Building the Capacity of Preschools and Home Visitors through Infant/Early Childhood Mental Health Consultation

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What is IECMH Consultation?

- Partnership between a consultant with infant-early childhood mental health expertise and teachers, caregivers, home visitors, pediatricians or other adults concerned with the well-being of individual, or groups of, infants, toddlers and preschoolers

What is IECMH Consultation?

- Aims to improve children's social, emotional, and behavioral health and development by building the capacity of the important adults in their lives understand and meet their needs.
  - An indirect service

What is IECMH Consultation?

- Consultant's task is to utilize their specialized knowledge and skills to enable a consultee to increase, develop, modify, or liberate his/her knowledge, skills, attitudes or behavior to more effectively respond to the "clients" in their current and future charge.

What is IECMH Consultation?

- An advanced professional activity
- Expectation of change – unabashed expectation of change in the consultees' attitudes, behavior, knowledge, skills

What IECMH Consultation is NOT

- individual therapy/play therapy with children
- family therapy
- staff therapy
- formal diagnostic assessments
- supervision

Theoretical Premises

- Mental Health
- Infant Mental Health
- Professional Consultation

Principles Drawn from Mental Health

- Seek to understand before intervening, and be open to revising that understanding in light of new information
- Ground interventions in current science, good theory, and best practice standards
- Adhere to ethical standards
  - Ethics are the standards of conduct that members of a field or profession must follow
  - Purpose: the welfare and protection of the individuals and groups with whom we work

Principles Drawn from Mental Health

Professional Boundaries

- Helper remains the "secure base" – "bigger, stronger, wiser, and kind"
  - Helper does not confide his or her problems and needs to the extent that it transforms the relationship into one where the roles are reversed
  - Some challenges/differences in boundaries in home visiting work vs. in-office work, which has many cues that the relationship is professional and not social

Principles Drawn from Mental Health

- Behavior has meaning and meaning matters
- Defense mechanisms
- Past experiences influence current perceptions and functioning
- Therapeutic relationships can provide a corrective emotional experience
- We matter

Principles Drawn from Mental Health

Therapeutic Stance

Participant-Observer:

- We are both "in and apart from" our interactions with those with whom we work.
- Evenly hovering attention to the other (verbal and nonverbal behavior) and to our own thoughts and reactions.

Principles Drawn from Mental Health

Therapeutic stance

- Goal is to provide a safe psychological space for exploration (this is the "therapeutic"/"working"/ "consultative" alliance).
  - Empathy
  - Warmth
  - Nonjudgmentalism
  - The importance of being earnest

Principles Drawn from Mental Health

- We value helping someone arrive at their own answers—at what is best for them—over prescribing what we think is best for them.
  - e.g. Open-ended questions; process of self-discovery; clarifying thoughts and feelings

Principles Drawn from Mental Health

Tolerating Ambiguity and Complexity

- People are complex.
- The helping or therapeutic situation presents an array of complex, unfamiliar and unclear aspects.
- One can feel a pull to prematurely reduce ambiguity:
  - oversimplify the problem, act before understanding

Theory of Change

- What do you think it takes for people to change?
- What actions will bring about desired change?
- What will “change” look like?

Introspection & Insight

- The premise that because we are our “tools of the trade,” we must have a highly developed capacities for introspection and insight.
  - Thought before (and after) action
  - “Actionable” realizations
- There is a value placed on these capacities and efforts made to help patients and clients develop or enhance them

Principles Drawn from Infant Mental Health

- Very young children have emotional and mental experiences that are important to pay attention to
- Relationship focus
- How we are with consultees is as important as what we do
- Value on reflective capacity and reflective practice

Key Terms: Reflective Practice & Reflective Supervision

Reflective Practice: A deliberate way of thinking about experiences to learn from mistakes, to identify skills and strengths, and develop options and actions for change and future success

Reflective Supervision: A collaborative relationship for professional growth that improves program quality and practice...by cherishing strengths and partnering around vulnerabilities (Shahmoon-Shanook, 1991, p. 18)

The "Consultative Stance"
(Johnston & Brinamen, 2006)

- **Mutuality of endeavor**
- **Avoiding the position of sole expert**
- **Wondering instead of knowing**
- **Understanding another's subjective experience**
- **Considering all levels of influence**
- **Hearing and representing all voices – especially the child's**
- **The centrality of relationships**
- **Parallel process as an organizing principle**
- **Patience**
- **Holding hope**

Principles Drawn from Professional Consultation

- Careful attention to how one enters into the consultation relationship
  - Appraisal of organizational/programmatic structure, culture and relationships:
    - Who's in charge? Who's <u>really</u> in charge?
    - Allies and Adversaries?
    - Whose idea was consultation? Openness to consultation (overt and subtle)
      - The "imposed gift"
    - History of consultation efforts?
    - Significant events/changes (e.g. hiring, firing, change in leadership, traumatic event)

Principles Drawn from Professional Consultation

- Create a contract
  - Clear mutual expectations, including what you will and will not say to whom (Limits of Confidentiality)
  - Return to the contract for scheduled reviews and when the purpose of consultation becomes murky
  - When and how consultation will end

Principles Drawn from Professional Consultation

- Develop an understanding of the particular industry and the particular setting.
- What adaptations to consultation need to be made, given the setting?
  - More staff training?
  - Frequency/Duration of visits?
  - Duration of services?

Home Visiting – Some History

- Home visiting dates to the 1850s – home health services focused on hygiene and sanitation in Great Britain
- Mid-1800s in US – early kindergarten movement had teachers teaching young, primarily immigrant, children in the mornings and doing home visiting in the afternoons.
  - Focus on child rearing, use of toys to stimulate learning, community and family relationships
- Public health nursing in US– began in 1870s.
  - Impoverished communities: Focus on community activism, preventive health care, family education
  - Shift to government funding from philanthropy shifted focus to obstetrics, well-baby care, health education

Home Visiting – Some History

- Settlement House movement – 1880s. Wealthy reformers tried to improve the living conditions of the immigrant poor through social and education programs and legislative advocacy.
- 1960s – "War on Poverty" Head Start. Home visiting programs focused on social issues such as poverty, teen parenting, infant stimulation, preparation for success in school.
- 1970s – CAPTA passed. Emergence of home visiting programs focused on child-maltreatment.

Home Visiting – Some History

- 2010 – Maternal, Infant & Early Childhood Home Visiting (MIECHV) program (part of President Obama's ACA)
  - Use of approved evidence-based models to :
    - Improve maternal and newborn health
    - Prevent child injuries and maltreatment
    - Improve school readiness and achievement
    - Reduce crime or domestic violence
    - Improve family economic self-sufficiency
    - Improve care coordination and referrals

The World of Home Visitors

- Commonly Encountered Challenges for Families
  - Parental Substance Use
  - Partner Violence
  - Family Conflicts
  - Parental Mental Illness
  - Lack of Resources
  - Etc…

The World of Home Visitors

- Study of Health Families America:
  - Approx. 30% enrolled mothers screened positive for depression
  - Approx. 70% reported at least 1 violent trauma in their lives

  (Stevens, Ammerman, Putnam, Van Ginkel, 2002)

The World of Home Visitors

- 10% of children live in a household where at least one parent struggles with a substance use disorder (Lipari & Van Horn, 2017)
- 29% of children in dual-parent homes live in a family in which partner violence recently occurred (McDonald, Jouriles, Ramisetty-Mikler, Caetano & Green, 2006)
- 1 in 11 children will experience their mother's major depression in their first year of life (National Scientific Council on the Developing Child, 2009).

Integrating IECMHC into Home Visiting Programs

- Format
  - Case consultation with home visiting team
  - Consultation with HV and supervisor
  - At times, MHC serve as an "ambassador" of mental health field to families

Goals of IECMHC to Home Visitors

- Increase knowledge of child and adult mental health problems
- Increase capacity to identify, understand and support mental health-related problems
- Increase staff self-efficacy
- Decrease staff turnover

- Improve child and family outcomes through better quality HV services and
- Through helpful resources and referrals

IMH Consultation in Preschools and Child Care

- Mental health consultation has a long history in the mental health field as (1) a way of providing counsel to a mental health professional about a clinical dilemma—similar to the medical model of consultation among physicians—and (2) as a means of enhancing the capacity of clinicians, given the chronic shortage of advanced clinicians
- Got an enormous boon from research out of Yale in the early 2000's

An IECMHC System: A Very Good Idea

- High quality early care and education experiences help to prepare children for school and support development of the social and emotional competencies they need to be successful (e.g. Hamre & Pianta, 2003; NICHD ECCRN, 2005; Mashburn et al. 2008).
- Strong evidence that low-quality child care is alarmingly prevalent and poses a variety of developmental risks.

An IECMHC System: A Very Good Idea

- Virtually every systematic study of the quality of child care in the United States has found that between 10 and 20% of child care arrangements fall below the thresholds of even adequate care.

(National Research Council and Institute of Medicine, 2000)

An ECMHC System: A Very Good Idea

- Walter Gilliam's work:
  - Early care and education providers feel ill-equipped to cope with the growing demands of young children with challenging behaviors.
  - Expulsion for behavior problems from pre-K programs is surprisingly common.

(Gilliam, 2005, Gilliam & Sharar, 2006)

An ECMHC System: A Very Good Idea

- 2007 National Survey on Drug Use and Health (NSDUH) identified child care workers as having the highest rates of depression among all surveyed professionals.
- What implications to you think this has for child care provider-child interactions?

An ECMHC System: A Very Good Idea

- Access to mental health consultation was associated with lower rates of expulsion—and the more MHC the better!
- Programs reporting the **highest** access to ongoing consultative support also reported the **lowest** staff turnover.

(Gilliam, 2005)

Types of ECMHC

- Programmatic consultation
  - Focuses on improving the overall quality of the program
  - Assists staff in addressing specific issues that affect more than one child, family, or staff member

Cohen & Kaufmann, 2000)

Types of ECMHC

- Child ("Case")-Centered Consultation
  - Focus is on the factors that contribute to an individual child's difficulties functioning well within the early childhood setting
  - Consultant, child care provider, family develop a plan to address the child's difficulties

(Cohen & Kaufmann, 2000)

Types of ECMHC

- Classroom-focused Consultation
  - Focuses on improving the overall quality of the classroom (Emotional climate)
  - Assists staff in addressing specific issues that affect more than one child in a classroom (e.g. “group contagion”), staff relationships with each other and with children

Goals of IECMHC

- To increase the capacity of early childhood care and education providers to better understand and respond to the social and emotional needs of all of the young children in their care.

- To increase the capacity of early childhood providers to address the mental health needs and challenging or troubling behaviors that place individual children at risk for negative outcomes in the first years of life and beyond.

Reviewing the Research: Who Gets Expelled?

- Pre-K children are expelled at 3 times the rate of children in K-12
- 4-year-olds are 50% more likely than 3-year-olds to be expelled for similar behavior
- Boys more than 4 times as likely than girls
- Black children 3.6 times the rate of white children
- Boys of color 4-8 times more likely to be expelled from preschool—often for the same behavior as their white peers
- The 3 B's: Teachers are more likely to recommend suspension or expulsion if the child is black, a boy and is physically bigger than his peers.
- Latino and Native American children rates of expulsion are also disproportionately high compared with white peers

Comprehensive literature review: Discipline disparities

We reviewed research across settings:

- Preschool
- Head Start and Public Pre-K
- Child care settings
- K-12

…the data are consistent: there is simply no good evidence that racial differences in discipline are due to differences in rates or types of misbehavior by students of different races.

(Shivers, E. [2016])

IECMHC an effective intervention (Gilliam, 2004)

Children were expelled about twice as frequently when there was no consistent, ongoing availability of a mental health consultant (Gilliam, 2005).

Arizona's Smart Support Findings

Changes in Child-level Outcomes over 12 months

- 4-year study that used 20 measures
- Questions about racial/ethnic disparities in disciplinary practices and rates of suspensions and expulsions were a part of the study, not its exclusive focus
- Keep in mind: The IECMHC model did not include explicit work with teachers and administrators about topics of race, culture, disparities, bias, etc..
- So, let's see what we shall see in terms of impact of consultation on child-level outcomes…

Sample: Focus Children

n = 1,028

- Mean age = 42.53 months
- Boys = 74%
- Ethnicity: White (51%); Latino/a (25%); African American (12%)
- Diagnosed disability = 8%; IEP/IFSP = 7%
  - African American children overrepresented as 'focus children'

Sample: Teachers

n = 799

- 98% Female
- Mean age = 35.90 years
- Highest education level
  - High School = 53.3%; CDA = 7.6%; AA = 12.5%; BA = 17.6%; MA = 5.4%
- Teacher ethnicity
  - White = 54%; Latino/a = 30%; African American = 7%; Asian American = 2%; Native American = 3%; other = 4%

Measures (all teacher-reported)

- DECA (Devereux Early Childhood Assessment, First Edition, 1998)
- Student-Teacher Relationship Scale (Closeness and Conflict subscales; Pianta, 1992)
- Preschool Expulsion Risk Measure (Gilliam, 2010)
- Teachers' Negative Attributions of Focus Child (Working Model of the Child Interview (Zeanah & Benoit) coding adapted from Schecter et al., 2005)

Hypotheses

- Racial and gender disparities exist.
- Teacher-child ethnic match may predict changes in outcomes.

Findings: Main effects for the entire sample of children

- The entire sample showed significant growth for positive outcomes and significant declines in negative outcomes
- Positive Outcomes: Initiative, Self-Control, Attachment (DECA) and Closeness
- Negative Outcomes: Conflict, Expulsion Risk (PERM), and Teachers' Negative Attributions (WMCI)

Equity Research Questions #1 and #2

1. Were there group differences (gender and African American/ Latino status) in child outcomes at baseline?
2. Was the Infant Early Childhood Mental Health Consultation intervention effective at ameliorating the gender and racial disparities for boys and African American and Latino preschoolers?

Closing the Gap: What improved over 12 months?

Outcomes	Boys	African American Children	Latino/a Children
Attachment	X	X	X
Initiative	**X***		X
Self-Regulation	X	**X+**	X
Teacher-Child Closeness	X		X
NEGATIVE OUTCOMES			
Teacher-Child Conflict	X	X	
Risk of Expulsion	**X***		X
Teacher's Negative Attribution of Child	X		

*Almost closed the gap by 12 months; + Surpassed white students by 12 months

Smart Support Equity Research Question #3

Can differences in growth outcomes be predicted by teacher-child ethnic match?

What about teacher-child ethnic match?

Did teacher-child ethnic match predict growth over time?

- No.
- This pattern of growth for Black and Latino children occurred for all teachers and children at similar rates – regardless of ethnic match.
- However, children who were ethnically matched with teachers received significantly higher scores at baseline compared to those who were not ethnically matched.

Hypotheses and exploration

- IECMHC resists pathologizing children – It is an adult-focused intervention
- IECMHC Theory of Change
  - Main focus on relationships
  - Curiosity about the meaning of children's behavior
  - Relationships (holding space for the other)
  - Parallel process
  - Enhancing relationships and communication with families
  - Capacity for reflection
- Other components of mental health consultation
  - Job-related stress; Organizational climate

Where do we go from here?