Preventing Children's Expulsion from Childcare

Variations in Consultation Processes in a Statewide Program

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Issue

Challenging behaviors that early care and education staff are unable to handle result in expulsion of young children, disrupting child care arrangements and early learning and marking young children for "failure." In one study, 39% of preschool teachers expelled at least one child during a year (Gilliam & Shahar, 2006).

Response

- The Michigan Department of Community Health, Division of Mental Health Services to Children and Families, administers grants for local level Child Care Expulsion Prevention programs to community mental health agencies.
- Funding is provided by the Michigan Department of Human Services from federal Child Care and Development Block Grant dollars.
- Intended to go statewide, 16 CCEP programs are currently in place in 31 counties, directly serving 500-600 children annually.

Components of the Model

- Early Childhood Mental Health consultation model provides child-family centered consultation and programmatic consultation. Research suggests mental health consultation can be effective in increasing parent and teacher competence and improving child outcomes.
- Full- or part-time consultants, in partnership with the family and child care provider, develop an individualized positive child guidance plan. Strategies help parents and child care providers meet infant, toddler and young children's social and emotional needs in order to improve problematic behavior.
- State administrators provide guidelines, tools, training and technical assistance.
- Consultants are required to participate in regular one-on-one reflective supervision and achieve endorsement as an Infant Family Specialist (Michigan Association for Infant Mental Health).

Cornerstones

Every CCEP project has unique characteristics, but each one has the same goals and follows six cornerstones of quality:

1. Provision of child and family centered consultation
2. Provision of programmatic consultation
3. Use of evidence based practice and tools
4. Hiring and retention of well trained, Masters-level mental health consultants
5. Use of statewide technical assistance
6. Collaboration with community early childhood partners

Evaluation

- Contracted with Michigan State University, with the following purposes:
  - ~ Identify typical implementation and variations to understand what contributes to more or less effective services
  - ~ Determine differences in implementation, if any, by full-time or part-time consultants
  - ~ Provide information about consultation activities to inform others developing programs
- Evaluation components:
  - ~ Survey of consultants (presented here)
  - ~ Pre/post child, parent, provider outcome data, including sub-study with comparison group (in process)
  - ~ In-depth case studies of two CCEP Programs (in process)
- Consultant survey participants (this study):
  - ~ 29 consultants; 59% full-time, 41% part-time
  - ~ 41% employed by Community Mental Health; 31% employed by subcontracting agencies; 27% individual contractors with Community Mental Health or subcontracting agency
  - ~ Survey was given as guidelines were rolled out

CCEP CORNERSTONE
Child and Family Consultation Process

Process	*Specific strategies (examples)*	*Consultants reporting consistent use (%)*	*Mean scale score[a] (SD)*
Initial Consultation With Provider	• Assure the provider that her/his feelings about the child's challenging behaviors are legitimate • Educate the provider about how to talk to the parents to request CCEP services	68%	2.54 (.33)
Initial Consultation With Parent	• Immediately invite the parent into a partnership • Get the parent's understanding of why the provider has suggested a CCEP referral	89%	2.74 (.19)
Observation and Assessment	• Use running-record in the child care setting • Videotape the observation conducted in the home	7%	2.11 (.20)
Meeting to Develop Positive Guidance Plan	• Help the team (including yourself) brainstorm and prioritize potential action goals and strategies • Negotiate disagreements among team members when necessary	93%	2.82 (.20)
Support Provider in Positive Guidance Plan Implementation	• Provide feedback for the provider as she/he practices new skills • Provide resource materials or information on how to access resources	79%	2.68 (.21)
Support Parent in Positive Guidance Plan Implementation	• Exchange information on how the child is doing at the child care setting and at home • Provide training for the parents on the child's particular challenging behavior or related issues	93%	2.75 (.22)
Conclusion of Services	• Call a meeting of the parents, providers, and any other team members to identify transition activities and dates for completing each activity • Inform any parties who could not attend the meeting about the decisions made	79%	2.51 (.64)
Follow-up (optional)	• Check back in with the family a couple of months after services are concluded • Check back in with the provider a couple of months after services are concluded	30%	1.85 (.69)

[a]Response scale: 1 = In no or few cases; 2 = In some cases; 3 = In most or all cases.
Note: High fidelity is defined as a scale score higher than a mean of 2.5.

Consultants reported the most fidelity when working with parents—during initial consultation, meeting to develop the positive guidance plan, and in support of the positive guidance plan. They reported less fidelity in the areas of observation, assessment, and follow-up (optional). In addition, full-time consultants reported significantly more consistent adherence to recommendations in the areas of Initial Consultation with Parent and Conclusion of Services than did part-time consultants. This may be because they have more time and greater flexibility to formally transition clients into and out of services.

CCEP CORNERSTONE
Programmatic Consultation

Process	*Specific strategies (examples)*	*Consultants reporting consistent use (%)*	*Mean scale score[a] (SD)*
Supportive Adult-Child Relationships	• Coaching caregivers and parents to interact with children consistently in nurturing ways • Coaching to understand social-emotional development and function of "challenging behavior"	93%	2.86 (.17)
Supportive Adult-Adult Relationships	• Help strengthen work relationships • Help caregivers with personal concerns that may affect their relationships with children and parents	72%	2.53 (.44)
Partnerships with Families	• Coaching to build and sustain strong partnerships with family members • Coaching to build ongoing system for exchanging information with parents about children	83%	2.72 (.33)
Activities and Experiences	• Coaching to use curricula to promote social-emotional development • Coaching to use strategies that promote social-emotional development and prevent challenging behaviors during activities and experiences	97%	2.83 (.26)
Daily Routines	• Coaching to use best practices re: transitions throughout the day • Coaching to create flexible yet dependable daily schedule that supports the various needs of young children	90%	2.26 (.45)
Environment/ Program Policies	• Coaching to make modifications to physical environment • Help assess program policies and practices relative to rules and standards pertaining to social-emotional development	35%	2.84 (.29)
Resources	• Help access funds • Help access professional development opportunities	41%	2.27 (.52)

[a]Response scale: 1 = Rarely use; 2 = Sometimes use; 3 = Often use.
Notes: High fidelity is defined as a scale score higher than a mean of 2.5

Programmatic consultation focused most consistently on improving child-focused relationships and experiences, somewhat less on building relationships among the adults (providers and parents), and least on administrative issues. Full- and part-time consultants did not differ significantly in their use of programmatic consultation strategies, although full-time consultants tended to adhere more to the guidelines in several areas.

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Well-Trained, Master's Level Staff

Education

83% had Master's degrees and 17% had Bachelor's degrees.

Experience

- In children's mental health field: On average, consultants had worked directly with young children and families on issues related to children's mental health for 10 years.
- In CCEP program: Consultants had worked in the CCEP program for an average of 4 years.

Licensing and MI-AIMH endorsement

- Licensing: Most consultants (83%) were licensed as social workers, psychologists, or professional counselors.
- Michigan Association for Infant Mental Health (MI-AIMH) endorsement: 72% of consultants were at Level 3, 24% at Level 2, and one did not have a MI-AIMH endorsement.

Reflective Supervision

Percent of Consultants by Form of Reflective Supervision

Form	*All*	*Full time*	*Part time*
One-on-one only	24%	25%	17%
Group only	14%	0%	33%
Both	55%	75%	33%
Other (scheduled, but does not occur or "on hold")	7%	0%	17%

Most staff had Master's degrees and or/many years of experience working in children's mental health. In addition, most were both licensed in their professional fields and had obtained infant mental health endorsement. The majority of consultants received reflective supervision, a critical component of ongoing support, through both one-on-one and group supervision. However, part-time consultants were significantly less likely than full-time consultants to receive individual supervision.

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Statewide Technical Assistance

Helpfulness of Technical Assistance Activities

Technical Assistance Activities	*Very helpful*
Quarterly on-site technical assistance meetings	83%
On-site visits	65%
Phone consultations	64%
Email consultations	60%
Email group	52%
Monthly training and evaluation meetings (conference call)	38%

All forms of technical assistance were considered at least somewhat helpful by a majority of consultants. Consultants viewed quarterly technical assistance meetings as the most helpful form of technical assistance, followed by on-site visits and phone consultations. These results suggest that consultants found individualized human contact to be the most helpful form of technical assistance. While consultants found monthly training and evaluation meetings helpful, they may have also felt pressures to balance attending technical assistance meetings with provision of services.

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Collaboration

MSU Extension (MSU-E) and the Michigan Community Coordinated Child Care (4C) and CCEP/MDCH are state partners. These three entities have a written agreement to collaborate on training for parents and child care providers. CCEP consultants must collaborate with MSU-E and 4C at the local level and are strongly encouraged to collaborate with the local Great Start Collaborative as well.

Level of Involvement with Collaborators

Organization	*Networking* (We know about each other)	*Cooperation* (We share information)	*Coordination* (We share information and resources)	*Collaboration* (We are really one system)
MSU Extension[a]	25%	36%	36%	4%
4Cs[b]	4%	25%	36%	36%
Great Start Collaborative[c]	32%	36%	23%	9%

[a] U.S. Department of Agriculture and state-funded organization that has county offices.

[b] Regional offices of the Michigan Community Coordinated Child Care, a statewide child care and referral organization that has regional offices.

[c] County-based collaborative sponsored by the state- and foundation-funded public corporation known as Early Childhood Investment Corporation (ECIC). Not available in all counties; analysis includes only programs where it was available.

Collaboration varied with different entities. Involvement was strongest with 4Cs, with about a third of consultants reporting true collaboration with shared decision-making and efforts to meet goals. Involvement with MSU Extension was moderate in most cases, but minimal in about a quarter of cases. Involvement with the Great Start Collaborative was lowest.

Implications

Study findings highlight the variation present across programs in the types of practices conducted and the degree to which most providers and families receive these services. The differences found between full and part-time consultants will assist in our ongoing outcomes study to examine variation in child behavior change as a result of consultant/program characteristics. Future research questions will address whether programs that rely on part-time staff have similar impacts as programs with full-time staff, as part-timers appear to have less flexibility in transitioning families into and out of services.

What consultants say they do for providers…

"I listen. Most providers feel like they are not heard and are not supported."

"Showing up to spend time with them, noticing them, and the conversations I have with them. I see providers in a way they are not used to being seen… as capable individuals who have chosen to work in a difficult field."

What consultants say they do for parents…

"I help adults see children more accurately. I help adults reflect on their own experiences and think about, 'Am I seeing this child as s/he is, or am I seeing something else when I look at this child?' and 'How can I best respond to the child in front of me?'"

"I am always attempting to bridge families with their providers so that eventually their communication is more direct with each other–and so that the parents can experience themselves as effective advocates for their child."

What consultants say they do for children…

"I try to give [the children] a voice… speak for them and help the adults to listen to what it is their behaviors are saying. I help the grown-ups to hear together and think as a 'team' about how to best meet the child's needs."

"I first attempt to offer support to the adults around them. As a matter of fact, most of what I do for the children happens through the important adults in their lives."

For more information on the Michigan CCEP program, go to the Michigan Department of Community Health website: http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_7145-14785--,00.html.

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