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**The Evidence Base for Mental Health Consultation in Early Childhood Settings: Research Synthesis Addressing Child and Family Outcomes**

Presentation at the Symposium on  
**Mental Health Consultation in Early Education Settings: Building the Research Base**  
At the 20<sup>th</sup> Annual Research Conference,  
**A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL**

**Our Research Team**

• Eileen M. Brennan and Mary Dallas Allen  
• Research and Training Center on Family Support and Children's Mental Health, Portland State University

• Deborah F. Perry  
• School of Public Health, Department of Population, Family and Reproductive Health, Johns Hopkins University

and


• Jennifer R. Bradley  
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**Context**

• Child care providers and early childhood educators can foster social and emotional development in early childhood settings. (Capizzano & Adams, 2003).

• However, many young children have been exhibiting either challenging or troubling behavior in early care to the point of being expelled (Gilliam & Shahar, 2005).



St. Mary's Head Start, St. Mary's, Alaska

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**Mental Health Consultation: a Widespread Strategy**

• MHC has been recognized as a promising approach to assist staff to promote social and emotional development and transform difficult behavior (Cohen & Kauffman, 2000; Johnston & Brinamen, 2006).

• In interviews with 24 state mental health administrators, 58% reported the use of MHC as a strategy in their states (Brennan, Bradley, Gettman, & Ama, 2005).

- A few states had instituted screening processes that could identify children for early mental health supports,
- some focused on sending out mental health professionals for onsite direct work with providers, children, and families, and
- several states used their mental health experts to provide training, technical assistance, and program advice.

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**The Need for a Systematic Review of the Research**

• Policymakers and practitioners have emphasized the importance of using evidence-based strategies to serve young children.

• Effectiveness of mental health consultation had not been established by syntheses of existing research and evaluative studies.

• Intent was to examine the design elements and findings of studies of MHC in early childhood settings and determine the level of evidence for consultation effectiveness in terms of child and family outcomes.

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**Our Research Definition: Mental Health Consultation**

• Early childhood mental health consultation includes:

- services offered by providers with formal preparation and experience in children's mental health and experience working with young children and their families
- who collaborate with administrators, staff, and family members of children from birth through six years of age participating in group care and early education settings
- in order to promote children's social and emotional development and to address challenging behaviors. (Allen, Brennan, Perry, Kaufmann, & Hepburn, 2006).

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### Types of Mental Health Consultation

- ☛ Early childhood mental health consultation practices consist of up to four levels of consultation:
  - child-level consultation,
  - parent-level consultation,
  - staff-level consultation, and
  - program-level consultation.
- ☛ In order to be included in this review paper, each study had to include an early childhood mental health consultation program that provided services from at least two of the four mental health consultation levels.

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### Research Review NOT Meta-analysis

- ☛ Lack of peer-reviewed research
- ☛ Few statistical comparisons
- ☛ Few research replications
- ☛ Methodological approaches varied from study to study
- ☛ Wide variety of measurement instruments were used to track outcomes.

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### Research Review Questions

1. How effective is mental health consultation in promoting social and emotional development of young children and in reducing difficult or troubling child behavior?
2. What are the effects of mental health consultation on families receiving services?

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### Search Methodology

- ☛ Electronic databases (ERIC, Dissertation Abstracts, PsychInfo, Social Work Abstracts, Social Services Abstracts) searched for keywords.
- ☛ Online early childhood databases.
- ☛ National organization, government, and university-based websites on early childhood and children's mental health.
- ☛ Contact with experts in mental health consultation regarding unpublished, "grey" literature.

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### Inclusion Criteria

- ☛ Empirical research—either quantitative or mixed methods.
- ☛ Focused on MH consultation, not health consultation, or early intervention.
- ☛ Research on consultation for programs serving children birth to 8 years.
- ☛ Investigations conducted between 1985 and 2007.
- ☛ Included child or family outcomes.

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### Summary of Studies

**Total Studies Found = 43**

- ☛ A total of 13 studies were excluded:
  - 5 did not meet the age criteria
  - 8 did not exclusively examine early childhood mental health consultation.
- ☛ 30 addressed child and family outcomes

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### Summary of Studies with Child/Family Outcomes

#### Total Studies with Child/Family Outcomes = 30

- ☛ Type I Studies, n = 12
  - Included an intervention and a comparison group, usually children receiving treatment were compared to those in a non-treatment condition.
  - Two were randomized control studies (Gilliam, 2007; Raver, 2007)
- ☛ Type II Studies, n = 13
  - Used quasi-experimental designs, no comparison group.
- ☛ Type III Studies, n = 5
  - Descriptive or correlational studies.

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### Characteristics of Included Studies

- ☛ Sample sizes of staff ranged from 17 to 802; majority of staff sample sizes were less than 100.
- ☛ Samples of children varied from 4 to 714; family samples ranged from 4 to 845.
- ☛ Programs typically served children ages 2-5 who were ethnically and linguistically diverse, and were from low income families.
- ☛ Consultation varied: program-focused and child/family focused activities.

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### Measures Used in Included Studies

- ☛ **Child outcomes** measured by 25 different instruments:
  - some standardized, some developed for the evaluation.
  - dimensions measured varied, some emphasis on social skills, and externalizing behavior.
  - raters included parents, caregivers, MHC.
- ☛ **Family outcomes** gauged by 12 instruments:
  - Measured satisfaction with services, parenting stress, family empowerment, parenting skills.
- ☛ Measures were often supplemented by **qualitative data** collected from staff and family members.

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### Key Findings: Child Outcomes

- ☛ **Greater gains on socialization** (Bleecker & Sherwood, 2003; Tyminski, 2001), **emotional competence, and communication** (Kupersmidt & Bryant, 2003).
- ☛ **Improved social skills and peer relationships** (Bleecker & Sherwood, 2004; Duffy, 1986; Perry et al, 2005; Kupersmidt & Bryant, 2003).
- ☛ **Improved social skills particularly found in children with internalizing behaviors** (Hennigan et al, 2004).
- ☛ **Improvement in classroom climates** (Raver, 2007).

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### Key Findings: Child Outcomes

- ☛ **Decreased problem behaviors** (Bleecker & Sherwood, 2004; Bleecker et al, 2005; Cagle, 2002; Field & Mackrain, 2004; Gilliam, 2007; Green et al, 2004; Kupersmidt & Bryant, 2003; Hennigan et al, 2004; Langkamp, 2003; Lehman et al, 2006; Olmos & Grimmer, 2004; Perry et al, 2005; Safford et al, 2001; Shelton et al, 2001).
- ☛ **Decreased numbers of children expelled for behavior** (Field & Mackrain, 2004; Field et al, 2003; Gould, 2003; Perry, 2005; Perry et al, 2005).

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### Key Findings: Family Outcomes

- ☛ **Family access to mental health services**
  - Families gained access to mental health services, when they would have been excluded otherwise (Field & Mackrain, 2004; Brennan et al, 2003).
- ☛ **Improved communication with staff**
  - Enhanced communication between providers and staff with MHC of longer duration (Alkon et al, 2003; Safford et al, 2001; Pawl & Johnston, 1991).

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### Key Findings: Family Outcomes

- ☛ **Parenting skills improved**
  - Intervention linked to improved discipline skills (Hennigan et al, 2004), skill in dealing with problem behavior (Bleecker & Sherwood, 2004).
  - Increased positive parent-child interaction (Langkamp, 2003; Pawl & Johnston, 1991).
- ☛ **Parenting stress unaffected by consultation** (Lehman et al, 2006; Shelton et al, 2001).

### Limitations of the Review

- ☛ Studies may have been excluded.
- ☛ Mental health consultation programs evaluated and included in the review may not be representative of all mental health consultation programs.
- ☛ Studies included in review evaluated various levels of outcomes using a variety of measures.
- ☛ Consultation activities varied from site to site, as did consultant credentials.
- ☛ Few studies had randomized controlled trials and efficacy evaluations.

### Conclusions

- ☛ Evidence was found that consultation promotes social and emotional development of young children, and helps to reduce difficult and disruptive behavior.
- ☛ Results suggest that MHC is effective in building staff capacity to deal with children's difficult behavior; some programs report fewer expulsions.
- ☛ Although results revealed that families in environments receiving consultation assistance have better access to MH services, improved relations with EC staff, and increased parenting skill, little evidence was found for decreased parent stress.

### Implications

- ☛ At this time, there is some evidence for the effectiveness of mental health consultation to produce desirable outcomes for children and families, as well as staff and early childhood programs themselves (Brennan, Bradley, Allen, & Perry, 2007).
- ☛ With such a promising intervention, policymakers need to support more rigorous tests of well-defined models of mental health consultation in order to improve the evidence base.
- ☛ Additional support is needed for studies:
  - To establish the key components of consultation;
  - To determine the level of credentials needed for effective consultation.

### Future Challenges for Research



- ☛ Researchers should produce a series of studies using:
  - well-defined consultation protocols,
  - based on sound logic models, and using
  - a consistent set of valid and reliable instruments to measure child and family outcomes.



and



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