

Incredible Years & Consultation Program Evaluation

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Background

The purpose of this three-year federally funded project was to implement and evaluate an approach that combined the Incredible Years parent training (IY) and early childhood mental health consultation within childcare centers. The target population was children ages two through six years, who were exhibiting early social or emotional challenging behaviors. This presentation reported process and outcome findings for three years of implementation.

The novel aspect of this undertaking was the blending of the two interventions, with the mental health consultant implementing both components within participating centers. Each of two consultants, employed by a community mental health agency, was assigned to specific child care centers. One full-time consultant provided 20 hours of on-site consultation per week to three centers, recruited parents, and facilitated the IY training to parents whose children were enrolled in the centers. The second consultant worked half time in one center, which was located in a different area. She provided 10 hours of on-site consultation, recruited parents, and facilitated parent training within that center.

Method

This section presents key elements of the evaluation approach, including an overview of the design, the sample, the process and outcome questions, and the data collection and measurement strategies.

Evaluation Design & Questions

Evaluators collected process data to describe (a) effectiveness of project implementation strategies, (b) change in child care provider perceptions of level of competency in dealing with behavioral problems, (c) parent and childcare provider satisfaction with mental health consultation and IY, and (d) nature of the consultation component, e. g., types and frequencies of specific consultation activities provided within the child care centers.

A quasi-experimental design was employed to determine child, parent, and child care provider outcomes. The intervention group included children enrolled in participating child care centers whose parents completed IY (consultation + IY). The comparison group included children enrolled in the centers whose parents did not complete IY (consultation only). Key outcome questions were (a) Did parents in the intervention group report greater improvements in child behavior than those in the comparison group? (b) Were parents in the intervention group better able to deal with child behavior problems than those in the comparison group? (c) Did parents in the intervention group report greater reduction in stress than those in the comparison group? (d) Did child care teachers report a reduction in stress? (e) Did child care teachers perceive they were better able to identify and address child behavior?

Data collection and measurement

Evaluators collected process data through annual telephone surveys of center directors, pre- and post-self-administered surveys of teachers, pre- and post-face-to-face surveys with parents, and annual face-to-face audio-taped interviews with each consultant. Child outcome data were collected by administering the Eyberg Child Behavior Inventory (ECBI) to intervention group parents at enrollment, immediately after completion of the parenting series, and 3 months postcompletion. Comparison group parents completed the ECBI at enrollment and at 6 months postenrollment. Pre- and postintervention parent satisfaction with child care arrangements was measured by administering four items from the *Dependent Care Survey*, developed by Emlen and Koren (1993). To measure change in level of teacher stress, evaluators administered a teacher stress inventory, adapted from the *Inventory of Teacher Stress* and developed by Abidin (1997).

Sampling

The target population was children ages 2 through 6 who exhibited emotional or behavioral challenges, as measured by parent DECA ratings. A t-score rating of 60 or greater on the behavioral scale indicated significant behavioral concern. The intervention and comparison group also included parents of children with ratings slightly lower than the threshold. Both intervention and comparison subjects received, at a minimum, the on-site presence of the consultant. A total of 87 parents, representing 77 children, completed the evaluation during years one, two, and three, with 49 (40 children) in the intervention group and 38 (37 children) in the comparison group. An additional 33 parents completed IY and did not enroll in the evaluation.

Results

The presentation focused on process and outcome findings. First, we reported demographic characteristics for the families included in the evaluation. Second, we discussed child behavioral change and change in parent stress between groups. Third, we provided a description of the consultant role and shared preliminary observations of apparent advantages and challenges when the on-site consultant was also the parent recruiter and facilitator of parent training in child care centers.

Family Demographics

Parents in both the intervention and comparison groups had children between the ages of two and six years, with the majority of children aged three or four at the time of enrollment. A slightly higher number of boys than girls were represented in both groups. The majority of parents in both groups identified as Caucasian, 60.5% comparison and 69.4% intervention group parents. African American parents made

up the next largest racial group with 18.4% of the comparison group and 10.2% of the intervention group. Child demographics were similarly represented, although children were more likely to be identified as multiracial.

Family income was a second factor to help determine how similar the intervention and comparison families were and define the target population. The greatest number of families in both groups was in the lowest income range (less than 10,000 dollars annually). However, the intervention group included slightly more families in the highest income range (50,000 dollars or more annually).

Child and parent outcomes

Parent perceptions of child behavior and the extent to which a behavior was a problem for the parent were measured by the ECBI as a pre- and postmeasure. A T-score of 60 or greater indicated that the child behavior and intensity was a “clinical concern” and that the parent problem with the child’s behavior was a “serious concern.” Mean pre-intervention ratings were slightly lower than the threshold for both groups of children. The intervention group ratings improved slightly more than comparison group ratings with differences approaching statistical significance ($p=.094$). Differences in parent ratings of stress from between time 1 and time 2 was greater for the intervention group. However, parent level of stress was reduced for both groups. The intervention group showed a mean decrease of 11.10 and the comparison group 6.10. Group ratings of satisfaction with child care remained similar between groups, with very little change between pre- and postratings.

Process Findings

The presentation provided an overview of the context for the project by discussing the history of child care consultation within the city in which the project was implemented. The county mental health agency had a ten-year history of providing limited on-site early childhood mental health consultation to Head Start programs, and had begun to expand these efforts to community child care centers in recent years. The service provider had partnered with the county for several years to develop strategies to enhance and expand access to prevention and early childhood mental health services to child care providers. In addition, the state and county began promoting and funding evidence-based interventions, as the federal government established guidelines, policies, and funding opportunities to focus on proven practices.

Although early childhood mental health consultation activities in community child care settings expanded enormously during the past ten years, the role of the consultant remained unclear. Currently, there is no evidence base that proves the effectiveness of the approach, yet there are many advocates for the practice and much anecdotal information about the value of on-site support for providers, children, and their parents. Qualitative studies of child care and mental health consultation, in addition to a small number of local evaluations, have shed light on what appear to be promising practices.

One goal of the evaluation was to explore the role of the consultant. In partnership with the agency service provider, we utilized a list of consultant activities. This list was developed by the implementation agency early childhood services administrator and consultant supervisor. The majority of activities included in the list were drawn from the publication *Mental Health Consultation in Early Childhood* by Donahue, Falk, & Provet (2000). Consultants tallied activities and returned the forms to the evaluators on a quarterly basis. During monthly update meetings with the consultants, we reviewed selected activities to solicit detailed examples to more specifically define what consultants do. Our presentation presented qualitative descriptions of key activities including (a) classroom observation, (b) parent consultation, (c) service coordination, and (d) child care teacher consultation for individual children, as well as a description of the different contexts in which consultation takes place.

Reference Cited

Donahue, P. J., Falk, B., & Provet, A. G. (2000). *Mental health consultation in early childhood*. Baltimore, MD: Paul H. Brookes.