

## Early Childhood Social and Emotional Development Consultation Recommendations October 2010

### Background:

New York State spends millions of dollars each year on addressing the needs of school-age children, whose behavioral difficulties have caused them to have problems in school and/or the community. The result, for many of these children, is that they will end up dropping out of school and some will become involved in the juvenile justice and/or criminal justice systems. The costs for remedial and special education along with the expenses associated with justice and public welfare systems create a significant toll on our economy.

A recent national study found that young children are expelled from preschool at three times the rate of children in kindergarten through 12<sup>th</sup> grade (Gilliam, 2005). Particularly troubling is that the rate of expulsion from preschool, just as the rate of expulsion from K-12, is significantly higher for minority children. Data from the National Survey of Children's Health demonstrate that parents report 7.6 percent of children age 3 to 5 years in New York State have moderate or severe difficulty in managing their emotions in at least one of these areas: concentration, behavior, or ability to get along with others.

Children exhibiting challenging behavior in early childhood settings are often expelled or removed from programs instead of supported, making it less likely they will acquire school readiness skills. These children are most likely to exhibit continued learning and behavioral problems and drop out of school (Gilliam, 2005). Social and emotional development consultation (frequently called mental health consultation) can improve the ability of teachers and caregivers to respond to a child's behavior which, in turn, can result in improved school readiness, academic and social success.

Research indicates that early detection and intervention can interrupt the negative course of some mental illnesses and behavioral problems and in some cases may lessen long-term disability associated with these problems. However, many of New York State's services are focused on treatment. By shifting the focus to promotion, prevention and early intervention and investing in social and emotional development consultation we are investing in the future.

Therefore, with a comparatively small investment to help support young children in developing social and emotional skills needed to participate effectively with others, many of those later costs could be avoided. The results of extensive research conducted on the rate of return on mental health services indicates the earlier the intervention, the better (Heckman, 2007). Taking a proactive approach to prevention during the early stages of child development, during the formation of brain architecture will not only pay off financially, but in lifetime productivity. As the body of scientific knowledge about child development grows, so does the interest in providing caregivers support on social and emotional development and learning for children at earlier ages.

In January 2008, the Foundation for Child Development published a policy brief recommending that all early care and education classrooms have access to mental health consultation. Researchers found expulsion rates are highest in classrooms where teachers lack support from counselors or other specialists to contend with disruptive children. Consultation has the potential to positively affect administrative and classroom staff, children and caregivers. Research findings suggest that social and emotional development consultation (SEDC) improves the teacher's ability to manage children's behavior and structure the classroom's emotional climate. In Rhode Island, consultation has shown to modify teacher practices by building teacher confidence, increasing the use of more positive classroom strategies, increasing the use of praise, and utilizing more effective limit-setting strategies (Dickstein, 2009).

Social and Emotional Development Consultation is a partnership between a mental health clinician with early childhood social-emotional development and learning expertise, child care providers, parents and children. The mental health clinician consults with the child care program staff and parents to provide feedback and strategies to assist with social-emotional wellbeing, healthy child and relationship development, and positive supportive learning environments (Cooper, 2009).

### **Introduction:**

The vision of encouraging a public health approach set forth in The Children's Plan laid the foundation for representatives of the Council on Children and Families, Department of Health, Office of Children and Families and Office of Mental Health to establish the Social and Emotional Development Work Group tasked with developing recommendations for Social and Emotional Development Consultation in Early Childhood settings. Very early in the process, due to the importance of language and the general stigma associated with mental health, the work group determined that they would use the term social and emotional development consultation (SEDC) instead of mental health consultation. The workgroup met to review noteworthy programs around the state as well as conduct a literature review for proven methods of delivering SEDC.

### **Literature review:**

There is a growing body of literature on the importance of and methods for providing social and emotional development consultation. The findings from the literature review conducted by the Workgroup include the importance and impact of SEDC not just on the children, but on the direct care staff, classroom environment, parents and caregivers. Staff turnover is problematic in early childhood settings, this was reduced when support was provided to the staff.

In August 2009, Georgetown University Center for Child and Human Development (GUCCHD) published the results of a multi-site evaluation to explore existing mental health consultation programs and provide recommendations to the early childhood field. The study focused on the following:

1. essential components of effective mental health consultation programs,

2. skills, competencies, and credentials of effective consultants,
3. training, supervision and support needs of consultants,
4. level of intervention intensity (i.e., frequency and duration) needed to produce good outcomes, and
5. targeted outcomes and how should they be measured.

According to the Georgetown University Center for Child and Human Development (GUCCHD) study of six consultation sites the strategic planning needs include:

1. Building a workforce by including early childhood curriculum in college education and developing a minimum for background and experience.
2. Educating teachers, caregivers, executive level staff and parents about foundational elements of early childhood social and emotional learning and development.
3. Developing of a strong social marketing campaign to address mental health and child development stigma.

### **Summary of Findings:**

#### **Site Visits**

Currently, there are different agencies across the state taking the lead in providing consultation services and creatively funding the activity. Site visits to Hillside Children's Center (Rochester), Children's Institute (Rochester), New York University Child and Family Policy Center, New York Center for Child Development, Capital District Child Care Council (Menands) and the Westchester County Systems of Care Initiative were completed to learn about their unique approaches to providing social-emotional development consultation and other supports to young children in early care and education settings. A summary of those visits follows below.

**Hillside Children's Center** supports the implementation of evidence-based treatments, and provides training to staff on various program approaches. The agency has a history of utilizing SEDC starting over 25 years ago when on-demand phone consultation was available to staff. Most recently, Therapeutic Counselor Intervention (TCI) has been used for classroom observation and coaching; it has been received well by teachers as most are eager for assistance. Suggestions and challenges noted by the agency include:

1. Need to incorporate early childhood development into college education.
2. Providers lack understanding about detecting and treating mental health problems in young children.
3. Including parent and family members to deliver services proves very effective.
4. Knowledge of multiple evidence-based treatments is advantageous.
5. Need to develop a strong social marketing campaign to address mental health and child development stigma.

**Children's Institute** partners with community agencies and schools to strengthen the social and emotional health of children by assisting with implementation of evidence-based prevention and early intervention programs. They also provide trainings and assessments and services to support those who work with children with a significant focus on research and evaluation.

Their intention in all activities is to improve their ability to support positive growth and development of children. Key points from discussion with staff include:

1. Collaboration with school district is important.
2. Increase screening frequency (>annually).
3. Offering professional development opportunities to teachers leads to opportunities to enhance relationships and gather information about classroom issues.
4. Behavioral Health Consultation provided weekly or bi-weekly to foster relationships according to San Francisco model (to address the stigma associated with mental health they renamed mental health consultation, behavioral consultation).
5. Need to create consistent funding for consultation.

**New York University Child and Family Policy Center** initially began working on literacy in early childhood programs and discovered that a positive teacher-child relationship promotes learning. In order to evaluate strengths and weaknesses of a teacher an assessment tool (16 items) was developed where a coach observes a classroom for a few hours and reports on observations that support social and emotional development and learning.

1. Focused Coaching (a coach observes and reports the children's reactions to teacher) is very motivating to teachers; with the addition of Quality Improvement Plan, coaching can increase the frequency of positive skill learning and behavior change.
2. Sequencing and follow-up in the classroom are very important.
3. Focused Coaching outcomes include higher teacher retention and increased teacher job satisfaction.
4. Important to join with pediatricians and community leaders.

**New York Center for Child Development (NYCCD)** is a preschool special education, early intervention and mental health agency serving children birth to age 5. The agency was awarded a grant from the New York City Department of Health and Mental Hygiene for an Early Childhood Mental Health Consultation and Treatment Program serving East and Central Harlem children birth to five and their families. The purpose of the program is to partner with and provide on-site early childhood mental health consultation to four community agencies including day care, special education, primary care, Early Head Start programs and preventive service settings, to screen children under the age of 5 with emerging social emotional problems, and to provide relationship based intervention to children and their caregivers where such problems are identified. NYCCD provides ongoing consultation and training to educational and related service providers to ensure that the full range of services provided are mental health informed. Important findings from the project include:

1. The critical value of co-locating primary care and infant mental health services.
2. The importance of providing universal social emotional screening.
3. The need to maximize EI and CPSE to address social emotional needs in young children.
4. The need to increase both the awareness and knowledge of infant mental health for all child serving professionals.
5. The value of providing mental health consultation services to both typical and special needs children in a variety of child care settings.

6. The recognition of the interrelatedness of all lines of development and the need to provide services in a coordinated and integrated approach.
7. The importance of delivering mental health services with attention to relationships and family systems.

**Capital District Child Care Council** has provided direct and indirect consultation (based on the Milestone Model) to early childhood programs for many years. Their services include an all classroom observation with written feedback on strengths and suggestions for improvements; select classroom technical support to assist teachers with implementation of universal strategies to promote health social and emotional development and reduce behavioral concerns. Services are also provided for individual children upon referral. One time consults or more intensive services are offered. Assessments of children are provided using the Devereux Early Childhood Assessment (DECA). Findings from their work include:

1. The need to train the workforce on social emotional development in young children.
2. The on-going challenge to fund consultation services (the current project is underwritten through contracts with county Head Start programs to provide mental health consultation services).
3. The importance of strong, trusting relationships as a key factor to success (may take one to two years to develop).
4. Cross disciplinary support, including pediatricians and social workers, is critical.
5. Consultants who facilitate communication between leadership and direct care staff are vital to improving the working environment.
6. The importance of staying child/family focused and recognizing that the parent is primary consultant on their child.

**Westchester County System of Care** is inclusive of most child serving agencies and parents. By including programmatic aspects to address staff needs, family support and child curriculum Westchester has achieved a strong cross-systems network. Findings from the site visit:

1. Second Step curriculum is used in Head Start, child care and Universal Pre-K settings. Implementation and consultation assistance from a social worker are incorporated into these settings.
2. Provides cross system training, learning collaborative and learning communities.
3. In the Early Steps Forward program, consultants provide technical assistance and training to educators thus enhancing their confidence and providing them with skills to deal more effectively with problematic classroom behaviors. Consultants also provide direct services to children and families as well as link families to services in community. Building and sustaining relationships and trust are very important and need to be sustained through consistent contact.
4. Lack of staff support lead to the development of workshops aimed at providing support and enhancing knowledge of child development. The result was more satisfied staff, lower staff turnover, and stronger relationships all of which improved the early childhood classroom.
5. Lack of time to incorporate consultation into the early childhood working day is difficult.

6. Significant language barriers exist in the community and create challenges for working with parents.

In summary, many of the findings were consistent across sites despite disparities in service delivery and consultation model. Important foundational aspects of consultation identified during the site visits included the importance of:

1. **Relationships** - Creating a sense of teamwork was important for overall success. The development of strong relationships across disciplines including the social and emotional development consultants and mutually inclusive relationships with parents and other family members were also important.
2. **Workforce Development** - Incorporating the understanding and management of challenging behaviors into early childhood development courses, at the pre-service college level was seen as a significant need. New teachers were simply not equipped to address the social and emotional needs of individual children or manage classroom behaviors.
3. **Funding** - The ability to incorporate supports for classroom staff in addressing social-emotional development issues was dependent on funding. Currently, there is no consistent sustainable source of funding for these supports.
4. **Community** - Programs which address social and emotional development support issues the best, have the support of agency, community leaders, and pediatricians.

### Framework

The Technical Assistance Center on Social and Emotional Intervention (TACSEI) developed a tiered pyramid model for implementation guidance for young children in early childhood settings. This model was used as a framework for the recommendations from the Social-Emotional Consultation Workgroup. [See Figure 1]

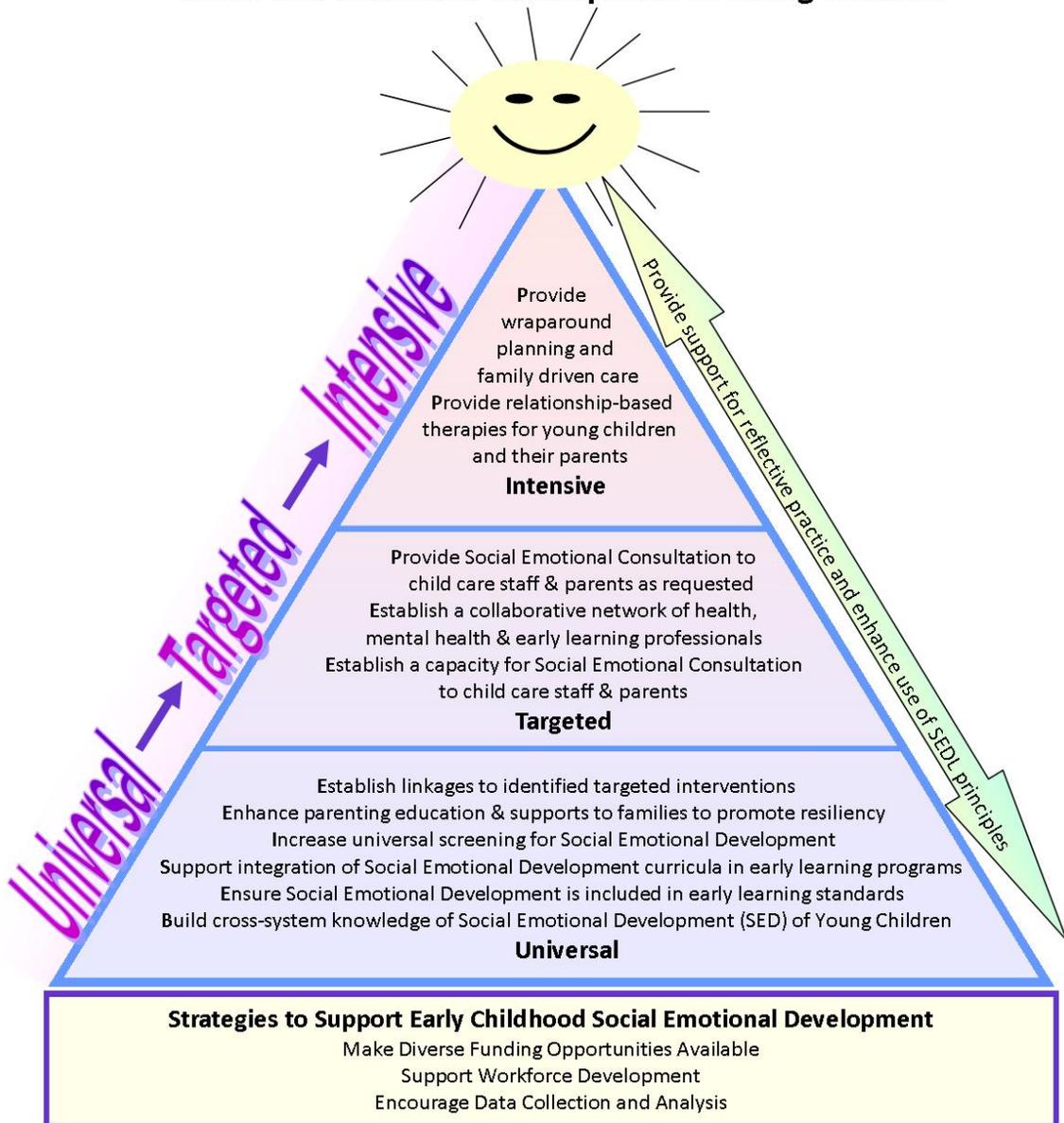
Integration of the SEDC into the preschool or child care setting introduces a wide range of outreach and intervention beginning with the broadest outreach and moving to targeted intervention as needed:

- 1) **Universal**- all children receive curriculum on social and emotional development and learning through the implementation of SEDC and the thread of social and emotional development is woven throughout all child serving services across systems:
  - Build cross-system knowledge of social and emotional development (SED) of young children
  - Embed social and emotional development in early learning standards
  - Support integration of social and emotional development curricula in early learning programs
  - Increase universal screening for social and emotional development
  - Enhance parenting education & supports to families to promote resiliency
  - Establish linkages to identified targeted interventions

- 2) **Targeted**- consultation as part of an organization with a consultant available to assist with challenging child behaviors.
- Provide social and emotional consultation to child care staff and parents as requested
  - Establish a collaborative network of health, mental health and early learning professionals
  - Establish a capacity for social and emotional consultation to child care staff and parents
- 3) **Intensive**- ability for a consultant to work individually with a child and family or potentially refer out for specialized intervention or treatment.
- Provide relationship-based therapies for young children and their parents
  - Provide wraparound planning and family driven care

Figure 1:

## The New York State Framework for Supporting the Social and Emotional Development of Young Children



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## Recommendations for New York State:

The workgroup believes it is imperative for New York State to move toward ensuring that the ***“Framework for Supporting the Social Emotional Development of Young Children”*** is available for all young children across the state. To accomplish that the work group recommends the following actions:

1. Support the infusion of social emotional development curricula in all early learning programs.
2. Implement strategies for building knowledge of social emotional development of young children across systems.
3. Develop and implement strategies for increasing screening for social emotional development by pediatricians, early learning programs, and by other appropriate professionals.
4. Develop an on-going source of financial support for social and emotional development consultation in early child care settings.
- 5.
6. Establish and train a statewide cadre of social emotional development consultants and child and family therapists skilled in meeting the needs of young children and their families, this theme weaves throughout all of the literature and site visits. Encourage data collection and analysis to provide ongoing quality indicators to enhance services.

## Current Initiatives that Support SEDC in New York State:

The collaboration between the multiple child serving state agencies on the work group has proven fruitful and extremely productive. In 2009, work group members applied for and received funding for Project LAUNCH from the US Department of Health and Human Services Substance Abuse (SAMHSA). **Project LAUNCH-** (Linking Actions for Unmet Needs in Children’s Health)- focuses on improving the systems that serve young children and address their physical, emotional, social, cognitive and behavioral growth. The SAMHSA grant awarded in 2009 to New York State is for \$850,000 each year for 5 years (total \$4.25 million). For more information visit: <http://projectlaunch.promoteprevent.org/>.

In 2009, the work group supported the Office of Children and Family Services in funding a pilot Social and Emotional Development Consultation demonstration project in four community sites throughout New York State. This funding supports the efforts of four agencies to implement consultation in early child care settings with ongoing training and consultation from experts to assist with implementation for one year. Ongoing evaluation and implementation monitoring will provide important information to assist with program development and funding strategies.

In conclusion, the social emotional development of children is critical to their success in school and in life. By ensuring that young children and their families get the support they need to develop social emotional development skills and resiliencies, New York State can reduce the incidence of problem behaviors that can lead to school failure, criminal activity, and mental

health problems. The challenge is to build this capacity collaboratively and successfully across systems of care, in families and in communities so that:

- Young children develop the competencies needed for success in school and life.
- Children and youth are nurtured and encouraged to become contributing members of their schools, homes and larger communities.
- Families are supported in their abilities to enhance their children's social emotional development and learning.
- Early education educators, school administrators, teachers, student support services, and support staff develop the professional competencies necessary for promoting each child's social and emotional well-being.
- Community groups partner with early learning settings and schools to affect the lives of young children, school age children, and youth.

It is the hope of the work group that this paper provides strategies for meeting this challenge.

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Dickstein, S., Successful Start: Rhode Island's Early Childhood Systems Plan, presentation 03/23/2009.

Gilliam, W. S. (2005). Prekindergartens Left Behind: Expulsion rates in state kindergarten programs. New York, NY, Foundation for Child Development.

Heckman, J. Investing in Disadvantaged Young Children Is Good Economics and Good Public Policy presentation at New York University, October 5, 2007. University of Chicago.

New York State Office of Mental Health (2008). *The Children's Plan: Improving the Social and Emotional Well Being of New York's Children and Their Families*. Albany, NY.

The Georgetown University National Technical Assistance Center for Children's Mental Health created an Early Childhood Mental Health Consultation Evaluation Toolkit.

<http://gucchd.georgetown.edu/>

The Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI)

<http://www.challengingbehavior.org/>

## Resources:

Georgetown University Center for Child and Human Development:

- ECMHC Evaluation Toolkit
- *What Works? A study of effective early childhood mental health consultation programs* available online at  
[https://gushare.georgetown.edu/ChildHumanDevelopment/CENTER%20PROJECTS/WebSite/ECMHCStudy\\_Report.pdf](https://gushare.georgetown.edu/ChildHumanDevelopment/CENTER%20PROJECTS/WebSite/ECMHCStudy_Report.pdf)
- National Technical Assistance Center for Children's Mental Health at Georgetown University  
[http://gucchd.georgetown.edu/programs/ta\\_center/topics/early\\_childhood.html](http://gucchd.georgetown.edu/programs/ta_center/topics/early_childhood.html)

SAMHSA Early Childhood Mental Health Consultation toolkit available online at

<http://mentalhealth.samhsa.gov/publications/allpubs/svp05-0151>

The Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI)

<http://www.challengingbehavior.org/>

The Regional Research Institute for Human Services, Portland State University created a brief: *Early Childhood Mental Health Consultation: A Developing Profession* (Winter 2008, Vol22, No.1, pgs21-24) <http://www.rtc.pdx.edu/PDF/fpW0809.pdf>

The National Early Childhood Technical Assistance Center (NECTAC)

<http://www.nectac.org/topics/menhealth/earlyid.asp>

[http://www.challengingbehavior.org/do/resources/documents/roadmap\\_2.pdf](http://www.challengingbehavior.org/do/resources/documents/roadmap_2.pdf)

Early Childhood Mental Health Consultation

Promotion of Mental Health and Prevention of Mental and Behavioral Disorders

2005 Series Volume 1 <http://mentalhealth.samhsa.gov/publications/allpubs/svp05-0151/>

Center on the Social and Emotional Foundations for Early Learning

<http://www.vanderbilt.edu/csefel/>

Starting off Right: Promoting child development from birth in state early care and education initiatives. 2006.

<http://www.clasp.org/publications/startingoffright.htm>

**Additional Articles of Interest:**

Green, BL, Everhart, M, Gordon, L, Gettman, MG. (2006). Characteristics of effective mental health consultation in early childhood settings: Multilevel analysis of a national survey. *TECSE*, 26:3: 142-152.

Raver, C., and Knitzer, J. (2002). Ready to enter: What research tells policymakers about strategies to promote social and emotional school readiness among three- and four-year old children. New York, NY: National Center for Children in Poverty, Columbia University.

Brennan, EM, Bradley JR, Allen MD, Perry DF. (2008). The evidence base for mental health consultation in early childhood settings: Research synthesis addressing staff and program outcomes. *Early Education and Development*, 19(6): 982-1022.

Yoshikawa, H., and Knitzer, J. (1977; 1997). Lessons from the field: Head Start mental health strategies to meet changing needs. New York, NY: National Center for Children in Poverty, Columbia University.