A Profile of Early Childhood Mental Health Needs and Associated Outcomes
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Developing Profiles
• Child characteristics:
  – Ethnicity
  – Age
• Family characteristics:
  – Caregiver characteristics
  – Household characteristics
• Clinical characteristics:
  – Standardized measures

Understanding Needs
• Profiles can inform program operations:
  – Language proficiencies
  – Training needs of staff
  – Improving access and availability of services

Outcomes
• After developing profiles…
  • What outcomes are experienced by these families?
  – Adequately responding to needs?
  – Additional opportunities for training
  – Additional information regarding treatment strategies
  – Which Evidence Based Practices?

Study Focus
• Examine the common characteristics or profiles of children presenting at a community mental health early childhood program.
• Examine outcomes associated with various profiles.
**Program/Logic Model**

**GOALS**
- Improved Social-Emotional Development through Broad Range of Mental Health Services
  - Enhance community and provider understanding of importance of social-emotional development
  - Enhance family understanding and parent supports
  - Provide appropriate intervention
  - Identify minors and families at high risk through screening and assessment

**System Integration**
- Community Based Support
- Preschool-Aged Outreach
- Direct Services
  - Training/Presentation
  - Consultation
- Service Providers
  - Preschools
  - Child Care Centers
- Parent Education
  - Classroom Intervention
  - Onsite Intensive Services
  - Home Intervention
- Clinic Based Treatment

**Outcome**
- Improved Functioning for the Child and Family
- Improved Degree of Resiliency
- Increased Attachment
- Increased Initiative
- Increased Self-Control
- Decreased Behavioral Concerns
- Reduced Family Stress/Parenting Stress

**Research and Evaluation 1**
- INCREDIBLE KIDS
- MT. SAN JACINTO O-5/VIP TOTS
- CHILDREN'S CENTER OF RIVERSIDE
- PRESCHOOL 0-5
- FIRST FIVE FUNDED PROGRAMS

**Access to the Program**
- Screening of children in primary care physicians’ offices
  - Devereux Early Childhood Assessment (DECA; 1998)

**Service Delivery**
- Location and type of service based on needs
  - Parent education
  - Classroom intervention
  - Onsite intensive services
  - Home intervention
  - Clinic based treatment
  - Referrals

**Methods**
- 233 children ages 0-5
- Measures
  - DECA, completed by caregivers
  - Parenting Stress Index (PSI; Abidin, 1995), completed by caregiver
  - Measure of interaction between the caregiver and child, completed by clinician
  - CA State DMH, CSS, IPPMHI

**Timeframes**
- DECA & PSI:
  - Intake
  - 6 months
  - Discharge

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Research and Evaluation 13
**Encounter Data**
- Age
- Ethnicity
- Gender
- Diagnosis
- Medicaid eligibility

**Chart Reviews**
- Number of parents in household
- Number of people in household
- Monthly income
- Parental employment status
- Parental marital status

**Analysis Strategy**
- Develop client profiles with factor analysis
- Correlational analyses of the profiles to look at clinical characteristics at intake
- Correlational analyses to look at clinical change

**Age of Sample**
- 0 Years: 1%
- 1 Year: 4%
- 2 Years: 4%
- 3 Years: 27%
- 4 Years: 29%
- 5 Years: 12%

**Sample Characteristics**
- 62% Male; 38% Female
- 53% Caucasian; 30% Latino
- 55% were eligible for Medicaid

**Diagnosis**
- Other: 19%
- Oppositional Defiant: 18%
- ADHD: 18%
- Adjustment: 55%
**diagnosis correlations**

- Adjustment more likely to be young females
- Oppositional defiant more likely to be older males

**medicaid correlations**

- Medicaid eligibility correlated with:
  - A single caregiver in the household
  - Unemployment
  - Lower monthly income

**factor analysis**

- Complete information regarding all variables available for 146 (65%) of sample
- Factor analysis resulted in 4 factors
  - Variance accounted for by the 4 factors: 16.54%; 15.99%; 13.57%; 9.79%
  - Cumulative variance: 55.89%

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<table>
<thead>
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<th>Medicaid Population</th>
<th>Latino w/ higher income</th>
<th>Older Opp/Def</th>
<th>ADHD</th>
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**clinical profile at intake**

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<tr>
<td>Clinician’s Perceptions of Progress</td>
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</table>

Correlations significant at p < .05

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**overall outcomes**

After each visit with the family, clinicians gave their impressions about:

- "the attachment between the child and the caregiver" during the visit.
- "the affect or feelings of the child" during the visit.

- Not Significant
After each visit with the family, clinicians gave their impressions about...
“the affect or feelings of the caregiver” during the visit.
“the progress being made” during the visit.

Caregiver Affect

Irritated, punitive
Affectionate, accepting

Progress

Getting worse, About the same, Some progress, Good progress, Very good

Earliest Measure    Most Recent Measure

P < .001
Not Significant

Relative change comparing the 4 profiles

Medicaid Population | Latino w/ higher income | Older Opp/Def | AERID
---|---|---|---
PSI | | |
DECA (Behavioral Concerns) | .26 | |
Parent’s Affect | | -.33 |
Clinician Perception of Progress | | -.24 | -.79 |

Medicaid population

• More likely to have a single, unmarried, unemployed caregiver with limited financial resources
• These kids are more likely to demonstrate improvement in behavioral concerns

Latino with higher income

• This profile represents a population of male Latino’s with a higher than average household income
• Clinicians perceive early clinical progress
• According to standardized measures, outcomes are basically average
• Clinicians perceive less improvement in parental affect and overall improvement
## older boys with opp/def

- The third profile represents older boys with a diagnosis of oppositional defiance living in larger households.
- At intake, parents report greater stress and clinicians note below average parental affect.
- Outcomes don’t appear to deviate from average.

## adhd

- This last factor represents youth diagnosed with ADHD in families with less income and more unemployment.
- Initially, clinicians perceive early progress, but report below average progress in outcomes.
- However, standardized measures appear to indicate that outcomes don’t deviate from averages.