Early Childhood Mental Health Consultation and Early Childhood Positive Behavior Interventions & Supports in Child Care Settings: Highlights from Multnomah Project LAUNCH

Project Background

Beginning in 2011, Multnomah Project LAUNCH began funding an innovative service model, bringing Early Childhood Mental Health Consultation (EC MHC) and Early Childhood Positive Behavior Interventions & Supports (EC PBIS) to three early care and education (ECE) programs in Portland, Oregon.

EC MHC typically involves providing early learning classroom staff with consultation from a mental health professional to help prevent child behavior problems, strengthen staff skills, and improve overall quality of early childhood classroom environments.[1, 2] EC PBIS is a model that provides early learning staff with strategies and tools with a tiered approach (universal promotion, secondary prevention, and tertiary intervention), to increasing positive behavior and decreasing negative behavior in the classroom.[3]

EC MHC and EC PBIS were framed as complementary approaches that brought reflective practice, training, and data-driven coaching to classroom staff in order to promote positive behaviors and supportive learning environments.[4]

Although mental health consultants (MHCs) working with ECE programs within Multnomah County had been using EC PBIS as a framework to complement EC MHC since 2008, Multnomah Project LAUNCH provided an opportunity for expansion. For MHCs, one goal of LAUNCH was to develop additional master trainers of EC PBIS modules. For ECE staff, LAUNCH goals included bringing more classrooms up to EC PBIS implementation fidelity and developing additional EC PBIS coaches.

The EC MHC-EC PBIS Model in ECE Programs

Although three ECE programs were initially involved through Multnomah Project LAUNCH, one program closed during its third year of the grant due to program consolidation within its parent organization. Remaining ECE programs included one private non-profit and one corporate for-profit center. A total of 218 ECE staff, working with a total of 867 children, were served by a total of 5 MHCs and 2 additional EC PBIS specialists over a 4-year period.

The MHCs in this project were Masters-level mental health clinicians with expertise in infant-toddler and early childhood mental health and family work. They also served as EC PBIS specialists, embedding the EC PBIS framework within mental health consultation services they delivered.

Working an average of 16 hours on-site per week with each program, the MHC provided individual and group consultation and training; offered materials, resources, and tools; observed children in classrooms; coached ECE staff and administrators; provided time-limited direct service supports with families; and facilitated parenting groups.

MHCs also worked with administrators to build in program-level supports for EC PBIS, and used the "Benchmarks of Quality" as an annual assessment of implementation strengths and areas for continued work. In addition, MHCs participated in their own ongoing reflective group and individual supervision with mental health consultant colleagues and her supervisor.

Two additional EC PBIS specialists who worked with Multnomah Project LAUNCH ECE programs were Masters-level special education interventionists whose primary role was to co-train ECE staff in EC PBIS modules with the MHCs. Infant-toddler and preschool EC PBIS modules 1 (universal promotion classroom strategies) and 2 (secondary prevention classroom strategies) were offered an average of two times per year over the 4-year period. Each module consisted of approximately 8 training hours for ECE staff.

Evidence of Effectiveness

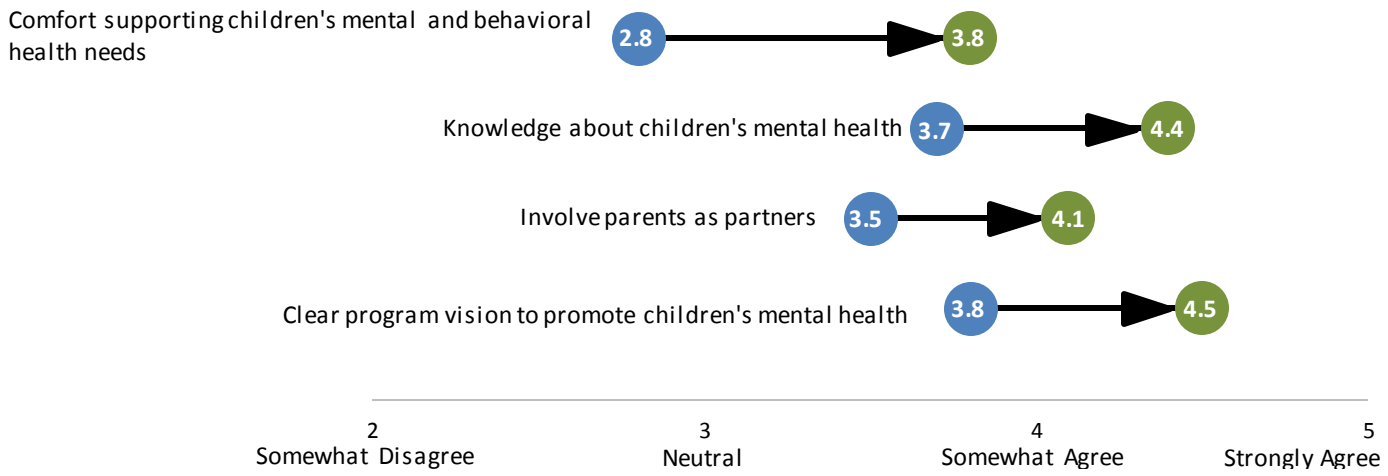
The consultants' work focused on strengthening ECE program and staff capacity and effectiveness in creating supportive classroom environments, positive relationships with children and families, preventing and addressing child challenging behaviors, increasing staff job satisfaction, and reducing job stress. Outcome measures collected through staff surveys at baseline and 24 months and interviews with the MHCs and EC PBIS specialists demonstrate areas of impact.

As shown in Figure 1, ECE staff reported significant increases in several domains, including their average level of comfort supporting children's mental and behavioral health needs, feeling knowledgeable about children's mental health, involving parents as partners to support their children, and reporting that their ECE program had a clear vision to promote children's mental health. This was also illustrated by feedback from an ECE provider who described the impact of her work with the MHC in her program:

> *"I know so much more about what I'm doing with the children in my care. I know what my goals are as a teacher, and I understand the children so much better. I don't feel lost in dealing with their challenging behavior anymore."*
>
> *- ECE Provider*

Figure 1. Staff Skills & Confidence[a]

Significant increases occurred in four domains between baseline and 24 months.



While there was not a significant change in staff-reported stress, ECE staff shared feedback on their work with the MHC, suggesting that they developed additional stress management skills:

"I always remember to breathe and keep myself calm because I am of no service to the kids when I get upset/stressed." – ECE Staff

"I am more patient with challenging behaviors and have more tools to help their [children's] behavior." – ECE Staff

Classroom Environments

Observational tools were used twice each year by the MHCs to measure classroom practices related to promoting child social and emotional competencies. For infant-toddler classrooms, The Pyramid Infant Toddler Observation Scale (TPITOS) was used; for preschool classrooms, the Teaching Pyramid Observation Tool (TPOT) was used. The following figures show the average implementation rate within specific classroom practice domains. The implementation rate reflects the percent of supportive practices within each domain that were observed across classrooms. The higher the rate (%)

[a] Statistically significant difference in mean rating on scale from 1 to 5 between baseline and 24 months (N=42); paired sample t-tests ($p < .001$).

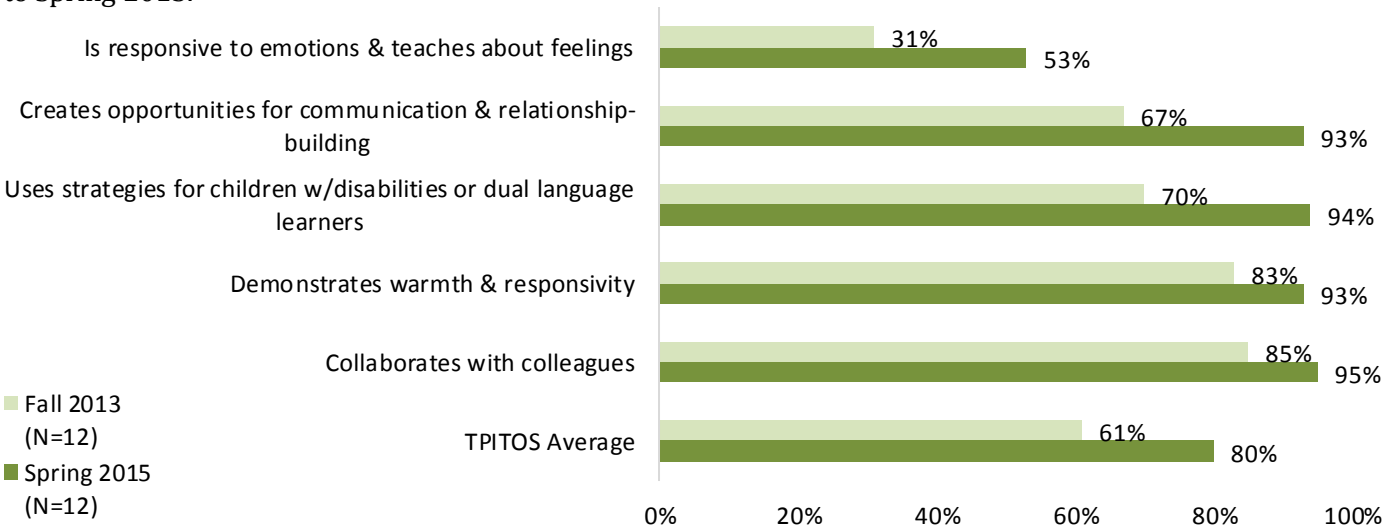
within each domain, the closer the classrooms were to achieving full implementation of EC PBIS as evidenced by supportive classroom practices.

As can be seen in Figure 2, although it was the lowest rated domain in Fall 2013, there was a substantial increase in practices related to responsivity to child emotions and teaching children about feelings (31% in Fall 2013 to 53% in Spring 2015).

Infant-toddler staff were achieving near full-implementation of practices by Spring 2015 in several areas, including teacher-child relationship-building and communication (93%), demonstrating warmth and responsivity (93%), using strategies for children with disabilities or dual language learners (94%), and collaborating with colleagues (95%).

Figure 2. Infant-Toddler Classroom Staff Practices

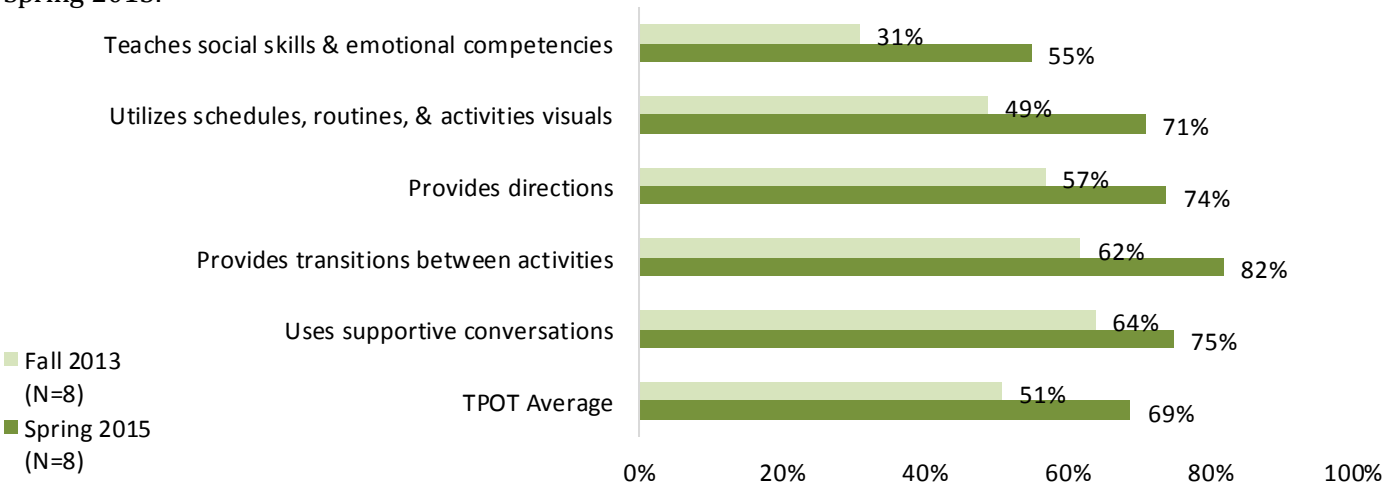
Improvements in *infant-toddler* classroom staff practices were observed in multiple domains from Fall 2013 to Spring 2015.



As shown in Figure 3, preschool classroom staff showed a similar increase to infant-toddler classroom staff, in the area of teaching skills and emotional competencies (31% in Fall 2013 to 55% in Spring 2015). Preschool classroom staff also showed substantial growth in other practice areas by Spring 2015, including providing transitions between activities (82%), using supportive and positive conversations with children (75%), providing clear direction with children (74%), and utilizing visuals for schedules, routines, and activities (71%).

Figure 3. Preschool Classroom Staff Practices

Improvements in *preschool* classroom staff practices were observed in multiple domains from Fall 2013 to Spring 2015.



Program-Level Change

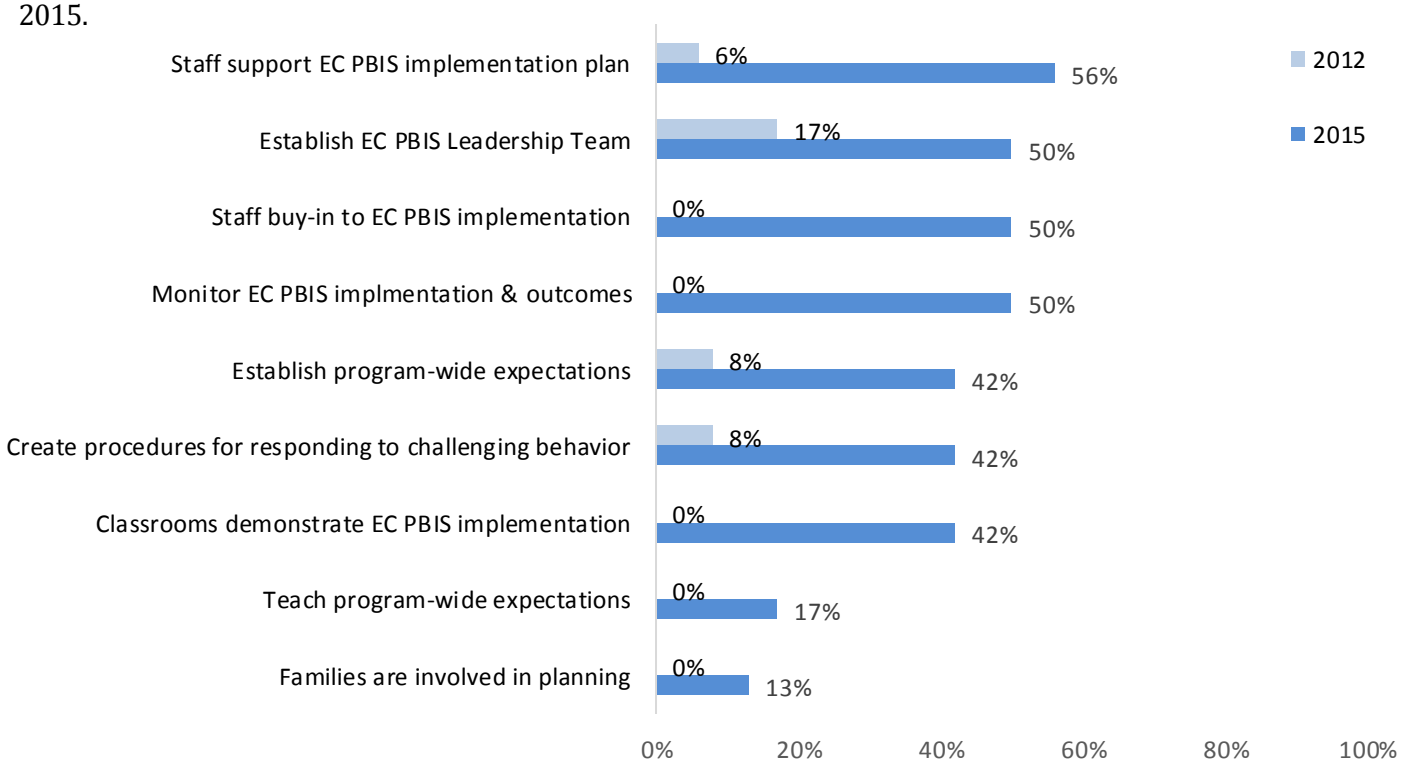
The Benchmarks of Quality (BOQ) tool was used by the MHC with each program's EC PBIS Leadership Team, which was the group responsible for decision-making within each ECE program around program policies and supports for EC PBIS implementation. The Leadership Team completed the BOQ annually to self-assess programmatic changes and EC PBIS implementation over time.

Figure 4 shows the percent of elements within each domain that were fully in place at project start, compared to those fully in place four years later for two ECE programs. Although some EC PBIS elements were in place prior to Multnomah Project LAUNCH, these ECE programs had very few behavioral supports fully implemented program-wide. At the end of their work with the MHC, most BOQ domains showed dramatic growth in the rate of EC PBIS program-wide implementation, measured by the percent of elements fully in place.

Four domains had 50% or more of elements fully in place at the ECE program level at the end of the project, including staff support of the EC PBIS implementation plan (56%), staff buy-in to EC PBIS implementation in the ECE program, establishment of EC PBIS leadership team (50%), and monitoring EC PBIS implementation and outcomes (50%).

Figure 4. ECE Program Implementation of EC PBIS

Improvements in program implementation of EC PBIS were observed in multiple domains from 2012 to 2015.



What Makes the Model Work?

Key Elements of EC MHC-EC PBIS Model in Child Care

Observing classrooms and **providing individual consultation** and support to staff on strategies to modify the classroom environment, implement routines, establish classroom expectations, plan for challenging behaviors, and manage stress.

Providing EC PBIS training with staff to promote positive and reduce challenging child behaviors.

Providing limited direct service with children and families to create specific supports for children in the classroom and/or home, and **providing referrals** to mental health or other services.

Facilitating Incredible Years parenting classes for referred families to continue to build parenting and stress management skills and strengthen the parent-child relationship.

Key Benefits

MHCs and administrators also shared through quarterly reports, and providers shared annually through staff surveys, key benefits and challenges of partnering MHC and EC PBIS with ECE programs.

Group training and coaching was useful to staff and administrators to build shared understanding of behavior expectations and supports.

> *"I have a better understanding of how to help and support children through challenging moments. I also love and use the Solution Kit. It has worked wonders in my classroom."*
> *– ECE Staff*

Individual coaching and consultation was helpful to staff and administrators to build and apply skills, confidence, and program policies that more effectively promote child positive behavior and respond to challenging behavior.

> *"I am much more vocal with the infants. I understand that their language develops because of constant conversation. They also feel safe when given a warning about what's next, even if they don't understand the words yet. I have noticed our relationships improve as I communicate more with my infants."*
> *– ECE Staff*

Utilizing EC PBIS tools and techniques in classrooms and in the program overall was described as having a positive impact on staff-child relationships and among staff and administrators.

The **Behavior Incident Rating System (BIRS)**, was also piloted by one ECE program, and was seen as a valuable tool to facilitate communication and understanding among staff and with families, the strategies used to address particularly persistent or intense behavior challenges and monitor outcomes.

Building the capacity of program staff to do EC PBIS trainings, conduct classroom observations, and provide coaching with other staff. This was a particular benefit to one ECE program that was able to dedicate additional staff time for an administrator to participate in TPOT/TPITOS reliability training, co-observe classrooms, and score TPOT/TPITOS tools.

Providing consultation and support to administrators on EC PBIS training and implementation, referral processes, structuring MHC services, and monitoring plans for sustainability once MHC ended through LAUNCH.

> *"I have accomplished maintaining a classroom engaged and calm by acknowledging the diverse and unique needs of a child. Visual have created an environment where the class knows what to do."– ECE Staff*

Key Challenges

The biggest implementation challenge was the frequent **turnover of staff,** and unexpectedly, of **administrators**, requiring ongoing time dedicated by the MHC to relationship-building and EC PBIS training.

The **limited time** of MHCs to work with individual staff and administrators; provide group trainings and coaching; conduct TPOT and TPITOS observations twice annually in each classroom, and facilitate periodic parenting groups was challenging. The demand for the consultant's time outpaced her availability.

Scheduling was a challenge for MHCs, staff, and administrators. Significant advance planning was needed in order to find times for staff to participate in trainings and coaching sessions, and required administrators and MHCs to take into consideration staff-child ratios, caps on staff maximum weekly work hours, and paying for staff time to participate in training.

Scheduling was also a challenge for the MHCs and EC PBIS leadership team within each program to find regular and ongoing times to meet. Administrators and staff would often find themselves unexpectedly needed in classrooms and attending to emergent issues, making it difficult to convene the Leadership Team as frequently as intended.

Lessons Learned

Relationship-building needed to be ongoing and **training** needed to be offered regularly due to considerable turnover among both staff and administrators.

Regular EC PBIS trainings offered at the county-level provided opportunities for staff from multiple programs to participate, and was a good use of MHC time and resources.

Being available to staff within an entire program built greater support for the MHC and EC PBIS implementation, compared to the experience of one ECE program where the MHC worked only within select classrooms.

> *"I feel more capable of dealing with challenging behavior in a positive way."*
> *– ECE Staff*

Collaborating with a corporate ECE program required multiple levels of system consultation, both to direct program administrators but also with regional administrators and curriculum specialists to create buy-in for EC PBIS implementation.

EC MHC-EC PBIS early care and education programs benefitted staff in multiple ways, from their professional development, knowledge, confidence, and work with children, as well as on a personal level, to better manage stress and strengthen self-care.

References

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Endnote

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