

Southwest Ohio Early Learning Collaborative: Promoting Mental Health Wellness for Children Ages Birth to Six

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Family and community violence, child abuse, and emotional maltreatment are taking a toll on young children. More and more children participating in early learning programs are struggling with the lasting effects of these experiences. The Ohio Department of Mental Health has estimated that between 7% and 20% of preschool and early school-age children have behavior disorders that qualify for a mental health diagnosis. Children who are identified as *hard to manage* at ages 3 and 4 have a 50% chance of continued difficulties in adolescence and adulthood.

The Early Learning programs of Butler, Clermont, Hamilton, and Warren Counties represent over 5,000 at-risk children and their families in Southwest Ohio. This group formed the Southwest Ohio Early Learning Collaborative in 2006 to more aggressively learn about appropriate responses and treatment for these children and their families; to collect data to better understand the prevalence of these issues in Southwest Ohio; and to develop the funding, partnerships, and resources that would allow members to offer appropriate responses and treatment within their preschool programs. Representatives of these programs have shared their observations and concerns about the increasing numbers of preschool-aged children with significant emotional and behavioral issues, and their conclusion that the scope of the needs exceeds the resources available to address them.

Research

In 2006, the newly-formed Southwest Ohio Early Learning Collaborative conducted a pilot study to assess the prevalence of young children with challenging behaviors in Southwest Ohio. This rigorous, randomized study selected children from the eligible preschools in four county Head Start and Early Learning Initiative (ELI)-funded programs. Trained interviewers collected data on the children, which were provided by the children's teachers and parents. The study design was selected collaboratively by the counties' early childhood stakeholders (coordinators of special services for students, directors, school psychologists, and teachers), and The Childhood Trust and Child and Adolescent Psychiatry, divisions of Cincinnati Children's Hospital Medical Center. The major topic areas of this study were children's exposure to traumatic life events and victimization, their emotional and behavioral development, and family sociodemographic information. The study sought to understand the underlying reasons and potential causes for the increase in children's disruptive and potentially debilitating behaviors.

Standardized measures were completed by parents and early childhood education teachers and included the following: CCHMC's *Childhood Trust Events Survey* (CTES) (Baker, Boat, Grinvlasky, & Geraciotti, 1998); the *Child Dissociative Checklist* (CDC) (Putnam, Helmers, & Trickett, 1993); and the *Child Behavior Checklist* (CBCL 1½–5 years of age) (Achenbach & Rescola, 2000). Data

were collected on 141 children in late Spring 2006. A brief summary of the results included the following:

- Children in these preschool programs had a high level of exposure (28%) to child victimization and family violence.
- There was an increased level of symptoms of psychopathology among the children with increased (cumulative) exposure to traumatic life events—specifically four or more events (19%).
- There was a significantly high level of psychopathology (dissociation) among children exposed to specific types of child victimization, including witnessing family violence (prevalence 21%), emotional maltreatment (prevalence 16%), and sexual abuse (prevalence 4%).
- There were significantly higher scores across most CBCL behavioral dimensions among those exposed to sexual abuse (4% of the population sampled). (Sites, 2008)

The study identified one possible explanation for the high prevalence of emotional-behavioral issues that preschool teachers had witnessed, but the origins of which the teachers had not fully understood. The findings also narrowed the profile of at-risk children generally and highlighted the profile of those at highest risk: those children exposed to family violence, emotional maltreatment, and sexual abuse as well as 19% of children exposed to four or more serious traumatic events before age 5. Because of limited state, local, and federal resources and funding for early childhood programs, collaborative members agreed that having a clearer profile of the most at-risk children was a priority.

The study results also highlighted and described the early childhood mental health and behavioral issues for which teachers and parents needed help in understanding and treating: affect regulation problems, anxiety, depression, oppositional defiance, somatic complaints, aggression, and dissociation. The dramatic findings pointed to the need to identify at-risk children early and to provide trauma-informed services in schools, homes, and across the community. The research findings were clear that increased dissociation in children predicts longer-term emotional and behavioral problems.

The standardized instruments chosen for the study were found to be culturally sensitive, effective as child behavioral health screens, and research-based. This opened the possibility of including these types of instruments in traditional assessments of future young children entering early childhood programs. Most important, the study results strongly highlighted the need for the infusion of mental health and child welfare practices and services in early childhood, family friendly, natural settings, where the children spend a considerable amount of their time each day.

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WHAT'S NEW AND WHO'S DOING IT?

Action Plan: 2007–2008 School Year

The study findings and the efforts of the Southwest Ohio Early Learning Collaborative built a momentum that transformed the research findings into action plans. The Collaborative quickly met to establish future action goals that included the following:

- Build mental health intervention capacity into early learning programs and children’s homes.
- Promote evidence-based models that support the development of positive socio-emotional skills and mental health resilience in children.
- Develop funding models.
- Establish alliances and partnerships with providers of early childhood services.
- Create an integrated system of services for early childhood mental health.
- Provide training in prevention and treatment for teachers and parents to establish better sharing of resources and information networks.

In the 2007–2008 school year, each of the four counties identified a “best practice program” to initiate in chosen pilot classrooms. These projects offered a way to pilot nationally recognized successful intervention and prevention models that have been found to promote mental health wellness in early learning programs. Although the models varied in their approaches, they all included the following components: on-site mental health intervention in the preschool classrooms; parent and teacher training and support; evidence-based assessment tools and strategies; collection of outcome data; and professional development on the impact of violence and trauma on child development.

The hope was that the outcome data collected in the spring of 2008 would show positive changes in young children’s social and emotional skills and improved resiliency and coping skills. In addition, it was anticipated that the pilot programs would highlight the infrastructure and building blocks necessary to integrate mental health interventions into preschool classrooms. This required examination of the system changes that were necessary to accomplish the operation of the new programs as well as changes in the preschool teachers’ perspectives and skill levels when using mental health interventions with young students. A brief summary of the results of each county’s pilot programs follows.

Results: 2008

Warren County, Ohio

The Warren County Community Services Early Learning Center selected two Early Learning Initiative (ELI) classes, each operating full-day and full-year programs and together serving 40 children, to pilot their mental health intervention model in the 2007–2008 school year. These classrooms were selected due to a high incidence of observable behavior concerns, specifically children with violent behaviors. The children and their families were surveyed to assess risk factors using CCHMC’s *The Childhood Trust Events Survey*. Over 60% of the children in the target classroom had experienced two or more traumatic events before age 5 (compared with the 2006 random sample study, where 49% had experienced two or more traumatic events). The *Child Dissociative Checklist* was used to assess psychopathological behaviors in the target group of children. Fifty percent of the identified pilot classroom children scored above

the subclinical threshold score (6) on this dissociative screening instrument (compared with 26% above the subclinical threshold score for the 141 children in the 2006 study).

Warren County partnered with the Warren County Mental Health and Recovery Centers (WCMHRC) to develop an intervention model that provided intensive on-site mental health consultation and that would serve high-risk children with an on-site licensed early childhood mental health therapist. The mental health consultant supported and trained the teaching staff and parents, and the mental health therapist provided individual therapy to children while they attended class. The teaching staff in the two pilot classrooms received 3 days of training on implementing the *Devereux Early Childhood Assessment* (DECA; Kaplan Early Learning Company at: www.kaplanco.com), using classroom guidelines, materials, and strategies to promote children’s self-control, initiative, and attachment. Children with two or more protective factors scoring in the *concern* category on the DECA were referred for individual therapy (23 children). The DECA-C (a clinical assessment used for better assessment and diagnosis) was used with the 23 children to identify areas for specific clinical intervention by the trained mental health therapist. These children (58% of the total) received weekly on-site individual therapy, family counseling, the DECA classroom intervention strategies, and the mental health consultant’s support for the teachers.

DECA songs and stories were used daily to support the development of attachment, initiative, and self-control. Children used “self-talk” and language from the DECA *Songs of Resilience* (Devereux Early Childhood Initiative at: www.kaplanco.com), such as “Stop and Think” and “I Can Do It,” throughout the day during play activities with friends. Daily lessons included activities planned to encourage cooperation, communication, problem solving, and self-regulation. Parent involvement was supported through encouraging their participation in pre- and post-assessments of their children’s behavior (80% success rate), training and support of home-based DECA activities and songs, and individual consultation for the 58% whose children received weekly private therapy at school.

The DECA pretest and posttest results in Warren County found a 23% decrease in behavioral concerns for the pilot intervention population of children and a 100% increase in the number of children possessing *areas of strength* (i.e., initiative, attachment, and self-control).

Warren County Early Learning Collaborative Pilot Program 2008 Results

	DECA pretest	DECA posttest
Behavior Concerns	40%	31%
Areas of strength: initiative, attachment, and self-control	20%	40%

Equally impressive was the increase in the number of children identified and served with individual mental health services. In the 2006–2007 school year, that number was 7, compared with 23 for the 2007–2008 school year. In the latter year, 10 out of the 40 children served in the intervention classrooms were identified as needing a “higher level of care” and were referred for additional mental health treatment, with 5 of these children (13% of the total) referred and treated by child psychiatrists.

Clermont County, Ohio

In Clermont County, Child Focus, Inc. administers the county's Head Start and ELI programs as well as mental health services for children ages birth–18 years in this county. Its new mental health pilot program for the 2007–2008 school year was called Child Focus Early Childhood Mental Health Best Practices (MHBP). Four classrooms were randomly chosen for the MHBP project, and these were matched with four comparison classrooms without the MHBP resources and training. Every child in the MHBP classrooms was assessed on a pre-session and post-session basis by teachers and parents using the DECA. This instrument was not used on the comparison classrooms because this process is part of the awareness training imbedded in the DECA program and would have biased the outcomes. In addition to the DECA curriculum and assessments, the pilot programs received the following resources:

- Pilot classroom teachers, their regional coordinators, and two mental health intervention specialists (licensed therapists) attended a 2-day DECA training.
- The pilot classroom teaching staff and the mental health intervention staff had weekly meetings to discuss intervention strategies used for the classroom as a whole and for individual treatment of children experiencing problems.
- A monthly “social-emotional wellness” newsletter was developed by the mental health intervention staff and was sent to parents and teachers.
- The pilot classroom teaching staff had access to the mental health intervention lending library to supplement and boost their parent and classroom activities.
- The pilot classroom parents and guardians were treated to a “kick-off” event in October 2007 to introduce the pilot project to parents. They were treated to a performance by David Kisor, the artist who created the DECA *Songs of Resilience* (CD). Thirty-six parents/guardians and their children attended (75% of the parents/guardians in the pilot project).

The Clermont County MHBP project used the *Early Childhood Environmental Rating Scale–Revised* (ECERS–R; Harms, Clifford, & Cryer, 1998) at the beginning of the school year to rate the pilot and comparison classrooms on the following dimensions: space and furnishings, personal care, use of reasoning language, child activities, staff-child interactions, program structure, and parent-staff communication. No significant differences on these measures were found.

Clermont County also piloted an *Early Childhood Mental Health Teacher Survey* that was originally developed by Child Focus, Inc. and revised in 2007–2008 by the Southwest Ohio Early Learning Collaborative. This short scale is an attempt to judge preschool teachers' knowledge and comfort level, as well as the barriers to



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implementation related to integrating a social-emotional curriculum into preschool activities and interactions with parents and children. A summary of the findings of this survey follows:

- Pilot teachers were 30% more comfortable providing social, emotional, and behavioral interventions in their classrooms.
- Pilot teachers felt 11% more knowledgeable about providing social, emotional, and behavioral interventions in their classrooms.
- Pilot teachers were 50% more capable of identifying four or more social, emotional, or behavioral activities to use in their classrooms.

On the Clermont County MHBP classrooms' pre- and postadministration of the DECA, 49 children received the pre-assessment (both parent and teacher ratings), and 38 (78%) children completed the project and received the post-assessment from parents and teachers. Areas of social and emotional wellness that were assessed included initiative, self-control, attachment, and behavioral concerns. According to the pilot teachers' assessments, 24 of the children in the pilot projects (63%) made significant behavioral changes in one or more of the DECA categories. According to the parents in the pilot projects, 47% of their children made significant behavioral changes on one or more of the DECA categories as assessed by the DECA and observed in their homes.

Hamilton County, Ohio

The Hamilton County Education Service Center Early Learning Program pilot mental health project used the DECA training, curriculum, and assessment system (e-DECA) in two pilot ELI classrooms. Two pilot teachers, their field supervisors, and the mental health consultant for the agency received 2 days of training on the e-DECA. Both teachers and parents completed pre- and post-DECA surveys for the children. The teachers met bimonthly with their supervisor and the mental health consultant to review the status of children and to discuss both classroom activities and specific intervention strategies for children exhibiting behavior difficulties. Two classrooms were chosen to participate as a comparison group. They used the DECA surveys to assess children but did not implement any particular DECA strategies or curriculum. The data from this pilot reflect trends that will impact a framework for future mental health services in this agency.

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The pre- and post-DECA assessments completed by teachers for the 28 children enrolled and maintained in the pilot classrooms showed the following results:

- 46% of the 26 children showed significant improvement in one or more of the DECA categories.
- Only 4% (1) of these children demonstrated a significant loss of skills in one or more DECA categories.

The results of teacher-completed pre- and post-DECA assessments on the 23 children enrolled and maintained in the comparison classrooms included the following:

- 61% (14) of the 23 children showed significant improvement in one or more DECA categories.
- 17% (4) of these children demonstrated significant loss of skills in one or more DECA categories.

These results might suggest that DECA provided more prevention of declining (problematic) child behaviors than intervention and improvement of positive social-emotional behaviors. Parent participation was problematic, and few parents completed the post-survey at the end of the year. The teachers also had problems with the e-DECA Web site (i.e., not functioning at times). Hamilton County ESC completed a teacher feedback survey on a post-intervention basis and noted that the pilot classroom teachers were more confident in their knowledge of how to incorporate social and emotional activities in their classrooms, particularly in regard to DECA child resiliency and protective skills.

Butler County, Ohio

Butler County's Early Learning Program chose to pilot Incredible Years training for children. This program is recommended for populations of preschool children who have exhibited the early onset of conduct problems. Children were given training by a licensed mental health therapist who had received certification from the Incredible Years training center in Seattle, Washington (www.incredibleyears.com). This program has been selected by the U.S. Office of Juvenile Justice and Delinquency Prevention as one of the "Blue Print Programs" and as an effective early violence prevention program.

The Dinosaur Curriculum in the Incredible Years program emphasizes training preschool children with conduct disorders in skills such as emotional literacy, empathy, perspective taking, friendship skills, anger management, interpersonal problem solving, and school rules for success. It is designed for use as a "pull-out" treatment program for small groups of children with behavioral conduct problems. After first securing parental consent for participation in the program, administrators sent weekly homework and parent letters to families. Two classrooms received this intervention program.

A community mental health therapist, who was trained in the Dinosaur Curriculum, conducted once-a-week, 40–50-minute small group work for children who were identified by teachers and the school psychologist as having potential conduct disorders. A total of 27 children in two centers (with multiple classrooms) were selected for the small group activities. Group size was approximately 6 children per session. A total of 18 children stayed engaged for the 10-week program. The identified target children received pre- and post-DECA-C assessments (a clinical diagnostic version of the DECA used in the other counties.)

Results on the DECA-C administered to the 18 fully engaged children in the Dinosaur Curricula were as follows:

- 17 children (94%) made clinically significant positive changes in one or more of the seven subcategories (initiative, self-control, attachment, withdrawal/depression, emotional control, attention problems, and aggression).
- 9 children (50%) demonstrated significant change in three or more subcategories.
- 3 children (17%) were identified for special needs and/or special education support from the local schools in cooperation with the Head Start program.
- 3 children (17%) required referrals for additional mental health support from the community.

These data led the Butler County Early Learning Program to continue and expand the Incredible Learning program to more children in the 2008–2009 school year. Also, professionals plan to include the full Training for Parents component along with the Dinosaur Curriculum offered by Incredible Years for children. The identification of the six children who required additional community support at a more specialized level of care was seen as a positive prevention outcome of the project.

Summary

The Southwest Ohio Early Learning Collaborative is well on its way to accomplishing its major goal to build mental health intervention into early learning centers and to promote mental health wellness for the preschoolers in their care. By forming this collaborative of concerned community professionals, the Collaborative has moved from initial surveys, screenings, and data collection to specific "first step" action plans in its communities to accomplish its goal. This group represents over 5,000 at-risk children and their families in Southwest Ohio.

Persistent advocacy, the collection of strong data, and the awareness campaigns directed toward mental health providers in their counties led to the building of alliances and partnerships with county mental health providers. Better trained teaching staff and school

psychologists led to better identification of children who needed social-emotional and behavioral help and support. This included children who needed a higher level of care to remain in their early childhood programs and to be effectively served.

The Collaborative built preschool mental health intervention capacity by piloting evidence-based models in their classrooms and in parents' homes that supported positive socio-emotional skills and mental health resilience in children. The outcomes of the initial pilot programs highlighted agency system changes that needed to be addressed to achieve their goals. Staff turnover, transient families, the need for mental health therapists to accommodate preschool schedules (naptime, mealtimes, outside playtimes, etc.), funding problems, and weekly staff schedule restraints were just a few of the barriers highlighted. The attitudes of parents and teachers and their acceptance of mental health assistance were not barriers, as both embraced the idea and activities. All programs wanted to enhance the in-home outreach and support activities for parents in future program efforts.

Warren, Butler, Clermont, and Hamilton Counties' Early Learning Programs now have increased the presence of on-site services provided by mental health therapists in their programs for the 2008–2009 school year. This alone is a remarkable achievement. Previously, with the exception of the specialized services offered by the Therapeutic Interagency Preschool programs (programs for children with serious maltreatment histories) in collaboration with CCHMC's Child and Adolescent Psychiatry Division (Sites, Wade, & Putnam, 2007) in three of the counties, no on-site mental health therapists offered school- and home-based services through these programs. Directors of the local mental health boards were presented with the data collected from the 2006 study and responded by saying they did not have personnel who were trained in early childhood mental health available to address the need of the early childhood programs. In addition, the mental health board directors reported that early childhood programs were competing with a growing demand for mental health services for the elderly. Yet, the momentum of the collaborative was sustained, and all four counties now have between one and four full-time therapists providing on-site mental health services that include prevention, consultation, and therapy. These newly developed resources, in addition to the expansion and use of the evidence-based models such as Incredible Years and DECA, put the Southwest Ohio Collaborative strongly on the path of promoting mental health wellness for children and families in their programs.

References

- Achenbach, T. M., & Rescorla, L. A. (2000). *Manual for the ASEBA Preschool Forms and Profiles*. Burlington: University of Vermont, Research Center for Children, Youth, and Families.
- Baker, D. B., Boat, B. W., Grinvalsky, H. T., & Geraciotti, T. D. (1998). Interpersonal trauma and animal-related experiences in female and male veterans: Implications for program development. *Military Medicine*, 163(1), 20–25.
- Harms, T., Clifford, R. & Cryer, D. (1998). *Early Childhood Environment Rating Scale—Revised*. New York: Teacher's College Press.
- Putnam, F. W., Helmers, K., & Trickett, P. K. (1993). Development, reliability, and validity of a child dissociation scale. *Child Abuse & Neglect*, 17(6), 731–741.

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- Sites, J. (2008, October 9). *Southwest Ohio Early Learning Collaborative: Promoting mental health wellness for children birth to six through research, awareness, and action plans*. Presented at the Ohio Department of Mental Health: Early Childhood Mental Health Consultants' Regional Meetings, Columbus, Ohio.
- Sites, J., Wade, T. J., & Putnam, F. W. (2007). Integrating mental health, education, and child welfare interventions for preschoolers with severe maltreatment histories: Ohio's Therapeutic Interagency Preschool (TIP) model. *APSAC Advisor*, 19(3), 6–13.