

The Evidence Base for Mental Health Consultation in Early Childhood Settings: Research Synthesis Addressing Staff and Program Outcomes

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In collaboration with



The National Technical Assistance
Center for Children's Mental Health
Georgetown University

Background

- An extensive review of literature was undertaken in preparation for a national conference: "Establishing the Evidence Base for Early Childhood Mental Health Consultation" held in Tampa, FL March 4-5, 2005.
- The literature review was a joint project of RTC and NTAC-CMH.



The Research Review Team

Eileen M. Brennan
Jennifer R. Bradley
Mary Dallas Allen

of

Portland State University



www.rtc.pdx.edu

Deborah F. Perry
Adey Tsega
of
Georgetown University



The National Technical Assistance
Center for Children's Mental Health
Georgetown University

gucchd.georgetown.edu



Overview of Presentation

- Context
- Definitions
- Methodology
- Summary of key findings
- Limitations, conclusions, implications
- Future research



Context

- Majority of children under 6 receive regular child care from non-relatives or center-based programs (Capizzano & Adams, 2003).
- Concerns about children expelled from preschool due to behavior problems (Gilliam & Shahar, in press).
- Strategies for early childhood settings include mental health consultation (Donohue, Falk, & Provet, 2000).





Early Childhood Mental Health Consultation

Definition

“A problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise - primarily child care, child development, and families - or individuals with child care responsibilities.”

(Cohen & Kaufmann, 2000)





Types of Mental Health Consultation

- **Child- or Family- Centered Consultation:**
 - Addresses the factors that contribute to an individual child's (and/or family's) difficulties in functioning well in the early childhood setting
 - Assists with developing a plan to address the child's behavior





Types of Mental Health Consultation

- **Programmatic MH 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
 - Increases the capacity of staff to respond to the needs of all young children in their care





The Need for a Systematic Review of the Research

- Increasing focus on Evidence Based Practices
- Mental health consultation (MHC) is widely utilized strategy
- Effectiveness of mental health consultation has not been established by research
- Intent was to examine the design elements and findings of studies of MHC in early childhood settings and determine the level of evidence for consultation effectiveness for staff and program outcomes.



Research Review NOT Meta-analysis

- Lack of peer-reviewed research
- Very few statistical comparisons
- Few research replications
- Methodological approaches varied from study to study
- Wide variety of measurement instruments were used to track outcomes.





Research Review Questions

1. How effective is mental health consultation in building staff capacity to effectively deal with problem behaviors as they arise in order to prevent adverse outcomes?
2. What are the early childhood program outcomes associated with a mental health consultant spending time working with teachers and families?





Search Methodology

- Electronic databases (ERIC, Dissertation Abstracts, PsychInfo, Social Work Abstracts, Social Services Abstracts) searched for keywords.
- Online early childhood databases.
- National organization, government, and university-based websites on early childhood and children's mental health.
- Contact with experts in mental health consultation regarding unpublished, "grey" literature.



Inclusion Criteria

- Empirical research—either quantitative or mixed methods.
- Focused on MH consultation, not health consultation, or early intervention.
- Research on consultation for programs serving children birth to 8 years.
- Investigations conducted between 1985 and 2005.
- Included staff or program outcomes.



Summary of Studies

Excluded Studies, N=25

- 5 did not meet the age criteria
- 8 did not exclusively examine early childhood mental health consultation
- 12 addressed only child or other outcomes, rather than staff or program outcomes



Summary of Studies

Included Studies, $N = 23$

- Type I Studies, $n = 9$
 - Included an intervention and a comparison group, usually children receiving treatment were compared to those in a non-treatment condition
- Type II Studies, $n = 10$
 - Used quasi-experimental designs, no comparison group
- Type III Studies, $n = 4$
 - Descriptive or correlational studies



Characteristics of Included Studies

- Sample sizes ranged from 17 to 802 staff members; majority of sample sizes were less than 100
- Programs typically served children ages 2-5 who were ethnically and linguistically diverse, and were from low income families
- Diversity of staff varied across programs; some reported challenges in serving families from different cultural backgrounds.
- Consultation activities varied: program-focused and child/family focused



Standardized Instruments Used in Multiple Studies

- Early Childhood Environment Rating Scale (ECERS, ECERS-R)
- Caregiver Interaction Scale
- Survey of Beliefs and Practices
- Child Care Opinion Survey
- Teacher Opinion Survey Maslach Burnout Inventory
- Consultant Evaluation Form.



Mental Health Consultation Outcomes

Staff Outcomes

- Competency & self-efficacy
- Confidence
- Sensitivity & teaching skill
- Job stress reduction
- Communication with families

Program Outcomes

- Staff turnover
- Impact of consultant role
- Family access to mental health services
- Classroom environments



Staff Outcomes

- **Competency & self-efficacy**

- Consultation was associated with improved self-efficacy of staff (TOS), including their ability to address social and emotional needs of children. (Olmos & Grimmer, 2004; Bleecker & Sherwood, 2005; Perry et al., 2005, Green, et al., 2004)



Staff Outcomes

- **Confidence**

- Teachers working with MHC felt more confident working with children, and more skilled with children exhibiting problem behaviors (Alkon et al., 2003; Bowman & Kagan, 2003; Brennan, et al., 2003; Shelton et al, 2001)

- **Sensitivity and teaching skill**

- Staff receiving consultation demonstrated higher sensitivity to children's needs and were rated as less harsh on the ACSI (Bowman & Kagan, 2003, CQOST, 1995)



Staff Outcomes

- **Job stress reduction**
 - MHC helped teachers feel less stressed, have lower levels of burnout. (Olmos & Grimmer, 2004, Langkamp, 2003)
- **Communication with families**
 - Teachers were better able to involve parents (Elias, 2004; Shelton et al., 2001; Pawl & Johnston, 1991)



Program Outcomes

- **Staff turnover**

- MHC reduced staff turnover in early childhood programs (Olmos & Grimmer, 2004; Gould, 2003; Langkamp, 2003; Alkon et al., 2003)
- Significant correlation between mental health consultation duration and lower staff turnover (Alkon et al., 2003).

- **Impact of consultant role**

- MHC had more positive effects on programs when consultants were seen as parts of teams (Green et al., 2004).
- Helped staff adopt a consistent philosophy of mental health (Green et al., 2004).



Program Outcomes

- **Family access to mental health services**

- Families gained access to mental health services, when they would have been excluded otherwise (Brennan et al, 2003).

- **Classroom environments**

- Inconsistent findings of association between MHC and improved classroom environments as measured by ECERS and ECERS-R (Alkon et al., 2003; Bleecker & Sherwood, 2003; Bowman & Kagan, 2003; Langkamp, 2003; Tyminski, 2001)



Limitations of the Review

- Studies may have been excluded
- Mental health consultation programs evaluated and included in the review may not be representative of all mental health consultation programs
- Studies included in review evaluated various levels of outcomes using a variety of measures
- Consultation activities varied from site to site, as did consultant credentials.
- Lack of randomized controlled trials and efficacy evaluations



Conclusions

- Results suggest that MHC is effective in building staff capacity to deal with children's difficult behavior.
- Consultation reduces staff stress, burnout, and turnover.
- Results regarding the improvement of child care quality are mixed, and need further study.



Implications of the Findings

- Studies are needed to:
 - identify key components of consultation
 - evaluate consultation based on a theory of change
 - establish the level of credentials needed for effective consultation.
 - develop valid and reliable tools for measuring staff and program outcomes
 - examine the impact of consultant supervision on consultation outcomes.



Implications of the Findings

- Greater access to MH consultants may help to reduce staff depressive symptoms and job stress which are linked to rates of expulsion of preschool children (Gilliam et al., 2004).
- Consultants themselves may need to have access to reflective supervision to help them work with stressed child care professionals.
- Researchers must team with policymakers and program managers to contribute to the knowledge base of what works.



Future Challenges for Research



- Consensus on key components of effective consultation
- Logic models and theories of change
- Reliable, valid and relevant tools
- Systematic studies





and



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Center for Mental Health Services,
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