Early Childhood Mental Health Consultation Standards for the State of Maryland

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Overview

In recent years, there has been increasing evidence that young children (aged 0-6) are subject to social and emotional difficulties that can undermine their school readiness and lead to poor adult mental health. Many of these problems manifest as challenging behaviors exhibited when children are in early care and educational (ECE) settings. These problematic behaviors can place young children at-risk for removal or expulsion from these ECE settings. In a national study of state-funded Pre-kindergarten programs, Gilliam (2005) found that preschool-aged children were being expelled at a higher rate than comparable populations of school-aged children. If appropriate interventions are not provided, behavioral problems that arise early can escalate, leading to clinical trajectories in childhood and adolescence (Perry, Allen, Brennan, & Bradley, 2009).

There is growing evidence that early childhood mental health consultation is associated with positive outcomes for young children with problematic behavior. Early childhood programs with access to mental health consultation had lower rates of children expelled from their care (Gilliam & Shahar, 2006). In a recent review article examining staff and program level outcomes, Brennan, et al. (2008) found support for ECMHC building the capacity of ECE providers' confidence and competence in coping with challenging behaviors, as well as improved efficacy, and decreased adult stress and staff turnover. In a related review examining children's behavioral outcomes, Perry et al. (2009) found that mental health consultation is effective in reducing teacher-reported externalizing behaviors (inattention, hyperactivity, aggression, and anger), and in fostering pro-social skills.

Cohen and Kaufman (2005) describe mental health consultation in early childhood settings as a "problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals, primarily child care center staff, with other areas of expertise." Johnston and Brinamen (2006) suggest that collaboration underlies the approach of the mental health consultant (MHC) who is simultaneously an observer, interpreter, and participant. In practice, there are two general approaches to providing ECMHC: child- and family-focused consultation is initiated by concerns about the behavior of a specific child in an ECE setting; consultation can also be focused on the entire classroom, to benefit a group of children. The latter is often referred to as programmatic consultation and may be initiated at the request of an ECE teacher or director. In both cases, the primary goal of ECMHC is building capacity among ECE providers and family members to develop their skills to support social and emotional health in young children.

At the core of the consultation process are collaborative relationships between the MHC, ECE provider, and for child-focused consultation, family members. Each of these adults brings important experiences and unique expertise to the ongoing conversation about a child. For programmatic consultation, collaborative relationships between the ECE provider and the MHC reflect a mutual respect for the expertise of each participant. Consultants may also serve as coordinators and advocates in helping the family navigate complex systems of public and private service delivery for qualifying children. Additionally, in working with a population of families and ECE providers that is increasingly culturally and linguistically diverse, it is essential for ECMH consultants to act in culturally competent ways when considering a child's functioning across settings (Hepburn, et al., 2007).

The Evolution of ECMHC in Maryland

The State of Maryland has made a strong commitment to ensuring that young children enter school ready to learn (MSDE, 2009). The Maryland Model for School Readiness is a comprehensive initiative that includes a universal kindergarten assessment as well as high-quality professional development for personnel working with young children across settings. As part of this commitment, state funding was appropriated in 2006 to support ECMHC projects in 12 locations across the state.

The ECMHC project builds upon work conducted by the Maryland State Early Childhood Mental Health Steering Committee and promising results from an evaluation of two pilot projects (Perry, 2005). Concurrently, Maryland has invested in several related efforts that support school readiness and ECMHC. One such effort is statewide implementation of the Teaching Pyramid model developed by the Center for Social Emotional Foundations for Early Learning (CSEFEL; 2008). This framework articulates a continuum of research-based practices that address social-emotional promotion, prevention, and intervention with young children (Hemmeter, et al., 2006). In order to support the provision of high quality ECMHC services in the state of Maryland, MSDE contracted with Georgetown University Center for Child and Human Development to develop research-based standards.

These standards were established in collaboration with stakeholders from all of the state-funded ECMHC projects, as well as representatives from the Maryland State Department of Education.

Core ECMHC Principles, Objectives and Benchmarks

State-funded ECMHC projects in Maryland are guided by a set of core early childhood mental health principles:

- The key to healthy social-emotional development in young children is positive interactions and healthy relationships with caregivers (ECE providers and parents) in supportive environments
- All services must be culturally and linguistically responsive to family/provider context
- All services must take into account the infant/toddler or preschoolers' developmental stage
- ECMHC recognizes the primary importance of family[1] in a child's development, and acknowledges the necessity of fostering communication and collaboration between the home and early childcare setting in ways that support child development
- ECMHC is a primarily "indirect" service that seeks to build the capacity of the young child's ECE providers and family members through a collaborative approach

[1] The National Association for the Education of Young Children (NAEYC, 2005) defines family as adults outside of Early Care settings "involved with the responsibilities of educating, nurturing, and advocating for the child."

- ECMHC simultaneously builds upon the expertise, perspectives, and resiliencies of ECE providers and family members while nurturing inherent child strengths and emerging competencies
- ECMHC is a relationship-based, family-centered service that addresses the social and emotional well-being of infants, toddlers, and preschoolers and the ECE providers and families that care for them

State-funded ECMHC projects are implemented to achieve the following objectives:

1. Facilitate early childhood development through changes in the early learning environments to enable more children to enter school ready to learn.
2. Provide early care and education (ECE) providers and family members with intervention strategies to improve social and emotional development.
3. Address problematic social and emotional behaviors of young children in child care settings.
4. Refer families and children requiring more intensive intervention services to high quality assessment and clinical intervention services.

State-funded ECMHC projects have adopted the following benchmarks for success:

- Increased ECE providers' knowledge of importance of social-emotional development and capacity to manage challenging behaviors.
- Increased ECE providers' knowledge, attitudes, and behaviors that promote nurturing classroom environments for all children.
- Referred children are maintained in quality early childhood settings.
- Referred children have measurable decreases in problem behaviors and increases in social skills and resiliencies
- Increased referrals for children and families in need of more intensive interventions.
- Increased community awareness of social and emotional development of young children.

ECMHC Standards for the State of Maryland

In order to achieve these objectives and outcomes, all state-funded ECMHC projects must have: (1) high-quality consultation services, and (2) program and State-level infrastructure.

I. High Quality Consultation Services

A. Fostering Relationships through Consultation with Early Care and Education (ECE) Providers

1. ECMHC projects must describe the scope of their services and establish mutually agreed upon expectations with the early care and education site director and providers when services are initiated.

2. ECMHC services are informed by systematic observations of children conducted by the mental health consultants (MHCs) across relevant contexts in ECE classrooms and family day care settings.

3. Systematic assessments of the quality of ECE environment will measure structural, social-emotional and relational, and programmatic features. For example, MHCs should attend to: staff-child ratios, the emotional climate of ECE settings, and how transitions between activities are managed.

4. Early childhood MHCs should collaborate with ECE providers to formulate a plan that will guide the content of the consultation services. The plan should be a written document and specific strategies to meet this plan should be discussed with the ECE team.

5. Due to the dynamic nature of collaborative plans, early childhood MHCs should work with ECE providers over time to evaluate the efficacy of interventions and make modifications as needed.

6. Consultants will foster the ECE providers' use of norm- or criterion- referenced instruments to screen children's social-emotional development.

7. Consultants will model and/or train ECE staff on the systematic implementation of evidence-based strategies that target positive social-emotional development, address challenging behaviors, contribute to ECE staff wellness, promote team-building, and facilitate communication between ECE staff and families.

8. Any strategies that promote social-emotional and behavioral competence suggested by MHCs will be developmentally and culturally appropriate for the ECE context and, if relevant, the child identified for child-focused consultation.

9. Consultants will support ECE staff efforts to communicate with individual families about a child's development, challenging behavior, or any interventions that are planned to address these concerns, as needed.

10. Consultants will provide assistance to ECE providers for referrals to community-based services that address needs of the children in their care especially those with or at-risk for delays or disabling conditions.

11. In order to facilitate appropriate referrals, MHCs will cultivate a base of knowledge of statewide resources within and beyond the community, and foster relationships with local, direct service providers.

12. Consultants should adopt a consultative stance that foregoes the position of the "expert" by collaborating with the ECE provider in examining and interpreting the meaning of a child's behavior. Throughout the consultative process, the expertise and perspective of the ECE provider should be explicitly validated by the MHC.

13. Consultation should promote an increase in the skills, knowledge and expertise of the ECE provider as well as greater insights and reflectiveness about how their behavior influences children's behavior.

B. Fostering Relationships with Families through Consultation

1. Individualized consultation services may be offered to families for children identified with behavioral and social-emotional issues in ECE settings.

2. Information from the home environment should be gathered in a way that is respectful and be kept confidential; information should be sought that is relevant for the consultant in their work with the ECE provider and family.

3. Information about the home environment should be incorporated into the planning process including familial strengths as well as risk factors to the child's overall functioning.

4. For any child-focused consultation, intervention plans should be created with family input and must have the parental consent. A face-to-face meeting should be scheduled with the family, ECE provider, and ECMH consultant, whenever possible.

5. The consultant will provide information to family members on how to incorporate and sustain evidence-based approaches at home that address the social/emotional and behavioral needs of the child, improve parental wellness, and foster the relationship between the family and ECE staff.

6. Strategies implemented at home should coordinate with strategies implemented in ECE settings with the ultimate goal of reducing challenging behavior and helping the child succeed in home and school.

7. Drawing on a broad knowledge base of local and statewide resources, the consultant will provide assistance to families with referrals to community-based services that meet the mental health needs of family members and their children, as well as referrals for other developmental services needed by individual children.

8. Adopting a consultative stance that is characterized by availability, approachability, and mutual respect, the consultant will assist family members in becoming more empathetic and responsive to their child.

D. Well-prepared Consultants

1. At minimum, consultants must have a Bachelor's degree, preferably in a human-services related field (such as psychology, special education, social work, or counseling).[2] If a consultant's degree was not in a human-services related field, the consultant must have accumulated credits at the undergraduate, graduate, or professional development level in a human-services related discipline or field.

2. Consultants will have extensive knowledge and experience in core issues related to early childhood, such as typical and atypical child development, emotional and

[2] Across the country, the vast majority of early childhood mental health consultants have a minimum of a masters' degree in a mental health field.

behavioral health, family systems, cultural competence, and knowledge of evidence-based approaches to managing problematic behavior.

3. Consultants must have or develop specialized knowledge of how young children function in-group settings.

4. Consultant knowledge bases and qualifications must be aligned with core competencies in the state of Maryland for mental health and early childhood professionals.

5. ECMH consultants will attend trainings on key early childhood and consultation topics and practices, including CSEFEL.

6. Consultants will undergo background checks consistent with other professionals working one-on-one with young children.

D. Ongoing Support

1. Consultants will be provided with administrative supervision that relates to the compliance with federal, state and agency regulations, program policies, rules, and procedures.

2. Consultants will be provided with individual and/or group clinical and reflective supervision, preferably by a licensed mental health professional knowledgeable in issues related to early childhood. Reflective supervision addresses the emotional content of the consultant's work, and attends to relationships and the complex interactions between relationships (between the consultant and supervisor, consultant and caregiver, consultant and parent, parent and caregiver, and parent and child).

3. Consultants will have access to ongoing professional development and technical assistance that will be appropriate to their level of expertise and licensing requirements.

4. Consultants will have the opportunity to participate in peer support meetings.

5. Consultants are expected to maintain a caseload that balances program- and child-focused work and is consistent with the ECMHC model as locally defined.

6. The overall number of consultation visits is not fixed, but are responsive to the needs of the ECE provider and/or family.

II. Program and State-level Infrastructure

E. Local Infrastructure

1. ECMHC services should fit into a locally identified "continuum of supports" for children and families.

2. Each state-funded ECMHC project will have a well-articulated description of their consultation model as well as procedural guidelines, such as eligibility and intake procedures.

F. Data Collection, Evaluation, and Reporting Systems

1. State-funded ECHMC projects may develop a logic model that details the possible resources, activities, theories of change, and outcomes for mental health consultation in terms of the child, family, staff, and the larger system of care.

2. State-funded ECHMC projects will report on clear, measurable benchmarks on a periodic basis, as required my MSDE.

3. Each ECMHC project will assess the quality of their implementation and use these data to guide service planning, and to improve ECE provider and family engagement.

4. Standardized, strengths-based screening and assessment tools will be used to track outcomes for children referred for child-focused consultation services. Data will be collected for individual children once parent consent is secured. These data will be provided by the ECE provider and family when possible, at initiation of services and then again when consultation services are completed. Norm- or criterion- referenced instruments should be selected that reflect the cultural and ethnic backgrounds of the families served by the ECMHC projects.

5. Standardized tools will gather data on the social-emotional climate of the ECE environment receiving on-site ECMHC services. Data on changes over time in teacher and program-level outcomes will also be recorded for ECE programs receiving consultation services.

6. Consultants will keep track of the type and amount of consultative services provided as well as the number of referrals made to community resources.

7. Consultees will be given the opportunity to provide systematic feedback on the quality of ECMHC services provided to ECE providers and families.

8. State-funded ECMHC projects are expected to participate in administrative reporting to MSDE and statewide program evaluations.

G. Linkages with Community-Based Services

1. Representatives of ECMHC projects should be highly visible members of the communities they serve. Examples of community participation could include attending local meetings, or involvement with the boards of important local agencies.

2. ECMHC programs should undertake community outreach. Examples of outreach activities include contacting center-based and family child care providers by mail or phone, attending open house events at the same early child care facilities, and providing brochures and other materials that describe ECMHC services to the local pediatrics community.

3. Relationships with community-based services should be established so adequate referrals for direct services can be made in a timely fashion.

4. Formal mechanisms will be established to obtain feedback on children or families who are referred for additional services and support from outside agencies.

5. To facilitate coordinated individualized care plans (IFSPs and IEPs) for qualifying children and families, it is recommended that ECMHC programs maintain linkages with local Infants and Toddlers Programs, Preschool Special Education Services, the Judy Centers and Family Support Centers. Linkages with Early Head Start and Head Start programs as well as home-visiting programs are also critical.

H. State-level Infrastructure

1. The Maryland State Department of Education will establish a statewide system of ECMHC services delivered through locally operated ECMHC Projects (referred to as the ECMHC Program).

2. The State will provide adequate and stable funding for the ECMHC Program from consistent sources.

3. State funding will sufficiently cover expenses associated with appropriate clinical supervision for ECMH consultants by licensed mental health professionals with expertise in early childhood.

4. In order to support the development of local systems of care for referrals for young children's mental health promotion, prevention and intervention, state-level interagency agreements will establish linkages between child-serving programs. The Maryland State Early Childhood Mental Health Steering Committee or similarly comprised group will serve as a forum to foster these linkages.

5. The State will assist with activities to build awareness about the importance of early childhood social-emotional development. The Maryland State Early Childhood Mental Health Steering Committee or similarly comprised group will assist with these efforts.

6. Statewide technical assistance will provide support, training, and resources for the state-funded ECMHC Program, including activities that focus on social-emotional development, promotion, prevention, early identification, and intervention.

7. The Maryland State Department of Education is responsible for building connections between state-funded ECMHC projects through regular meetings and communication.

8. Ongoing professional development will be provided for state-funded ECMH consultants and ECE providers.

9. The Maryland State Department of Education is responsible for monitoring the quality of the implementation of the ECMHC Program.

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