

Strengthening Partnerships with Families In Early Childhood Mental Health Consultation



MARY DALLAS ALLEN

&

EILEEN BRENNAN

**2009 BUILDING ON FAMILY STRENGTHS CONFERENCE:
RESEARCH AND SERVICES IN SUPPORT OF CHILDREN AND
THEIR FAMILIES**

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Introductions

2

- Mary Dallas Allen
School of Social Work,
University of Alaska
Anchorage 



Alaska Stock Images

- Eileen Brennan
Research & Training
Center on Family
Support & Children's
Mental Health, Portland
State University 



Objectives

3

- **Develop a common understanding of early childhood mental health consultation (ECMHC).**
- **Discuss the importance of forming partnerships between MHCs and families.**
- **Identify MHC skills for partnering with families.**
- **Review what we know about ECMHC outcomes for families.**
- **Identify what we need to know about ECMHC and families.**
- **Discuss ECMHC & families.**

Early Childhood Mental Health Consultation (ECMHC): Overview

4

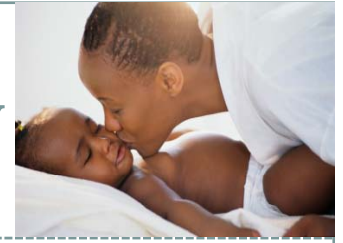
- A problem solving & capacity-building intervention implemented within a collaborative relationship between a MH professional & EC staff (Cohen & Kaufmann, 2005)



- Includes culturally sensitive, indirect services for children birth through six in group care and early education settings
- Purpose: To promote social and emotional development in young children and to transform children's challenging behaviors



Context: Relationships are Key



5

- Family involvement is a critical component of ECMHC (Collins et al., 2003).
- Without a positive relationship with the family, ECMHC may be less effective (Yoshikawa & Zigler, 2000).
- Young children are dependent on their parents for access to mental health services.

ECMHC Activities with Families

6

- Home visits
- Advocacy
- Parenting groups
- Educational groups
 - Children's mental health
 - Positive parenting
 - Child abuse & neglect prevention
 - Stress reduction
 - Addressing challenging behaviors at home & community



Focus Groups: Head Start Mental Health Consultants (Allen, 2008)

7

- Convenience sample & snowball sampling
- Sample size: 26 MHCs; Focus groups ranged in size from 2-5 participants
- Groups were segmented on geographic location: MHCs practicing in rural AK (2 groups, 4 MHCs), rural OR (3 groups, 10 MHCs) & urban / suburban OR (3 groups, 12 MHCs)
- Participants: 73% female; 85% contracted MHCs & 15% HS employees; 96% Master's degree (1 PhD); 21 white (82%), 2 Hispanic, 3 biracial (see Table 3)

MHC Skills: Partnering with Families (Allen, 2008)

8

- Opportunities to connect with families
- Family centered approach
- Strengths-based approach
- Maintain a flexible schedule
- Bilingual
- Culturally sensitive
- Rural MHC: Dual roles



Opportunities to Connect with Families

9

- “If I could be more involved with some of the activities that the Head Start centers have for parents, that is just another way for them to get to know me, and maybe not feel the stigma or shyness or whatever it is about asking questions about child development, just asking general questions, see what is happening at home, what could I do. I would like to be more involved with the families.”
 - Rural Mental Health Consultant

Family Centered & Strengths Based

10



“I also think that being a person who is more family-centered in their thinking and looks at the situation from a strengths-based perspective is real important.”

○ Rural MHC

- “The other thing is also understanding and going at the pace of the parents and not pushing too far, but letting them have a good experience with a mental health person.”

○ Urban MHC

Culturally Sensitive

11

- **“I think it is vital they really, absolutely have to understand cultural differences and the implications for families when their child has been referred to a mental health consultant, even just coming to observe that child in the classroom. I think it is so threatening for some families and so intimidating.”**
 - Urban MHC

Rural Consultation: Dual Roles

12

- “It is a very small place in a rural community, and if you are a member of the community, such as a teacher, and you are saying to the mental health consultant you really need to look at this kid because there is something goofy going on, and you live next door to that family or they are the next ranch over, it is way more personalized in a rural community. It could also, in a rural community, make it really tough, because it is hard to separate [the roles].”
 - Rural MHC

What We Know: MHC Outcome Studies

13

- In a recent review and synthesis of the literature on MHC in early childhood settings, our research team examined 30 studies that met key 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 2007.
 - Offered services directed to at least two of the following: programs, staff, families, individual children.
 - Included child or family outcomes (Brennan, Allen, Perry, & Bradley, 2007)



What We Know: Child Outcomes



14

- **Convincing evidence was found for positive outcomes for children:**
 - Child externalizing behaviors (inattention, hyperactivity, aggression, and impulsive behavior) were decreased in nearly every study that measured them.
 - Child internalizing behaviors (withdrawn, anxious, fearful, disconnected, and shy behavior) were reduced in the majority of studies.
 - Child prosocial behaviors (social skills, cooperation, self-control, prosocial play, attachment, interpersonal skills) were improved in nearly all studies that examined them.
(Perry, Allen, Brennan, & Bradley, 2009).

What We Know: Measuring Family Outcomes

15

- Family Outcomes were gauged using 9 different measures which covered:
 - Depression and parenting stress (CES-D, PSI-I)
 - Parenting beliefs and practices (PATCS, PS, PSA, HSQ)
 - Empowerment (FES)
 - Social support (FSS)
 - Satisfaction with services (FSSS).
- These measures are described in *Early Childhood Mental Health Consultation: An Evaluation Toolkit* (Hepburn et al., 2008, p. 68-69).

Family Outcomes—Access to Mental Health Services

- Two studies reported that families gained access to mental health services when they would otherwise have been excluded (Brennan, Bradley, Ama, & Cawood, 2003; Field & Mackrain, 2004).
- Services were provided to family members by the onsite consultant or through referrals facilitated by the mental health consultant.
- *“Like I said, it's almost like free counseling in a way... it's almost having a readily available support system. I discuss with them all the time what's going on at home, and they want to know. They have so many resources (Brennan et al., 2003, p. 91).”*

Family Outcomes—Improved Communication with Staff

17

- Enhanced communication between staff and family members was found in three evaluations:
- Alkon et al. 2003 studying MHC in San Francisco area reported teachers and administrators felt more positive about working with parents, were more welcoming to parents, and felt better about referring families to mental health services after one year of consulting.
- Safford et al, 2001 in Cuyahoga County, OH, Early Childhood Initiative and Pawl and Johnson (1991) in San Francisco, reported improved staff-parent relationships over time.



Family Outcomes—Enhanced Parenting Skills

18

- Langkamp (2003) measuring outcomes of ECMHC in 38 counties in Ohio and Pawl and Johnston (1991) in a San Francisco MHC program evaluation found significant increases in positive parent-child interactions.
- Hennigan et al. (2004) reported improved skills in disciplining children resulting from MHC in the Together for Kids program in central Massachusetts.
- Bleecker and Sherwood (2004) in their evaluation of the effects of consultation in the San Francisco High Quality Child Care Initiative found that MHC enhanced parents' skill in dealing with problem behavior.

Family Outcomes—Parenting Stress Unaffected

19

- Although Lehman et al. (2006) reported that parenting stress was lowered for Portland, OR families participating in Webster-Stratton's Incredible Years training; the effect was not enhanced by additional MHC services.
- Shelton et al. (2001) measured parent stress in Project Mastery in North Carolina and found high levels which did not decrease with MHC; a result duplicated in the Hennigan et al. (2004) study.
- Langkamp (2003) also found that parents in the Ohio study did not have lowered stress index scores after consultation.



What We Need to Know: Future Research

20

- **Since parent-child relationships are primary for healthy social and emotional development of young children, future research should carefully investigate the effects of MHC on parent outcomes.**
- **Future research needs to study the types and quality of interaction of consultants with parents, and use measures that truly reflect key outcomes of each type of consultation service.**
- **Studies should also tap into the process of consultants helping families to access needed mental health services.**



Discussion



21

- Questions?
- Comments?
- Questions for discussion:
 - **How do we build family support into ECMHC programs?**
 - **How do we prepare consultants to work with families and families to work with consultants?**

Mary Dallas Allen
Assistant Professor
School of Social Work
University of Alaska
Anchorage
3211 Providence Drive
Anchorage, AK 99503
907.786.6992
mdallen@uaa.alaska.edu



Eileen Brennan
Professor, Associate Dean
School of Social Work
Portland State University
P.O. Box 751
Portland, OR 97207
503.725.8592
brennane@pdx.edu