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Issue Brief

Integrating Early Childhood Mental Health Consultation with the Pyramid Model

Deborah F. Perry & Roxane K. Kaufmann, November, 2009

Introduction

A growing number of states and communities are implementing the Pyramid Model in early care and education settings, and in many of these places there are also early childhood mental health consultation (ECMHC) programs operating. This policy brief provides an overview of ECMHC, how it can support the implementation of the Pyramid Model and the policy issues that arise when administrators seek to integrate these two approaches at the state and local levels. Mental health consultants can: (1) serve as coaches for implementing the Pyramid practices; (2) serve as adjuncts to coaches, by working with children, families and teachers; and (3) use the Pyramid Model to inform and organize their own strategies for working with teachers and families.

What is early childhood mental health consultation?

Mental health consultation is a systematic approach to building the capacity of an early childhood professional to promote young children's social-emotional and behavioral development. In early childhood mental health consultation, a mental health professional partners with an early childhood educator and models strategies that promote healthy social-emotional development, prevent the development of problematic behaviors and reduce the occurrence of challenging behaviors. Typically, these services are provided in an early care and education (ECE) setting. However, services can also be delivered in homes or community settings. Early childhood mental health consultation focuses on increasing the skills and expertise of the adults in the child's life (i.e., teachers, parents, early intervention providers), rather than providing therapeutic services directly to the child (Cohen & Kaufmann, 2005).

In general, the Early Childhood Mental Health (ECMH) consultant provides strategies for individual children who might be manifesting problematic behaviors, referred to as "child-/family-focused consultation"; or they may seek to change the environment for a group of children, referred to as "programmatic consultation" (Cohen & Kaufmann, 2005). In practice, these often occur in tandem. Another hallmark of ECMHC is the emphasis on building a collaborative relationship between the consultant and the early childhood professional, as well as with parents. The mental health consultant adopts a posture that acknowledges the experience and insights of the consultee and avoids the role of "expert" (Johnston & Brinamen, 2006). Finally, most ECMHC models do not follow a specific manual or curriculum, but instead are grounded in a "mental health perspective" using a variety of approaches in the support of the practitioner, children, and the families. This perspective encourages both parties to look at the behavior of young children in the context of their significant relationships, developmental expectations and their environment (Cohen & Kaufmann, 2005).

What skills and qualifications do ECMH consultants have and need?

There is a growing consensus about the skills and qualifications that mental health professionals working in early childhood settings

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need to be effective consultants (Cohen & Kaufmann, 2005; Duran et al., 2009; Hepburn et al., 2007). As a foundation, this individual must have formal training in a mental health field (i.e., psychology, social work, or psychiatry). A recent national study found that in all but one of six exemplary ECMHC programs, the mental health professionals had a minimum of a master's degree and most were licensed (Duran et al., 2009). In addition to this formal training and credentialing, mental health practitioners need to have in-depth knowledge of: infant and early childhood social emotional development; family systems; cultural influences on parenting and mental health; and how to work in group settings serving young children. These individuals should have access to reflective supervision—that is another licensed mental health professional with whom they can discuss relationship-based aspects of their work with young children, teachers and families (Gilkerson, 2004). Finally, it is essential that the mental health professionals understand how their role as a consultant differs from that of a therapist. As a consultant, the mental health practitioner is seeking to build the skills and capacity of another adult, rather than trying to directly change an individual child's behavior or symptoms.

What does the research say about outcomes impacted by ECMHC?

There is an emerging evidence base that demonstrates the range of outcomes that can result from the provision of ECMHC. The provision of ECMH services has been linked to decreased expulsion rates, reductions in child challenging behavior, improvements in child social behavior, increases in teachers' sense of efficacy, decreases in teaching stress, reductions in staff turnover, and increases in the overall quality of the program.

In one national study (Gilliam, 2005), teachers that had access to a mental health consultant reported significantly lower rates of expelling children from state-funded Pre-Kindergarten programs. Programs that lacked any mental health consultation services had the highest rates of expelling young children (10.8 per 1,000). The lowest rates of expulsion were associated with on-site access or regular visits by psychologists/psychiatrists (5.7 per 1,000 children). Itinerant or on-call access was related to fewer expulsions but more than on-site access (6.2 per 1,000).

Two reviews of research related to ECMHC have been conducted by a team of researchers from Georgetown University and Portland State University. One review focused on the impact ECMHC on staff and program level outcomes and the other assessed children's behavioral outcomes (Brennan, Bradley, Allen & Perry, 2008; Perry, Allen, Brennan, & Bradley, under review). The team gathered all the available studies of ECMHC that met one of the following criteria: publication in a peer-reviewed journal; use of a randomized control trial design; or inclusion of a comparison group. Overall, many of the studies documented positive effects on teachers and programs that received ECMHC. Specifically, early childhood mental health consultation helped improve staff competence, their sense of efficacy and their confidence in dealing with challenging behaviors of young children in their care. In several of the studies, staff who received consultation demonstrated better sensitivity and reductions in job-related stress. In a few studies, consultation helped improve the overall quality of the programs (using measures such as the ECERS) and was associated with lower staff turnover. In addition, ECMHC services were consistently associated with reductions in teacher-reported externalizing behaviors in children. Findings related to reductions in internalizing behaviors in children were more mixed. In the studies examining teacher reports of child social competence, the majority of teachers reported that pro-social behavior was improved.

How does ECMHC relate to the Pyramid Model?

The Pyramid Model for promoting the social emotional competence of infants and young children was developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and the Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI). The Pyramid Model provides a tiered framework of promotion, prevention and intervention practices for organizing and delivering a comprehensive array of research-based strategies to improve social-emotional development in young children birth-five (Figure 1.) There is a great deal of similarity between the core components of a mental health perspective and the promotional elements of the Pyramid: "nurturing and responsive relationships" and "high-quality, supportive environments." These are essential ingredients in promoting the social-emotional development of all children (Level I: universal promotion). The Pyramid Model also incorporates "targeted social emotional supports" for children who are at risk for behavioral problems (Level II: prevention). And at the top of the Pyramid Model are "individualized, intensive interventions" for children exhibiting serious, persistent challenging behavior (Level III) (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003; Hunter & Hemmeter, 2009). At the foundation of the Pyramid is an effective workforce that is well-trained on best practices in young children's social-emotional development.

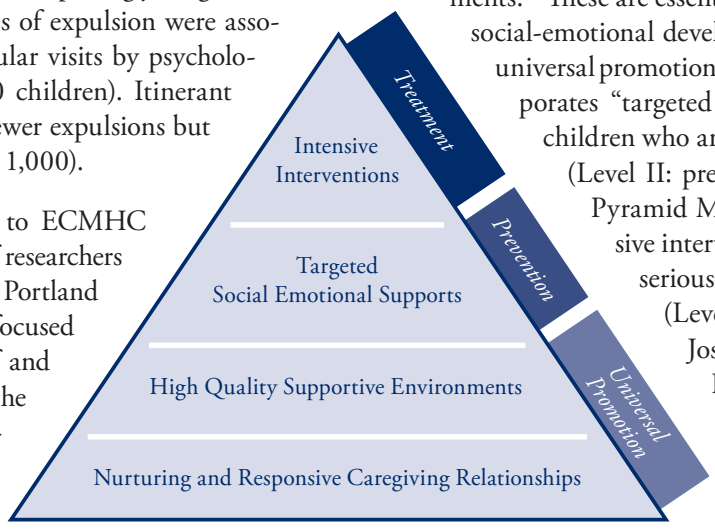

Figure 1. *The Teaching Pyramid Model for Promoting Social Competence and Addressing Challenging Behavior*

What is a Pyramid Model Coach and why are they important?

Through work with CSEFEL and TACSEI, several states are working intensively to implement the Pyramid Model practices with fidelity. An essential component of the effort to achieve implementation fidelity is the provision of coaching to practitioners as they learn to implement the Pyramid Model practices. Pyramid Model coaches are technical assistance providers who are experienced in early education and have training in the Pyramid Model and the use of a data-driven coaching framework. Additionally, Pyramid Model coaches receive individualized technical assistance from CSEFEL and TACSEI staff to ensure they are able to coach practitioners in high fidelity use of the Pyramid Model practices. Coaching is a critical component of the Pyramid Model implementation process based upon adult learning principles and other data that suggest it is needed for adopting evidence-based practices (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). Coaches perform a variety of important functions including: 1) use the Teaching Pyramid Observation Tool (TPOT) or the Teaching Pyramid Infant Toddler Observation Scale (TPITOS) to measure of fidelity of implementation of the Pyramid Model practices by ECE practitioners; 2) provide on-site consultation on the Pyramid Model practices and materials as programs implement the Pyramid Model; and, 3) guide practitioners in their implementation of the Pyramid Model practices using a data-based coaching model (Mincic, Smith & Strain, 2009).

How can an ECMH consultant facilitate implementation of the Pyramid Model?

In many of the states engaged in Pyramid Model implementation, there are also active ECMHC projects operating. In those programs where the Pyramid Model and ECMHC programs are both operating, the ECMH consultant can either serve as a Pyramid Model coach or serve as an adjunct to the coaches. In Maryland, for example, ECMH consultants serve as Pyramid Model coaches for ECE providers. In other places, ECMH consultants support the work of Pyramid coaches by helping children and their families get the full array of services and supports they need to succeed in their ECE program. At each level of the Pyramid, mental health consultants can offer help for teachers to achieve a high level of implementation quality. Specific strategies and roles associated with each level of the Pyramid for an ECMHC working with programs implementing the Pyramid Model are discussed below.

Level I: Universal Promotion

ECMH consultants can serve as an important ally in efforts to promote healthy social-emotional competence in all young children in an ECE program. For instance, one important strategy is to implement universal screening for young children's social and emotional development. An ECMH consultant can recommend evidence-based screening tools and can train staff in how to administer these tools. ECMH consultants can help personnel score the TPOT or TPITOS and help develop a professional development plan that includes practices from the Pyramid Model. Working with the Pyramid coaches, they can support the teachers' high-quality implementation of these strategies within their work with children and families. They can provide guidance on how to engage families in providing information on their child's behavior at home.

- ***Building Nurturing/Responsive Relationships:*** Training in mental health provides ECMH consultants with a set of skills and expertise that can help promote more positive and nurturing relationships between teachers and children, teachers and families, and among personnel. ECMH consultants are particularly skilled in identifying mental health issues in the ECE providers and families with whom they are working. For example, their clinical background allows them to detect if there may be untreated depression or anxiety that is interfering with a teacher or parent's ability to be a nurturing or responsive caregiver. ECMH consultants may also be effective in engaging harder-to-reach families who may have experienced domestic violence or substance abuse. Another important role for an ECMH consultant is to provide "reflective supervision" for teachers either as the Pyramid Model coach or in association with the coach using the TPOT or TPITOS. Reflective supervision can provide a process for supporting teachers to understand how their behaviors and attitudes are affecting their interactions with children, other staff and families (Gilkerson, 2004). Reflective supervision addresses the emotional content of the teacher's work, and can provide a space for the teacher to reflect on their reactions to particular children, colleagues or families. ECMH consultants can also provide reflective supervision for coaches who are working with teachers to reach fidelity on the Pyramid Model practices. Finally, the ECMH consultant may also serve as a sounding board for exploring a teacher's feelings about changing their ways of interacting with children, other staff or families, including insecurities they may have about trying new techniques like the Pyramid Model.
- ***High-Quality Supportive Environments:*** ECMH consultants can work with Pyramid Model coaches to support teachers, home providers and families in implementing changes to the environment that promote young children's social-emotional development. High–quality supportive environments attend to the physical structure of the setting, the strategies used with the children, as well as the content of the materials used in learning activities.

ECMH consultants can help adults identify materials that can address the mental health or behavioral issues that children and families may bring to the program every day. For example, if the community recently experienced a traumatic event, such as a flood or an act of violence, the ECMH consultant could help identify specific books or toys that could be integrated into different learning activities to promote dialogue on these issues. In ECE settings serving a high number of families affected by military deployment or the downturn in the economy, special attention to the importance of routines for these children might be particularly pressing.

Level II: Prevention of Social-Emotional and Behavioral Problems

For children who might be at risk for developing behavioral problems, an ECMH consultant can be an important source of support to teachers implementing the Pyramid Model. For very young children, the mental health of their caregivers may place them at risk for social-emotional and behavioral problems. An ECMH consultant can assess the extent to which caregiver stress and distress may require referral for community-based services and supports. They might also help sort out the underlying causes of problematic behavior in a young child who has a complicated family history, and determine the types of referrals the child and/or family may need. ECMH consultants can help identify children who may need to be referred for an interdisciplinary evaluation and assessment through Child Find services under the Individuals with Disabilities Education Act (IDEA). For children who already have an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP), a mental health consultant can be an important adjunct to other specialists working with the child and family depending on their individual needs. Early childhood mental health consultation can be targeted at young children with identified disabilities whose behavior may present challenges to inclusion. This might be particularly important for children whose social skills and peer relationships are disrupted by their disability. Mental health consultants can serve as a critical support to families, addressing issues of loss, fear or confusion as they come to terms with the impact of their child's recently identified diagnosis and disabilities.

As a Pyramid Model coach, the ECMHC can support the teacher in identifying key social emotional skills that will be targeted for promotion with individual children. Using the Pyramid Model practices and TPOT/TPITOS, the ECMHC can guide the teacher in structuring learning opportunities that ensures the child has ample opportunity to learn and practice such skills as self-regulation, identifying feelings in self and others, friendship skills, and problem solving.

Level III: Addressing Challenging Behaviors

The expertise of ECMH consultants is particularly relevant for those children who are exhibiting serious, persistent challenging behaviors. ECMH consultants can assist teachers and families who are implementing Positive Behavioral Support (PBS) plans for children with significant behavioral challenges. As part of a collaborative team, the ECMH consultant can conduct functional assessment interviews, gather data and facilitate PBS team meetings. They can support teachers and families in plan implementation and collecting data on the effectiveness of the behavior support strategies. The ECMH consultants can work directly with families to develop and implement parallel strategies in their homes to complement what's being done in the ECE settings.

In some cases, there may be an underlying mental health disorder that requires treatment by a mental health professional. The ECMH consultant can alert teachers and parents about which children might need to be referred for more intensive psychological services because of underlying mental health disorders. For example, a child who had been sexually abused may have developed Post Traumatic Stress Disorder or another form of anxiety disorder. Stepping out of the role of consultant, a mental health professional can also provide therapeutic interventions to those children with more intensive needs. In this example, the mental health professional might provide trauma-focused cognitive-behavioral therapy to the young child to reduce their symptoms of anxiety.

How can better integration of ECMHC with the Pyramid Model benefit children served under IDEA?

The Pyramid Model provides an organizing framework for improving the social-emotional outcomes for all children—but there are specific implications for children served by the Individuals with Disabilities Education Act (IDEA). These children can benefit greatly from efforts to integrate ECMHC with the implementation of the Pyramid Model. At the state level, Part C and Preschool Special Education Coordinators can take a leadership role in ensuring that statewide ECMHC efforts are coordinated with both IDEA-funded services and infrastructure, as well as the Pyramid Model efforts. For example, linkages can be made so that ECMH consultants can be incorporated into interdisciplinary assessment teams. Specific populations that can benefit from improved integration of EMCH consultants on the IEP/IFSP teams are children who are referred for evaluations through child protective services—since these children have often had disrupted parent relationships, abuse and trauma. This collaboration will also help Part C and Preschool Special Education leaders expand efforts to reach more young children whose primary diagnosis is related to the social-emotional or behavioral domain. These partnerships can increase the capacity of the IEP/IFSP teams to identify secondary social-emotional and behavioral concerns of children with other disabilities. Finally, better integration of ECMH consultants in the IEP/IFSP development process will increase the likelihood that intentional strategies will be implemented to address

social-emotional and mental health outcomes. This is particularly important given the federally-mandated benchmarks set by the Office of Special Education Programs for states to improve the social-emotional functioning of children with IFSPs and IEPs.

Comprehensive Systems of Personnel Development should link with Pyramid Model training as well as with standards and competencies developed by the ECMHC projects. For example, ECMH consultants in states implementing the Pyramid Model should attend the multi-day Pyramid training. This ensures that a common framework and language is brought to the work with personnel and families. This is most critical in areas where the ECMH consultants may be working with or as Pyramid coaches. Attending this training can also increase the skills and tools available to ECMH consultants as they work in programs serving children with IEPs/IFSPs. In addition, attending the training with ECE personnel can help build relationships and the collaborative teaming that is core to the Pyramid Model. Finally, efforts to assess the fidelity and impact of the Pyramid Model on staff, program and child-level outcomes should be coordinated with evaluations of ECMH consultation projects. In several states that are implementing the Pyramid Model (e.g., Colorado and Maryland), there are comprehensive evaluations of ECMHC projects underway. These evaluations are seeking to measure the impact of ECMHC on children's social competence and problem behaviors, the emotional climate of the classroom and expulsions of children with challenging behaviors (Hepburn et al., 2007). Many of these are goals and outcomes that the Pyramid Model practices would impact as well, when implemented with fidelity. Programs should seek common tools and share information to determine how these complementary approaches are having effects on children, teachers and families.

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