Early Childhood Mental Health Consultant As Parenting Group Facilitator in Child Care Settings

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A System of Care for Children’s Mental Health: Expanding the Research Base
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**Purpose**
- Context of the EBI & ECMHC intervention
- Promising practices in ECMHC
- Evaluation design
- Process and outcome findings.
- Advantages & challenges for service agency, ECMH Consultants, child care center director, center staff
- Implications & next steps

**Blending EBI with ECMHC to Child Care Centers**
- County Mental Health & Private Agency goal. To establish prevention services in child care programs
- Target children 2 to 6 years, parents, center staff
- SAMHSA funding stream for prevention using evidence-based intervention

**Project Model**
- ECMHC trained in Incredible Years Basic Parenting Series (Webster-Stratton, UW)
- Added to county & agency ECMHC capacity
- Grant money used to test development & implementation of IY within child care centers
- Used knowledge to expand IY & ECMHC

**Evaluation Design**
- Process. How the program evolved
- Impact. Quasi-experimental comparison group design
  - Intervention Group: IY + Consultation
  - Comparison Group: Consultation only

**Resources / Assets**
- Agency history implementing consultation in centers.
- Child care center directors wanted to participate.
- Availability & schedule for consultation with IY developer (Webster-Stratton).
- Consultant as IY facilitator, catalyzed staff & parent acceptance/trust.
- Collaborative problem-solving among Program, center, evaluators, supervisors responded to challenges.
- Parent-initiated support groups (result of IY participation)
Intervention

- 4 centers
- ECMHC on site 5-15 hours weekly
- ECMHC recruited & facilitated IY parenting group at center
- Additional help for child care & dinner

Research Questions & Measures

<table>
<thead>
<tr>
<th>Change in child behavior</th>
<th>ECBI-Intensity score (Eyberg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent perception of child behavior being problematic</td>
<td>ECBI-Problem score</td>
</tr>
<tr>
<td>Parent stress</td>
<td>Parenting Stress Inventory (Short Form)</td>
</tr>
<tr>
<td>Teacher stress</td>
<td>Teacher Stress Inventory (adapted)</td>
</tr>
</tbody>
</table>

Measures

- Satisfaction with Child Care Survey (Emlen, et. al., 1994)
- Parenting Stress Inventory (PSI-Short Form) (Abidin, 1995)
- Family Needs Scale (Dunst, et. al., 1988)
- Teacher Survey (Lehman & Lambarth, 2003; adapted from Abidin and Geller)
- Early Childhood Behavioral Inventory (ECBI) (Eyberg, et. al., 1980)
- Devereux Early Childhood Assessment (DECA) (LeBuffe & Naglieri, 1998)

Activities Years 1 & 2

- Outreach to center directors & staff
- Evaluator recruitment/data collection parents & teachers for intervention & comparison groups
- Child care consultation 5-15 hours per week.
- 8 IY Groups = 53 (73.6%) of 72 parents completed series.

Most Frequent Consultation Activities

<table>
<thead>
<tr>
<th>Activities</th>
<th>Frequency for Intervention Children (n=26)</th>
<th>Frequency for Comparison Children (n=18)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Screening</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Individual Child Contact</td>
<td>50</td>
<td>34</td>
<td>84</td>
</tr>
<tr>
<td>Teacher/Site Consultation</td>
<td>43</td>
<td>49</td>
<td>92</td>
</tr>
<tr>
<td>Individual Parent Contact</td>
<td>62</td>
<td>51</td>
<td>113</td>
</tr>
<tr>
<td>Referral/Case Management</td>
<td>23</td>
<td>14</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>178</td>
<td>150</td>
<td>328</td>
</tr>
</tbody>
</table>
Parenting Stress Index Total Stress [preliminary findings]

<table>
<thead>
<tr>
<th>Group</th>
<th>Time 1 Mean [s.d.]</th>
<th>Time 2 Mean [s.d.]</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention IY+MHC (n = 45)</td>
<td>86.82 [19.07]</td>
<td>76.60 [17.19]</td>
<td>Significant P&lt;.05</td>
</tr>
<tr>
<td>Comparison Child in center with MHC (n = 34)</td>
<td>82.12</td>
<td>76.35</td>
<td>Significant P&lt;.05</td>
</tr>
</tbody>
</table>

Study Limitations

- Small number
- No random assignment; both groups were in centers with consultation
- Issues of maturation (would improvements have occurred over time anyway?)
- Target population included small number of children with serious behavioral concerns

Implications

- IY+MHC group parents & children made greater gains (ECBI) than MHC group only.
- Strategies learned to develop & implement IY and ECMHC in child care settings can assist others.
- ECMH consultants can facilitate engagement of parents in parenting training, other learning opportunities.
- Define ECMHC as applied in child care centers.