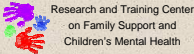




Portland, Oregon



www.rtc.pdx.edu

Initiatives Supporting Children with Emotional or Behavioral Challenges in Child Care Settings

Presented at:

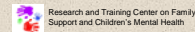
The 18th Annual Conference:
A System of Care for Children's Mental Health: Expanding the Research Base

March 8, 2005
Tampa, Florida

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Project Personnel for Models of Inclusion in Child Care

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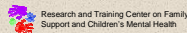
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Keep updated... and help us do our work better

Having your email lets us...

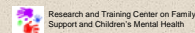
- Keep you updated on the progress of the work we're presenting today (and related news). We do this through monthly *rtcUpdates*.
- Evaluate our work and show our funders that what we do has an impact. We do this using very brief internet surveys.

We do not share your information with anyone!



Overview

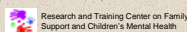
- Background and Significance of Mental Health Supports in Child Care Settings
- Models of Inclusion Project
- Research Questions
- Methods of Survey of Child Care Administrators
- Results: Training and Mental Health Supports
- Conclusions and Recommendations



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Background of the Research: Children's Social and Emotional Development

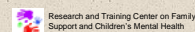
- Research demonstrating the importance of the environment for children's social and emotional development (NICHD Early Child Care Research Network, 1999; Shonkoff & Phillips, 2000)
- Incidence of emotional and behavioral disorders among children--estimated 1 in 10 children (President's New Freedom Commission on Mental Health, 2003)
- Families less likely to seek and receive services when children have behavioral problems in comparison to other developmental problems (Alkon et al, 2003)
- Recognition of inclusion as an appropriate option for early education and child care (advocacy, research, legislation, cost reduction)



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Background of the Research: Employment and Social Trends

- "Widening gap" between work demands of parents and the supports they need to stay employed (Heymann, 2000).
- Increased demand for child care and growth in number of hours children cared for by non-parental caregivers (Lombardi, 2003).
- Increased work requirements associated with welfare reform; more children at risk entering child care (Raver & Knitzer, 2002).
- Inadequate provision of high quality, affordable appropriate child care for children with disabilities.



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Background: Child Care for Children With Emotional and Behavioral Challenges

- Difficult to find and maintain; often provided at home (Rosenzweig, Brennan, & Ogilvie, 2002).
- Parents less satisfied and report poorer quality of care than parents of children without challenges (Emlen & Weit, 1997)
- Expulsion from child care is a daily fact of life for many families (Emlen, 1997; Gilliam & Shahar, in press).

Significance of Research

- Inclusive child care can be part of an emerging vision of community based services (Huang & Mayberg, 2003).
- Great variation from state to state in the ways in which young children's mental health is addressed and promoted (Knitzer, 2004).
- Great variation in supports put into place and systems of care built around young children and their families (Simpson et al, 2001).

Research Aim

- Since state level child care administrators are in a position to build partnerships, lead planning efforts, obtain funding, and implement programs supporting inclusion, we had as our research aim the determination of:
 - the patterns of supports for inclusion of children in child care settings reported by state child care administrators.

Research is part of the The Models of Inclusion in Child Care Project

- Federally funded research Oct 1999- Sep 2004
- **Phase 1:** In-depth study of nine child care centers nominated for their success in including children with emotional and behavioral disorders
- **Phase 2:** Survey of state child care administrators to examine state-level efforts towards inclusion of children with emotional or behavioral disorders in child care.

Inclusive Child Care: Some Strategies for Success

- Mission to care for all children integrated into their policies, classroom practice, and other activities of the centers.
- Care was family-centered, and the involvement of families seen as crucial to a child's success.
- Staff committed to building relationships with children and their parents, activities and programs adapted so that each child could experience success.
- Centers emphasized the necessity of building collaborative working relationships internally among staff, and externally with the community.

Inclusive Child Care: Some Strategies for Success

- The structure and culture of the center supported well-trained staff to be successful and to engage in continuous learning and creative problem-solving to meet the needs of individual children and families
- Centers had access to a wide range of specialist services and additional resources to support their work and families.
- *Setting the Pace: Model Inclusive Child Care Centers Serving Families of Children with Emotional or Behavioral Challenges* (Research monograph available at: www.rtc.pdx.edu)

Research Questions

- How does training support child care providers to work with children with emotional or behavioral challenges, and to what extent are families involved in training?
- What initiatives have states taken to provide mental health supports for children with emotional or behavioral challenges in child care settings?

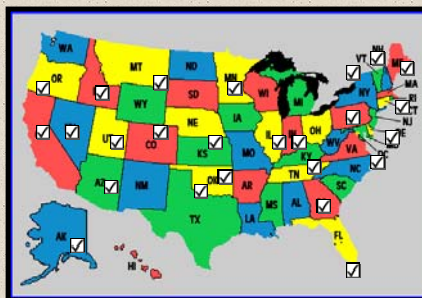
Methods: Participant Recruitment

- As a matter of public record, the names and addresses of the chief child care administrator for each state have been provided by the Child Care Bureau.
- Using these names and addresses, chief child care administrators for each state were sent a letter describing the project.

Methods: Participant Recruitment

- After the initial mailing, a researcher made follow-up phone calls to each administrator describing the project in detail.
- Administrators not reached by phone were sent a second and third mailing, each followed up with phone calls from a researcher.
- Once the administrator agreed to participate, a time was scheduled for either a face-to-face or telephone interview.
- Administrators or their representatives from 24 states participated.

The Respondents



Participants' Demographics

- Majority of participants were female (87.5%) and European-American (83.3%)
- Number of years in current position ranged from <1 to 12, with $M = 5.2$, $SD = 3.3$.
- On average, administrators had 15.8 years of experience in the field of child care ($SD = 10.6$; range from 2.5 to 36).
- Age of participants ranged from 32 to 63; $M = 49.6$, $SD = 6.6$.

Methods: Data Collection

- Data were collected using a semi-structured interview schedule prepared by Eileen M. Brennan, Jennifer Bradley, Andrea Doerfler, and Shane Ama.
- Interviews took between 30-60 minutes.
- The survey covered 14 topic areas, and included closed and open-ended questions.

Survey Topics—Public Statements (NOT Confidential)

- Topic 1: Child Care Experience
- Topic 2: Service Structure in the State
- Topic 3: Planning
- Topic 4: Special Initiatives
- Topic 5: Planning for Children with Special Needs

Survey Topics—Public Statements (Contd.)

- Topic 6: Support for Children with MH Challenges Who are Served in Child Care
- Topic 7: Child Care Use and Standards
- Topic 8: Child Care Funding for Children with Emotional or Behavioral Challenges
- Topic 9: Training for Child Care
- Topic 10: Outreach to Families

Survey Topics—Confidential

- Topic 11: Barriers to Achieving Access to Child Care
- Topic 12: Lessons to be Learned
- Topic 13: Demographic Questions
- Topic 14: Final Questions

Methods: Data Analysis

- Interviews were audiotaped, transcribed and entered into NUD*IST for coding.
- Quantitative data collected in the interview have been entered into SPSS and analyzed descriptively.
- Qualitative data have been analyzed using a grounded theory approach, and two or more independent coders.
- Initial codes were compared and themes and subthemes of findings identified in the major areas of the study.

Findings: Two Major Areas of State Level Initiatives

- Training of child care providers and parents
- Use of specialized consultation in child care settings.

Question 1: Staff Training

- All states had training initiatives.
- Conferences, Institutes, and Symposia
 - A Variety of Training Curricula
 - Focus on School Readiness.
 - On-site training and technical assistance.
 - Frequently training delivered through child care resource and referral agencies (CCR&Rs).
 - Focus on zero-to-three.

3. Special Initiatives: Staff Training

- Annual conferences and symposia offer MH training.
- Bi-monthly videoconferences extend training.
- States working with community colleges and universities to develop training curricula and certification programs.

Extent of Training for Providers

- 83% of states provided specific training on inclusion in child care settings.
- 88% covered working with children with emotional or behavioral challenges in their training programs.
- 67% combined training in children's mental health with training in child development.
- 71% had state initiatives to educate providers about ADA requirements for children served in child care.

Issues Regarding Training for Providers

- Although general training in caring for children with special needs was available, mental health disabilities were not always included.
- Training in children's mental health was often in the form of elective modules in other training programs.

Issues Regarding Training for Providers

- Participants raised the issue of federally-funded initiatives failing to "*recognize the importance of the whole child*" and the need to address social and emotional development to "*get kids cognitively and academically successful.*"

Issues Regarding Training for Providers

- Administrators noted that providers needed appropriate knowledge, skills, and support to respond to the complex needs of some children.
- Since training is often not mandated for child care staff one participant said, "*the biggest void is mental health services and resources, and not having people who understand how to work with children in group settings who have behavioral issues.*"

Inclusion of Family Members in Training Efforts

- Only 44% of states reported family involvement in provider training.
- Roles included:
 - Training design (21%)
 - Training delivery (21%)
 - Training evaluation (4%).
- Family members that were involved were only paid in 25% of the states that used them.

Examples of Family Involvement

- Conference presentations
- Focus group participation for planning
- Outreach efforts through advocacy organizations
- Preparation for other family members of children with challenges to take on advocacy roles.
- Assisting other parents to get more effective services for children with mental health issues.

Provider Access to Technical Assistance

- 92% of the states offered informational resources.
- 79% offered telephone technical assistance.
- 79% had face-to-face assistance available.

Question 2: Supports for Children with Mental Health Challenges

- Supports were mainly available in the form of specialized consultation.
- Four major types of consultants were available:
 - Mental health personnel
 - Health consultants
 - Child care resource and referral consultants
 - Inclusion specialists.

Use of Mental Health Consultants

- 58% of states had supported some form of mental health consultation to child care workers.
- *“Providers...don't have the resources or knowledge to deal with some of the issues...[they are facing] with children that might have suffered some sort of abuse or have emotional or behavioral problems...[There is] an increasing need for this type of support.”*

Notable Mental Health Initiatives

- Screening processes to identify children for early mental health supports.
- On site mental health consultation for direct work with providers, children, and families.
- Mental health professionals provision of training, technical assistance, and program advice.

On Program-Level Mental Health Consultation

- One participant said, *“sometimes it is the situation and not the child. There are too many kids..or the way they are running their flow of the day interferes with how kids can cope...[The consultants'] hope is...they are building the capacity of the staff.”*

Use of Health Consultants

- 58% of states had health consultants who addressed children's emotional or behavioral challenges.
 - Public health nurses made on-site visits to child care facilities, provided direct consultation to parents and staff, conducting training, and supplied telephone guidance through "warm lines."
- Some health consultants received supplementary training: *"if the public health nurses need to make a referral, they will know the avenue to make the referral."*

Use of Child Care Resource and Referral Agencies

- Provided training on serving children with special needs;
- Served as the contracting agency supplying technical assistance through staff nurses or mental health consultants;
- Connected families with resources, including mental health supports.
- *"Providers come and take [special needs] training [through CCR&Rs] but...if there is an issue with a particular child and the provider is having a difficult time adjusting, they can call and we look at sending someone on-site."*

Use of Inclusion Specialists

- In a few states, inclusion specialists provided both child-focused and program-focused supports for children with emotional or behavioral challenges.
- One state funded more than 15 inclusion specialists who operated statewide.
- Notably, Child Care Plus through the University of Montana supported inclusive child care through training and consulting services for children having a variety of special needs.

Conclusions: Creative Partnerships Provided Needed Resources for Training

- Administrators are building partnerships that bring together mental health, child care, and education to train child care providers to help children develop socially and emotionally thereby promoting school readiness.
- State-supported training opportunities have increased the capacity of child care providers to nurture children with emotional or behavioral challenges (summits, institutes, conferences, and training programs).

Conclusions: Mental Health Consultation is a Critical Component


- Pilot projects involving mental health supports were seen as critical to successfully retaining children with challenges in child care
 - Mental health consultation increases child success and staff feelings of competence and supports families and staff as well as children (Brennan, Bradley, Allen, Perry, & Tsega, 2005).
 - When mental health consultation is well integrated into child care environments, provides program level consultation, and involves parents, success is greater (Green, Everhart, Gordon, & Friesen, 2004).
- Other types of consultation can supplement that given by mental health personnel.

Recommendations: Take Pilot Projects to Scale and Establish their Effectiveness

- State administrators pointed to pilot projects that exemplified the successful inclusion of children with emotional or behavioral disorders.
- Funding has been cobbled together to extend the pilot programs to other community sites.
- More research needed to establish evidence-based practices.

Recommendations: Planning and Family Involvement

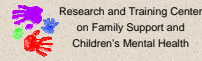
- States should develop comprehensive plans for promotion of mental health in child care settings.
- Data should be gathered tracking numbers of expulsions.
- Representatives of family organizations or parents of children with emotional or behavioral disorders need to be included as stakeholders in child care strategic planning.
- Training efforts need to be bolstered by involvement of family members as trainers for service providers.

 Research and Training Center on Family Support and Children's Mental Health

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Funds to support this activity come from The Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services; and from The National Institute on Disability and Rehabilitation Research, U.S. Department of Education.



Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services



National Institute on Disability and Rehabilitation Research, U.S. Department of Education