

Characteristics of Effective Mental Health Consultation in Early Childhood Settings: Multi-Level Analysis of a National Survey of Head Start Programs



Presented at:
19th Annual Research
Conference: A System of Care
for Children's Mental Health
Tampa, Florida

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February 24, 2006

Study Background

- Increasing recognition of very young children with emotional/behavioral challenges
- Need to provide mental health support "where children are" – in child care and preschool settings
- Growing numbers of communities providing resources for early childhood mental health consultation in preschool/child care settings
- 1996 revised Head Start performance standards mandate "sufficient" mental health consultation to meet the needs of children and families

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Mental Health in Head Start

- Piotrkowski, Collins, Knitzer, and Robinson (1994, *American Psychologist*), call for paradigm shift:
 - Away from problem-focused, therapeutic treatment of individual children
 - Towards holistic, integrated, prevention-oriented mental health services
- Despite guidance from work such as "Lessons from the Field" and "the Green Book" Head Start programs struggling to implement successful mental health consultation approaches

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Research Project Overview

- Phase 1: Literature Review
 - Identify key factors important to children's positive social-emotional development and mental health
 - Develop conceptual model
- Phase 2: Qualitative Study
 - To understand "from the field" perspectives on children's mental health services
- Phase 3: National Program Survey
 - To conduct a nationally representative survey of Head Start program staff and parents
 - To address the following research question:
 - What features of programs or consulting relationships contribute to effective mental health programming?
- Phase 4: Develop and disseminate training based on phases 1-3

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Phase 3 Research Questions

- What is the nature of mental health consultation in Head Start programs?
 - MHC Activities
 - MHC Characteristics
 - Quality of MHC-Staff Relationships
- How do these factors relate to the effectiveness of consultation in:
 - Supporting positive child outcomes
 - Supporting staff wellness

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National Survey Sample

- Stratified random sample of 79 nationally representative Head Start programs
 - Core (not Migrant, not Early) Head Start programs
 - Geographic region served,
 - Program size, and
 - racial/ethnic characteristics of families served
- 1265 staff surveys were mailed to random sample of staff, plus one director, mental health coordinator, and mental health consultant per program.
- 802 were returned (63%)
- 154 parent surveys from 62 programs received

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MHC Activities: Two Types of Service

- **Program Level Consultation** includes:
 - Formal and informal training of staff and other staff development activities
 - General classroom support to staff
 - Participating in management team processes
 - Supporting staff wellness
- Goal of this kind of consultation is to improve general program quality and/or to help the program address broad issues that affect more than one child, staff, or family member

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MHC Activities: Two Types of Service (continued)

- **Individual Level (Child- or Family-Centered) Consultation** includes:
 - Assessment and screening of individual children
 - Direct service to specific children or families to ameliorate specific issues or concerns
 - Working with staff to develop IEPs
 - Making referrals for family or staff
- Goal of this type of consultation is to develop a plan to address the functioning difficulties of a particular child (and/or family) in home and/or or early childhood setting

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Table 1. Variability in Consultant Activities (Aggregate Program Reports)

MHC Activities	Rarely/never	Monthly or more
<i>Program-Level Consultation</i>		
General classroom observations	14%	28%
Attends management team	30%	36%
Attends team meetings with staff	15%	40%
Provides formal training to staff	27%	15%
Provides staff wellness support	33%	30%
<i>Individual Level Consultation</i>		
Individual screening	26%	25%
Individual assessment	23%	32%
Does IEP planning	28%	31%
Makes referrals	15%	38%
Provides direct therapeutic service	28%	39%

Amount of Consultation Also Varied

More than Half of the Programs Had Lower Levels of Consultation	Fewer Programs Had More Extensive Consultation
<ul style="list-style-type: none"> ■ 57% (31) reported less than 1 hour of consultation per child, per year ■ 37% (20) reported less than ½ hour per child 	<ul style="list-style-type: none"> ■ 26% (13) report more than 2 hours of consultation per child, per year
<ul style="list-style-type: none"> ■ 71% (35) reported less than a half-time mental health consultant 	<ul style="list-style-type: none"> ■ 29% (14) reported 1 half-time mental health consultant or more
<ul style="list-style-type: none"> ■ 79% relied on external, contracted consultants 	<ul style="list-style-type: none"> ■ 16% (8) reported 1 full-time consultant or more ■ 21% had salaried, on-staff consultants

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Consultant Characteristics

- Most MHCs were white (71%), female (59%) and well-educated (58% Master's degree, 37% Ph.D.). Programs serving minority populations were somewhat more likely to have a minority MHC.
- Programs varied little in the percentage of overall budget spent on mental health consultation (2%-3%).
- MHCs varied in their organizational affiliations:
 - 21% employed by Head Start
 - 32% community non-profits
 - 20% private practice
 - 13% government agency (e.g., Health Department)
 - 6% school systems

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Nature of MHC-Staff Relationships:

- Example Items:
 - “The MHC works as a partner with staff to meet children’s needs”
 - “The MHC is part of the team trying to help families”
 - “Staff trust the MHC”
- Good reliability, alpha=.84 for 6 items
- Average program rating= 3.38 (scale from 1-4, 4=most positive, SD=.67)

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Measured Outcomes

- Effectiveness of Consultation in (4-point scale):
 - Reducing externalizing behaviors such as:
 - Aggression towards other children
 - Aggression towards adults
 - Reducing internalizing behaviors, such as:
 - Withdrawn/Overly shy behavior
 - Child depression
 - Increasing pro-social behaviors, such as:
 - Positive social interactions between children
 - Non-violent problem solving
- Extent to which staff feel professionally supported:
 - Our program provides me the support I need to do my job most effectively
 - I feel overwhelmed by my responsibilities in my job (reversed)

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Analytic Strategy

- Used Hierarchical Linear Modeling (HLM) to account for "nesting" of mental health consultants within programs

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HLM Model Results

- Intra-class coefficients for each model were significant, confirming that non-independence was present
- Initial set of analyses tested for covariates:
 - Level 2 covariates: Program organizational characteristics
 - Number of sites, number of children, number of mental health referrals, number of children on IEPs retained
 - Level 1 covariates: Staff characteristics
 - African-American vs. other, management vs. staff retained

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Are MHC Characteristics Associated with Child Outcomes?

- For all DVs, modeled the effects of:
 - MHC race/ethnicity
 - Time with the organization
 - Type of degree
 - Organizational affiliation
- Only significant finding was that *private practice MHCs* were rated as being more effective in terms of each of the 3 child outcomes; not a predictor of staff wellness.

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Are MHC Activities Associated with Effectiveness?

- Modeled effects of frequency of:
 - Individual level activities
 - Program level activities
 - Hours of consultation per child
- More frequent individual or program consultation → More effective consultation
- More frequent individual or program consultation → Better staff support
- Standardized coefficients ranged from .25-.17
- Hours of consultation not related to outcomes

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Are MHC-Staff Relationships Associated with Effectiveness?

- Modeled effects of the quality of staff relationships on 4 dependent variables
- More positive relationships → More effective consultation
- More positive relationships → Better staff support
- Standardized coefficients ranged from .46-.68

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What are the Relative Contributions of MHC Characteristics, Activities, and Relationships?

- Modeled jointly the significant predictors:
 - Private practice vs. other
 - Frequency of individual and programmatic consultation
 - Quality of Staff-MHC relationships
- When entered simultaneously, only significant predictor was the quality of relationships
 - Suggested a possible mediational relationship between frequency and relationships

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Mediational Model: Effect of Frequency of Activities on Outcomes Is Mediated by the Quality of MHC – Staff Relationships

Frequency of MHC Activities $\xrightarrow{B's = .30-.41}$ Quality of MHC-Staff Relationships $\xrightarrow{B's = .50-.60}$ Effectiveness of Consultation for Children and Staff

Indirect effect via relationship quality
 $B = .26-.19$, reduced to non-significance

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Implications for Mental Health Consultation Models

- Frequency of activities is important only inasmuch as it contributes to positive relationships
- Qualitative research suggests that some models involving relatively limited hours of consultation still effective in building positive staff-MHC relationships
- Consultant background characteristics are less important than ability to build positive relationships with staff
- Consultation is associated with both child outcomes and staff wellness, at least as reported by staff

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Limitations and Future Research

- Cross-sectional study can't establish direction of causality
 - Current research working with programs to measure variables before and after intervention to improve MHC-staff relationships
- Survey data:
 - Outcomes based on staff perceptions of child behavior—need better outcome measures, including parent perceptions
 - Mental health consultant activities based on staff reports – need more direct observation of what consultants do
- Need additional research on MHC-parent relationship
 - Preliminary findings from parent study suggest it is the relationship between parents and HS staff that are most important, not parent-MHC relationships

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For More Information

- Beth Green: green@npcresearch.com
- RTC Web site:
 - <http://www.rtc.pdx.edu/pgProjGuidance.php>
- Qualitative study: Green, et al. (2004) NHSA Dialog: A Research to Practice Journal, Vol. 7(1):35-60
- Training Manual “Management Strategies for Positive Mental Health Outcomes: What Early Childhood Administrators Need to Know” available on RTC Web site as a .pdf file

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Portland, Oregon

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

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.