Management Strategies for Positive Mental Health Outcomes:
What Early Childhood Administrators Need to Know

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Training Objectives

- Participants will:

I. Understand principles of “best practices” in delivering early childhood mental health services and why they are important

II. Learn research-based strategies for improving the effectiveness of mental health consultation

III. Understand the role of staff wellness and how to foster it

IV. Learn steps to take as Head Start program leaders to improve the quality of your early childhood mental health program

Head Start Performance Standards mandate:

- A comprehensive, family-focused approach to delivering mental health services, including screening:
  - "The comprehensive model of Head Start was designed so all the components would work together…mental health, being clearly a part of every component, is a logical place to encourage and practice inter-component coordination", HS Training Manual
- **"Sufficient" mental health consultation to meet children's needs**
- In practice: Lots of variability, little federal guidance

Mental Health in Head Start

- **"The rhetoric of Head Start from day one has talked about integrating mental health** into every component of the Head Start program and infusing it into every decision about children, families, and staff. The reality is something quite different. Programs have been accountable for assessing children, identifying them, and making referrals, reflecting a rather narrow definition of mental health.

There are two problems with this. For young children, such referrals **may not be the most appropriate intervention**. Equally important, it **leaves staff without any clinical perspectives** to inform their day–to-day interactions with children and families. Nor does it give them any help if it is not one or two children who are manifesting challenging behavior, but virtually all"

Knitzer, Jane. (1999). The Historical Role of Mental Health Services in Head Start and Views From the Field. **NHSA Dialog:** *A Research-To-Practice Journal for the Early Intervention Field*, 2(2), 194-200.

Why Focus on Early Childhood Mental Health?

- Mental Health = Social Emotional Development, the essential foundation for early learning.
- ***School readiness dialogue provides the link*** between Head Start's early childhood mental health supports and increased likelihood of school success.
  - **Entering school means having the behavioral and emotional competencies to succeed in school**
  - **Easier for everyone to understand that services are needed to help get children "ready to succeed in school" than to help children have "positive mental health"**
  - **To get support for early childhood mental health services, it makes sense strategically to argue that these services are needed to help prevent the behavior problems that elementary and kindergarten teachers must deal with.**

Challenges

- Narrow definition of mental health services as “therapy”
- Reluctance to label children with challenging behaviors
- Lack of understanding of effective, efficient mental health approaches
- Difficulties finding, and paying for, qualified early childhood mental health consultants
- Lack of understanding of how to most effectively use limited resources

Purpose of Our Research Project

"To use a research-driven approach to develop, test, and disseminate an integrated strategy for program decision-making aimed at addressing the needs of young children with or at risk of emotional, behavioral, or mental disorders and their families."

-1999 grant proposal to National Institute on Disability Rehabilitation & Research

"To give Head Start and other early childhood program administrators *mastery* of their mental health program. To help administrators *choose* a mental health consultant and design a program built on knowledge rather than expediency."

--Barbara Friesen, Project Co-Director

Research Project Overview

- **Phase 1: Literature Review**
  - Review literature to identify key factors important to children's positive social-emotional development and mental health
  - Develop conceptual model integrating community, program, staff, family and child characteristics
- **Phase 2: Qualitative Study**
  - To understand "from the field" perspectives on how children's mental health services are being delivered and what contributes to effectiveness
- **Phase 3: National Program Survey**
  - To conduct a representative survey of Head Start program staff and parents to address the following research question:
    - What features of programs or consulting relationships contribute to implementation of mental health best practices and effective mental health programming?

How Did We Measure MH Best Practices, Services, and Outcomes?

More positive=more staff who strongly agree that:

- **Best Practices: Strengths-Orientation Example**
  - "Staff are able to build on family and child strengths even when the family is facing significant challenges"
  - Staff believe that the best way to meet a child's mental health needs is to identify what is "right" with the child, rather than what is "wrong"

- **Best Practices: Parent Involvement Example**
  - "When a child has a mental health issue, staff actively involve the child's family in meeting the child's needs"
  - "Staff feel comfortable talking with parents about their children's mental health needs or issues"

How Did We Measure MH Best Practices, Services, and Outcomes?

More positive=more staff who strongly agree that:

- **Mental Health Consultant (MHC) Characteristics Example:**
  - "The MHC works as a partner with staff to meet children's mental health needs"
  - "Parents trust the mental health consultant(s)".
- **Leadership for Mental Health Example:**
  - "Program leadership advocates and tries to obtain more resources for children's mental health services"
  - "Program leadership has a clear vision of how children's mental health issues are related to all program components"

How Did We Measure MH Best Practices, Services, and Outcomes?

More positive = more staff who indicated that mental health services "helped a lot" to:

- **Child Behavior Outcomes (Examples):**

  Externalizing behaviors, reduced:

  - Reduce aggression towards other children
  - Self-destructive behavior
  - Aggression towards adults

  Internalizing behaviors, reduced:

  - Withdrawn/Overly shy behavior
  - Child depression

  Pro-Social behaviors, increased:

  - Positive social interactions between children
  - Non-violent problem solving

How Did We Measure MH Best Practices, Services, and Outcomes?

More positive = more staff who strongly agreed:

- **Staff Wellness Outcomes (Examples):**
  - Our program provides me with the emotional and personal support I need to do my job most effectively
  - This program recognizes the good work that I do on behalf of children and families
- **General Program Outcomes (Examples)**
  - Transitions are smoother in my classroom because of our mental health services
  - Our program's mental health services have improved the quality of our classroom environments
  - Our mental health services help families learn how to better cope with children's challenging behaviors.

Sample

- 79 Head Start programs agreed to participate
- 1265 staff surveys were mailed to random sample of staff, plus one director, mental health coordinator, and mental health consultant per program.
- 802 more returned (63%)
- Responding programs were representative of core (not Migrant, not Early) Head Start programs in terms of geographic region served, size, and racial/ethnic characteristics of children served
- 154 parent surveys from 62 programs received

Reporting Results

- Each program received their own results compared to national averages
- National averages include only 72 programs that had at least 7 respondents
- For copy of the report, see:
  - http://www.rtc.pdx.edu/pgProjGuidance.php
- Results used to develop this training

An example of variability in MH services provided by HS mental health professionals:

Activities	Rarely/never	Frequently
Classroom observations	15%	19%
Make referrals	20%	17%
Attend management team	38%	33%
Meet with staff	30%	33%
Train staff	22%	25%
Meet with parents	27%	38%
Provide direct therapeutic service	30%	38%

Amounts of Consultation Also Varied

Half to Two-Thirds of Programs Had Lower Levels of Consultation	Fewer Programs Had More Extensive Consultation
▪57% (31) report fewer than 1 hour of consultation per child, per year ▪37% (20) report fewer than ½ hour per child	▪26% (13) report more than 2 hours of consultation per child, per year
▪71% (35) report less than a half-time mental health consultant	▪29% (14) report 1 half-time mental health consultant or more ▪16% (8) report 1 full-time consultant or more
▪46% (31) have less than a half-time mental health services coordinator	▪54% (36) have more than a half-time mental health services coordinator ▪18% (12) have a full-time mental health services coordinator
▪79% relied on external, contracted consultants	▪21% had salaried, on-staff consultants

Key Terms that Need Common Definitions

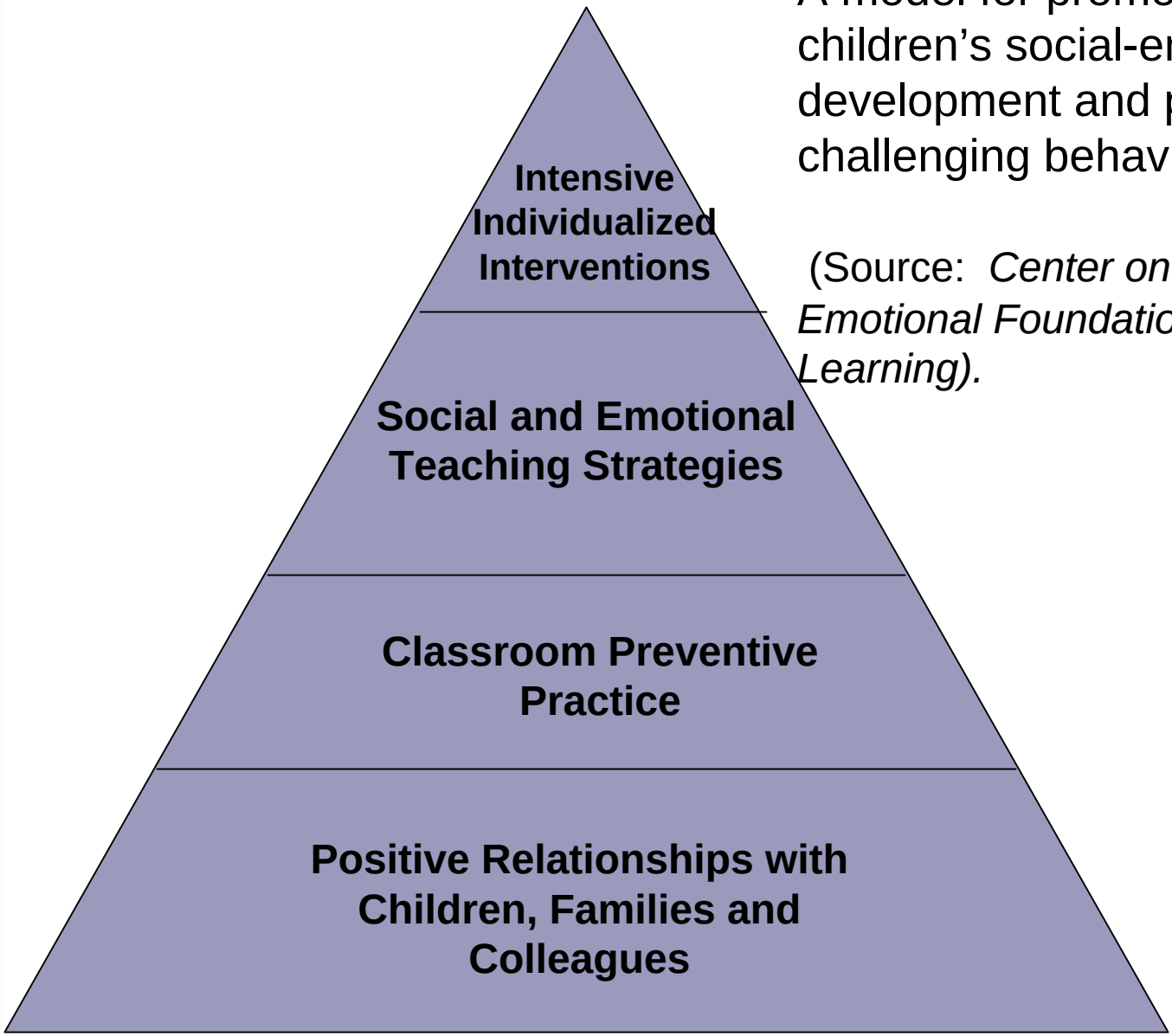
- Mental Health
- “Best Practices” vs. “Evidence-Based”
- Mental health consultant

Defining Mental Health

- **Mental health in its simplest form is the capacity to "Love, Work, and Play": Forming relationships**
- **A holistic or wellness approach to mental health includes attention to**:
  - Physical health and self-care
  - Emotional health (feelings, coping strategies, mastery)
  - Social relationships and behavior
  - Cognitive well-being: curiosity, problem solving, interests
  - Spiritual: having internal guides for living, morals, ethics
- **Mental health must be understood within a broad context as influenced by biology, relationships, developmental status, cultural context, and other factors.**
- **This means that "mental health services" include a range of services**

A model for promoting children's social-emotional development and preventing challenging behavior

(Source: *Center on the Social and Emotional Foundations for Early Learning).*



Best Practices vs. Evidence-Based

- **Best Practices Principles** lay the foundation for HOW the work should be done
- **Evidence-Based Strategies** put those principles into action using specific structures and approaches the research supported
- Our research focused on
  - **Principles** for how services are approached
  - **Strategies** for overall program design (not classroom or child-specific)

Evidence-Based Intervention Strategies for Early Childhood Mental Health:

Some Examples:

- San Francisco Mental Health Consultation Project
  - www.kluweronline.com/issn/1082-3301/contents
- The Incredible Years
  - www.incredibleyears.com
- Project SUCCEED in Head Start
  - www.rri.pdx.edu/pgProjectSUCCEED.html
- Positive Behavioral Support
  - www.rtcpbs.org

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To get more info on evidence-based practices, go to:

- Center for Evidence-Based Practices
  http://challengingbehavior.fmhi.usf.edu

- Rand's Promising Practices Network
  http://promisingpractices.net

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What is a Mental Health Consultant?

- We define a Mental Health Consultant as any professional providing mental health services to Head Start children and families, including:
  - Contracted private professionals
  - Other providers who are contracted to provide mental health screening, assessment, training, or service (e.g., public health nurses, social workers, etc.)
  - On-staff or salaried professionals who do more than simply coordinate MH services

Training Outline

- Part I: Best Practices for ECMH
- Part II: Program-Level Strategies for Improving ECMH Services
  - Consultation Models
  - Staff Development Strategies
- Part III: Implementing Program-Wide Change: Leadership's role in ECMH

Part I: Best Practices in Early Childhood Mental Health

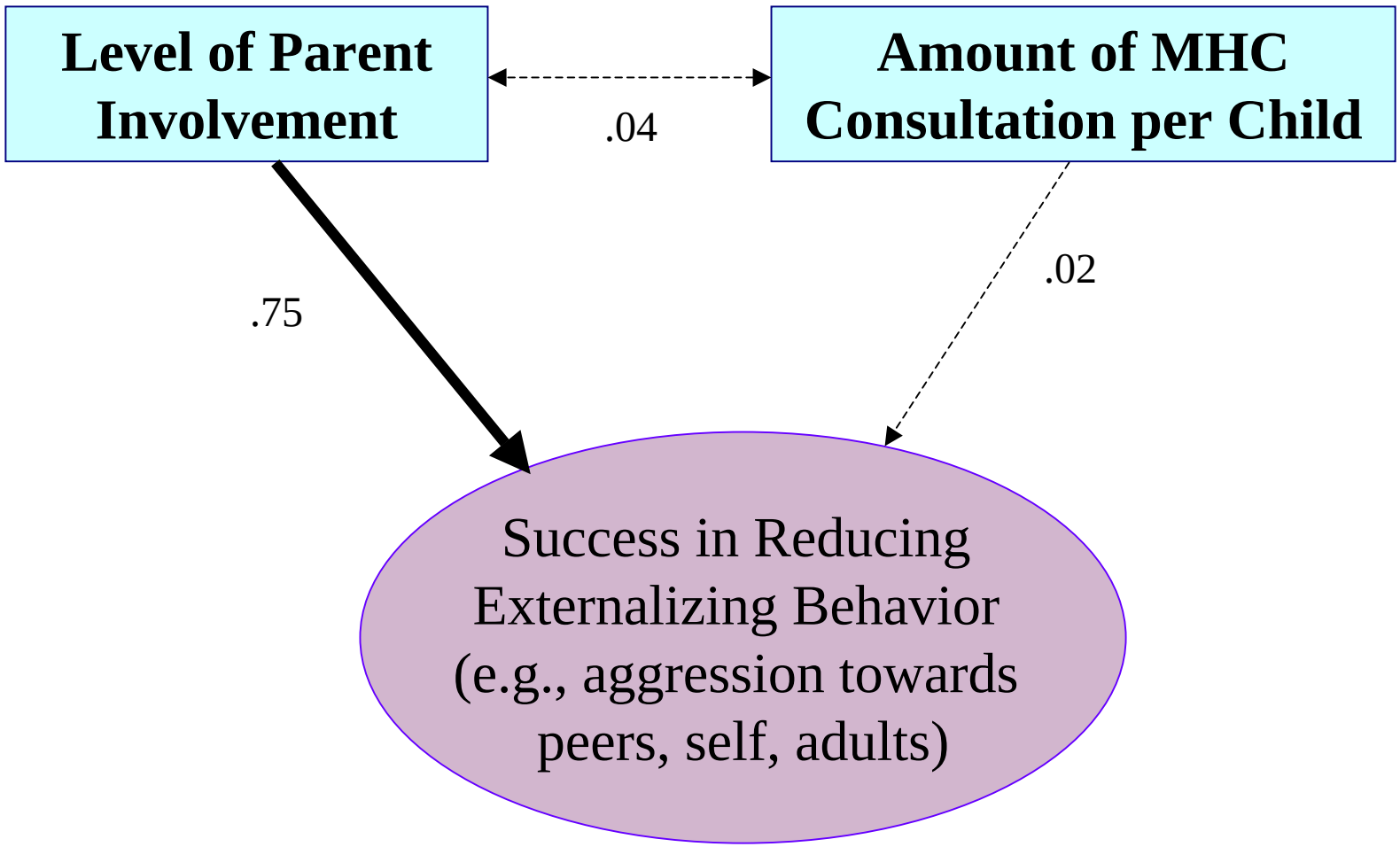
Principles and Values for Best Practice in Early Childhood Mental Health

- Strengths-based
- Individualized
- Relationship-based
- Family-focused
- Preventative
- Inclusive
- Culturally competent
- Attentive to staff wellness
- Integrated/coordinated with other services
- Linked to community services

Why are Best Practice Principles Important?

- Research base is growing to support the importance of these principles (Simpson, et al, 2001)
- Our survey results found that programs in which staff reported higher levels of best practices consistently and strongly reported more effective mental health services.
- Best Practices contributed independently to outcomes, controlling for what consultants did and the amount of time consultants spent with the program.

The More Staff Can Successfully Involve Parents, The More Effective Services are in Reducing Externalizing Behavior



Challenges to Implementing Best Practices

- Lack of knowledge/skill
- Beliefs and attitudes about MH
- Lack of adequate resources
- Lack of collaborative systems to provide a range of services to families

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Strategies to Address Challenges

- Identify the challenges specific to your program
- Develop and implement strategies to address these issues
- Provide clear guidance, roles and responsibility for making changes
- How might you address:
  - Lack of Knowledge
  - Beliefs and Attitudes
  - Inadequate Fiscal Resources
  - Need for Collaborative Systems

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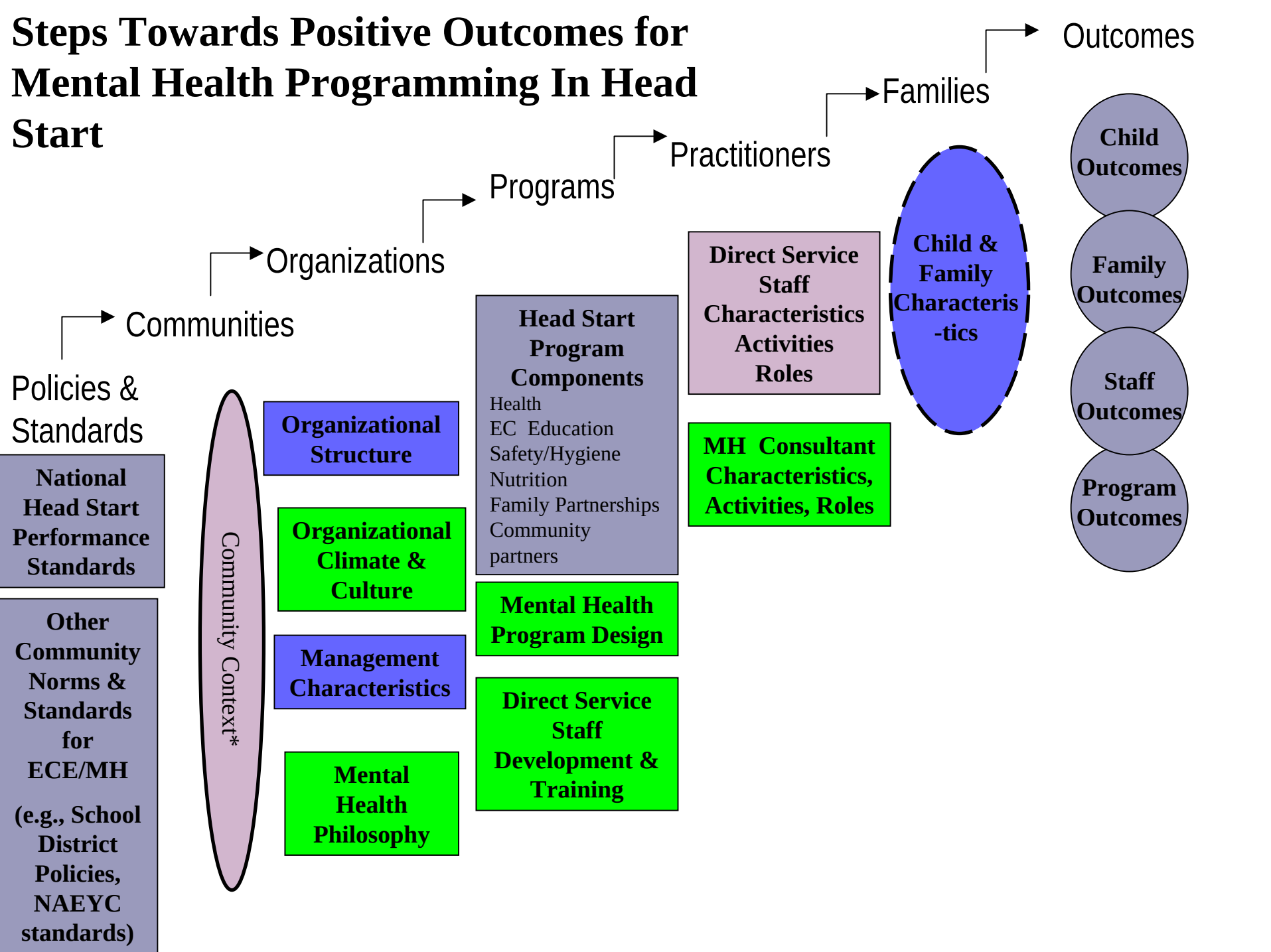
Self Assessment:

Where is my program in terms of implementing best practices for children's mental health?

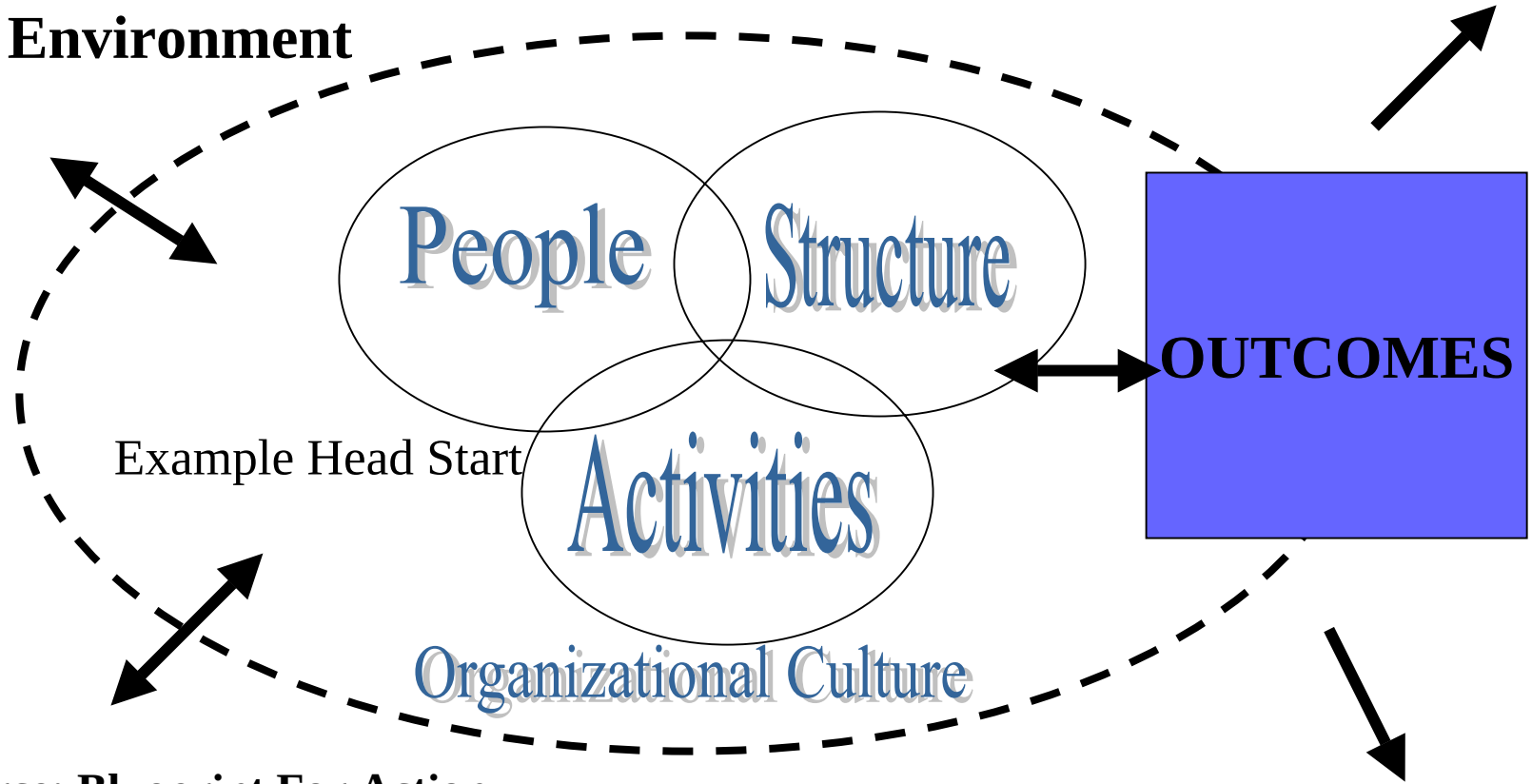
Part II: Strategies to Improve Service Effectiveness

1. **Mental Health Consultation**
    1. Who should they be?
    2. What should they do?
    3. How should they interact with the program?
2. **Staff Development**
    1. Training
    2. Wellness

Steps Towards Positive Outcomes for Mental Health Programming In Head Start



Outcomes flow from *interactions* of People X Structure X Activities



Source: Blueprint For Action (1992). Bloom, Sheerer, & Britz

Describe your own Mental Health Consultant(s):

- What are their characteristics (education, competencies, background)?

- What do they do with or for your program?

- What is their role in your program? How is their relationship to the program, staff, and families structured?

Strategy 1: Improving Mental Health Consultation

- Who is your consultant?
- What do they do?
- What is their role in the program?

Surprisingly UN-important about MH consultation:

- Hours of MH consulting time per child
- Percent of budget spent on MH
- Size of Head Start program
- Urban, suburban, or rural setting
- Ethnicity of families or staff
- Credentials of consultant (type of professional, level of degree)

Who is Your Mental Health Consultant?

- "Consultation will be effective in bringing about change only when staff believes that the consultant understands the problem, perceives the need for action, and provides support to staff in carrying out the desired change." To do this, consultants must have:
  - Warmth
  - Empathy
  - Respect

  (from Cohen & Kaufman, p. 17-18)

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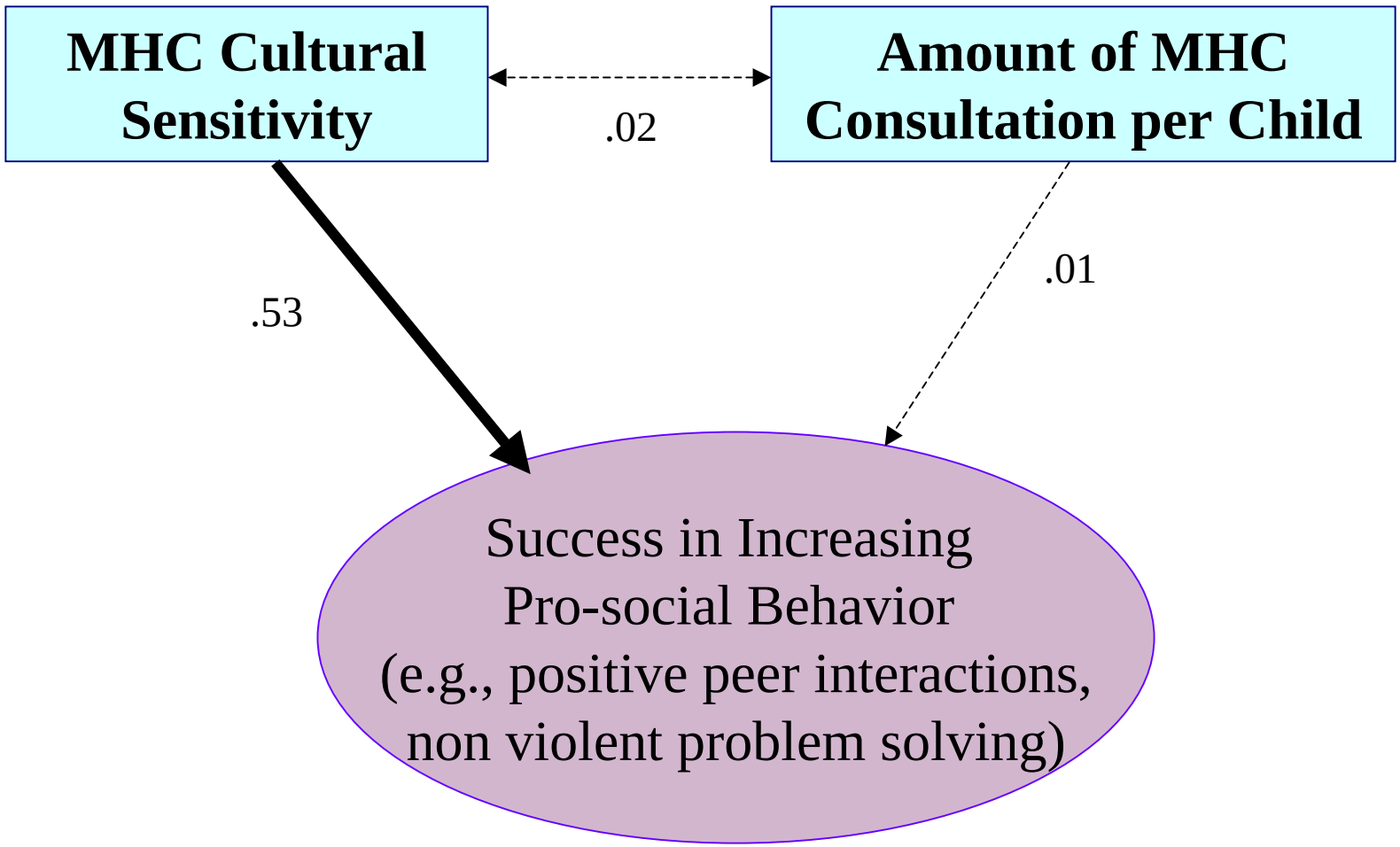
What our research says about who the consultant should be:

- Experienced with young children
- Experienced with Head Start population
- Understands Head Start approach to service delivery: Integration of service components, parent involvement, family centered, holistic approaches
- Ability to make long-term commitment to working with the program
  - Develop relationships with staff and parents over time

Key MHC Characteristics, cont'd.

- MHC understands and provides services consistent with "best practices"—able to model and teach this approach
  - Especially important:
    - MHC sensitivity to cultural issues
    - MHC ability to involve parents
- These factors were important to outcomes even **controlling for** amount of time consultants spent per child.

The More Culturally Sensitive the MHC is, The More Effective Services are in Increasing Positive Behavior



Fits with "Key Competencies" for MH Consultants suggested by Cohen & Kaufman

- Knowledgeable about a variety of intervention strategies
- Knowledgeable about child development
- Knowledgeable about family systems
- Observation and communication skills
- Organizational skills
- Understands a holistic, best practice approach to children's mental health
- Able to integrate mental health activities and philosophies with other Head Start components
- Understand low-income families, cultural differences, and group dynamics
- Sensitive to community's attitudes towards mental health issues
- Knowledgeable about community resources
- Able to recognize diverse perspectives and facilitate communication

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Particularly Important: MHC must be sensitive to cultural issues

- **Research finding:** Having consultants who were seen by staff as more sensitive to families' cultural issues in terms of dealing with MH issues was important to child outcomes
- Consultants typically are *not* of the same racial/ethnic or socio-economic background of clients
- Consultants should be encouraged to engage in general cultural sensitivity/diversity training provided to your staff (or through other resources)
- Consultants should take advantage of opportunities to talk with teachers and parents about cultural differences and how these may play out in children's behavior and how it is interpreted

Particularly Important: MHC must be able to successfully involve parents

- **Research finding:** Having consultants who were seen by staff better able to involve parents in working with a child's MH issues was important to child outcomes
- **Examples of involving parents:**
  - Meet with parents
  - Do home visits
  - Parents know the consultant by name
  - Parents trust the MHC
  - Talk with parents at drop-off and pick-up
  - Attend policy council meetings
  - "for many mental health professionals, this less-confined role can be a welcome break from the more formal constraints of therapy" (Paul Donahue)
- Resource for improving MHC ability to involve parents: ***Mental Health Consultation in Early Childhood***, Donahue, Falk & Provet (2000).

Providing a holistic, family-centered approach

- Some consultants may also provide support to parents in their mental health issues
- Research suggests a strong link between parents' mental health and that of their children
- To get to positive child outcomes, parent mental health must be addressed.
- May need to draw on different resources for adult mental health issues—same consultant may not be appropriate.

MHC Activities: Two Types of Service

- ***Program Level Consultation includes***:
  - Formal and informal training of staff and other staff development activities
  - Meeting with staff
  - Participating in management team processes
  - Supporting staff wellness

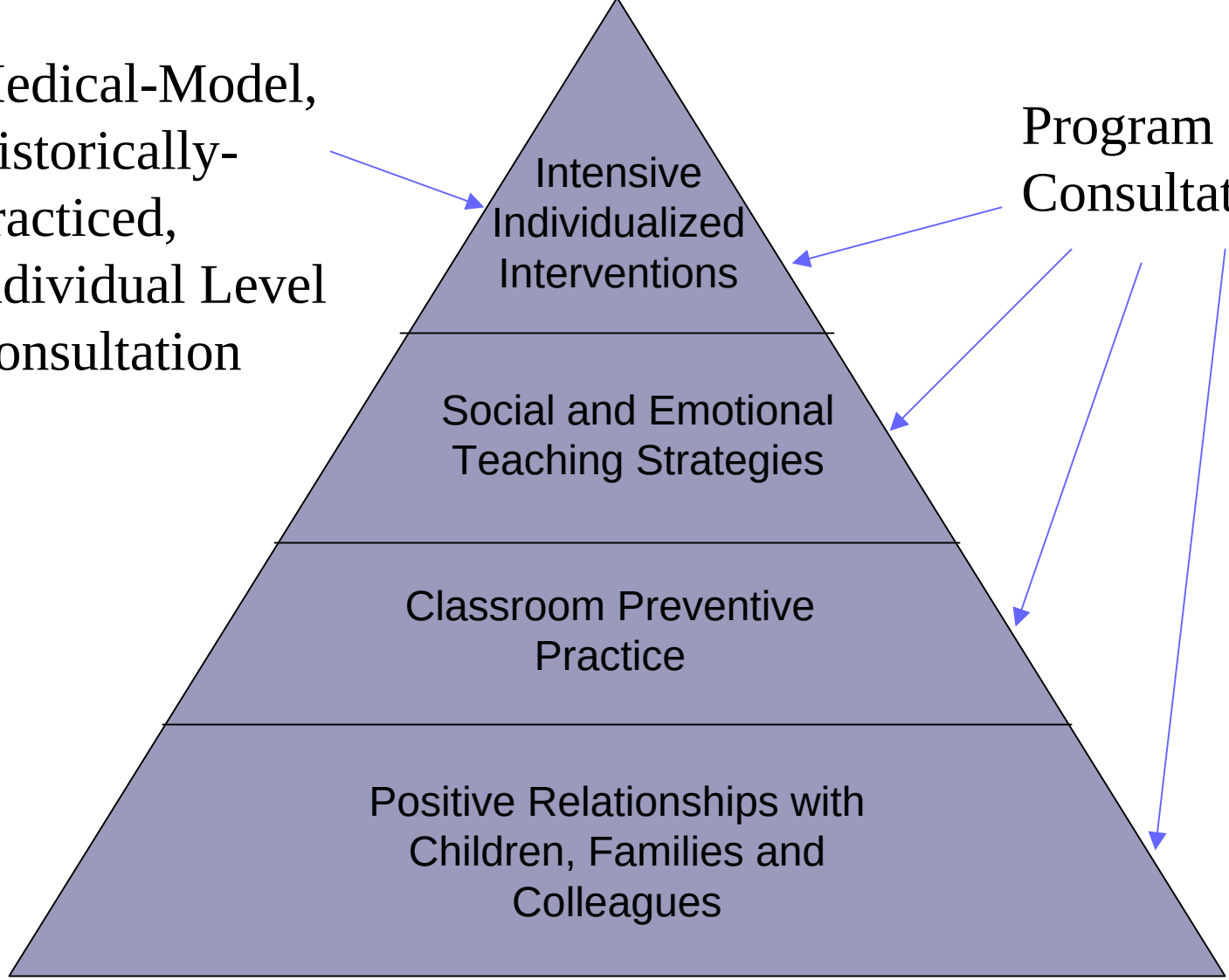
- Goal of this kind of consultation is to improve general program quality and/or to help the program address broad issues that effect more than one child, staff, or family member

MHC Activities: Two Types of Service

- ***Individual Level (Child- or Family-Centered) Consultation includes***:
  - Assessment and screening of individual children
  - Direct service to specific children or families to ameliorate specific issues or concerns
  - Working with staff to develop IEPs
  - Making referrals work for family or staff
- Goal of this type of consultation is to develop a plan to address the functioning difficulties of a particular child (and/or family) in home and/or or early childhood setting

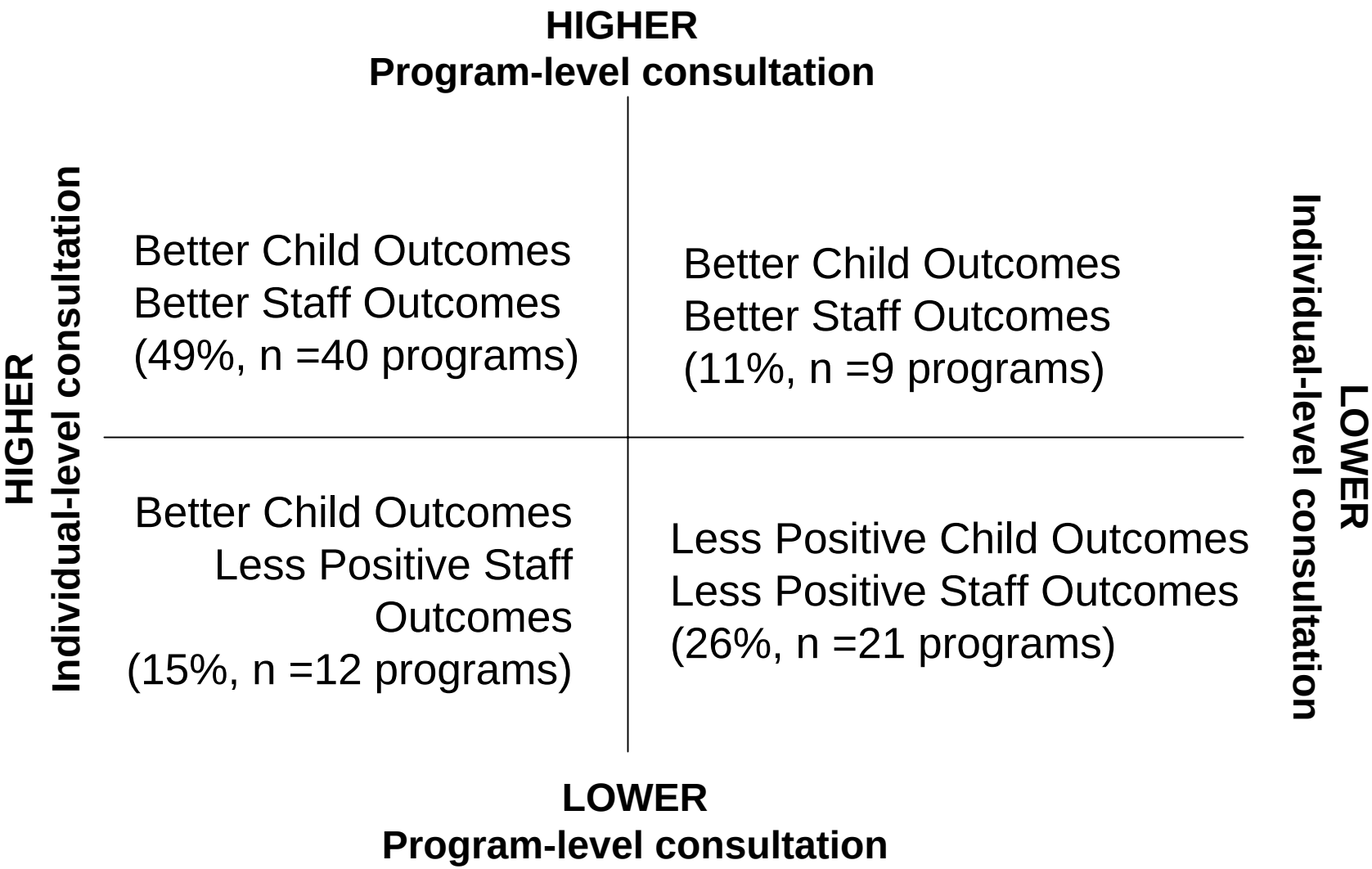
Medical-Model, Historically-Practiced, Individual Level Consultation

Program Level Consultation

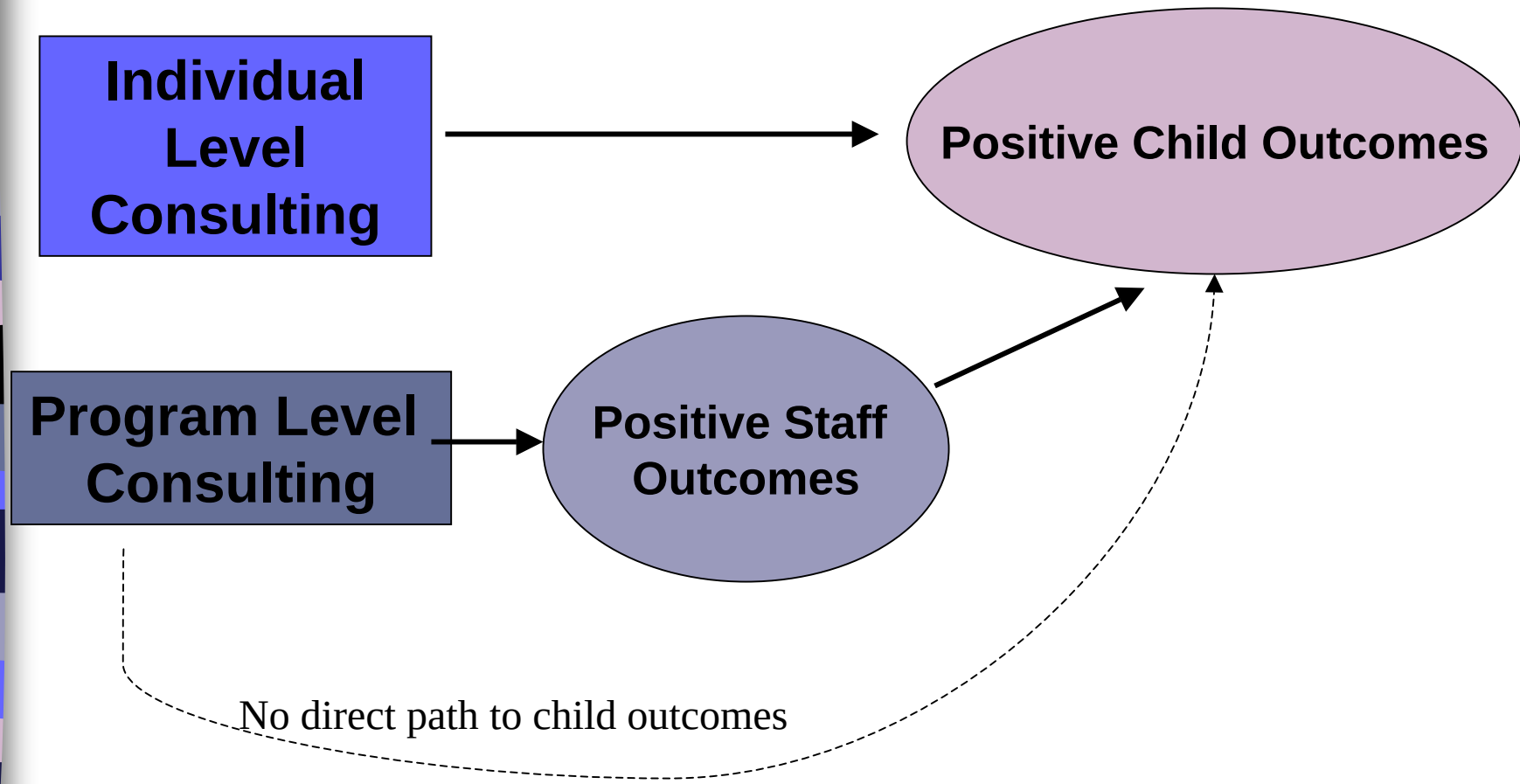


A model for promoting children's social-emotional development and preventing challenging behavior (adapted from the Center on the Social and Emotional Foundations for Early Learning).

MHC Activities & Outcomes



Pathways to Outcomes



Average Outcome Scores By Program Consulting Types

[(1-4 scale), higher is better]

Consulting Type	Externalizing Behavior	Staff Wellness
Low Ind Low Prog	2.8	2.9
High Ind Low Prog	3.2	3.0
Low Ind High Program	3.3	3.4
High Ind High Prog	3.3	3.5

Understanding Pathways to Outcomes

- Why does program level consulting support staff wellness AND individual outcomes?
- Why does individual-level consultation have have positive benefits on kids, but fewer benefits for staff?

Self-Assessment: What Kinds of Services Does Your MHC Provide?

- What kinds of program-level activities?
- What kinds of individual-level activities?
- What could we change to improve what s/he is doing?

Working with A Consultant: What is Important?

- **Integration of consultant into program functioning is key to effective consultation**
- **What is an "integrated" MHC?**
  - Positive MHC-staff relationships
  - See MHC as 'part of the team'
  - See MHC as a resource who is available and accessible to answer questions and support staff
  - Integrated consultants reported higher levels of activities of all types compared to consultants who were less well-integrated (even if hours of consultation provided were the same)—in other words, they tend to do more with the hours they're paid!
  - Integrated consultants can be on-site salaried staff OR contracted consultants—no one profile

Why is Integration Important?

- "First, it directly helps the children;
- Second, it serves as a quality improvement strategy for the staff;
- Third, it provides a concrete way for Head Start to operationalize its commitment to early intervention and prevention"

– Jane Knitzer, *NHSA Dialog*

- **Integration supports working with all kids, rather than just a few**
- Our research suggests that programs with more integrated consultants had:
  1. Higher levels of best practices
  2. More positive outcomes for children
  3. More positive outcomes for staff wellness

MHC-Staff Relationships are KEY

- "When the interactions between a mental health consultant and a child care professional are characterized by trust, warmth, and respect, there are opportunities for growth and learning in both individuals. More important, good relationships between providers help to create a positive, supportive environment for all children. This allows the entire group to reap the benefits of a 'classroom with good mental health'" *Collins et al, 2003*

What can you do to support integration of your MHC?

Do's and Don'ts for Integrating MHCs

DO

- Ask your MHC to provide regular training to staff
- Ask your MHC to visit classrooms frequently
- Provide staff with guidance around how to contact the MHC if needed
- Ask your MHC to meet with staff regularly and informally to provide suggestions about particular children and general strategies for supporting children
- Consider asking your MHC to participate in management team processes

DO

- Involve your MHC in helping to develop a formal mission statement related to children's mental health
- Involve your MHC in supporting staff wellness
- Make sure parents know the MHC: ask him/her to provide parent trainings & orientation, and having the MHC attend Head Start events, Policy Council meetings, etc.
- Make sure your MHC has an attitude of partnering with staff and families
- Try to have a salaried staff person who provides mental health services

Do's and Don'ts for Integrating MHCs

DON'T

- Don't put up too many barriers or gatekeepers to staff direct access of MHC
- Don't hire "rotating" MHCs, try to develop a long-term relationship with one or more consultants
- Don't limit your consultants role to providing child-focused direct service (e.g., child or family assessments, therapy).

DON'T

- Don't assume your MHC knows what is expected of him/her in terms of supporting staff and parents: be clear about roles
- Don't assume staff understand how to interact with the MHC: provide training and guidance
- Don't give up! Remember, relationships and activities matter more than hours and dollars spent!

Some Ways to Achieve Integrated Models of Consultation with Efficiency

See also “Lessons from the Field”by Yoshikawa and Knitzer 1997; http://www.nccp.org/pub_mhs97.html

- Lower level mental health professional provides service with supervision by a licensed professional (e.g., interns, other unlicensed professional)
- Consultant provides training to all staff members in basic mental health skills (observation, assessment, crisis and other intervention skills, etc.).
- Staff do screening and bring in consultant for specific children, work with consultant on overall classroom issues
- “Consultant” is a salaried member of the Head Start staff
- Programs hire “mental health aids” especially for working with minority and non-English speaking families

Supplemental Slide

- Collaborating with health care providers to maximize the use of Medicaid funding for mental health consultation, including state-level collaborations:
  - EG: In Maine, Head Starts are designated Medicaid-reimbursable preventative health programs
  - Collaborate with EPSDT programs
- Identify certified and licensed mental health professionals (e.g., through the American Association for Marriage and Family Therapists) to volunteer to HS program as staff supervisors or providing direct services
- Pooling resources across Head Start and EHS programs within communities
- Using well-supervised psychology or social work interns (can have drawbacks in terms of longevity and consistency)
- Work with other early childhood programs and advocates to enhance the early childhood system of supports

Supplemental Slide

Strategy 2: Staff Development

- Training
- Staff Wellness

How Can Staff Training Support More Effective Mental Health Outcomes?

Provide both formal and informal training opportunities

- **More opportunities for training=More Best Practices, More Supported Staff, Better Child Outcomes**
- **Formal training opportunities in particular linked to child outcomes**
- "Manuals alone do not produce positive change unless they are coupled with peer support or consultant strategies to reinforce the lessons…What works best for [Head Start programs] is having access to ongoing on-site consultation from mental health professionals. Further, these consultants have a clear mandate to work with staff, giving them the tools to work more effectively with the full range of young children in the program (and their families)." -Jane Knitzer, *NHSA Dialog*

Average Outcome Scores (1-4 scale) By Level of Formal MH Training

Consulting Type	Externalizing Behavior	Staff Wellness
Less Formal Training	2.7	2.7
More Formal Training	3.3	3.4

Use your MHC as an in-house training resource

- **In our study, 75% of consultants said they provided formal trainings for staff**
  - **-Of these, 2/3 trained 1-2 times per year**
  - **-1/3 trained monthly or more**
- **Consultant time supporting staff pays off for staff wellness and child outcomes**
- "Consultants provide opportunities for staff to speak together honestly about the problems that they face…Consultants make the hallway conversations and frustrations part of the public dialog about the emotional, mental health, and behavioral needs of children and families, and thereby legitimize the struggles of staff".

Knitzer, Jane. (1999). The Historical Role of Mental Health Services in Head Start and Views From the Field. **NHSA Dialog:** *A Research-To-Practice Journal for the Early Intervention Field*, 2(2), 194-200.

Suggested Training Topics

- **For Direct Service Staff:**
  - Strategies for supporting positive social/emotional development
  - Positive strategies for dealing with challenging behaviors
  - Conducting and using individualized screening tools
  - How to observe children to promote early prevention and intervention for problem behaviors
  - How to talk to families about mental health issues
  - How to collaborate with mental health providers
- **For Mental Health Consultants:**
  - All of the above, plus:
  - Child development, specifically 0-5
  - Parenting and parent involvement
  - How to conduct and use individual and classroom assessments on young children in Head Start environments
  - How to collaborate with early childhood/child care providers

Check out these training resources for staff and consultants

- **"Train the Trainer" guide with all handouts and materials: Promoting the social-emotional competence of young children, available on-line at:**
  - http://csefel.uiuc.edu
  - 4 modules—
    - Classroom preventive practices
    - Social-emotional teaching strategies
    - Individualized intensive interventions
    - Leadership strategies
- Upcoming regional trainings sponsored by the Center for Evidence-Based Practice:
  - http://challengingbehavior.fmhi.usf.edu

Staff Wellness

Resources & Strategies for Staff Wellness

- Use your MHC to develop wellness activities
- Use your MHC to help supervise staff
- Work to develop career ladders and opportunities for professional development
- Staff interests or support groups
- Consider Gallup's **Q^{12}** © to begin
- Resources:
  - http://gmj.gallup.com
  - www.naeyc.org
  - www.cfw.tufts.edu - annotated web site links
  - www.redleafpress.org - books available

Part III: Leadership Role

- Developing Shared Vision
- Directors' Actions

Recipe for Effective MH Program Is *More Than* Assembling Good Ingredients:

- Best Practices
- Qualified MHC
- Well Trained and Supportive Staff
- Involved Families
- Curricula
- Screening and Assessment

Program recipe “ingredients” must be combined with a *purpose* in mind, envisioning the whole “pie” you are creating all the time.

What Supports Strong MH Programs Is:

- **Developing a clear mental health vision or planned approach that is shared throughout organization**
  - Provides a **purpose** for enlisting services of MH professionals
  - Provides clearly understood goals and outcomes for mental health services and approach.
  - Provides common ground for everyone to see their role in supporting positive outcomes for children and families.

What proportion of your staff would strongly agree?

- ✓ Program leadership has a clear vision of how children's mental health issues are related to all program components.

- ✓ Our program has a written philosophy or approach about how to provide children's mental health services.

Compare your program to national findings

- ✓ Program leadership has a clear vision of how children's mental health issues are related to all program components.
  - ✓ 53% of staff nationally strongly agree
  - ✓ 71% of staff at the strong programs
- ✓ Program has a written philosophy or approach to providing children's MH services.
  - ✓ 68% of staff nationally strongly agree
  - ✓ 80% of staff at the strong programs

Why is shared vision important?

Survey results found that programs with greatest agreement about mental health services and goals and with a shared approach to children's mental health also had:

- **Higher levels of "best practices"**
- **Better perceived outcomes for children and staff**

Before you begin to think about "shared vision" remember: Staff/ Management perceptions often diverge

"Strongly agree" with items:	ADMIN	DIRECT
Consultant is experienced	78%	66%
MHC has good relationships with staff	73%	56%
MHC is available	45%	38%

Staff/ Manager Perceptions Diverge, *continued*

MH services "Helped":	ADMIN	DIRECT
Aggression toward other children	89%	72%
Smooth classroom transitions	87%	75%
Increase positive behavior "a lot"	46%	36%
Decrease externalizing behaviors "a lot"	41%	30%

Bloom, Paula Jorde. (2000). ***Circle of Influence:*** *Implementing Shared Decision Making and Participative Management.* Lake Forest, IL: New Horizons

While next two graphs are from a previously published source, as noted, this book was the source we had. Many other useful insights are found in *Circle of Influence*, relevant to "how to" undertake some of our leadership recommendations.

Some signs of a clear, shared vision:

- Written mission or vision statement stresses healthy psychosocial growth
- Phrases from it are used in everyday conversation around the organization
- If an outsider asked what the goals of "the MH program" are, many staff would "talk the talk" and be able to answer

OK, so how do I begin to develop a vision and a plan for action?

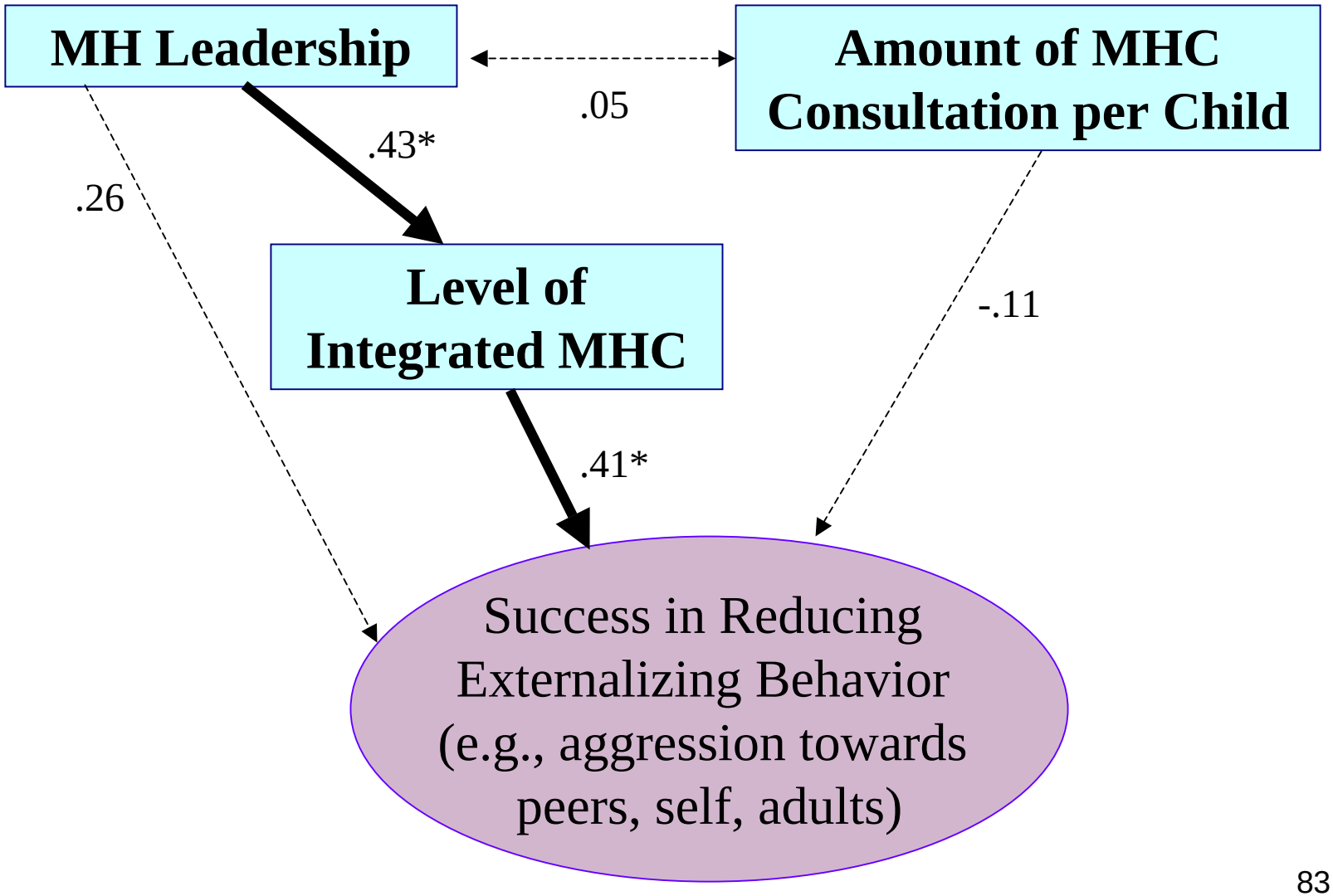
1. Make the commitment and provide ***leadership***

- Set a positive tone about potential
- Support for the MH team – include time, training & TA, $
- Facilitate reinforcing personal experiences for all staff
- Recognize risk-takers, experimenters

The Importance of Program Leadership

- Strong mental health leadership. Persons in leadership roles should:
  - Have a clear vision of integrated mental health services
  - Facilitate a shared vision across staff for how to approach mental health issues
  - Facilitate implementation of “best practices” in early childhood mental health
  - Provide support to staff for training re: mental health
  - Advocate for additional resources for MH and seek creative solutions to meet the need for an integrated MH professional

Stronger leaders→More integrated MH professionals→Better Outcomes



Step Three: Broaden Participation in Developing Vision

2. Set up egalitarian ***team*** of stakeholders

- Small group of teachers, admin, parents, MH professionals etc.
- Collaborative decisions by members who feel ***equal***
- Generates wide exploration of new ideas
- Generates **ownership**

Mental Health Is Everyone's Responsibility (Wide Ownership)

- **Horizontal Management style:** staff members, teachers, directors, support staff work together, with parents, to address children's needs: more team meetings to share ideas, more inclusion of directors and consultants in supporting individual teachers and children, fewer barriers in teacher access to consultation.
- Lara, McCabe, and Brooks Gunn (2000) report that teachers in Head Start programs reflecting this type of management style cope better with children's behavior problems.

Resources for collaborative/ participatory/ consensus management practices

- **Circle of Influence** by Paula Jorde Bloom (2000)
- **Web of Inclusion** by Sally Helgesen (1995)
- **Blueprint For Action** by Bloom, Sheerer, & Britz (1992)

Step Four: Stakeholder Training

3. Make sure team is well-trained

- Understands EC Mental Health issues
- Understands Best Practices
- Has Knowledge of Evidence-Based Strategies

Step 5: Develop Agreed Upon Goals & Outcomes

1st team decision = **Outcomes** to strive for

- Written vision of an imagined future
- Guides work and direction of stakeholder team

How to Begin Talking about "Goals" and "Outcomes"

- How would you know if your MH program was "working" well?
- What changes would you see in children, families, staff, your overall program?
- Don't worry about "measurable outcomes" at this stage

Consider List of Better Outcomes from Our Study, When Shared Vision Exists:

- Child & Classrooms:
  - Reduced aggressive behavior
  - Reduced destructive behavior
  - Increased pro-social behavior
  - Increased Positive social interactions between children
  - Increased Age-appropriate emotional regulation
  - Smoother transitions between activities
- Staff:
  - Feel supported in their work
  - Feel less stressed
  - Have access to someone who can help them with specific problems or issues
  - Successfully implement best practices and evidence based strategies

Supplemental Slide

Step 6: Assess Current Situation vs. Ideals

2nd team decision = Assess What Needs to Change

- How well does current situation compare to vision?
- Need for change = discrepancy between desired outcomes & current ones

Compare Actual to Ideal:

- Knowledge/Acceptance of ECMH Best Practices
- Mental Health Consultant:
  - Who are they?
  - What do they do?
  - How do they work with the program?
- Staff:
  - Training
  - Wellness
- Program:
  - Cohesive Vision and Understanding of Mental Health Approach
  - Leadership & Advocacy

Step 7: Identify Barriers to Achieving Goals

3rd team decision = Identify **Barriers**

- Knowledge
- Experience
- Beliefs & Attitudes*
  - (Changed by Learning & Experience)
- Policies
- (Access to resources)
- (Finances)

Step 8: Strategize & Plan Next Steps

4th, Team plans around challenges by choosing next steps

- Small steps that are easy to track
  - What can be done to go past challenges? (objectives)
  - What contexts could circumvent challenges? (strategies)
- Measurable goals & objectives (smaller than the ultimate vision)

Step 9: Periodically re-evaluate the changes …

- Are actions planned?
- Is there follow through?
- Do changes lead to the expected outcomes?
- Are there **un**expected outcomes (positive or negative)?

…then plan some more action.

Three reasons change fails

- Insufficient staff input into goals and improvements chosen—does not meet needs and beliefs of staff
- Change was viewed too narrowly— didn't take a *systems* approach
  - Solely change the MH consultant
  - Simply add more consult hours per year
  - Do "one-shot" trainings
- Don't take the long view—change typically happens over time, can't do everything at once.

(Parkay & Damico (1989)

Summary of Steps for Building and Acting on a MH Vision

1. **Make the commitment and provide leadership**
2. Set up a team of stakeholders to formulate the vision and plan
3. Make sure the team is well-trained in MH best practices & evidence-based strategies
4. Agree on desired outcomes
5. Assess what needs to change
6. Identify barriers to achieving goals
7. Plan strategies to overcome barriers and achieve goals
8. Re-evaluate progress regularly

Recommendations & Conclusions

1. Have a vision, and preferably a written vision statement, specific to children's mental health
   - Reflects best practices
   - Developed with complete staff input
   - Shared and understood by all staff and consultants

Recommendations, continued

2. Ensure Adequate Mental Health Services from a Qualified Professional
   - Experienced with HS populations and well-versed in HS philosophy:
     - Parent Involvement
     - Cultural Sensitivity
   - Understands and implements “best practices” in ECMH
   - Activities and role structured to maximize integration into day-to-day program functioning
   - Have MHC provide “program-level” consultation to support staff and maximize efficiency

Recommendations, continued

3. Provide both formal and informal training opportunities for staff to learn about best practices and evidence-based strategies in ECMH
   - Work collaboratively with other providers to maximize training resources
4. Support staff development and wellness to facilitate child well-being

Recommendations, continued

5. Be a strong leader and advocate for early childhood mental health in your program and community.
   - Focus on importance of ECMH/social emotional development for school readiness

For More Information

- Beth Green: green@npcresearch.com
- RTC website:
  - http://www.rtc.pdx.edu/pgProjGuidance.php
- Upcoming article in *National Head Start Association (NHSA) Dialog: A Research to Practice Journal*