

1-1-2008

Early Childhood Mental Health Consultation: A Developing Profession

Mary Dallas Allen
Portland State University

Eileen M. Brennan
Portland State University

Beth L. Green
NPC Research

Kathy S. Hepburn
Georgetown University

Roxane K. Kaufmann
Georgetown University

Let us know how access to this document benefits you.

Follow this and additional works at: https://pdxscholar.library.pdx.edu/socwork_fac

 Part of the [Social Work Commons](#)

Citation Details

Allen, M. D., Brennan, E. M., Green, B. L., Hepburn, K. S., & Kaufmann, R. K. (2008) Early childhood mental health consultation: A developing profession. *Focal Point: A National Bulletin on Family Support and Children's Mental Health*, 22(1), 21-24.

This Article is brought to you for free and open access. It has been accepted for inclusion in Social Work Faculty Publications and Presentations by an authorized administrator of PDXScholar. For more information, please contact pdxscholar@pdx.edu.

Early Childhood Mental Health Consultation: A Developing Profession

As a career path, early childhood mental health consultation (MHC) is an emerging and growing work force opportunity. In keeping with the vision of an effective transformed service system expressed in the final report of the President's New Freedom Commission, and communities are expanding capacity to meet the mental health needs of young children and caregivers through mental health consultation. ECMHC supports children in naturalistic community settings and avoids the excessively "expert" attitude,⁹ and works through collaboration with families and other providers who care for them. In addition, growing experience and research evidence⁶ suggest that ECMHC is an effective service that, from a public health perspective, promotes and emotional development and prevents or reduces the impact of mental health problems in young children.

The early childhood mental health consultation workforce is in transition from one of broad diversity in terms of training, experience, roles, responsibilities, and work expectations to one that has specific expertise in early childhood mental health and the specific skills required to take on the role of consultant. The purpose of this article is to support the development of a transformed workforce with the attitudes, knowledge, skills, and behaviors to work as early childhood mental health consultants in a changing children's mental health field.

Defining ECMHC

ECMHC includes culturally sensitive and *primarily indirect services* for children birth- through- six in group care and early education settings. Indirect services include building capacity among staff and family members, observing children and the caregiving environment, and designing interventions that involve changes in the be-



haviors of caregivers. ECMH consultants collaborate with administrators, staff, family members, and caregivers who intervene directly with children in group care, early education, and/or home settings. ECMHC is intended to promote social and emotional development in children and to transform children's challenging behaviors. Two types of consultation are: (1) child- or family-centered consultation to address factors that contribute to a child's (and/or family's) difficulties in functioning well in the early childhood setting, and; (2) programmatic consultation to improve the overall quality of the program or agency and/or assist the program to solve issues that affect more than one child, staff member, and/or family.³

Illustrative Scenario

Since moving to a new childcare classroom, Robert cries and disturbs other children during naptime. He

does not eat very much and does not seem to enjoy classroom activities. At Robert's teacher's request, the mental health consultant visits the center to observe Robert at various times during the course of a day. The consultant also assesses the quality of the interactions in the classroom between Robert and the other children. The consultant then meets with Robert's parents and discovers that Robert's mother's new work schedule causes frequent disruptions in the family routine. The consultant helps both parents and child care staff to understand Robert's behavior and helps them develop new strategies at home and in the classroom so that Robert develops a sense of predictability. By observing and encouraging communication between staff and parents, the consultant helps Robert's caregivers implement strategies to help him adjust to change (child- or family-centered consultation). In addition, the staff improve how they transition the entire class from lunch to nap time and, as a team, respond to special needs of individual children (programmatic consultation).

What is the Need?

There are a number of compelling reasons for supporting, training, and utilizing consultants. Perhaps most prominent of these is the growing number of very young children who are exhibiting social-emotional problems and who are spending significant amounts of time in non-parental care in early childhood settings. Recent research suggests that expulsion rates for children in preschool far exceed expulsion rates for children in K-12.^{5,7} In a national survey of pre-kindergarten programs, Gilliam⁵ found that teachers who had access to an ECMH consultant were less likely to expel children than teachers who did not have a mental health professional available to them. ECMHC

may also decrease child care provider stress and high rates of job turnover by enhancing caregivers' abilities to successfully manage difficult behaviors and promote positive social-emotional development.¹ Decreasing turnover also supports the continuity of care essential for children's social-

gies to promote social and emotional development and reduce challenging or troubling behavior.⁸ In addition, consultants should have knowledge of family systems and feel comfortable working with parents of children enrolled in early childhood settings.³ Finally, consultants must have a deep

that are necessary to be effective in the consultant role. A variety of approaches currently exist for training and supporting consultants. Some states investing in ECMHC, such as Colorado, Michigan, and Ohio, offer systematic in-service training to early childhood and mental health professionals to prepare them to be consultants. A few well-established ECMHC programs, such as Day Care Consultants in San Francisco, CA, have created intensive pre-service training modules for all beginning consultants. Several colleges and universities, including Portland State University and Wayne State University, have begun to develop certificate or credentialing programs in early childhood mental health that include training specific to consultation. Models for training consultants are in various stages of development, so research should focus on determining the necessary components of training, supervision, and support for developing and maintaining effective consultants.



important to note that ECMHC may help to identify and ameliorate challenging behaviors before serious problems emerge, thus reducing the need for more costly and specialized intervention services later in life. However, at this time, many early childhood educators do not have ready access to a mental health professional for information, resources, or support.⁵

Competencies and Preparation

At the core, consultants must have knowledge of child development, formal preparation in children's mental health, and experience working with young children and their families. In order to assist early care and education staff with identifying and addressing atypical behaviors in young children, consultants need to have knowledge of and experience with child developmental milestones, early childhood education and early intervention systems.^{3,4} Consultants should have a strong foundation in early childhood mental health best practices, so they can: (1) support program directors and staff with developing a mental health program philosophy and a shared vision of mental health services, and; (2) help implement strate-

linguistic diversity contribute to perspectives on child development and child mental health.

In addition to these professional competencies, consultants must possess the skills that enable them to work in collaboration with families and early care and education staff. Thus, consultants should be able to:

- recognize and build upon the strengths of early childhood staff and families, thereby avoiding an "expert" stance;
- use facilitation skills to encourage communication and interaction among early care and education staff and families;
- employ coaching and modeling skills to encourage shared problem solving; and,
- become an integrated part of the early childhood program.

While consultants often enter the field of ECMHC with a strong foundation in mental health, some beginning consultants may lack knowledge and experience in early childhood and/or be unfamiliar with the consultative approach. Additional training, supervision, and support are needed to help them develop the range of skills and broad knowledge base

How Effective is ECMHC?

The evidence base is building for the effectiveness of ECMHC. Searching for published and unpublished research and evaluation studies, reviewers found 28 studies that were reported in two recent research syntheses addressing outcomes for children and families,¹⁰ and staff and programs.² One challenge of conducting these reviews was the absence of a clearly-defined consultation model in nearly all of the investigations.

Perry and her collaborators¹⁰ found that children in classrooms receiving consultation generally showed more improvement in social and emotional development, and greater decreases in problem behavior, than did children in no-consultation comparison groups. However, these reviewers found that results for families were more mixed; while there was some evidence of improved parent-staff communication, greater access to mental health services, and more positive child-parent interactions with consultation services, no changes in parenting stress were detected.

Brennan and her review team² found generally positive outcomes for

staff, with evidence that consultation improves their feelings of competency and effectiveness, and increases their attunement to the needs of children. Decreases in staff stress were found in several studies, but this finding was not replicated in a recent well-controlled study of consultation.⁶ Finally, programs were found to benefit from ECMHC in multiple studies that reported lower staff turnover and fewer children expelled for behavior.

What Comes Next?

Professionals trained in early childhood mental health are in increasingly greater demand. Simultaneously, states are investing heavily in ECMHC as a promising intervention by creating funding initiatives using state general revenue dollars and through the creative use of federal funding streams such as Medicaid, TANF, special education, public health, maternal and child health, mental health, child welfare, and childcare block grants. An informal survey of states conducted by one of the authors found funding that ranged from \$200,000 for several pilot sites to \$5 million for a large, state-wide effort. While most states still struggle with the difficulty of paying for ECMHC without a designated "client," a patchwork approach to funding has worked for some.

ECMHC is at the brink of becoming an evidence-based practice, but further evaluation and research are needed. Data are essential to inform the decisions that states, communities and programs make about many aspects of ECMHC and workforce preparation. Such data can answer important questions such as:

- Who is best suited to be an effective consultant?
- What education, competencies, skills, and ongoing training and supervision are needed?
- What components of the model lead to the best outcomes?
- What level of intensity and duration of ECMHC is required to achieve positive outcomes?
- How do we measure the qualities that define a good relationship between the consultant and care-

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION: AN EVALUATION TOOL KIT

For states, communities, agencies and programs investing in early childhood mental health consultation and committed to quality data

This web-based resource combines a brief review of the literature and current research addressing the effectiveness of early childhood mental health consultation with guidance for designing and implementing program evaluation. It will help states, communities, and programs increase their capacity for high-quality evaluation of early childhood mental health consultation in community-based settings. Researchers, policy makers, and program evaluation teams will find:

- A brief review of the evidence base, current issues, and questions;
- Defining characteristics of early childhood mental health consultation;
- Components of high quality evaluation and sample logic models;
- Evaluation tools to measure both process and outcome, including outcomes for children, families, staff, and programs; and
- Guidance for using evaluation data for improving programs and communicating outcomes.

The Toolkit is available at:

<http://www.rtc.pdx.edu/pgECMHCToolKit.shtml>

Developed collaboratively by:

Georgetown University, National Technical Assistance Center for Children's Mental Health

http://gucchd.georgetown.edu/programs/ta_center/index.html

Johns Hopkins University, Women's and Children's Health Policy Center

<http://www.jhsph.edu/wchpc/>

Portland State University, Research and Training Center on Family Support and Children's Mental Health

<http://www.rtc.pdx.edu/>

giver?

- Are there disparities among the children being identified for intervention?
- Do consultants have adequate cultural and linguistic competence to work in our diverse nation? And if not, how can we equip them with necessary knowledge and skills?

ECMHC is consistent with the transformation goals set by the New

Freedom Commission and embraced by many state agencies. Reducing expulsion from preschool, enhancing the skills of the early care and education workforce, and helping families grapple with the challenges of raising a temperamentally difficult child are all in a day's work for early childhood mental health consultants. Let's learn more about what makes this important role most effective.

References

1. Alkon, A., Ramler, M., & MacLennan, K. (2003). Evaluation of mental health consultation in child care centers. *Early Childhood Education Journal, 31*(2), 91-99.
2. Brennan, E. M., Bradley, J. R., Allen, M. D., & Perry, D. (2007). *The evidence base for mental health consultation in early childhood settings: Research synthesis addressing staff and program outcomes*. Manuscript submitted for publication.
3. Cohen, E., & Kaufmann, R. (2005). *Early childhood mental health consultation. Promotion of mental health consultation partnership: Results of a random-controlled evaluation*. New Haven, CT: Yale University, Child Study Center.
7. Gilliam, W. S., & Shahar, G. (2006). Prekindergarten expulsion and suspension: Rates and predictors in one state. *Infants and Young Children, 19*, 228-245.
8. Green, B. L., Simpson, J., Everhart, M. C., Vale, E., & Gettman, M. G. (2004). Understanding integrated mental health services in Head Start: Staff perspectives on mental health consultation. *NHSA Dialog, 7*(1), 35-60.
9. Johnston, K., & Brinamen, C. (2006). *Mental health consultation in child care: Transforming relationships among directors, staff, and families*. Washington, DC: Zero to Three.
10. Perry, D. F., Allen, M. D., Brennan, E. M., & Bradley, J. R. (2007). *The evidence base for mental health consultation in early childhood settings: Research synthesis addressing child and family outcomes*. Unpublished manuscript, Johns Hopkins University.



ington, DC: U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

4. Collins, R. C., Mascia, J. L., Kendall, R., Golden, O., Schock, L., & Parlakian, R. (2003). Promoting mental health in child care settings: Caring for the whole child. *Zero to Three, 23*(4), 39-45.
5. Gilliam, W. S. (2005). *Prekindergartners left behind: Expulsion rates in state prekindergarten systems*. New Haven, CT: Yale University, Child Study Center.
6. Gilliam, W. S. (2007). *Early child-*

Authors*

Mary Dallas Allen is a doctoral student in the School of Social Work at Portland State University.

Eileen M. Brennan is Professor and Associate Dean of Social Work, and Co-Principal Investigator with the Research and Training Center on Family Support and Children's Mental Health at Portland State University.

Beth L. Green is Vice President of NPC Research, a human services research and evaluation company.

Kathy S. Hepburn is a private consultant and affiliate faculty at Georgetown University National TA Center for Children's Mental Health.

Roxane K. Kaufmann is Director of Early Childhood Policy at the Georgetown University National Technical Assistance Center for Children's Mental Health.

*Authors listed in alphabetical order

2007 STAFF of the RESEARCH AND TRAINING CENTER ON FAMILY SUPPORT AND CHILDREN'S MENTAL HEALTH

Regional Research Institute for Human Services
Graduate School of Social Work
Portland State University
PO Box 751
Portland, OR 97207-0751
Voice: 503.725.4040
Fax: 503.725.4180
www.rtc.pdx.edu

Barbara J. Friesen, Director; Janet S. Walker, Director of Research and Dissemination; Donna Fleming, Center Coordinator; Nicole Aue and Ariel Holman, Project Support; Cintia Mason, Student Assistant.

Voices of Youth: Pauline Jivanjee and Jean Kruzich, Co-Principal Investigators.

Transition to Independence: Pauline Jivanjee, Principal Investigator; Nancy Koroloff, Project Consultant; Mandy Davis, Senior Research Assistant.

Achieve My Plan: Janet S. Walker and Laurie Powers, Co-Principal Investigators; Barbara J. Friesen and Jean Kruzich, Project Collaborators; Rujuta Gaonkar, Research Associate; Jonathan Melvin and Elizabeth Thorne, Student Research Assistants; Jane Woodin, Practicum Student Research Assistant.

Work-Life Integration: Julie Rosenzweig and Eileen Brennan, Co-Principal Investigators; Anna Malsch, Project Manager; Lisa Stewart, Graduate Research Assistant; John Conley, Student Mentee.

Transforming Transitions: Beth Green, Principal Investigator; Anna Malsch, Project Manager; Eileen Brennan, Project Collaborator; Brianna Hood, Graduate Research Assistant; Jessica Green, Student Research Assistant.

Practice-Based Evidence: Barbara J. Friesen and Terry Cross, Co-Principal Investigators; L. Kris Gowen, Research Associate; Pauline Jivanjee and Janet Walker, Project Collaborators; Pachida Lo, Student Mentee.

Underrepresented Researchers Mentoring Program: Anna Malsch, Project Coordinator; John Conley and Pachida Lo, Student Mentees.

Learning Community: Barbara Friesen and Harold Briggs, Co-Principal Investigators; L. Kris Gowen, Research Associate.

Building on Family Strengths Conference: Donna Fleming, Anna Malsh, Pauline Jivanjee, Rujuta Gaonkar, Ariel Holman, and Nicole Aue, Conference Planners.

Publications: Nicole Aue and Ariel Holman, Publications Coordinators; Cintia Mason, Publications Assistant.

We invite our audience to submit letters and comments:

Janet S. Walker, Editor:
janetw@pdx.edu

Publications Coordinators:
rtcpubs@pdx.edu