
Early Childhood Mental Health Professionals

FY 2006 Program Report

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An Access to Better Care Initiative

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**Early Childhood Mental Health Professionals
FY 2006 Final Report**

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Introduction

The goal of the Early Childhood Mental Health Professionals program (ECMHP) component of Access to Better Care is to increase knowledge, awareness, resources and skills necessary for communities to meet the behavioral health needs of young children and their families, especially those at risk for abuse, neglect and poor social and emotional health by building protective factors in young children and increasing competencies and skills of parents and early childhood providers.

“Children whose poor social and emotional health keeps them from learning in the early years often attend school less and learn less in school. When these children are in school, they often disrupt other children’s learning; and when they are not in school, their families are often unable to go to work or attend job training programs, often worsening a struggling family’s precarious financial situation. As they get older, these children are the children who are at the greatest risk for dropping out of school, becoming delinquents, and using and dealing drugs. Early intervention services, including early childhood mental health, are critical in helping children and families overcome these barriers to successful early childhood development.”

Cuyahoga citation

The ECMHP program is aimed at promoting healthy social and emotional development (i.e., good mental health) of young children—those ages birth to six years. It focuses on ensuring that these children thrive, increasing their readiness for school and later school success by addressing their behavioral health care needs.

Through the collaborative efforts of the Ohio Department of Mental Health (ODMH) and the Ohio Children’s Trust Fund (OCTF), allocations were used to fund early childhood mental health professionals trained to provide mental health consultation services to early childhood providers and families of young children. This program has additionally facilitated the development of community early childhood mental health wellness and prevention activities targeting the healthy social and emotional development of infants, toddlers, young children and their families. These activities focused on the development of needed early childhood mental health services, as well as building the capacity of the local mental health system to support local early childhood collaborative efforts. Services and activities were targeted to programs serving young children (birth to age 6) and families and included:

- Clinical consultation to early childhood programs, including mentoring, coaching, and classroom observation
- Training and educational sessions, as part of the consultation process, including problem identification, referral processes, classroom management strategies, the impact of maternal depression, substance abuse, domestic violence, and other stressors on young children's well being
- Work with parents/families/grandparents/foster parents, as identified through the consultation process, to enhance their ability to create strong, nurturing environments for and relationships with their young children

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Allocation amounts were calculated on the population of children ages birth to 6 years of age of each mental health board area with a base amount of \$35,000 per board. For the 16 boards which had done much of the pioneer work, allocations had a base amount of \$50,000. All 50 mental health boards were eligible to receive funding for this initiative. Forty-nine of the boards submitted proposals for SFY 2006.

The actual funding for all of the participating boards was not approved and processed until part way through the second half of the fiscal year due to several issues surrounding state interagency agreement and transfer of funds between state departments. This caused some boards to get very late starts and thus they were not able to fully implement all planned activities during SFY 2006. This delay also affected the amount of data collected. Carryover of funding into FY 2007 was permitted for the expansion boards. More complete data will be provided in SFY 2007 with timely funding disbursement.

ECMH Program Strengths

Consistent themes emerged from the statewide evaluation feedback of the program.

- Flexibility - Trainings/classes for parents were offered at either morning or evening sessions to accommodate work and family schedules. The classes were held at the local agency offices and/or at community-based organizations, including schools, for greater accessibility by parents.
- Knowledge and skills of the ECMH specialists – Of these professionals, many have been providing such services for 10-15 years or more. Many programs have had little turnover of providers. There is a great deal of stability of the staff. Families and funders voice the benefits of this.
- Strength-based approaches – Instead of focusing on the negatives, looking for the positives and the strength-based philosophies and practices has a greater impact on achieving positive outcomes.
- The use of evidence-based programs – Offering both research and evidence-based programs accounted for success. The quality of the programs is well documented.
- Strong community relationships – Many ECMH providers have long-standing positive relationships with the early childhood community. Strong support from the community has enhanced the actual programming areas.

Barriers

Barriers to implementation of the proposed activities also shared many of the same themes. The primary barrier was the late notice and receipt of funding which delayed the start of the program. This led to some programs being unable to hire appropriate staff to provide services until very late in the fiscal year. Almost all reported that staff have now been hired. Services had begun at the end of the year and were anticipated to be fully functional for SFY 2007.

Another obstacle was not being able to meet the demand for services due to constraints of not enough funding and not enough staff. Programs developed triage plans and focused on those programs that were determined by the communities to be the most in need of consultation services.

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Limited resources for services can also be a barrier for some activities. Lack of funding for services and limited availability of some services, often prevented families from obtaining needed services for their young children. Effective coordination, collaboration, and shared funding among service providers were sometimes able to address these barriers.

Another barrier was the amount of turnover of early childhood staff in the settings that receive consultation services. It makes it difficult to implement strategies in the classroom and maintain continuity. When the caregivers come and go, this requires continuous training to make sure that new staff are empowered as soon as possible to maintain and improve environments for children.

“Our first barrier was making trainings accessible to childcare providers. As a result of the high need for all childcare staff to be present at work, directors were unable to release their staff for our broad based community trainings. After this was discovered, the ECMH staff decided to branch out and provide center specific trainings on topics that the childcare center was interested in.” (Central Ohio)

Parent engagement and follow-up presented challenges for making positive impact for some programs. Transportation issues were also a factor. In-home visits with the families helped to alleviate some of the problem as well as being flexible with time and location of services.

Additional challenges that were cited by the providers included: the multi-level problems faced by many families; the impact of poverty on families and children and the effect it had on parent-child relationships; parent mental health issues; engaging young mothers who had serious mental health, behavior, and/or substance abuse disorders; the impact of abuse and neglect on the emotional development and attachment of very young children, with foster parents as much in need of support as biological parents; and the growing number of children identified with multiple disabilities (mental health and rehabilitation needs).

Collaboration with other providers has been essential to meeting families' needs. Service coordination/case management linked families to services and supports, including “natural” supports. Inter-systems planning, education, and advocacy provided additional means for addressing these challenges.

Other Report Highlights

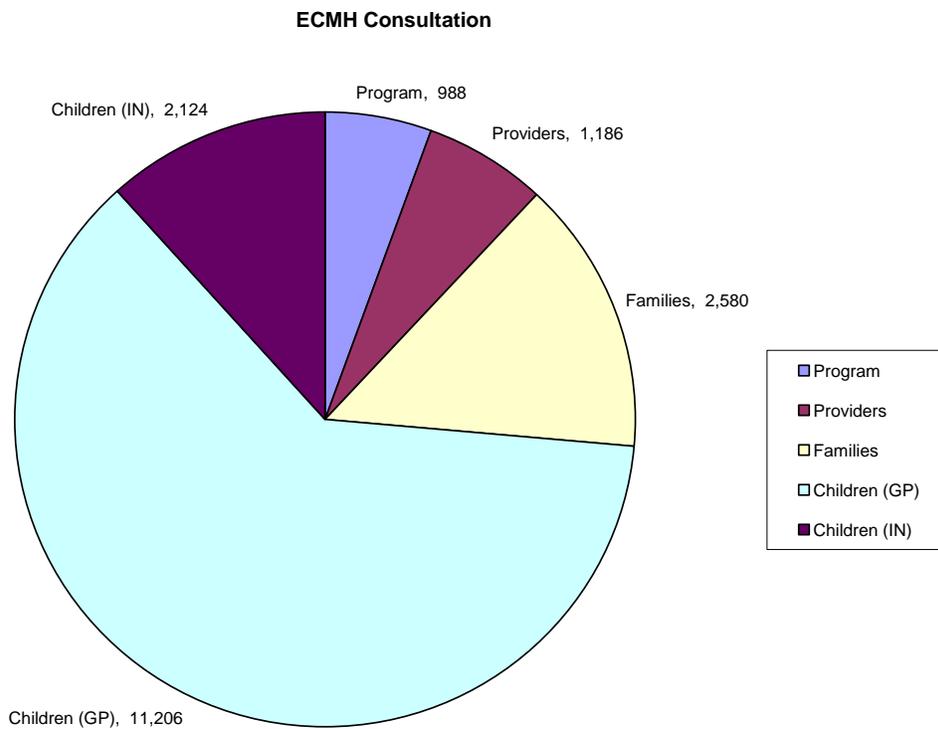
In addition to the \$2.5 million in funds from ODMH and OCTF, almost \$1.5 in local funds was used to support local early childhood mental health programs.

A resource directory is also being developed that will list all of the participating providers. This will be shared with other agencies statewide. Based upon the FY 2006 reports, it is anticipated that this initiative will expand in FY 2007 and services to early childhood providers, young children and their families will continue to grow.

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Mental Health Consultation (42 boards reporting data)

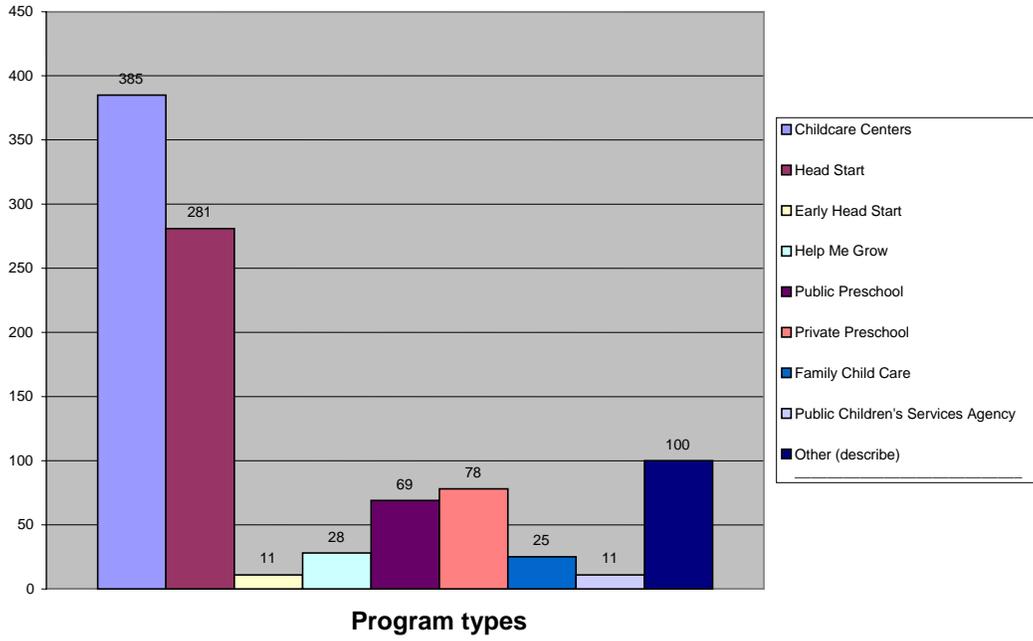
- Programs/ Sites receiving consultation services
 - Childcare Centers - 385
 - Head Start and Early Head Start - 292
 - Help Me Grow Programs - 28
 - Public and Private Preschools - 147
 - Family Childcare Homes – 25
 - Public Children’s Services Agencies - 11
 - Other – 100



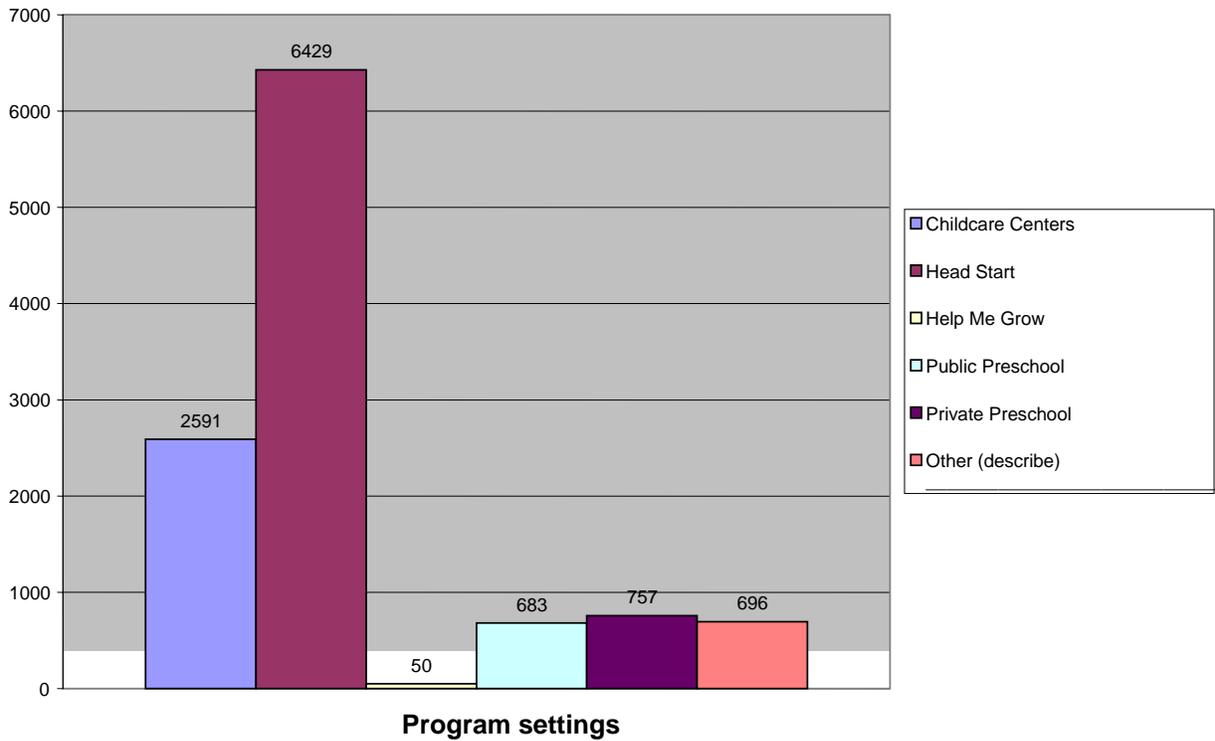
- Total of **988** programs/sites received consultation services
- Total of **1186** early childhood providers received consultation services
- Total of **2580** families received consultation services
- Total of **11,206** children in group settings received consultation services
- Total of **2124** individual children received consultation services

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Programs Receiving Consultation



Children in groups



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There were at least **156** Early Childhood Mental Health Specialists providing consultation services as part of this program during the fiscal year. It is anticipated that this number will grow in SFY 2007.

The ten most frequent issues for consultation were identified. A compilation of these issues in order of prevalence:

- 1) aggression (hitting, kicking)
- 2) self-regulation/tantrums/out of control behaviors/impulse control
- 3) not following directives of teachers/parents/noncompliance/working with oppositional children
- 4) typical development of children/behavioral & emotional/developmental delays
- 5) behavior issues in early childhood setting/biting/acting out at transitions/out of control
- 6) peer social skill problem/social skills training
- 7) high activity level (hyperactivity)
- 8) engaging parents/ communication
- 9) classroom management/structure
- 10) adjustment to an event (death, divorce, removal from home for abuse/neglect issues)
- 10) development issues of PDD & autism

Evaluations by **parents** participating in child-specific consultation services was collected and compiled. Areas of feedback of the ECMH Specialist who provided services included:

- was easy to contact & schedule
- was responsive to my needs & the needs of my child(ren)
- developed a positive working relationship with me
- built a positive relationship with my child(ren)
- was sensitive to cultural & individual differences
- had a strong understanding of child development, emotional issues & behavior
- offered support and encouragement
- provided realistic and do-able advice
- had a broad awareness about community resources
- provided services that helped me and/or my child(ren)

Overall, parents were highly positive in the evaluations. Services were rated on a 5 degree scale of strongly agree to strongly disagree. The reports indicated that most items on the evaluations were strongly agreed/agreed. The comments indicated feeling better about their parenting skills, as well as experiencing less stress regarding their children. The lowest ranked areas were “provided realistic and do-able advice” and “had a broad awareness about community resources”. Comments from parents highlight one of these issues:

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“Even though I answered “disagree” for services being realistic it was only because we had a system set in place in our home that made it difficult to alter at the consultant’s suggestion, however, they worked with us in that and were patient to continually suggest things that we might have been able to do; they worked with us and helped us try.”

Evaluations by **early childhood providers** receiving consultation services were collected and compiled. Areas of feedback for the evaluation for each ECMH Specialist who provided services for the program included:

- was easy to contact & schedule
- was responsive to our expressed needs
- developed a positive working relationship with early care staff
- built positive relationships with the child(ren)
- built positive relationships with parent(s)
- demonstrated sensitivity to cultural and individual differences
- had a strong understanding of child development, behavior and mental health issues
- had a good understanding of early childhood settings
- offered support & encouragement
- provided realistic and do-able suggestions
- had a broad awareness about community resources

Services were rated on a 5 degree scale of strongly agree to strongly disagree. The evaluations from the early childhood providers were very positive with most content items strongly agree and some agree rankings; but very few were rated lower. The most common comments from the providers stated that the consultants were very knowledgeable, accessible, flexible and extremely hard-working. Additionally, providers receiving consultation services indicated that ECMH staff were accessible and professional. The system linkage was effective for the providers’ needs. ECMH staff provided informal assessment to aid in classroom effectiveness and early indicators of a need for referral to other services. Consultation services were provided within a wide scope of relevant information and were a valuable resource. Providers also were pleased that a strength-based approach was used. As with the parents, the lowest rated item was in "provided realistic and do-able suggestions". The comments leaned toward issues of the providers being overwhelmed and not totally bought in to making changes, especially for those providers newer to the consultation programs.

The reports indicated that child-specific consultations were provided for 910 children at risk of removal from an early childhood setting. Of these, 852 children, approximately **94%, were maintained in the setting as a result of consultation services**. For those few children that were not able to be maintained in a setting, most were enrolled in a different, and many times, a more appropriate setting to meet their needs. It also appears that a significant number of children were removed by parents who then chose to care for the child at home or place in relative care.

Approximately **764** children were referred for further mental health and other services as a result of consultation. In addition to the referrals for further mental health evaluations and ongoing

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mental health services, referrals were also made to physicians, developmental pediatricians, children's hospitals, Job & Family Services, public children services agencies, special needs preschools and Help Me Grow. Children were referred for assessments for medical issues, occupational therapy, speech and language intervention, fetal alcohol disorders and developmental testing.

Education and Training for Parents & Early Childhood Staff

- **724** sessions held
- **1831** parents participated
- **2474** early childhood staff participated

Subject areas included: ABCs of Guiding Behavior, Anger Management, ASQ, ASQ:SE, Autism Spectrum Disorders, Avoiding Power Struggles, Basic Behavior Management, Basic Communication w/Children & Parents, Behavior Interventions, Behavior Plans & Cues, Behavior/Temper Regulation, Brain Development, Building Relationships with Families, Child Abuse, Child Development & Display, Childhood MH 101, Classroom Strategies, Community Resources, Coping with Transition, Creating a Literacy Rich Environment, Creating a Positive Environment, DECA, Development Issues, Development Milestones, Early Childhood Mental Health, Early Signs of MH Issues in Young Children, Encouraging Good Behavior, Family Night, Guiding Children's Behavior, Handling Difficult Parents, Helping Children Develop Self-esteem, Heroin Addiction, Staff Confidentiality, Implementing Plans, Incredible Years, Individualizing Infant & Toddler Care, Keys to Caregiving, Managing Sleep Issues, Non-reactive Limit Setting, Positive Discipline, Prevent Difficult Behavior, Principles of Adult Learning, Professional Roles and Boundaries, Proper Use of Pharmacologic Management, Quality in the Classroom, Relaxation Techniques, Resiliency, Self Esteem, Sibling Rivalry, Social Learning, Staff-Child Directed Play, Strength-based Language, Stress Management, Teaching Social Skills, The Referral Process, Toilet Training, Treatment of Aggression, Understanding Child Behavior and Understanding Children's Anger.

Cross-Systems Training for Other Child-serving Professionals

- **88** trainings held
- **1478** professionals participated

Professions represented included: CASA Workers, Case Managers, Chemical Dependency Counselors, Chief Executive Officers, Child Services Workers, Children's Protective Unit (Services), Clinical Counselors, Doctors, Early Childhood Administrators, Early Head Start, Educators, Family & Children First Council staff, Family Service Technicians, Foster Parents, Head Start Administrators, Head Start Staff, Health Department Staff, Help Me Grow Intervention Specialists, JFS Workers, Juvenile Court Diversion staff, LPNs, Medical Professionals, Member of Commissioners Forum, Mental Health Professionals, Metropolitan Housing Authority staff, MR/DD Staff, NAMI Coordinators, Occupational Therapists, Psychologists, Public Pre-school staff,

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Residential Center Workers, RNs, Special Education Coordinators, Speech Pathologists, Teachers, Wrap Around Coordinators and YMCA staff

Subject areas included: Anger Management, ASQ:SE, Asset Building, Bridges out of Poverty, Caring for Children, Caring for Yourself, Changing Challenging Behaviors, Communication with Parents, Consultation & Referral, DECA Procedures and Requirements, DECA Tools, Early Childhood Diagnosis & Treatment, Ethics, Family, Domestic Violence & Children, Indicators, Infant Mental Health Issues, Maternal Depression, Neurological cue systems, Overcoming fear & resistance from parents & EC Professionals, Play Therapy, Positive Thinking, Post Partum Depression, Preventing Difficult Behavior, Program Promotion, Ready, Set, Resiliency: Preparing Children for School & Life Long Success, Referrals, Social Emotional Development, Strategies for Professionals & Communities, Stress Management, Systems Building, The Value of Music and Play and Treatment Options.

Participant evaluations of all **educational sessions and cross-system training sessions** conducted by ECMH Specialists was collected and compiled. Evaluation forms were developed by OCTF staff to be used to capture consistent data. The ratings used for the training sessions were based on a 4 item scale from excellent to poor. The evaluations of the training were positive and most were rated as excellent with some good. The areas evaluated on the required forms included:

- Content
 - Organization: How well did the content flow in a logical manner ?
 - Use of Time: How well did the trainer arrange content to make best use of available time ?
 - Relevance: How well did the content address your learning interests and needs ?
- Presenters
 - Knowledge of Topic: How well did the trainer understand the topic ?
 - Responsiveness to Group: How well did the trainer facilitate discussion, address questions, and respond to comments?
 - Teaching Methods: How well did the trainer utilize effective teaching methods for the material covered ?
- Educational Materials
 - Quality: How clear, concise and accurate were the slides/overheads, handouts and other educational materials?
 - Usefulness: To what degree did these materials promote understanding ?

Other Activities

Program development with community partners, parent meetings, intervention meetings, play groups, observations, planning/development meetings and counseling were examples of programs that were reported. Further information is included in Appendix A.

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Evidence-based/Research-based/Promising Practices

The ECMH professionals used several evidence-based/research-based/promising practices programs to enhance the services that they provide. The following programs were described:

Devereux Early Childhood Assessment Program (DECA)

Access to Better Care Initiative: Early Intervention: Behavioral Health Assessments in Early Childhood Settings

The Devereux Early Childhood Assessment Program (DECA) is a program designed to enhance within-child protective factors while simultaneously decreasing behavioral concerns in young children. A strength based system designed to identify and strengthen children's protective factors and promote resilience in children ages 2-5, it includes an assessment tool, a standardized, norm-referenced behavior rating scale. Both the standard and clinical forms of the Devereux Early Childhood Assessment (DECA) have been developed as part of a program to focus on protective factors as well as risks and thereby provide early childhood professionals with empirically sound tools for assessing the strength of protective factors and the severity of behavioral concerns in preschoolers.

Devereux Early Childhood Assessments (DECA) are required to be administered to measure individual outcomes for each child receiving child-specific consultation services. Aggregate results of the DECA assessments were reported. Examples of the program in use are included in Appendix A.

Evaluation reports also included a description of how the DECA program was used in consultation and other services, other than the DECA required for child specific consultation. A summary of any data collected, including aggregate results of the DECA assessments was requested in the report. **Thirty-three** boards reported using the DECA program as an integral part of their consultation services for FY 2006. An additional **13** boards indicated that they planned to implement the program in FY 2007. ODMH, in collaboration with Devereux and Kaplan are planning to provide all boards with the ability to capture data electronically for FY 2007, thus permitting a statewide analysis of all data that are collected through the use of the DECA.

The Incredible Years Program for Parents, Teachers and Children

Access to Better Care: Early Intervention: Parent/caregiver Training and Education

The Incredible Years is an award-winning parent training, teacher training, and child social skills training and has been selected by the U.S. Office of Juvenile Justice and Delinquency Prevention as an "exemplary" best practice program and as a "Blueprints" program. The Incredible Years was selected as a "Model" program by the Center for Substance Abuse Prevention (CSAP). As such, the series has been subject to three quality evaluations by independent groups, evidenced excellent effectiveness, and attained high overall ratings. The American Psychological Division 12 Task force recommended the Incredible Years as a well-established treatment for children with conduct problems.

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The Incredible Years Parents, Teachers, and Children Training Series has two long-range goals. The first goal is to develop comprehensive treatment programs for young children with early onset conduct problems. The second goal is the development of cost-effective, community-based, universal prevention programs that all families and teachers of young children can use to promote social competence and to prevent children from developing conduct problems. The program targets parents, caregivers and children, ages 2 to 12.

The Incredible Years was piloted in 12 counties as part of the ABC Initiative. However, **24** boards reported that they are currently using the Incredible Years as part of their ECMH services. An additional **9** boards reported that they will begin using the program in FY 2007. When asked for training needs for FY 2007, there were **21** requests for Incredible Years Program training, significantly more than any other training request.

A more detailed report and evaluation of this program will be completed as part of the ABC Initiative. Examples of the Program in use are included in Appendix A. One very compelling story is presented:

“In late February, I was preparing to facilitate our Incredible Years Parent Training, and I had been introduced to a mom who’d seen our literature for the group and was interested in participating. She came with a caveat, however, that is: that nothing had ever worked for her 6 year old son who’s destructive and maladaptive behaviors had “ruled” her since he was a baby. She talked about him having been a “problem” for as long as she could remember and cried about being at the end of her rope and not knowing what to do. Her son sat playing nearby while she talked and, having apparently heard much of what his distraught mom had disclosed, quietly said, “Just kill me then”. I was struck by the discouraging nature of the mom’s story but confident that the Incredible Years program might offer some measure of hope to them. After a few weeks of learning to play and praise the child in what for many parents is a unique and challenging manner, mom came in with the following story.

“You know, my boy and I have never really gotten along, it’s never very much fun to be around him or for him to be around me – I’m always mad because he’s always doing something that requires me to yell at him. I really didn’t think I’d like spending the time playing with him as you asked. But I’ve actually really enjoyed it and he asks me all the time not to forget our play time that evening. Then the other day I overheard him telling someone that he had always known that I loved his sister, but now he knew I loved him too.”

That one story for that one parent and the knowledge that one child believes more deeply in – and has the security of - both the lovability of their own nature and the reality of their parent’s love for them made every minute of this job more than worth the effort it takes to implement a county initiative.” (Ashland County)

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Triple P – Positive Parenting Program

Access to Better Care: Early Intervention: Parent/Caregiver Training and Education

The Positive Parenting Program is a parenting skills program that is being piloted in 6 counties as part of the ABC Initiative. This program was not included as an integral part of the ECMH consultation services that are being provided for most of the boards, including the pilot counties. A more detailed report and evaluation of this program will be completed as part of the ABC Initiative.

Maternal Depression

As part of the ABC Initiative, screening for maternal depression for mothers of infants 4-8 weeks of age was piloted through a collaborative effort of 7 local mental health boards and Help Me Grow programs. In addition to this pilot effort, 25 boards reported that as part of ECMH services, mothers, and in a few areas fathers as well, are being routinely screened for signs of maternal depression.

DC:0-3

Sixteen boards reported a total of 56 staff who have been trained and are using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-3/R)

Other evidence-based/research-based/promising practices programs that have been implemented, other than those previously detailed include:

- Therapeutic Interagency Preschool Program (TIP)
- The Developmental, Individual differences, Relationship-based (DIR) Model
- Second Steps
- PASSKey
- I Can Problem Solve

Positive Impact of the Early Childhood Mental Health Program

The Early Childhood Mental Health Program positively impacted children and their families. It allowed the ECMH specialists to provide much needed information regarding social and emotional development of young children to other providers in the community. One consistent theme was that this program has changed the opinion of mental health services for many families and professionals in the communities. It has shown that mental health services can make a very positive impact on children and their families. Services to young children have been made available where in the past they had not. Providers reported that they were consistently receiving calls from someone who was told by someone else in the community “they’re really good with and know a lot about little kids.” More referrals were coming in than ever before as the availability of services to young children became known in the community. People were also reporting that they have heard about the services from a preschool teacher or a doctor but also from their neighbor who says that they “really helped with their sister’s kid”.

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“Training and consultation with child care providers improves their ability to effectively manage behavior concerns, build positive relationships with children, promote positive social skill development, and communicate with children and families.” (Northeast Ohio)

“The Initiative has had a positive impact on children and families by increasing the quality of care child can receive from an educated caregiver. It has provided a social/emotional assessment of young children, provided action plans for their classroom experience and developed behavior plans for identified children.” (Northeast Ohio)

One of the most positive impacts is the fact that approximately 94% of the children who were at risk of removal were maintained in the setting as a result of consultation services. The maintaining of children in the childcare setting of their parent’s choice clearly benefits not only the child, in terms of stability, but also the family and center, as they are able to maintain work schedules and avoid turn over. To document the positive impact, many of the reports used data collected through the use of the DECA.

Consultation Examples

Respondents were asked to provide examples of consultation services and to include issues that were addressed, proposed solutions, and the effectiveness of these solutions in the narrative section of the final report. These descriptions provided insight into the process of mental health consultation as well as the diversity and complexity of the issues addressed through consultation services. In addition, the descriptions underscored the importance and value of the collaboration that occurred among professionals, parents, and agencies in generating solutions to problems and achieving positive outcomes for young children, families and/or child-serving staff. These descriptions serve as important illustrations of the highly complex and challenging nature of early childhood mental health consultation. One consistent message from the reports was that improvements in the behavior of children were seen most often when the teachers and the parents were both involved and consistent.

Most examples focused on issues or cases in which early childhood mental health consultation had positive effects or outcomes. Overall, the examples provided by the respondents fell mostly into two broad categories—program consultation and child-specific consultation, though teacher/staff and other were also reported. Within each category, representative examples have been included in Appendix A.

Building Protective Factors

The overall impact of ECMH Specialists on the goal of building protective factors and increasing competencies and skills of parents and providers to reduce child abuse/neglect was significant. The following are representative examples.

“The ECMH Initiative has positively impacted children and families in our communities by increasing parenting skills for those identified in need and/or demonstrating risk factors specific to abuse and neglect.” (Central Ohio)

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“Results indicated that participating parents improved their knowledge of key parenting skills, including the value of play/reinforcement, appropriate use of discipline, and establishment of household rules ad limit setting and very importantly, how to establish support systems to aid in managing challenging day.” (Northeast Ohio)

“Results from the various measurement tools utilized indicate increased “resiliency” in children and improved behavior management skills with parents and teachers. Therefore, while children learned improved initiative, self-control and attachment skills, adults were learning to respond to these positive developments and to more effectively manage difficult behaviors, thus reducing the risk of abuse/neglect.” (Northeast Ohio)

Other citations can be found in Appendix A.

Collaboration

One of the requirements for the FY 2006 proposals was to describe collaboration with early childhood programs in the community. Specifically the proposals were to address:

Provide a brief description of how the proposal was developed. Proposals should reflect joint planning and development among the Board, its providers, the early childhood community, and parents. Those participating from the early childhood community must be representative of all birth to six service providers. Include which agencies and organizations were involved and how. When determining the community(ies) and/or programs to be served, consideration must be given to the following criteria:

- Areas of high substantiated child abuse/ neglect
- Low-performing child care centers as evidenced by ODJFS licensing standards
- Schools designated as academic emergency or academic watch
- Early Learning Initiative grantees

Many new collaborations were formed as well as ongoing collaborations strengthened. The initiative has helped the ECMH specialists to form good working relationships with local early childhood service providers and allowed trust and respect to be gained.

“A year ago we had little to no contact with individuals in the Early Childhood community and now we are a part of this community working to help and support families at the earliest possible stage.” (Northwest Ohio)

“We make visits to the schools spontaneously, working to build relationships with the administrators and teachers and to offer our services at that moment. But we have given them an “open door” for calling us anytime they have a consultative, child or family-specific need. Additionally, the MHC sits on the Early Childhood Collaborative Group for the community which acts as a meeting ground for any agency or entity in the community which may service the early-childhood population. We send letters, brochures and flyers to like agencies letting them know of our services so that if they don’t have a like service, they have the information that

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would allow them to refer to us.” (Northeast Ohio)

“The Initiative started by gathering various programs that have investments in early childhood mental health to form an ECMH Strategic Planning Committee. This committee, along with the ECMH Workgroup, has been creating a strategic plan to impact the early care and education of children and families in Franklin County. The Initiative has delivered four broad-based trainings to increase the knowledge of ECMH in the community. This will translate into childcare staff, as well as human service workers being more knowledgeable about the mental health of youth 0-6.” (Central Ohio)

Training and TA

Requests for specific training and technical assistance for ECMH were also included in the reports. The following represents the varied needs in order of number of requests:

- Incredible Years Programs – 21
- DECA – 14
- Data collection – 6
- DC:0-3 – 5
- Mentoring with other ECMH specialists/ regional meetings – 5
- Engaging parents – 4
- Fetal Alcohol Spectrum Disorders – 2
- Maternal depression – 2
- PDD & autism spectrum disorders – 2
- Attachment & Bonding issues – 2
- Engaging teachers
- Techniques & strategies to increase resiliency
- Coping with difficult behaviors
- Trauma
- Sensory integration
- Training for psychiatrists on appropriately medicating young children
- Anxiety & depression in young children
- Triple P
- Building a support system of mentors and models for families
- Classroom management techniques
- ICDL diagnostic manual
- DIR model
- Young children and sex abuse
- Aggression in young children

Plans have already been made or are being developed to provide training on many of these subjects. There is also a plan that regional networks will be formed starting in fall 2006 to allow networking and peer coaching and mentoring for the ECMH specialists.

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APPENDIX A

Other Activities

Athens County: “Participation in program development with community partners through Interdisciplinary Partners for Appalachian Children (IPAC). We are working toward developing integrated developmental and behavioral services. We obtained funding through our local Department of Job and Family services to create a training program for in-home childcare providers. This program, titled “Staying on Track” trained providers on the ASQ, the ASQ:SE, typical development, how to communicate with parents, and how to help parents obtain community services. Our consultant was a very active participant in this training to 20 in-home providers, serving at least 3 young children each. Providers were able to access technical assistance from our consultant as needed.”

Cuyahoga County ECMH program is part of a much larger community early childhood program, Invest in Children. They have been instrumental in providing direct services and evaluation of their programs. Six contract agencies provide ECMH Program services. Referrals come from a variety of sources, especially Help Me Grow. The program emphasizes a systematic, developmentally based approach to the classification of mental health and developmental difficulties in the first three years of life by using the DC:0-3 (subsequently, the DC:0-3R) for all children. The parent/caregiver-child relationship is a treatment focus, and all services are provided according to treatment plans. Beyond these features, each agency has developed its own treatment model.

“Children’s Advantage in Portage County conducted the “Platikas” for the Texas Migrant Head Start from June to September of ’05. These sessions occurred once a month and lasted 2 ½ hours each. The number of participants ranged from 10 to 18 per session. The participants were parents of the children who attended the Migrant Head Start in Hartville, Ohio. The topics covered were Promoting Self-Esteem, Positive Discipline Techniques, Basic Child Development (ages birth to five), and The Effects of Domestic Violence/Alcoholism on the Family Environment (by request of school).”

Wood County: “Parent gatherings are one time events, usually in the evening, at which the ECMH project staff present basic information about social/emotions development and discuss parents’ concerns. This year project staff were encouraged as 21 childcare centers showed an interest in holding parent gatherings. Student interns were able to assist with the very time-consuming task of planning for these events. Parent response was very positive.”

Devereux Early Childhood Assessment Program (DECA)

1) (Southeast Ohio) Teachers completed DECA’s for all the children in their classes as part of their screening process to determine who needed referred to the mental health consultant and/or the public school for an MFE. In addition, the mental health consultant developed classroom profiles for each class group and provided ideas for universal interventions that would support the healthy social/emotional development of all the children in the class. Teachers also

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completed DECA's in the spring to review the outcomes of these interventions and to make additional referrals for children to receive summer services from the mental health consultant. The following information is a review of these efforts.

Of the 220 fall and spring DECA's completed here are some exciting results:

- 53% significantly reduced their "Difficult Behaviors";*
- 74% of children had some increase in resiliency factors--35% increased in all three areas, 22% in two areas, and 22% in one area;*
- 62% showed increases in "Initiative";*
- 53% in "Self-Control"; and*
- 53% in "Attachment"*

2) (Northeast Ohio) *All children ages 2-5 in participating programs receive Fall DECA administrations, from which individual and classroom plans are developed. Spring DECAs are also administered for follow up and to evaluate progress.*

Overall, 84.5% of children participating in services through the Childhood Resiliency Project displayed some level of progress (1+ point) in one or more of the DECA scales from the Fall pre-test administration, to the Spring post-test administration. The population of children with one or more identified concerns was 58.6% male and 41.4% female.

One of our largest concerns is helping to improve the social/emotional competencies of the most vulnerable children. We are pleased that children participating in Childhood Resiliency services displayed positive progress in increasing such skills. For children scoring in the concern range at pre-test, the following improvements were made:

- Initiative – 72% of children displayed an improvement of 3+ points from pre-test to post-test. 64.0% of children improved sufficiently to be placed in the typical or strength ranges at post-test*
- Self Control – 80% of children displayed an improvement of 3+ points from pre-test to post-test. 75% of children improved sufficiently to be placed in the typical or strength ranges at post-test*
- Attachment – 77.7% of children displayed an improvement of 3+ points from pre-test to post-test. 66.7% of children improved sufficiently to be placed in the typical or strength ranges at post-test*
- Behavior Concerns – 60.5% of children displayed an improvement of 3+ points from pre-test to post-test. 48.8% of children improved sufficiently to be placed in the typical range at post-test*

3) (Northwest Ohio) Classroom A : *"concerns" that moved to "typical" range: The initiative concerns decreased by 16% (from 21% to 5%); Self-Control concerns decreased by 8% (from 17% to 9%); attachment concerns decreased from 17% to 0. "typical" range scores that moved to "strength": only 4% of the preschoolers were identified as having a strength in any protective factor. In the post-assessment, 28% of the preschoolers were identified as having strengths.*

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Classroom B: scores that moved to “strength”: Initiative increased for 32% of children; self control increased for 60% of children; attachment increased for 24% of children. The overall behavior concerns decreased from 18% to 10%.

Teacher feedback: the implementation of recommended strategies in their classrooms and the strength-based approach of the DECA program encouraged them to look at children’s strengths as well as concerns.

The following is a summary of pre- and post DECA-C’s for individual children receiving specific consultation

66% of children increased in 2 or more protective factors. The remaining 34% increased in 1 protective factor.

26% were not in the “concern” range for total behavioral concerns at the pre-test. Of these, 25% increased slightly and the remaining 75% decreased in total behavioral concerns.

Of the 74% who were in the “concern” range for total behavioral concerns at the pre-test, 73% scores decreased (improved) on the post-test.

54% moved out of the “concern” range to the “typical” range in total behavioral concerns on the post-test.

The Incredible Years Program for Parents, Teachers and Children

1) (Northeast Ohio) *The children in the Head Start classrooms look forward to their regular visits from the “Incredible Years” puppets—Wally, Molly, Dina and friends. They are able to remember the concepts and skills taught to them through the songs, activities, and stories that the puppets share. It is a delight to watch them interact with the puppets and the leaders, as they sing songs, listen to the lessons, practice skills and share ideas. Teachers also reinforce these concepts throughout the week by referring to the puppets’ visits.*

Families and children who have attended the “Incredible Years” groups provided at The Counseling Center have also benefited from learning the concepts taught in the program. Some families have asked to repeat the program voluntarily because they want to further develop their parenting skills. They have also developed a support network with other families as they meet together. These groups, along with other information provided to families, have helped parents to increase positive interaction and play and more effectively respond to behavioral challenges. Children who are exposed to social skills training and positive discipline techniques have demonstrated improved self confidence, better self-control, and increased compliance.

2) (Northwest Ohio) *Jeremy is a 1st grader in a local Elementary school. Jeremy has had significant anger management problems in the past and his counselor has found that when he is angry, he is able to calm himself by petting a stuffed guinea pig. One day Jeremy enters the counselor’s office and refuses to tell the counselor what is bothering him, but begins to pet the guinea pig. Soon, Jeremy begins telling “Wally” what happened that upset him so much by whispering in Wally’s ear. When Jeremy finished telling Wally the story, he put Wally on his arm and Wally told the whole story to the counselor. The impact of having Wally be a positive peer and a safe “friend” to express feelings to, Jeremy was able to talk about his feelings rather than choose a destructive behavior.*

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The teaching staff report being able to use both Play Therapy and Dina School language to intervene with children appropriately and effectively. They report positive use of these skills by the children without prompting in the classroom. Staff members report feeling supported, heard, and respected during consultation meetings and steps have been made to build healthy relationships and communication between line staff and administration.

3) (Central Ohio) *We implemented the Incredible in partnership with the City Schools. The program was delivered in the public preschool program and got rave reviews. The program was delivered to meet fidelity to the model in the classroom. Some of the teacher comments were as follows:*

-They really made the students feel comfortable to share stories and events that have happened to them. As a teacher, I found it to be very helpful to have them come into the classroom.

-They provided a dynamite program for our preschoolers. They successfully aligned the Incredible Years activities with our classroom routine and curriculum goals. Molly, Wally, Dina and Tiny were great 'models' for positive behavior for our pre schoolers. Dinosaur School became a very important part of our day on Monday and Wednesday. They had excellent rapport with the preschoolers. Their patience and caring nature helped the children.

-Dinosaur School quickly became an experience our pre-school children eagerly anticipated. Dina, Wally and Molly became part of their intimate group of 'best friends' and they often did not distinguish between the puppet and the person. The Dinosaur School team helped the children realize that they could make different choices and decide to take responsibility for your own feelings and aim those feelings in a positive, empowering direction. Dinosaur School has been a gift to our children. Thanks for sharing this gift with the pre-schoolers. I hope this program continues for a very long time.

4) (Northeast Ohio) *"The Incredible Years Parenting Group has been a truly rewarding experience for me and my son. My son just turned 4 years old and has been a very difficult child since the age of 2. He is suspected of having ADHD and has been both suspended and expelled from 3 daycares in the past year. I have had to put my career on hold to stay home with him for the past six months, because no one else was willing to care for him during the day. I was just about at wit's end when I heard about Incredible Years. Gretchen asked me to come to a meeting and see if I thought it would help. I attended a meeting and was instantly hooked! I had finally met other parents who understood what I was going through. Their suggestions and experiences were so helpful to me. As the weeks went on, I learned that it wasn't Austin who needed to change... it was me as a parent. I had to change the way I dealt with him on a daily basis if I ever expected to see any improvement. The Incredible Years Group taught me just how to do that. The skills I learned are absolutely priceless and continue to work for me, even though the group is over. I am convinced that this group saved my relationship with my 4-year-old son. I'm not angry all the time anymore, which is the best feeling. I actually feel in control in my home. Words can never express how grateful I am to Gretchen and Rachel for all they have given me. Don't get me wrong, Austin is still a very difficult child... but now I know how to*

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handle it in ways that work best for Austin, and for me. The Incredible Years group is the best thing I have ever done for my family and I am so grateful that it exists. Thank you for helping me save my family.

Triple P – Positive Parenting Program

The Triple P services have been so well received, that agencies who are not yet participating have been requesting to start referring clients. The parents who completed the Steppingstones curriculum found the groups to be so supportive that they are requesting help in establishing an ongoing education and support group. One father who is illiterate was so excited about the program he asked his mentor from Parent Aide for help in reading the workbook materials and recording his response to the assignments. (Central Ohio)

Consultation Examples

Child-centered

1) (Northwest Ohio) *One daycare center was having problems with a young boy. This boy was out of control most of the day. They did not want to kick him out because he would be starting Kindergarten this school year. This young man was very aggressive towards other children and toward the teachers in the classroom. He was observed biting, hitting, and kicking others whenever he did not have the full attention of one of the two teachers. We held a wraparound meeting with the parent, teachers, pre-school coordinator, health department to discuss classroom problems and possible solutions. The parent and teachers were willing to accept any help available at this point. We first went over his health history and problems he had with high lead levels and a referral was made to a M.D. to see about possible treatment. (It was later found that the lead level was not very high) We then set up some classroom rules and a new way for the teachers to enforce rules instead of holding and providing extra attention for negative behaviors. The father also agreed to try some parenting classes and agreed to meet with the teachers daily to keep his routine the same at home and school. We continued to hold meetings with the same people to review progress and tweak some classroom strategies to reduce behavior problems. By the end of the school year this boy was again participating in group activities and interacting with other children in a positive way. He was able to stay in his pre-school setting and will move on to kindergarten this year.*

2) (Southwest Ohio) *A problem developed early on with Heather related to transitions. When she was being dropped off in the morning, Heather began having tantrums, crying and grabbing her mother's legs. Her mother was given a script to say each morning while they were driving to school. Her mother would say, "We are going to school now and we will see all your friends and teachers (name them specifically). Then when we get there, Mommy will give you a quick hug and kiss goodbye, then I will pick you up later after work." At the end of the day, Heather would run away from her mother, not wanting to leave. She would run under tables, on top of tables, in play ground equipment, etc. The specialist developed a plan for her mother to call the teachers prior to picking Heather up. The teachers would have Heather stop her activity and get ready for home. When her mother arrived, the teachers would walk Heather to her mother*

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holding her hand and then would give Heather's hand to her mother. Initially, her mother would have to hold her hand tightly to prevent her from running in the parking lot, but after several weeks of being consistent with this intervention, Heather is now able to walk next to her mother in the parking lot without running away.

3) (Northeast Ohio) *A young girl who spoke no English was enrolled in a private childcare program. She and her parents had recently moved to the area from Brazil, and parents also did not speak English. Their primary language was Portuguese, which differs from the Spanish materials that were available. This child's only exposure to English was at the EC center. This young girl was initially quite withdrawn, and was not making friends or interacting with the other children. In addition, the teachers in the classroom often did not understand what the child wanted or needed. The language barrier was preventing the child from making a positive adjustment to the preschool setting, and contributing to withdrawn and isolated behavior. The Resiliency Coach assisted the teachers in making picture cue cards by researching on the Internet. In addition, photographs were taken of center activities for use in a daily schedule. This 4-year old began using the cue cards for communicating her needs and wishes. The Resiliency Coach was able to find and print words with English translations, so the teachers could begin to use common words in both languages with the child. As a result, this young girl has begun using English words, and is experiencing much more success in communicating her needs. As she is feeling more safe and connected at the EC center, she is beginning to develop relationships with other children, who have done an excellent job of teaching her. Her isolation and withdrawal has decreased dramatically.*

4) (Southwest Ohio) *A center staff person called, due to concerns that the child was hitting referred a child, running around the room and being disruptive at naptime, a classroom observation was completed and a parent conference held. At the conference, the parents identified similar problems and revealed a chaotic home schedule. The child was assessed as having regulation difficulties and a behavior plan was put into place that included attention to consistent routines at home and school, intentional teaching of social communication and conflict resolution skills done in similar fashion at home and school and a "napping nest" were created with the same staff daily assisting the child to begin napping. This was monitored over a period of six weeks. At the end of that time, the incidents of hitting had been reduced significantly, the child was appropriately engaged during class time and naps were no longer a problem.*

Program

1) (Northeast Ohio) *Teachers were asked to complete "Reflective Checklists", evaluating five areas of classroom management for potential improvement. Recommendations such as: inclusion of a "be by myself space", increasing reinforcement of children's efforts at socialization, create a home-like environment reflecting children's culture or more time spent greeting parent's at the beginning or end of each day were provided. Issues or difficulties would arise if teachers would not implement recommendations or would not follow through once the intervention was put into place. Often, discussing barriers, modeling interventions or aiding with parent involvement corrected the issue. Also, teachers often had difficulty scheduling consultation time*

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due to classroom demands. This issue was resolved by scheduling consultation on Fridays, as students were not present.

2) (Central Ohio) *This is from a class that had been functioning very well together for most of the school year. The teachers were proud of the work that was being accomplished. Then they had several students leave and more students take their place. The room became very chaotic as students that had been behaving well throughout the entire year became aggressive to peers and defiant towards teachers. The ECMH consultant came to observe and provided thoughts to the teachers as to how the changes in the classroom were impacting the students. A solution presented was to start the year over by recreating the rules with the class, re teaching the word respect and how to use it, as well as begin teaching basic social skills during circle. The ECMH consultant suggested putting up feeling faces to use as tools to assist them in learning how to express basic emotions to each other. The importance of the use of modeling and role-playing, in addition to teaching were explained. This recreating and teaching of social skills seemed to have a real impact on the classroom environment. After a few weeks, the class was back to following directions and using words instead of aggressive behaviors. The students were reminding each other of the rules and how to show respect.*

3) (Northeast Ohio) *The classroom at one of our participating sites was comprised of older 2's and young 3's. The teachers in that room wanted the children to sit for a long period of time (30 minutes) at circle time, and the children were not successful, leading to children getting disruptive and teachers becoming frustrated. Teachers were investing much energy in re-directing children, and responding to what they perceived as misbehavior. The teachers felt strongly that they needed to get through their whole planned routine. Expressing appreciation for the dedication of the classroom teachers, the specialist held a planning session, in which she suggested having no more than 10- minute circle times, but having two or three circle times throughout the day. With this format, the developmental ability of the children would be respected, as would the teachers' need to complete their planned materials and activities. Although initially hesitant, the teachers were willing to implement the recommendation for shorter circle times. As the teachers (and children) experienced success with the new circle time arrangement, they were able to appreciate the flexibility of this schedule and the impact on the teacher – children relationships. They continue to utilize the shorter circle times in this class. The children are able to sit in place and stay focused on the lessons, and the teachers' report that the children actually seem to be learning and remembering the material shared by the teacher better than previously.*

Teacher/Staff

1) (Northwest Ohio) *Issue: self-advocacy and conflict mediation skills needed to decrease staff conflict and stress in the classroom environment*

- *Proposed solutions: Consultant met with staff individually to process concerns and provide feedback on appropriate expression of needs and feelings. Consultant met with staff as a group and provided training on assertive communication, "I" statements, anger management techniques, and use of a team-based perspective for managing co-worker concerns.*

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- *Response: Teachers reported increased knowledge of the ways in which their communication styles affect the responses and feedback of others. Staff were able to appropriately express concerns, disagree respectfully, and offer suggestions for solutions to agency issues.*

2) (Northeast Ohio) *Specific classroom consultation was offered for one classroom where numerous children were exhibiting behavior problems. The consultant observed the classroom for several days, offering suggestions or modeling interventions when appropriate. Following the extended consultation, a report was provided to the staff and supervisors highlighting the strengths she noted and the suggestions that were made. These suggestions included 1) ensuring consistency in the classroom routine, rules, and schedule since there are different staff in the classroom on some days; 2) clear identification of classroom rules; 3) use of appropriate manners and tone of voice when dealing with children; 4) management of “outbursts” by separating the children from the group and assisting them with identifying better choices to make before returning to the group; 5) consistent involvement with the children by staff during “center” or free play times; 6) use of frequent praise; and 7) staff stress/relaxation strategies. The staff were very open to suggestions and ideas for their classroom, and hopefully, the consultation will result in an improved environment for both staff and children as the staff implement strategies over time.*

3) (Northeast Ohio) *Classroom I issues: constant fighting among the children, room arrangement and lack of center choices; proposal-start prosing positive behaviors and ignore inappropriate behaviors; rearrange the room to allow for some space in the centers; and add 2-3 more centers; effectiveness – negative behaviors did a total turn around after one week of prosing positive behaviors and doing some ignoring of negative behaviors. The room arrangement too place several weeks later with more positive behaviors. The children had more room to move around in the centers and number of children was limited. We also added a tent for a quiet/cool down/be alone space. All of the additions were met with more positive behaviors, a more fluent moving classroom, and happier staff who were enjoying the children and having time to actually play with them.*

4) (Southeast Ohio) *One of the programs served was especially invested in making improvements to how staff managed individual children’s behaviors and the interactions they had with the children throughout the day. One of the teachers specifically asked for assistance from the ECMH Specialist. She had several children in her class who had a difficult time keeping their hands to themselves, following rules, and solving problems. Initially, the Specialist spent time developing a positive relationship with the teacher. As a result the teacher was more receptive to feedback from the observations. She was able to identify areas in which she felt she could make changes.*

By the end of the year, the teacher had become so empowered she was informally mentoring other staff at the center by referring to strategies that had worked for specific situations. The Director reported staff meetings became more solution-focused rather than focusing on what was wrong or what could not be changed.

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Other

1) (Northwest Ohio) *The consultant met with providers at the Family Court who are involved in mediation and home studies, to discuss their cases of families with young children. Reflection was appreciated on the issues for custody and visitation, as it effects young children and their abilities to cope with family disruptions and conflict. This as been very helpful to court mediators, and they continue to contact the consultant for assistance with planning.*

2) (Central Ohio) *An ECMH consultant conducted an interview with parents who had a long history of resisting parenting suggestions made by early childhood educators. Early childhood educators were present for the interview. The ECMH consultant did not initially offer any suggestions but instead empathized with the difficulties of the problem. After a time the parents asked for help and then the ECMH made some suggestions. It was reported that this was the first time that the parents had asked for assistance in a forthright manner. It was thought that early childhood educators has been too eager to provide assistance and offered suggestions before they were requested. In this situation the ECMH consultant held back which allowed the parents to ask for help. Once this occurred, they followed the suggestions that were given.*

Building Protective Factors

“The use of Early Childhood Mental Health Specialists to provide center-based consultations, child-specific interventions, and parent/provider education increases the likelihood that children will be exposed to more positive parenting and child care practices. Consultations, parenting education groups, and in-home community support services focus on teaching child care providers and families ways to positively interact with young children, which helps to build protective factors for children. In addition, by teaching adults more effective strategies for managing behavior, they are less likely to respond in abusive or neglectful ways. Adults with information about support systems and resources for assistance may also be more likely to reach out for help when they become stressed by the challenges of raising a young child. (Northeast Ohio)

The positive trend for scores for Protective Factors on the DECAS suggests that the consultants played a role in strengthening these competencies for the children under their care. Anecdotal evidence reaped by observing positive changes in the behavior of individual children, the functioning of group behavior in classrooms and the increased use of interventions known to support the development of protective factors by the teachers receiving consultation also supports this conclusion. Parents who were engaged in individual consultations also reported improved appreciation for their children’s strengths and a new awareness of how to use positive parenting techniques to not only address behavior problems, but also to reinforce and support positive behaviors. Parents who feel more attached to their children and recognize them as not monolithically “bad” have been shown to be at substantially less risk for perpetrating abuse and neglect.” (Southwest Ohio)

“Children that are in preschool are at the age of onset for disruptive behavior disorders. The literature indicates that children with disruptive behavior disorders are high risk for abuse and

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neglect. This is thought to be a result of a combination of factors that include the child's temperament and skill level of parents and teachers. For the most part, children referred for consultation are in the early stage of developing a disruptive behavior disorder. The consultation program has had a demonstrable effect on enhancing skills of teachers and parents with addressing the needs of these very challenging children." (Central Ohio)