

CCSN Executive Summary

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Childcare quality is improved as teachers increase their ability to observe, recognize, and respond to the social-emotional and developmental needs of children in care. The CCSN Mental Health Consultation (MHC) Project was developed to promote optimal classroom environments and teacher practices that support healthy social emotional development in young children.

Development of Mental Health Consultation (MHC) Program

A collaborative working group was established (10/06-2/07), comprised of early childhood mental health consultants from the Bradley/Hasbro Clinical Research Center and the Providence Center Early Childhood Institute. During this time, the Working Group:

- Finalized Program Evaluation Design and Measurement
- Developed the Logic Model
- Conducted Outreach to community childcare centers

Program Evaluation

Program evaluation sought to quantify the effect of mental health consultation on the quality of childcare environment, teacher practices, and child behavior. Data were collected via teacher report and independent observer ratings both before and after receipt of consultation services, which lasted about 12 months.

MHC Implementation

Centers throughout Rhode Island were eligible to participate. Preference was given to centers with a high proportion of DHS subsidized slots and those centers without access to mental health consultation.

Who Participated?

Sites: **6**

Classrooms: **23**

Staff: **80**

Children: **278**

What MHC Activities were implemented?

- An average of 109 direct service hours were provided to each center
- 83% of MHC Activities were conducted at the classroom level
- 11% of MHC Activities were conducted at the program level
- 5/6 programs participated in a 2-session workshop series

How did Centers perceive MHC Activities?

- Average ratings of satisfaction were 4.36, with 5 indicating high satisfaction

- Following workshops, 94% of participants reported strong agreement with stated learning objectives (e.g., *I can describe how classroom environments support child development*)

MHC Evaluation

Were there Pre-Post MHC changes in classroom functioning?

- Mean ECERS/ITERS rating of **childcare environment improved significantly** from 3.67 before the start of consultation services to 4.08 following consultation
- Preschool classrooms showed greater improvement than did the Infant/Toddler classrooms

Were there Pre-Post MHC changes in teacher behavior?

- Teachers reported a decrease in behavioral disruptions during classroom transitions over the course of MHC services
- There was moderate improvement in teachers' reported use of praise and effective limit setting
- Teacher reported increased confidence to address behavioral concerns in the classroom.

Were there Pre-Post MHC changes in supervision practices?

- Teachers' satisfaction with programmatic supervision showed moderate improvement following MHC services

Were there Pre-Post MHC changes in child behavior?

- The percentage of infants/toddlers who scored in the range of clinical concern on the ASQ-SE dropped from 35% to 25%.
- There was no change in teacher ratings of preschoolers' social competence and behavioral regulation.

Were there Pre-Post changes in expulsion rates?

- Rate of **childcare expulsion was reduced by 50%** during the year of consultation

Context of MHC Implementation/Evaluation

There was a high degree of staff turnover. Pre- and post-evaluation was conducted with classroom staff that was present at the time of the evaluation.

- 3/6 centers had at least 1 new Director
- 5/6 centers averaged at least 1 teacher change per classroom

By necessity, MHC activities focused more so on supporting structural and systemic changes.

Conclusion

Despite high staff turnover, participation with the MHC program was related to positive changes at classroom level. Classroom environment and teacher practices were improved following MHC participation. MHC had limited impact on ratings of individual children's behavior. This is not surprising given the focus of MHC activities at the structural level.

Overall, MHC looks promising to improve program practices in center-based, pre-K childcare.