to produce good outcomes?
5. Which outcomes should be targeted and how should they be measured?

WHAT IS EARLY CHILDHOOD MENTAL HEALTH CONSULTATION?

Mental health consultation in early childhood settings is a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more caregivers, typically an early care and education provider and/or family member. Early childhood mental health consultation aims to build the capacity (improve the ability) of staff, families, programs, and systems to prevent, identify, treat and reduce the impact of mental health problems among children from birth to age 6 and their families (adapted from Cohen & Kaufmann, 2000).

These questions were investigated through two-day site visits to six consultation programs that have demonstrated positive child, family, ECE staff and/or ECE program outcomes:

- **Child Care Expulsion Prevention** (Michigan);
- **Early Childhood Consultation Partnership** (Connecticut);
- **Early Intervention Program/Instituto Familiar de la Raza** (San Francisco, CA);
- **Early Intervention Project** (Baltimore City, MD);
- **Kid Connects** (Boulder, CO); and
- **Together for Kids** (Central Massachusetts).

For snapshots of each of these programs, as well as detailed program summaries, access the full report online at: <http://gucchd.georgetown.edu>

As part of these site visits, the study team conducted interviews with a diverse array of stakeholders (i.e., those providing and receiving consultation services, as well as state/local program partners and program evaluators) and gathered supporting data and materials to learn about the programs' designs and practices and

assess commonalities. In addition to exploring the questions listed above, the study also examined several topics of special interest to the study funders (i.e., cultural and linguistic competency and consultation to children in foster care, children with special needs, and kith and kin providers).

Further, to gain a better understanding of the extent to which consultation efforts are occurring nationally, the study incorporated a brief online scan of the ECMHC activities in all states and territories through a questionnaire disseminated to Children's Mental Health Directors and Early Childhood Comprehensive System Coordinators. Finally, to ensure thorough consideration of the implications of the study findings and generate a diverse array of recommendations, the study team convened a meeting of experts that included researchers, state administrators, consultation program administrators/providers and other mental health professionals.

This report summarizes the findings of this study and offers key recommendations for policymakers/funders, ECMHC providers, ECE program administrators, and researchers/evaluators.

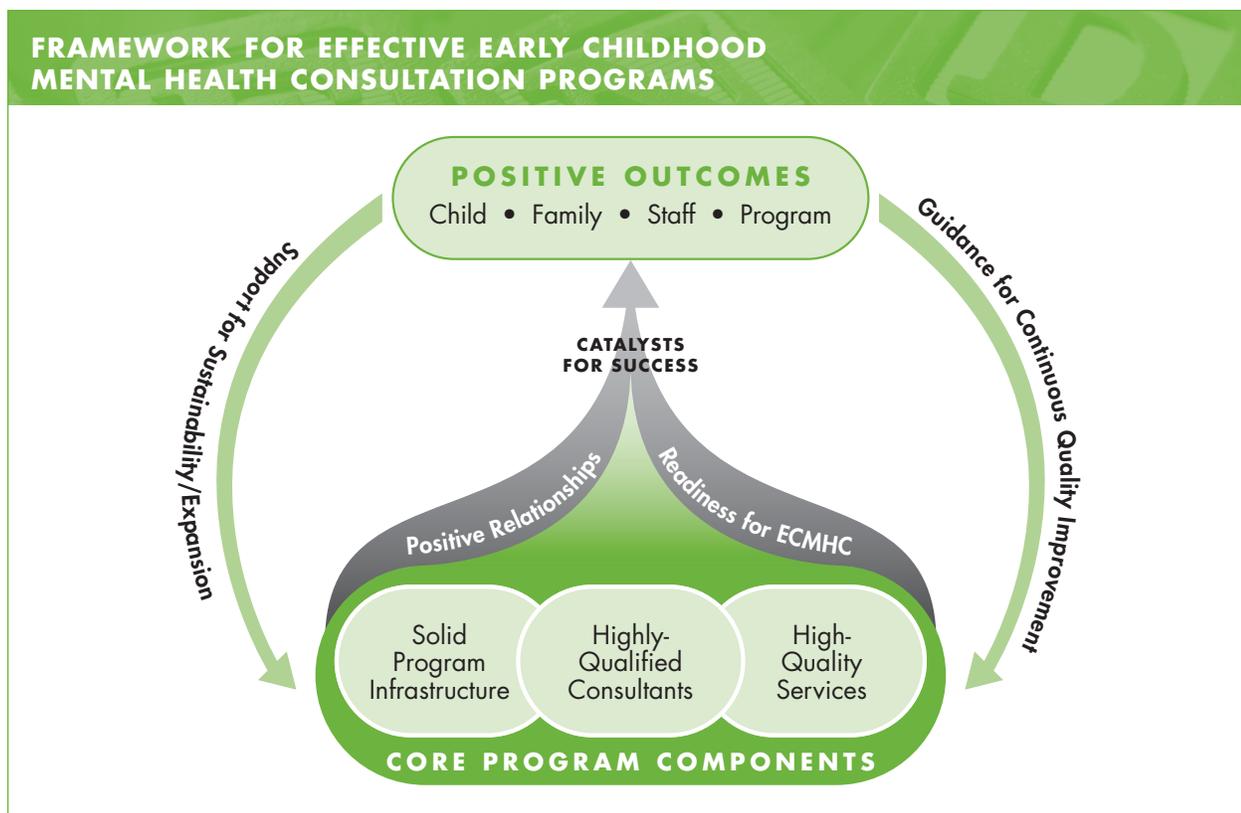
Key Findings

Through in-depth site visits to the six selected programs, this study was able to address many key questions in the field and examine challenges and lessons learned in moving consultation programs from conceptualization to implementation. A summary of findings is provided below.

Research Questions

1. What are the essential components of effective mental health consultation programs?

The framework for effective mental health consultation that emerged from the cross-site analysis is depicted below.



This framework suggests that there are five factors that are important in the design of an effective ECMHC program (i.e., a program that achieves positive outcomes). First, **three core program components** must be in place:

- 1) solid program infrastructure (e.g., strong leadership, clear model design, strategic partnerships, evaluation, etc.);
- 2) highly-qualified mental health consultants; and
- 3) high-quality services.

Further, there are two other elements that are essential to achieving positive outcomes and, in fact, serve as **catalysts for success** (i.e., as yeast is to other ingredients in making bread). These elements are:

- 1) the quality of the relationships between and among consultants and consultees; and
- 2) the readiness of families and ECE providers/programs for ECMHC (e.g., openness to gaining new skills and knowledge, opportunities for collaboration).

This diagram also underscores the importance of using evaluation findings/outcome data to guide program enhancements (i.e., a continuous quality improvement process) and to educate funders and other key stakeholders about the program's impact in order to promote sustainability and/or expansion.

2. **What are the skills, competencies, and credentials of effective consultants?**

Education: master's degree in a mental health field (e.g., social work, psychology, marriage and family therapy).

"She [the mental health consultant] has a way of telling you how to do things differently without making you feel like she's telling you you've done something wrong."—CENTER-BASED TEACHER

Core Knowledge: child development, infant and early childhood mental health, early childhood settings, best/evidence-based practices related to infant and early childhood mental health, child/family/early childhood service systems, and community resources.

Key Skills: relationship-building, communication, able to work with infants/young children in group settings, and able to motivate parents/providers to try new strategies.

Key Attributes/Characteristics: respectful, trustworthy, open-minded/non-judgmental, reflective, approachable, good listener, compassionate, team player, flexible, and patient.

3. **What are the training, supervision and support needs of consultants?**

Training Topics: detailed overview of consultation program model (e.g., philosophy and processes), early childhood mental health topics (see Core Knowledge, above, for examples), and consultation topics (e.g., how to approach the work, how consultation differs from direct therapy).

Training Methods: standardized curriculum, pre-service and in-service training, mentoring and/or shadowing opportunities with a senior consultant, and ongoing professional development opportunities through internal and/or external trainings and seminars.

Supervision: clinical and administrative supervision, regular and ongoing, and reflective in nature (i.e., provides support and knowledge to guide decision-making and offers empathy to help supervisees explore their reactions to the work and manage stress; Parlakian, 2002).

Support: in addition to reflective supervision, which is inherently supportive, consultants need formal and informal opportunities to network with peers in order to share resources and discuss challenges.

4. What level of intervention intensity (i.e., frequency and duration) is needed to produce good outcomes?

This question is one that needs further exploration, as the primarily qualitative design of this study could not determine the dosage of consultation that leads to positive outcomes. What findings from this study *did* show is that there is great variability across the study sites regarding frequency and duration of services. This diversity is reflective of the variation in program models (i.e., program guidance regarding service duration/intensity), as well community characteristics (e.g., rural vs. urban areas). In addition, the variation is indicative of programs' recognition of the individualized nature of ECMHC and the need for flexibility to ensure that the needs of children, families and providers/programs are met.

5. Which outcomes should be targeted and how should they be measured?

Overall, in designing evaluations of ECMHC programs, there is a need to attend to multiple levels of outcomes, including child, family, ECE staff/providers and ECE programs. In selecting what to measure and how to measure it, some key questions for evaluators to consider are:

- What outcomes can reasonably be expected from the given program model?
- What measurement tools are best suited to the population being served (e.g., infants/toddlers, diverse cultures)?
- Who will collect the data and how might that impact the findings?

For a full list of recommendations by study participants on what outcomes/constructs to measure, as well as an array of measurement tools that have been employed by the study sites' evaluators to assess outcomes, see the full report.

Additional Cross-Site Findings

Core Values and Practices

- Centrality of relationships
- Emphasis on capacity-building of ECE providers and parents/caregivers
- Need for collaboration between and among consultants and consultees
- Need for family involvement at all stages of service planning and delivery
- Importance of having consultants with early childhood mental health expertise
- Adoption of a holistic, promotion/prevention/intervention approach that seeks to improve the mental health of all infants and young children
- Individualization of services

Supplementing Consultation Activities

Half of the sites augment consultation services with direct therapy, particularly therapy for children. These sites include direct therapy in their programs' service array, as opposed to solely referring consultees to other community resources for these services.

Serving Unique Settings and Populations

Collectively, the six study sites served the settings and populations listed below and offered the following tips and thoughts for consideration:

Family child care

- Since family child care settings typically serve multiple ages in one classroom, consultants need to adapt their classroom-based strategies accordingly.
- Many family child care homes are operated by one provider, thus consultants should arrange their visiting schedule around naptime when they need one-on-one time with the provider.
- Family child care providers may be apprehensive about consultation, as it involves having a consultant come into their homes.

Kith and kin care (i.e., family, friends and neighbor care)

- To engage kith and kin providers, consider hosting informal gatherings such as play groups or “coffee clubs.”

Children in foster care

- Consultants may need to provide significant in-home support to foster parents to help them facilitate the child's adjustment to his/her new placement.

Given that many children in foster care have experienced trauma, consultants should be well-trained on this issue and help to educate providers and foster families on how to identify trauma symptoms and support children affected by trauma.

- At the onset of services, it is critical to establish who has legal guardianship of the child and whom to engage in implementing strategies at home.
- Given the transient nature of foster placements and the fact that foster parents are often inundated with service referrals when a new child enters their care, consultants may have difficulty engaging foster parents.

Children with special health care needs and disabilities

- Consultants should familiarize themselves with community resources for infants and young children with special needs (e.g., early intervention services).
- As children approach kindergarten age, consultants should consider offering workshops on special education services and/or providing families with assistance in pursuing Individualized Education Plans (IEP)¹ for their children with special needs.

¹Under the Individuals with Disabilities Act (IDEA), public schools are required to develop an Individualized Education Plan (IEP) for every student who is found to meet the federal and state requirements for special education. The IEP outlines goals set for a child during the school year, as well as any special support needed to help them achieve them.

National Scan Highlights

Thirty-five (35) states and territories responded to the National Scan. Of those respondents, 29 (83%) confirmed that ECMHC services are available in their state and 6 (17%) indicated that ECMHC services were not currently available, although several provided descriptions of how their state/territory was moving in that direction. Some of the key findings across the 29 states currently offering mental health consultation are provided below.

- Twenty-one respondents (72%) reported offering consultation statewide; eight of those states indicated having a single service delivery model across the state.
- Most states identified Mental Health (72%) and/or Early Care and Education (59%) as the lead or coordinating agency/agencies for their consultation programs.
- Most states indicated having state-level partners in one or more of the following systems: Early Intervention (86%), Early/Head Start (79%), Education (76%), Child Welfare (72%) and Special Education (69%). These partners helped as referral sources and collaborated on service delivery.
- Looking across federal, state, and local sources of funding, respondents most frequently identified sources of funding for ECMHC services as State General Funds (41%), Child Care Development Funds (34%), Mental Health (32%), and Private Funds (28%).
- The majority of respondents (66%) reported providing ECMHC services in licensed non-profit and licensed private center-based settings. The least frequently identified setting was unlicensed informal child care (including kith and kin)—at 10% of respondents.
- Nine respondents (31%) reported state-level requirements around competencies for mental health consultants. Among those states, the three most frequently cited requirements were 1) knowledge of early childhood mental health (41%), 2) knowledge of child development (including social/emotional; 35%), and 3) obtaining an advanced degree (master's or doctorate; 35%).
- Most respondents (61%) indicated that there is a coordinated evaluation of ECMHC in their state, although methodologies varied.

Challenges

The site visits and the National Scan shed light on some of the major challenges faced by states, territories and communities in developing and implementing effective consultation programs. These challenges are described below with guidance regarding how programs have addressed these challenges when available.

1. **System infrastructure:** A strong system infrastructure is needed to promote sustainability of ECMHC programs and provide consultants with a diverse array of community resources to help fully meet the needs of the children, families and providers they are serving. Consultants cited a number of gaps in community-based

resources including a lack of infant/early childhood mental health clinicians as well as bilingual service providers.

2. **Funding:** ECMHC programs need adequate funding from diverse funding streams to support service delivery and sustainability. Currently, funding is limited for promotion and prevention activities like consultation, and programs face significant challenges in trying to capture Medicaid dollars to support ECMHC efforts.
3. **Consultant workforce:** A highly-skilled workforce is critical to effective ECMHC, yet there are few mental health professionals who are trained with the necessary skill set of a consultant. Further, it can be challenging to recruit and retain consultants, as salaries tend to be less competitive than in other mental health professions and the position is highly demanding. Study participants cited the need to identify core competencies for consultants and to promote development of those competencies through strong pre-service and in-service training. Ongoing support and supervision was also mentioned as a mechanism to promote continuous professional development and staff retention.
4. **Stigma:** A pervasive challenge that is difficult to address is misgivings about involvement with any “mental health” program, particularly among parents/caregivers. ECMHC programs try to overcome this barrier in a number of ways, including using non-mental health terminology and explaining that services are designed to help children thrive in early childhood settings and, later, school settings.
5. **Family engagement:** Engaging parents/caregivers can be difficult because they believe the services are unwarranted, unfamiliar or stigmatizing, or because various factors impede their ability to actively participate in consultation activities (e.g., transportation, time constraints).

Consultants employ a number of different strategies to boost family engagement, most of which involve relationship-building to develop interest in consultation services and flexible scheduling to accommodate family needs.

6. **Provider engagement:** Consultants often meet with some level of resistance when meeting and working with an ECE provider for the first time. This resistance may stem from concerns about being judged or reservations about whether the consultant can really help. To address this common challenge,

consultants try to clarify any provider misconceptions up front, establish that they are there as a “helper,” and build trust in their abilities by responding to the providers’ immediate needs effectively.

7. **The nature of consultation:** Consultation is a capacity-building intervention and different from the “traditional” or direct therapeutic services that are more familiar to many providers and families. As such, role confusion about what a consultant does or does not do is a common challenge in delivering ECMHC services. Another challenge for consultants is achieving behavior change in providers and family members, which requires both skills and patience. A final challenge is managing expectations—particularly among funders and other program partners—about caseload sizes and duration of services. Given the intensive, capacity-building and individualized nature

of consultation, it is difficult to manage large caseload sizes or to predict how long each case will last, as it is contingent upon the complexity of the case and the consultee's progress toward behavior change/skill enhancement.

8. **Outreach and awareness:** Currently, there is still a need for greater awareness of early childhood mental health and the value of incorporating mental health when building early childhood systems and supports. Outreach efforts around these key areas are an important component of expanding the availability of ECMHC services.

Recommendations

As previously discussed, this study engaged a small group of experts in the field of early childhood mental health consultation to serve in an advisory capacity and discuss the policy, programmatic and research implications of this study's findings. In collaboration with the GUCCHD study team, this advisory group generated the following recommendations targeting four key audiences: policymakers/funders, ECMHC providers, ECE program administrators, and researchers/evaluators.

For Policymakers/Funders

State and local policymakers (e.g., elected officials, state and local administrators) and funders need accurate information to make good decisions as they seek solutions and supports to promote the healthy social and emotional development of young children and their families through consultation.

- **Encourage data collection.** To help guide decision-making, policymakers and funders should promote data collection among states, communities and/or grantees that documents the need for supports to promote the healthy social and emotional development of young children; the evidence that early childhood mental health consultation “works” (e.g., reduces expulsion rates and prevalence of challenging behaviors in early care and education settings); and the cost-benefit of mental health consultation as an early intervention strategy.
- **Infuse consultation into child-serving systems.** Policymakers and funders should support the integration of mental health consultation in all child-serving systems, including early intervention, early care and education, and special education. For example, policymakers and funders should influence the early care and education field by integrating early childhood mental health consultation into existing quality rating systems and credentialing processes at the local, state, and/or national levels (e.g., National Association for the Education of Young Children/NAEYC).
- **Support workforce development.** Policymakers and funders should promote efforts that will expand the pool of qualified mental health consultants. For example, policymakers and funders should help to standardize mental health consultant competencies and support adoption of those qualifications across ECMHC programs.

Further, policymakers and funders should partner with higher education systems to infuse training and education on early childhood mental health and ECMHC into school curricula.

- **Make diverse funding opportunities available.** Policymakers and funders should support fiscal policies and procedures that create diverse funding opportunities for workforce development, establishment of ECMHC programs, and compensation for consultation services. These may include federal earmarks, state budget line-items, and sustainable options such as having mental health consultation defined as a billable service.
- **Have realistic expectations.** Policymakers and funders should understand the nature of consultation services and have realistic expectations of the time and costs involved in delivering these services.

For ECMHC Providers

ECMHC program administrators and mental health consultants need a theoretical foundation and a clearly articulated model to guide their work with children, families, providers and programs. Further, program administrators need a clear vision, commitment, and organizational structure to engage state and community partners, to establish and sustain an early childhood mental health consultation program, and to support consultants.

- **Identify core competencies.** Program administrators and mental health consultants should help inform the development of a standardized set of core competencies for providing effective early childhood mental health consultation. Further, ECMHC providers should identify strategies to help consultants cultivate this necessary skill set.

By reflecting on and responding to the question—“What is a highly-qualified mental health consultant?”—ECMHC providers can help articulate the knowledge, skills and attributes that are essential to the provision of quality consultation and the development of a highly-skilled consultant workforce.

- **Have an explicit theoretical approach.** Program administrators and mental health consultants should have a sound and explicit theoretical foundation to guide their work, especially one that emphasizes the relationship-based nature of working with young children, families, and early care and education providers that is essential in mental health consultation.

- **Articulate your model.** Program administrators and mental health consultants should be able to articulate the consultation model so that diverse audiences and partners—national, state, and local—can understand the philosophy and approach for early childhood mental health consultation. In addition, both should be able to describe the model in a way that addresses role clarity, the process of consultation, and specific defining constructs or activities involved in this work. Effective ECMHC providers should be able to respond to the question—“What do consultants do?”—in ways that

are meaningful to families, early care and education providers, and others who can influence the field of early childhood services and supports.

- **Establish supervision and supports.** It is essential to build supports for mental health consultants, such as reflective supervision, peer support, and training and technical assistance. To address the stress involved in their work, mental health consultants must take care of themselves and have supervision and supports that provide opportunity for reflection, guidance, and skill development. Program administrators must recognize the parallel process of supporting consultants who can then support young children, families and early care and education providers in order to sustain successful early childhood mental health consultation.
- **Champion consultation.** ECMHC program administrators should be the knowledgeable “voice” that champions early childhood mental health consultation, engaging others, building partnerships, and promoting consultation as an effective intervention strategy. Mental health consultants should promote consultation through their work as a provider and advocate for early childhood mental health, supported families, and skilled providers.
- **Engage families.** Program administrators play a key leadership role in framing all early childhood mental health consultation services in the context of family involvement and cultural and linguistic competence. Mental health consultants must recognize the essential role that families play in their children’s development and welcome their perspectives, work in partnership, and solicit their feedback to promote the healthy social and emotional development of their children and the family.
- **Build a network.** Program administrators as well as consultants should create opportunities for networking among their peers and key partners (e.g., child care administrators, early intervention providers, etc.) to build interest in early childhood mental health consultation, address mutual concerns and challenges, and share promising strategies and successes.
- **Develop strategic partnerships.** To support consultation efforts and promote sustainability, program administrators should forge partnerships across various systems and stakeholders. For example, partnering with the higher education system to implement pre-service training on early childhood mental health and core consultation competencies can bolster efforts to build a strong consultant workforce.
- **Include evaluation.** Management information systems and a clear evaluation plan contribute to setting benchmarks for program implementation, fidelity to the model, and measurement of outcomes. Consultants are essential participants in evaluation efforts and can benefit from feedback on the consultation process and outcomes for children and families. Evaluation is critical to program operations, quality improvement, documentation of program effectiveness, and contributions to the evidence base.



Right from the start, program administrators must include evaluation as part of the early childhood mental health consultation model.

For ECE Program Administrators

Early care and education program administrators need a clear vision, commitment, and program supports to promote the healthy social and emotional development of young children and their families, including early childhood mental health consultation.

- **Value early childhood mental health.** ECE administrators have a responsibility to attend to the social and emotional well-being of infants and young children in their programs. As such, ECE administrators should be well-versed in factors that support early childhood mental health, including positive relationships and nurturing environments, and work closely with families and ECE staff to ensure those supports are in place.
- **Address promotion, prevention, and intervention.** ECE administrators should make the most of early childhood mental health consultation by accessing a full array of consultation services from 1) supporting all children through mental health *promotion* activities to 2) addressing concerns early to prevent the onset of behavioral issues among children at-risk to 3) addressing troubling or challenging behaviors (*intervention*).
- **Support readiness for consultation.** ECE administrators can greatly influence staff and family readiness to engage in ECMHC. First, administrators can set a positive tone about consultation and the benefits that it provides to children, families, providers and programs. Further, administrators can help consultants integrate into the ECE program by including them in staff meetings and family nights, and making accommodations in program operations that provide staff opportunities to collaborate with the consultant (e.g., arranging for a floater to provide classroom coverage on a regular basis).

For Researchers/Evaluators

Researchers and evaluators should design effective strategies for both research and evaluation by asking the right questions, identifying indicators, using valid measures, establishing data collection processes, and sharing outcomes to help determine features of effective early childhood mental health consultation that will promote the healthy social and emotional development of young children and their families.

- **Establish the evidence base.** Research and evaluation efforts should be focused on establishing early childhood mental health consultation as an effective, evidence-based intervention.
- **Be realistic about cost.** When planning research and evaluation, be sure to establish a clear and adequate cost for these efforts. When seeking funding, consider ways to make research and evaluation a “line-item” (e.g., 15% of a project or program budget).
- **Follow research guidelines.** Research and evaluation should adhere to the following guidelines: 1) employ a participatory process to develop designs and procedures, 2) develop a logic model and theory of change, 3) identify appropriate and valid measures (including those that address fidelity), 4) combine management information

system (MIS) data (e.g., demographic, quantitative process data, etc.) with evaluation data that measures outcomes (e.g., effect of mental health consultation), 5) make research and evaluation processes explicit (e.g., visits—over time, how long, etc.), 6) design strategies and provide supports that will not overburden study participants and that encourage participation, and 7) share research outcomes with all those who participated in the research process for feedback toward quality improvement and to demonstrate effectiveness.

Conclusion

This synthesis of the practices, experiences, and lessons learned of diverse stakeholders from six ECMHC programs with demonstrated positive outcomes offers a wealth of information to guide states and communities in shaping effective early childhood mental health consultation programs. It also provides a roadmap of remaining areas of growth and exploration for the field. Through analysis of study findings and consideration of their implications, the following overarching needs for moving the field forward were recognized:

- **Build consensus** around the core values, principles, and components of early childhood mental health consultation; the competencies and qualifications for mental health consultants; and the important outcomes for children, families, and ECE providers.
- **Engage families and cross-system partners** as stakeholders in the effort to promote early childhood mental health consultation as a strategy to support healthy social and emotional development for young children and families.
- **Identify key research questions that remain and support efforts to address those questions** to help build the evidence base for effective early childhood mental health consultation.

The key remaining research questions identified through this study include:

- What is the “dosage” of consultation needed for efficacy?
- What is the cost-benefit of ECMHC?
- What are the longitudinal impacts of ECMHC?
- What is the impact of each model component on outcomes (e.g., consultant skills, service array)?
- Which consultation models are most effective for which children, families and/or settings?
- What is the impact of ECMHC on family child care versus center-based care?
- What are the best measurement tools for evaluating ECMHC and where is there need for development of new tools?

To access the full report as well as a compendium of resources around designing and evaluating ECMHC programs, visit <http://gucchd.georgetown.edu>

Through the collaborative efforts of diverse key stakeholders (e.g., policymakers/funders, ECMHC providers, ECE program administrators, and researchers/evaluators), much progress has been made to increase access to ECMHC and address the rise in challenging behaviors among young children in early care and education settings. With further collaboration, states and communities can continue to expand consultation efforts, enhance the efficacy of services, and establish long-term sustainability for this emerging evidence-based practice.

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