

Transforming Transitions to Kindergarten

Building Capacity of Community-Based Preschool Programs: The Process and Outcomes of an Organizational-Level Intervention



A System of Care for Children's Mental Health: Expanding the Research Base

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The Transition to Kindergarten (T2K) Research Team

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Overview of Presentation

- Background
- Summary of T2K Research Project
- Process for implementing organizational capacity-building intervention
- Outcomes of organizational capacity-building intervention
- Discussion/Lessons learned

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Background

- Entering kindergarten is a major milestone for children and their families
- Starting school is a complex transition and school readiness is critical
 - Especially for children with emotional and behavior challenges
- Need for enhanced transition support

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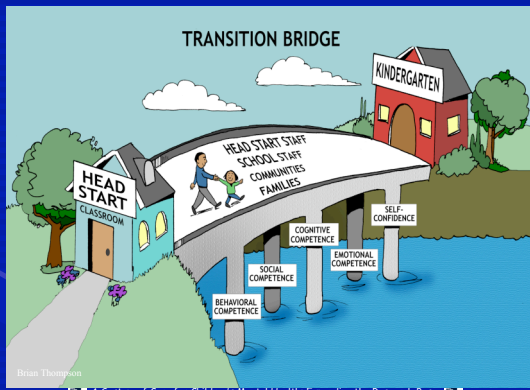
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Research Findings

Good early childhood mental health	➔	Fewer problems transitioning to kindergarten
Fewer problems transitioning to kindergarten	➔	Fewer problems in school
Fewer problems in school	➔	Better chance of long-term success

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Transforming Transitions to Kindergarten: Project Description

Two-phase project for supporting children's school readiness by focusing on children's mental health & successful transition to school

- Phase 1: Capacity Building
- Phase 2: Enhanced Transition Supports

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Organizational Capacity Building

- Delivery of mental health and transition services to at-risk children
- Activities included:
 - Training for program staff
 - Strategic planning
 - Staff support and wellness
 - Partnerships between program staff and mental health consultants

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Training: Early Childhood Mental Health and Transition Best Practices

- For program administrators, managers, supervisors, staff, mental health professionals, and key school personnel
- All staff received core training in Early Childhood Mental Health
- Additional training needs were identified via staff responses to baseline survey

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Strategic Planning: Strengthen Mental Health Supports

- Strategic plans are required for all Head Start programs
 - However, neither site included focus on supporting children's mental health in their plans
- Worked with sites to develop plan to strengthen overall approach to children's mental health
- Regular strategic planning meetings brought mental health considerations to the forefront

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Staff Wellness

- Baseline survey and needs assessment revealed high levels of job-related stress related to:
 - Organizational tension between management and line staff
 - Communication problems
 - Working with children with challenging behaviors
- Formed Staff Wellness Committee

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Staff Wellness Plans

- General Staff Wellness
 - Staff recognition
 - Health and nutrition
 - Celebrations
- Communication with Management
 - Suggestion box
 - Information sharing
- Prior research: (Brennan et al., in press)
 - MHC → ↓ stress, ↓ turnover, ↑ quality of care

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Restructuring Partnerships: Early Childhood Program Providers and Mental Health Consultants

- A mandate for Mental Health Consultation (MHC) existed, but there was a lack of
 - Standardization
 - Understanding of role
 - Availability in rural areas
- Prior research (Green et al., 2006):
 - MCH Activities → Relationships → Effective MHC
- Focused on developing each site's Mental Health Consultation resources

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Methodology

- Non-equivalent comparison group design
- Staggered implementation of intervention at two Head Start sites
- Pre- and post-training measures:
 - Self-report perception and attitude survey adapted from:
 - Head Start Mental Health Services Survey (2002)
 - Teacher Opinion Survey
 - Index of Teaching Stress

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Measures

<ul style="list-style-type: none"> • Program approach to MH • Leadership support for MH • Impact of MH services • Link MH and school readiness • Staff best practices • Staff transition practices • Staff cultural competency • Staff self efficacy • Relationships 	<ul style="list-style-type: none"> • Inclusion • Staff "increasing" behaviors • Staff "reducing" behaviors • Staff stress • Support for staff • Staff relationship with MHC • MHC activities • MHC relationship with parents • MHC cultural competency
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Participants

- Head Start teachers and staff
 - Site A: $N_{\text{time 1}} = 62$, $N_{\text{time 2}} = 59$
 - Site B: $N_{\text{time 1}} = 62$, $N_{\text{time 2}} = 78$

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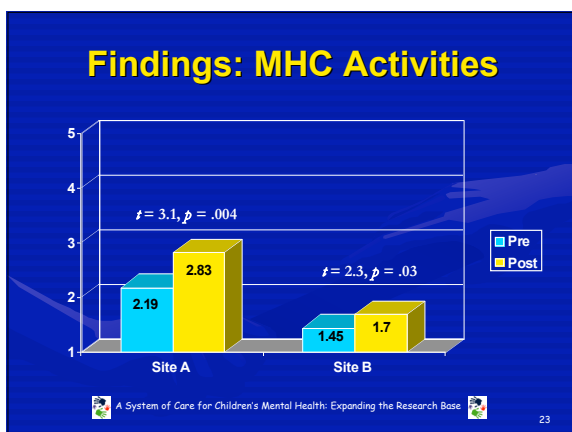
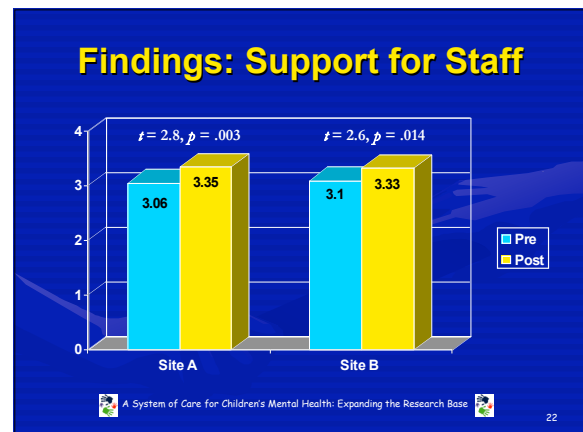
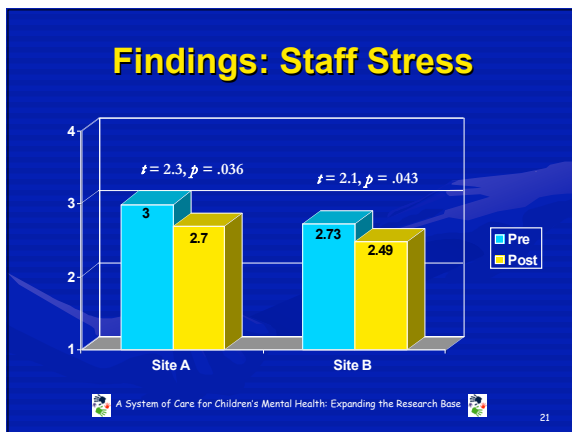
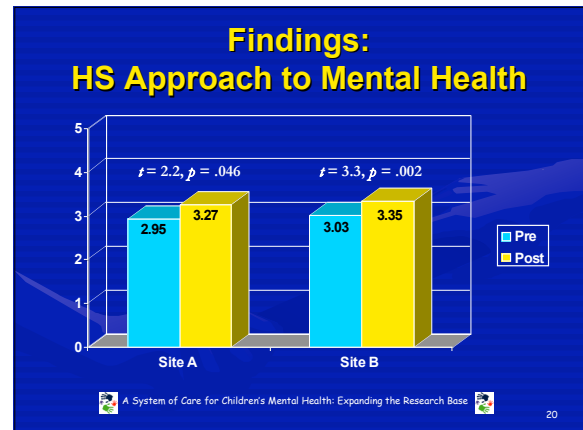
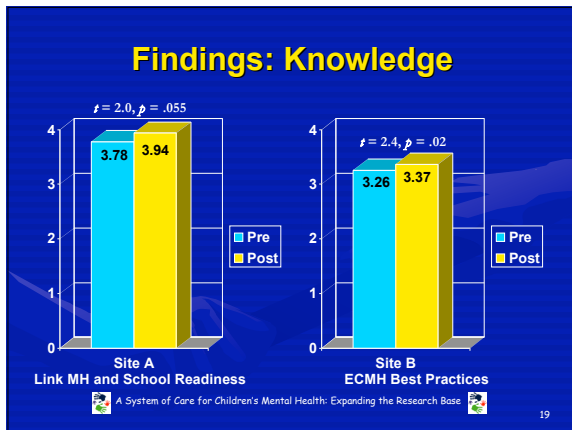
Findings: Overall

<ul style="list-style-type: none"> • Program approach to MH^{AB} • Staff stress^{AB} • Support for staff^{AB} • MHC activities^{AB} • Link MH and school readiness^A • MHC relationship with parents^A • Staff "increasing" behaviors^A • Staff best practices^B • Relationships^B • Impact of MH services^B 	<ul style="list-style-type: none"> • Staff self efficacy • Staff "reducing" behaviors • Staff relationship with MHC • MHC cultural competency • Inclusion • Staff cultural competency • Staff transition practices • Leadership support for MH
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A = Site A, B = Site B

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Discussion

- The intervention
 - Strengthened knowledge re: mental health
 - Strengthened approach to mental health
 - Decreased staff stress/increased staff support
 - Strengthened MHC activities
- The intervention
 - Created time and space for reflection on mental health issues and practices
 - Encouraged a commitment to a plan of action

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Lessons Learned

- Considerations for intervention design
 - Time
 - Sustainability
- Considerations for programs
 - Requirements (e.g., MHC mandates) should be explicit and clear
 - Staff wellness is critical for child/family outcomes

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