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✚ Include a description of the strengths of your ECMH program.

- We have become a leader for ECMH in our region. The mental health agency sponsors a Regional Peer Supervision Group that is videoconferenced throughout a 10 county region.
- The ECMH Director is highly active in ECMH workforce development for southeastern Ohio. This began 5 years ago through the creation of an ECMH counseling internship. 3 out of 5 people completing this internship have gone on to employment at the mental health agency in the ECMH Department.
- The ECMH agency is in the unique position to offer comprehensive mental health services for the early childhood population ranging from prevention and consultation to individual and family therapy services. This comprehensive approach ensures that the needs of each child and family are met. Feedback from parents and teachers regarding the Early Childhood Mental Health team continues to be positive
- The ECMH consultants meet with the parents of children identified with concerns to discuss specific child issues and offer suggestions, as well as possible referrals. They follow up the initial meeting with phone calls to assess the child's progress and try to meet with parents again at the end of the year to determine continued areas of need and interventions.
- Over the years, these mental health consultants have established an ongoing relationship with directors and teachers of childcare centers in the county. Consequently, the directors and staff feel comfortable approaching the consultant with concerns and questions about children in their care. They are equally receptive to learning from the consultant's observations of classroom functioning and to integrating suggestions that would improve the classroom environments, making childcare centers more conducive to promoting the social/emotional development of young children.
- ECMH consultation services and activities in the county changed dramatically in fiscal year 2010 as compared with services provided in prior years. This change allowed consultation services to be provided at the identified day care centers in the county- many of which were previously unaware of ECMH services. Providing center based services allows for more children and families to be served and more efficient use of funds to reach more children. Because services are provided to children in group settings there is no need to "recruit" participants or to use resources to "get the word out".
- A program strength is the financial support from several local foundations which have agreed to assist with paying childcare staffs time at ECMH trainings, due to some childcare centers not having the ability to pay their staff for training time. This helped significantly in eliminating this barrier to obtaining necessary training.
- The ECMH program is guided by a program Advisory Council that helps to involve the community, funders, and families. Currently the Advisory Council has members serving on the Council from the ADAMH Board, Childcare Resource and Referral Agency, various childcare partners, and program staff. The Advisory Council is active and involved in program planning.
- The most significant strength of the ECMH program is the motivation, dedication, and collaboration amongst the ECMH specialists. The specialists have gone above and beyond in accommodating the specific needs of each center, especially as centers work to become Star Rated. They have familiarized themselves with the requirements of Step-Up-

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to- Quality, have learned to implement the ECERS (Early Childhood Environmental Rating Scale) and the ITERS (Infant and Toddler Environmental Rating Scales), have attended Incredible Years trainings, train the trainer sessions, and have taken the initiative to attend county-wide director's meetings in an effort to build relationships and partnerships. Their hearts are clearly focused on best meeting needs of youth so every child has a chance at success.

Include a description of the barriers to implementation of ECMH consultation activities, if any, and how these were addressed.

- One of the greatest barriers to implementation of proposed activities is engagement of parents in the consultation process. Due in part to cultural issues, geographical problems, and lack of resources, families often fail to follow through with scheduled meetings or have difficulty getting to meetings. Transportation continues to be a major barrier to families when it comes to accessing services, due to the lack of a comprehensive public transportation system, socioeconomic limitations, and the large geographic size of the county. Many families have no transportation of their own, limited funds for gasoline, and no way to get to services which may be a minimum of 15-30 miles one way within the county. This problem has been further exacerbated by the county's high unemployment rate and poverty level. Many services are also located outside of the county, making it even more difficult, if not impossible, for families to access. The Appalachian culture of the county also results in resistance to center-based services and distrust of service providers, resulting in a reluctance to become involved in the consultation process or follow through on recommendations. Many of the parents also have their own unmet needs, such as substance abuse, mental health or poverty concerns, which may affect their ability to make the best choices for their children's well-being. Since parents have the "final say" on what interventions can be implemented, the children may not always have full access to assistance which could benefit them.
- Services to one county have been severely limited due to the changes made by the Head Start agency. Having consultants from a county not connected to our program offering program-based consultation, with the expectation of staff to make referrals for child-focused consultations to a different consultant, has caused an unexpected fragmentation of services from our perspective.
- It is a common practice in lower functioning centers to routinely combine groups of children so that the center can maintain the appropriate ratio of adult to children. The result is that children, on a daily basis, feel unsure of where they will be for the day and who will care for them. Teachers do not know the needs of the children in their care and cannot understand that some of the "challenging" behaviors that they see are a result of the anxiety that children feel in an unpredictable environment.
- Our program serves four centers which are franchised profit centers. One of the barriers of working for a franchised center is that the director can not make a decision or implement a change without going through the corporate office which makes the final decision. Because of this barrier the consultant is able to work with the teacher in making subtle changes such as implementing a change in how the classrooms are rotated versus making macro or larger changes that would require the director to process the change through their corporate office.

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- There were very few barriers to our program this year. One barrier was the lack of interest and cooperation from several teachers regarding recommendations limiting their ability to follow through. This problem was addressed by setting up multiple meetings with the whole classroom team and administrators. Plans were developed and dates were given to complete tasks. Items to be addressed were broken down into smaller tasks for the staff.
- Many of the childcare programs that the TOTS Program (ECMH consultation) serves are mostly familiar with child-focused consultation services that they have participated in past funding years. Many childcare centers were hesitant and even resistant to a universal consultation approach as defined in the ODMH guidelines. In some instances consultation was initially provided for an individual child and as a relationship was built, teachers became more accepting of a universal approach.
- Our main barrier to implementation of ECMHC services is our relationships with the childcare centers in the County. As previously discussed, we have a strong relationship with the Head Start providers in the County but further relationship-building is needed with the childcare centers. The changes to the ECMHC program in FY 2010 actually helped build our relationships with these private providers. This Consultant initially contacted the private childcare centers to introduce myself and identify if these centers would be interested in signing agreements for ECMHC services. The five childcare centers in our County that are on our identified list all agreed to sign the agreements for services. The next step was to actually engage these centers with services. This Consultant provided training about the “nuts and bolts” of ECMHC services to help these centers understand the benefits of ECMHC services. Providers from all five of the childcare centers that we were hoping to engage attended the training. After this training, one of these childcare centers referred a client for child-focused consultation and another center requested program-focused consultation. Continued outreach is needed to engage these childcare centers.
- It would be quite helpful if SUTQ provided some recognition, extra points toward earning a star, or fiscal support for EC programs who partner with ECMHC. Administrators can become quite focused on working toward SUTQ-identified improvements, and may undervalue ECMHC, which is not formally recognized by SUTQ. This is particularly disappointing in light of research (i.e., Raver out of Chicago) that indicates EC programs working with ECMHC display more positive teacher-child interaction, reduced teacher stress and turnover, and improved child social/emotional and academic outcomes. It is our belief that the EC programs who make the ongoing commitment to work with us and strengthen their programs should receive formal acknowledgement of their efforts to strengthen program quality.
- One staff shared, “We just get rid of the problem behavior children”
- Although the ECMH Specialist works closely with the child care centers, the willingness and follow through for the screens or behavioral planning is difficult. Center directors often leave it up to their teachers to follow through but often with no additional support. Additionally the turn over and level of professionalism for the classroom teachers varies greatly. In other cases the Center Director just wants the Specialist to come in and “take care” of issues. The ECMH Specialist has tried to take time to meet with the center directors regularly and to emphasize the importance of their leadership and buy in for the process to be successful.

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✚ Describe any cultural and linguistic barriers that have been encountered and how these have been addressed.

- There does seem to be an increasing Hispanic population in the area which has the potential of creating some cultural and/or linguistic barriers. The Mental Health Center does have a Spanish speaking person on staff so such a situation could be accommodated. Also, with two Universities in the Board area, students majoring in foreign languages could be recruited, as needed, for specific purposes.
- In the past, our primary ECMH consultant, who was born and raised in Appalachia, had little challenge building connections with families and EC programs. This year, we hired a new staff person who had relocated from a different county. She was partially funded by the ODMH initiative. Although children engaged with her easily, ECMH professionals and parents were less able to do so. Language differences and cultural expectations led to some conflicts. Although there were attempts to work with this provider, in February she resigned her position.
- The consultant observed a cultural difference regarding the expectations of child behavior of families of Middle Eastern descent. The consultant made efforts to educate staff and families on child development, bridge different expectations and develop effective behavioral management strategies while respecting the norms of the families. Four Spanish speaking children/families were served during the past year. Needed communication/interpretation with children and parents was successfully provided by center staff at the centers served.
- There were at least 4 referrals involving Muslim families. At one of the day care centers, the staff began to fear one of the families due to lack of knowledge of the family's culture and customs. One way this was handled was to educate staff on culture and customs, and to consciously work to include that culture into the classroom themes and routines. The child I was working with was encouraged to share things that her family did on special occasions, and to discuss her Islamic school activities. This increased classroom and staff understanding and increased participation from the child, with the added benefit of increasing her attachment to others in the classroom. One of the families had at least one parent who did not speak English, but the other parent translated for her. Another Muslim mother, who is single, was very distrustful of ECMH services. Considerable effort was spent building trust and rapport with the mother. The mother came to depend on and trust the ECMH Consultant's suggestions, and requested meetings to discuss the suggestions.
- In addition to the cultural barriers identified, we did have a few linguistic barriers which arose during the past fiscal year. A couple classrooms had Spanish-speaking children attending their programs and did not feel adequate in meeting the children's needs due to the language barrier. In working with the classrooms, a number of ideas were generated to address these concerns, including have a family member attend with the children, utilizing retired Spanish teachers or college students to assist in the classrooms, and seeking additional resources through the Columbiana County Educational Services Center.

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- There can be many cultural and linguistic barriers in a county as diverse as this County. Consultants are able to use other early childhood staff who speak Spanish fluently when necessary. Also due to the large number of training sessions we do, sites that have not typically used outside services have asked for our services. Consultants spend a great deal of time building relationships with the child care community and this has lessened many barriers.
- One family in a classroom consultation had a mom and child that were primarily speaking Japanese. The following steps were taken to address this barrier:
 - The consultant linked the teaching staff to a professor at the local university. He provided cultural information to the teachers.
 - The consultant linked the teachers to a website that provided a Japanese-English dictionary for children. The teachers used this link to label items in the classroom and to learn some basic words in Japanese.
 - Mom secured a translator so she could read the notes the teachers sent home to her about her child and events at the center.
 - Mom provided audio stories that she read from Japanese books. These stories were put into the listening center along with the books so all children could listen.
 - When the family was transferred back to Japan, the classroom had a party with a Japanese theme to say farewell. This included having tea that mom provided for the children and their “grandfriends” in this intergenerational program.
- We continue to successfully provide services to families from a variety of different cultures. We frequently utilize Spanish language interpreters through the support of the ADAMHS Board, as well as interpreters employed through our Early Childhood Division that includes four bilingual staff. Occasionally we provide services to children and families who speak Chinese, Croatian, and Russian. These linguistic needs are addressed through the assistance of a telephone interpretation service.
- The only barrier to implementation was the language difference in terms of the parents and consultants with the Texas Migrant Headstart. The center explained that they too have that difficulty, as most of the children’s parents only speak Spanish. We came up with a plan to have the information from 123 Magic presented by the Spanish version of the program at a parent meeting and then we will be there to answer any of their questions, by having the one bilingual teacher present to provide interpretation.

 **A narrative summary describing the overall impact of ECMH Specialists on the goal of building protective factors and increasing competencies and skills of parents and providers, including how the ECMH program has positively impacted children and families in the community.**

- The impact made by the ECMH specialist in SC is a result of her efforts toward maintaining a high level of visibility. During SFY 2010, she has provided community presentations on positive parenting, has conducted the Incredible Years Parenting Program, and has offered support and encouragement to parents as well as an understanding of their efforts to do the “best they can.” She has built bridges in the community through collaboration with other agencies as she helped them understand the services that are provided through the ECMH grant. She has consistently provided

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strength-giving intervention to parents seeking assistance. The impact from such efforts has been one of increased access through knowledge of the program's existence.

- The ECMH Specialists providing services in the County know they have made a positive impact there as their programs have drawn interest from the teachers and have been duplicated by them in other classes within the pre-schools. It has been observed and reported that the children seem to be better able to cope with and solve problems on their own and, therefore, have better protective factors available to them. The teachers are more readily coming forward to consult with the ECMH staff around problems. One can conclude that this will increase the teachers' competencies within their own classrooms.
- I will include a brief summary of a case example of a family that has been impacted by the services that the ECMH programs have provided:
 - *This is one of the most powerful parenting experiences this facilitator has ever been part of. Many parents expressed their gratitude at being involved with this program. One mother of many children was initially reluctant to participate in the Incredible Years, thinking that this would just be another "class" where someone lectured to the parents about what they should do. She was surprised by the role playing and overcame some reluctance to participate: she was wholeheartedly using the techniques she learned in the sessions with her children at home and now reports that she has different children! She reported decreasing the number of times she yells at her children and reported that she enjoys her children more. Another parent realized that she was missing out on a valuable part of her child's life: play. By playing with her child, this mother changed her relationship and she feels closer than ever to this child. The statistics speak for themselves: in two of the classes over 78% of the parents completed the program by completing both the pre- and post-test evaluation. The average number of sessions attended was 7.8 out of 10 sessions. This is a huge commitment and parents consistently returned to the group.*
- By the report of involved teachers/providers, having ECMH consultant services available to them, both on a universal level and a child-specific level, were of benefit to them and the children that they serve in a variety of ways.
- To begin with, they noted that having universal-level ECMH consultation as a part of their yearly classroom experience allowed them to identify strengths, areas of concerns, and possible strategies for bettering the social, emotional, and behavioral functioning of their classrooms early in the year. In addition, having universal-level consultation at the end of the year was reported to be something of both interest and encouragement on the parts of involved teachers. They reported that it allowed them a chance to directly view classroom-wide changes, along with the impact of implemented strategies and approaches in working toward building upon the strengths inherent in the children in their classroom.
- The resiliency factors gained through these services will help children cope with future challenges they face and those faced by their families in these stressful times. The resiliency factors gained through these services will help children cope with the future challenges they face and those faced by their families in these stressful times.
- This year we took all of our social emotional resources and divided them up into plastic totes/boxes and took them to the classrooms. This way the teachers had easy access to a variety of resources. This was beneficial to the teachers because they are very busy and

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did not have much time to stop and look through the resources that we had in our office. This helped with building protective factors and the teachers had their classroom action plan along with their classroom profile from the DECA, so then the teachers could look through the materials and find additional activities and resources to help build protective factors for their individual classrooms.

- Day care staff continued to gain a broader understanding of the importance of social emotional health, including conflict resolution skills and the importance of building protective factors as it relates and affects the child's behavior in the classroom and in society. The classroom staff increased the use of positive discipline techniques in the classrooms, creating a calmer, more caring environment. Staff in the local day care community has gained valuable knowledge about the importance of protective factors and were able to share this knowledge with the families they serve. This would not happen for certain centers if our program was not offered to them. As the need for mental health services increased due to economic conditions the staff and parents gained insight into the services offered in the community.
- This early intervention is a key component to the prevention of future serious mental health concerns.
- The use of Early Childhood Mental Health Specialists to provide center-based consultations, child-specific interventions, and parent/provider education increases the likelihood that children will be exposed to more positive parenting and child care practices. Building protective factors to moderate or buffer the negative effects of stress for both children and families is the cornerstone of an effective ECMH consultation program. By offering consultation, parenting education groups, and in-home community support services that focus on strengthening parenting, providing social connections, increasing knowledge of parenting and child development, linking families to needed supports, and facilitating the social and emotional competence of children, child-care providers and parents are able to respond more appropriately to the social and emotional needs of young children. Meeting with parents to discuss their concerns and give suggestions has positively impacted both the children and their families. Adults with information about support systems and resources for assistance may also be more likely to reach out for help when they become stressed by the challenges of raising a young child.
- The positive relationships that we have developed with the staff have resulted in their being very open to suggestions, being willing to try different interventions, and asking for assistance if they have a concern. Many of the teachers now regularly implement the strategies and coping skills within their classrooms. As a result, the staff are often able to effectively intervene in situations which do arise without outside consultation, and they are better able to determine when it is appropriate to make a referral for additional observation and assessment. By working together with the teachers and the parents, the children's needs are also able to be met more effectively and consistently.
- The impact of this program is found in the three goal areas:
 1. **To improve the social, behavioral and emotional functioning of at-risk children in child care:** In this area, Consultants utilize observations and interventions with children at risk of failure in a group setting.
 2. **To increase the competencies of parents/caregivers of preschool children at-risk in child care settings:** The goal is to strengthen the relationships between parents

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- and staff so that everyone can be working towards helping children be successful and to make sure that individual children get the help they need. There were also 6 parent group training sessions to provide information and guidance to parents and families.
3. **To increase the competencies of child care staff:** Consultants worked with child care staff in a variety of ways to increase awareness and raise the level of expertise in matters concerning young children.
- The services take the pressure and tension from the challenging situation that the child, family and center are experiencing, and focuses that energy on making positive changes.
 - The availability of local mental health clinicians who work with young children has reduced costs to families who would otherwise need to travel outside the community for these services.
 - When receiving referrals from teachers, they are more able to provide specific information such as when the challenging behaviors occur, how often as well as multiple ways they have tried to work with the child and the parents. This is great improvement from years past when the consultant had to ask those questions—staff now knows what to be looking for. In addition to an increased awareness on the part of childcare staff, parents are approaching administrators in the childcare center with concerns they have for their child at home. Parents are recognizing concerns in their children and are more comfortable with staff and consultants to ask for help. In return, administrators/staff members are facilitating more referrals to the consultant on behalf of the parents.
 - There appears to be an increase in communication with staff and caregivers regarding the appropriate development of young children and staff members are utilizing the consultation resources available to them. Childcare staff is also making more referrals to local resources for concerns with developmental delays, counseling services, and financial resources for their families. The consultant receives calls from childcare staff members regularly asking about resources related to parenting, speech, and financial resources for all of their families, not just the children they are referring for individual consultation. Building these attachments between parents and childcare staff carries over into the classroom where teachers are building stronger relationships with their children. Childcare staff is more able to identify possible causes to challenging behavior and have been less apt to take the behavior as a personal attack. This makes it much easier to develop appropriate interventions and work with parents more effectively. With less time needed to build relationships, more time can be spent on interventions.
 - One positive impact is that the Head Start Center doesn't remove children from centers because they lack protective factors identified on the DECA. Instead the teaching staff have increased their competencies in dealing with children that lack protective factors and have learned skills to increase protective factors in the classroom. Parents have become more involved in children's developmental needs. Teachers and staff are able to identify children that are at risk and get interventions set up and in place sooner and involve parents in this process.
 - The ECMHC program made a huge impact within this county. The most astonishing data demonstrated that the program helped decrease preschool expulsion by over 95%, as compared to the rate 1 year prior to ECMHC programming. As a result, children were able to remain in the classroom so they could continue to learn and develop social skills that strengthen protective factors. Additionally, parents were able to stay at work instead of being called away to deal with their child's misbehavior; the program helps to keep

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working parents employed. It also helped families by linking them to community resources that assist children and families. As a result of the ECMHC program, families in County have options for childcare after their child has been expelled from a preschool/childcare center (non-ECMHC site). Prior to our program, parents did not have this supportive option.

- The ECMH Specialist has been able to provide families with direct links to services in our agency such as play therapy, child case management, and Homework's therapy, Parenting Programs, and Med Somatic services. ECMH has also been able to link families to appropriate services in the community such as Help Me Grow, DD, Cincinnati Children's Hospital, Speech/OT/PT agencies, Head Start, Child Advocacy Center, etc. ECMH Consultant has been able to assist parents and teachers with building protective factors by educating them about protective factors, assessing DECAS and providing DECA literature on protective factors and role modeling social/emotional skill building in classrooms and homes.
- This year there were no issues regarding capacity versus the need for ECMH Consultation services. This year with the new consultation allocations and guidelines we were required to serve more early childhood settings (11) than we had in the past, which may explain why there were no additional requests for center based services. Also with changing the focus of the consultation program to focusing more on the program/classroom elements, it has reduced the number of children being referred for individual consultation services and the number of children categorized as at risk for removal.

✚ Include examples of consultation services provided including issues that were presented, the proposed solution, and whether the solution was effective for both child centered and program centered consultations.

CENTER BASED CONSULTATION

- In a particular center, as a result of an observation, the consultant expressed concerns of a particular teacher and her approach being taken with students. This center had recently made multiple referrals for evaluations/observations. The outcome resulted in identifying a common denominator with these children being the particular approach of the teacher. Adjustments were made within the classroom as a result of the recommendations of the consultant, and all the children were able to maintain in the classroom with improved behavior.
- From a center perspective there are two centers which really received significant input and demonstrated significant change in the setting. One center was really struggling with the toddler classroom with a significant amount of biting and fighting between the children in the room. Several discussions were held and ultimately it was determined that a shift in job responsibilities would have the greatest impact on the class. This change, paired with the introduction of classroom routines and boundaries, produced a much calmer environment and happier children and staff.
- In the other center there was a situation where the classroom was definitely being run by the children. The lead teacher in the room appeared very overwhelmed and stressed out. There was concern expressed by the administration that they were about to lose a valued staff member. Through the consultation process and modeling of the structure this classroom went from totally out of control to a well maintained and highly efficient

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room. To illustrate this, the initial observation of circle time was 40 minutes with only days of the week and colors discussed. Through consultation circle time evolved into a 15 minute circle which included days, months, weather, counting, short story, group discussion pledge and discussion about the life cycle of a butterfly. This teacher was recently observed to be optimistic and positive and was managing her classroom and children well in an engaging environment.

- Due to elimination of the ELI program, several staff members were switched into new classrooms at the beginning of the 2009-2010 year. This presented challenges for many staff. One classroom teacher in particular struggled with the transition into a new classroom and a new age group. Upon conducting a classroom observation, the Early Childhood Therapist observed an overwhelmed teacher and children who struggled with appropriate interactions and self-regulation. The therapist collaborated with the center director and the teacher to develop an action plan based on the observed and reported needs of the teacher. The therapist provided basic management interventions to use, such as visual cues and basic social-emotional teaching strategies. The therapist used role modeling and coaching to assist the classroom teacher in learning management strategies and appropriate interactions. The therapist checked in with the teacher and director throughout the program year and conducted a classroom post-observation. Upon the post-observation the teacher was more attuned to the needs of the children in the room, the overall classroom management was improved, and the frequency of age appropriate interactions with children increased
- The Early Childhood Therapists also offer intensive individual interventions for children who require additional assistance in the classroom. In order for a child to receive individual intervention/consultation services, early childhood teaching staff must complete a referral packet. The referral packet consists of 5 pages: (1) An Antecedent-Behavior-Consequence (ABC) tracking sheet, (2) A Devereux Early Childhood Assessment or the Devereux Early Childhood Assessment for Infants/Toddlers, (3) Release of Information, (4) Request for Support Services, and (5) Parental consent for treatment. Once this information is gathered, the Early Childhood Therapist reviews it and continues gathering additional information from center staff, parents, and through classroom observations. The Early Childhood Therapist must respond to a referral within ten business days; in this way, all children are served quickly and no waiting list is maintained. After two to three weeks of observing the child in the classroom setting, the Early Childhood Therapist sets up a meeting with center staff and the child's parent to develop a Behavior Intervention Plan (BIP). During this meeting, the Early Childhood Therapist collaborates with center staff and parents to provide classroom supports for individual children. Specific interventions used depend on the needs of the child; however, services mainly focus on increasing within-child protective factors and recognizing positive behaviors in the classroom. Throughout the intervention/consultation process, the Early Childhood Therapist assesses level of need and makes appropriate referrals for additional services, if needed.
- An example of classroom consultation provided in our ECMH Consultation program involves one of our consultants working with a 3 and 4 year old classroom. This classroom was having difficulty using their words and instead resorted to hitting and sometimes biting. They also were not taking turns or sharing very well. The consultant observed that many of the children lacked the self-control that would come with the age

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or 3 and 4 year olds. After having DECA's done on each child in the classroom and doing a series of observations, the consultant developed three intervention ideas. The first was to use social stories to teach the children how to use their words instead of hitting. They used stories called "I can use my words" and "Super friend Story". The second was to use the DECA behavior handbook for the class which included a book list on self help skills and hygiene. The final intervention was to bring visual aids to each center to limit the number of children at each center. The consultant also had them label each important object in the class with a picture. After the teacher meeting the teachers were very excited to take their new ideas and put them to work. They implemented all of the strategies and by the end of the year there was a large increase in the positive behaviors in the classroom. The DECA scores also dramatically increased due to the new interventions.

- There were two teachers in a classroom that had different styles of teaching. The children were confused because one teacher wanted structure and the other one did not. The consultant's challenge was to get them to work together. The consultant intervened by introducing the teachers to a team teaching approach and helping them to understand how valuable and beneficial this approach would be to the children in their classroom. The teachers are now working together as a team and as a result the children have clearer expectations about the structure of the day. Additionally, both of these teachers have strengths and weaknesses in terms of understanding the social emotional development of children and behavior and classroom management techniques. For example, when the classroom had free choice time the children and the classroom were very loud and chaotic. The consultant worked with the teachers on strengthening their strengths and improving their weaknesses through the following interventions:
 - Provided the teachers strategies to promote social emotional development in the children in their classroom.
 - Assisted the teachers in transforming the set up of their classroom environment so that it was developmentally appropriate for the children and Step Up to Quality approved.
 - Modeled and consulted with the teachers about children's behavior challenges and mental health concerns
 - Gave the teachers strategies to work with children experiencing behavior challenges in the classroom
 - Provided the teachers suggestions and strategies for handling group time with the children, such as, setting up group time rules and how to appropriately handle a child who misbehaves with out interrupting the group.
 - Created a system to limit the number of children in an area at one time

Because of consultation services the teachers have created a more soothing and relaxing atmosphere in the classroom. Additionally, group times with the children are more successful and productive. In working with the teachers, the consultant was able to break down their interventions into baby steps and they continue to build on those interventions.

- One classroom was experiencing excessive stress between lunch and nap time due to an increase in the enrollment of children. The teachers were attempting to balance the care of the children with getting the room ready with cots for nap. The teachers knew they had to maintain their routine and make sure the room was ready for nap after lunch.

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However, due to their planning, the children experienced numerous transitions in less than 30 minutes. One teacher was stressed and was at a loss of what to do. Suggesting that the staff break the class into two groups and offer two different activities during that particular time of day made all the difference. The teacher-to-child ratio was smaller, children had more one-on-one time with the teachers, the stress level was significantly reduced, and the teachers were more relaxed!

- The presenting problems for the center was hitting amongst peers, not using a more appropriate form of releasing anger, as well as not sharing well with peers. In order to help the classroom use their words, and calm them down when they are angry, as well as to be able to independently solve problems, the classroom received the incredible years Dina school program. Through this program the children were able to learn how to calm themselves down when they are angry, how to problem solve, and how to get along with others. The teacher in the classroom attended the Incredible Years Teacher training program that teaches them how to help the children with the above issues. After going to the training we offer, the teacher decided to make individual incentive plans for each child in the classroom to help them succeed. The teacher also made a chill zone so the children have a place they can calm down and relax. The early childhood consultant regularly checked on the center to make sure everything was going okay. Many of the behavior problems listed above are now under control. The teacher did not have difficulty implementing the intervention strategies and continues to use them for new children she has gotten in her classroom.
- One specifically positive experience involved a child care center that was struggling to meet quality standards and had a history of being reluctant to allow consultation. After persuading the director to allow consultation to begin, the consultant worked closely with the center both with changing the environment and with consulting with the administration and staff. The center is now a Step- Up- to-Quality One Star program.

CHILD SPECIFIC CONSULTATION

- A specific child consultation involved a Head Start child who was adopted. The child was substance exposed in-utero and born drug addicted with a detox stay in Children's Hospital following birth. The child went to live with the adoptive family following release from the hospital. The family worked with early intervention and saw the child grow and develop. However, during the Head Start year, the adoptive mother struggled with controlling her lupus. She became concerned about the child's challenging behaviors in the Head Start setting and became depressed about her own parenting skills. An assessment revealed that the child was delayed, as may have been expected given the early risk factors, however the consultant was able to point out to the parent the many ways that she had increased the child's skill and that the child's outcomes were likely already better than would have been anticipated. The consultant was also able to help the parent obtain supportive services and reframe her own illness and the impact to her child. The parent reported that the supportive interactions really helped her feel proud of her parenting and less depressed
- Bill is a 4 year old white male who was referred for problematic behaviors both at home and in the classroom. He was violent, aggressive and destructive. Other children, including his older siblings, were afraid of him. He was a high risk of being terminated

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from the program. The consultant was able to work with the mother and facilitate a referral to Children's hospital's Department of Developmental and Behavioral Pediatrics for a full scale evaluation and to County Recovery Services for ongoing mental health care. This intervention improved his relationships at school and at home and allowed him to remain in the classroom setting for the entire year.

- I was called in to observe a child who exhibited anger and aggressive behavior most of the time. The child's mother had died, and his father was in the military and was deployed. He would hit and grab when he wanted something, and his first instinct when things did not go his way was to scream and hit whoever was within arm's reach. I referred the child to a local mental health center for counseling for grief and loss issues, and spent time in the classroom modeling intervention strategies. I was able to assist staff with identifying feelings for the child, and offering alternatives to him to use instead of aggression toward other children. I was able to form a relationship with the child enough for him to trust me, and actually approach me with a new skill he had learned. When I first began my observations, he wanted nothing to do with me, or any one else. After some time, he would show me art work, or something he had built. One day, he came over to me, and leaned on my shoulder and explained he had learned to ride a two wheeler. On the playground, he showed me and the other staff, and was able to show grandma when she came to pick him up. Staff learned to look for the positives in this child, and to notice them instead of always the reacting to negative behaviors.
- An example of child-specific consultation provided in our ECMH Consultation program involves one of our consultants observing an almost 3 year old boy who was not talking at all during school and had a problem with aggression that was more severe than developmentally appropriate. He was constantly biting and hitting his friends. He was also diagnosed with Pica from his pediatrician. He was eating inappropriate things around the classroom on a very frequent basis. After a series of observations our consultant had a meeting with mom and the teachers. The recommendations of this consultant included: modeling appropriate communication by verbalizing what child might be feeling or thinking; use descriptive commenting on a frequent basis; give the child frequent and simple directives; narrate what you are doing as you are doing it; use circle time to discuss appropriate school rules by reading books, using puppets, and role playing and praise frequently and excitedly when child behaves appropriately. According to the consultant mom was not very motivated to try any new interventions because she had a crisis going on in her life so the consultant relied on the teachers. The school really stepped up and implemented all of the recommended strategies. The director provided feedback at the end of the year saying that the child has begun to express himself with words and is not biting or hitting. He has even decreased eating inappropriate objects. The school was very happy with the process and thanked the consultant for the great interventions.
- A two year old child was referred to the ECMH Program by her teachers because of excessive temper tantrums and aggression which involved hitting other children. After observing the child in the classroom, the ECMH consultant met with the two classroom teachers to discuss strategies for helping the child to manage her feelings of anger and frustration. Recommended strategies included giving the child words to describe her feelings and helping her express those feelings to other children, offering positive reinforcement when the child responded to other children with words rather than physical

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aggression, and allowing her to play with classroom materials without being expected to share. The child's hitting and tantrum-throwing behaviors have decreased significantly with the teachers' use of these DECA strategies.

- A four year old child was identified by his teacher as having difficulties with transitions. He would constantly accuse other children of not playing with him when in fact he could not keep up with their activities. He frequently fell apart emotionally when he became frustrated with not being able to accomplish a task. He had difficulties sitting in group and would squirm and wiggle before completely laying on the floor. The teacher asked the mental health consultant to meet with the parents and her to discuss these behaviors. One of the recommendations made to the parents in the meeting was that the child be referred for an Occupational Therapy consultation. The parents denied that there was any problem with the child and stated that he was "just being bad". After that meeting they avoided the lead teacher who made repeated efforts to reach out to them. The child, however, had developed a strong connection with the young assistant teacher in the classroom. The lead teacher noticed that the child's mother would come in and talk with the assistant at pick up time. The lead teacher suggested to the consultant that they approach the child's mother through the assistant teacher. Together they met with the young assistant to develop strategies that she could use with the child in the classroom. The assistant teacher also found ways to weave those strategies into her conversations with the mother. Several weeks later the mother went to the lead teacher and told her that she had been thinking of removing her child from the center. The child's parent stated that she had reconsidered when she saw how the assistant teacher had been able to work with the child and how the child had progressed with the assistant's understanding and patience. The parent is now more receptive to the input from both lead teacher and assistant teacher.
- A four year old female, referred for aggressive behaviors and biting in a Pre-K classroom. After encouraging staff to implement additional small group exercises, one on one time, the incorporation of relaxation techniques and education about feelings, the child was still having difficulties in the classroom. Her mother expressed frustration with the center and did not feel they were implementing the suggested strategies. She decided to enroll her child in another child care center. The child exhibited the same behaviors in the new environment; however, the teacher began implementing the recommended strategies in the classroom and developed a close working relationship with the mother. The mother attempted to mirror the strategies used in the classroom to enhance consistency. Both the teacher and mother reported marked improvements in self-control and behavior within four weeks. The child recently turned 5 years old and they report 'she is now more ready for kindergarten'
- The ECMH consultant received a referral about one child's sudden aggressive behavior in the classroom. As a result of consultation with the mother, it was determined that the family was experiencing serious domestic violence. The consultant was able to refer the family to a shelter, and work with Children's Services to set up a safety plan for the mother and child. This plan allowed the child to continue attending Head Start.
- A teacher requested observation in her room. She expressed concerns regarding a four year old boy and her perception of a delay in fine motor skills which she believed led to his frustration and anger. The DECA scores received from two different raters (teacher and mom) were compared. Initiative, Self Control and Attachment all scored as "Areas

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of Need” when scoring the teacher’s rating. However, Initiative and Self Control were scored as “Typical” and Attachment as an “Area of Strength” when scoring the mother’s rating. Both mom and dad communicated concerns regarding the appropriateness of the teacher’s expectations. They shared some of the child’s history – including prematurity and a sensory eating disorder of which the teacher was unaware. The teacher shared with the family information regarding the child’s daily tantrums while at school which, up to this point, the family had not been aware. A plan to increase daily communication between home and school was immediately implemented and referral for assessment was made to the child’s local school district’s director of special education for basic screening. A multi factor evaluation is to be completed if the school system identifies that he is eligible for services.

- This Consultant received a referral for a 5 year-old boy that was experiencing increasingly disruptive behavior in his Head Start classroom. The client was becoming more oppositional and even aggressive with the staff and students at times. These behaviors seemed to be a build up for what the client was really struggling with which was nap time. Most days, the client would not be able to sleep during nap time and often was then disciplined for poor choice making during this time. In the home setting, the client’s mother reported a great deal of difficulty dealing with the client’s behavior. The client’s mother felt that the client might have ADHD. This Consultant met with the client’s mother and discussed strategies to use with the client to address challenging behaviors like feelings identification and the coping strategies used in Conscious Discipline (Pretzel, Balloon, Be a STAR, and Drain). We also discussed daily rituals and routines that support healthy social/emotional functioning. Lastly, we talked about behavioral management techniques that the client’s mother could use to deal with disruptive behaviors. The client’s mother appeared to find this information very helpful. By the end of Consultation, the client’s mother no longer felt that he had ADHD and reported that she felt that he was developing typically. In the school setting, the client’s teachers felt that the client had outgrown taking a nap and talked with the client’s mother about her picking up the client before nap time rather than afterwards (the client was usually picked up right after nap time by his mother). The client’s mother was able to agree to this. At the end of Consultation, the client had reduced disruptive behaviors in the classroom and his teachers were reporting no concerns.
- I started at an EC site in January of this year that did not previously have Resiliency Consultation. One classroom had no documented or posted rules, no schedule posted, and was experiencing a significant amount of behavior concerns - particularly aggressive behaviors such as hitting and kicking (10+ times a day!). The teacher was exhausted and felt like she was just getting through each day. Through consultation, we were able to establish age appropriate classroom rules. The teacher posted the rules and began reviewing and practicing the expected behaviors frequently, and also identified consequences, as needed, to reduce highly disruptive or unsafe behaviors. The teacher posted a schedule and used it to help children learn about the sequence of the day, creating a more predictable environment. By May, the behavior concerns had decreased and the children’s aggressive behaviors were down to a minimum. The teacher finally understood that the children needed to know the rules and consequences for breaking them and she followed through with those consequences

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- One targeted classroom had several incidents of sexualized talk and inappropriate touching. The ECMHC read some books with the class about boundaries and provided the students with language they could use and an opportunity to role-play with puppets ways to respond when they did not want to share their body or someone attempted to touch them inappropriately. In addition, teachers maximized the level of supervision in the classroom; enforcing the rule that only 1 child is in the restroom at a time and students needing to stay in their own space. Additionally, the ECMHC, along with the teacher set up a parent conference for the child who seemed to be initiating the sexualized play. As a result of the meeting, this family was formally connected with on-going counseling services. Children became more assertive and aware of what constitutes inappropriate touching and these incidents stopped. The child attended counseling and his level of anger as well as sexualized play decreased significantly.
- Another child was identified and referred due to misbehavior during naptime. After the ECMHC talked with mom, it was discovered that the child had a history of night terrors and experienced anxiety during naptime at home as well. The ECMHC worked with the teachers to develop a solution for naptime; it was decided collaboratively to set up a corner of the room for the referred child during naptime. In the child's area the teachers agreed to keep a few books and a flashlight. The teachers also agreed to keep a communication log with mom to address any further issues that arose. The teachers and mom have been following through with the plan and the child has had no further problems during naptime.
- One major success is with a young boy at one of the centers. He is non-verbal, and when brought to the consultants attention, he was hitting other students, defying rules, could not sit at the table to eat, would take toys out of others hands, invade personal space, and would run from parents when they came to pick him up, crying and hitting. He had been known to run out into the parking lot and to push other children on the steps. The consultant completed a DECA-C with the child's parents and teachers. The consultant also met with the parents and the teachers, making referrals for outside resources to address development. To address special issues, the consultant used a visual activity for all students, and taped squares were placed on the floor to help each student, including this one, to understand how to maintain his own space. This was used in the parents' homes as well to reinforce the behavior. The consultant showed parents and teachers how to complete a social story book using actual photographs of this child to help him learn how to use healthy behavior by actually looking at himself each morning in the book using this healthy behavior. A strength based rewards chart was developed with the parents and teachers to help reinforce successes. The parents of this child are now communicating. This child has not only maintained in his center, but is actually able to participate in play time, and meal time. When his parents pick him up he goes to them to be picked up and shows joy when they arrive. As his development improves, he will surely continue to thrive.
- A center that had a long-standing history with the ECMH program encountered several programmatic difficulties this year. For various reasons, there was a large amount of staff turnover, at different times of the year. The director was trying to employ people with degrees in early childhood, but that led to much triangulating and conflict between the employees. During all the turnovers, the ECMH Consultant worked with the director to establish how she wanted to enhance the program and use the turnovers as

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opportunities to expand on her vision for the center. Throughout all the staff changes, another issue arose. Several children in the prekindergarten classroom began sexually acting out. At first, the behaviors were dealt with as typical and developmentally appropriate. Children were provided with guidance and consequences from the teaching staff. However, when the behaviors continued to get worse, the Consultant worked with the director to create a staff plan for how to manage the behaviors and met with specific parents to discuss counseling as an option to address possible causes of the behaviors. The director of the center consulted with their licensing specialist and made several reports to Child Protective Services. The Consultant provided materials to the center regarding appropriate and inappropriate sexual development in children that they could choose to share with parents. All children involved in the inappropriate behaviors were able to receive counseling services. By the end of the program year, the sexualized behaviors were extinguished.

- A 4-year old child was referred for ECMH services, and shortly following initiation of services, she was removed from her parents' custody and placed in foster care. The consultant was able to work with the Head Start program, the daycare center where the child spends her afternoons, the foster family, and the Children's Protective Services case worker to reduce the effects of trauma and ease her transition. She also provided the referral for ongoing mental health services due to the severity of the child's behaviors and symptoms, which would have been the likely outcomes even prior to the placement in foster care. Consultation services proved effective in improving communication regarding the child's needs and getting her linked with ongoing treatment.
- One of the sites served is a fairly new childcare center, and the majority of the staff who work with the children has minimal education and experience. The administration's focus has been on just "making ends meet" financially, and they were barely meeting the standards to stay open. Only after Children's Services disenrolled all the children who were in their custody from that particular center was the administration more willing to take into consideration the recommendations made by the ECMH consultant. After several more meetings about the classroom management, the administration increased staffing by implementing a "floater" to assist the providers in having more time to handle the children on a more individualized basis, also improving safety and stability within the classroom. While some suggestions have been adopted, there is still much room for improvement in the center, so consultation services are far from over with this facility.
- A referral was received on a 4 year old girl whose father died suddenly of a heart attack. The little girl needed services but more so did the mom. Mom was linked with a therapist and grief group, her teenage boys with our MH school therapist, as well as the preschool child to play therapy, to work through their devastating family loss. Services of the ECMH Consultant were very effective given that the referral was initially on a 4 year old girl and the whole family ended up receiving needed services.
- The following is a letter from a parent praising the work of the ECMH specialist. (Please note: this parent and their child only received brief consultation services this year and no further assessment was required).

To Whom It May Concern,

I am the parent of a child with mental health concerns. My son has been diagnosed with Duchenne Muscular Dystrophy and Autism. The combination of these two conditions has

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presented my son with many challenges. These challenges are often represented by behaviors that are easily misunderstood by teachers and caregivers. It has only been with the help of Sarah Spinney that these behaviors have been understood. Sarah sees my son the way I wish the rest of the world would see him. She has an amazing ability to put words and emotions to my son's behaviors. She is able to take her observations and make suggestions to his teachers in a friendly and unthreatening way. Her input is now being requested by his teachers as well as myself. She is caring and professional. She is always careful to consider the feelings of my son's peers and how they are going to view him. "Thinking outside of the box" is one of her greatest attributes. She has been great to work with in every sense. I will continue to recommend her services to others in the future.

✚ Describe evidence-based/research-based/promising practices programs that have been implemented as part of the ECMH consultation program. Include a description of the program, how it has been implemented, in what settings, and any outcomes that have been documented.

- Devereux Early Childhood Assessments (DECAs) were completed twice during FY 2010 by all teachers serving children in all seven (7) of the Head Start classrooms that were served as part of the ECMH Initiative. Four (4) weeks into the school year, teachers completed an initial DECA for every child in their classroom – additionally, a parent or significant family member involved in the care of every child completed a DECA. This gave a “pre” DECA rating for the school year for all three hundred and three (303) children involved in the nineteen (19) classrooms that the ECMH Consultant served during FY 2010. In addition, at the end of the 2009-2010 school year, all teachers and involved parents/caretakers again completed a DECA for each child, resulting in a “post” DECA rating.
- The PBS model is also strength-based, focusing on building positive relationships and behaviors through the use of positive reinforcement and appropriate praise. This approach is individualized to meet the specific needs of the child and requires collaboration among all parties involved with the child to be optimally effective.
- Teaching Tools for Young Children with Challenging Behaviors (TTYC) is another strengths-based program that focuses on evidence-based practices in developing intervention strategies and supports for children. These interventions are empirically established across investigators, settings, and participants. This program also supports the concepts set forth by the National Head Start Association, the National Association for the Education of Young Children (NAEYC), the IDEA '04, and the U.S. Department of Education. An example of a TTYC strategy is the often referenced “Tucker the Turtle” scripted story for teaching anger management, where children are taught to (1) Stop, (2) Tuck into their turtle shells, (3) Take deep breaths, and (4) Think of a solution.
- An additional resource that was used by the Early Childhood Therapists this year was the information and resources for the Center on the Social Emotional Foundations for Early Learning (CSEFEL). CSEFEL is a national resource dedicated to disseminating research and evidence-based practices to early childhood programs. These models provide a foundation for building positive relationships, creating supportive environments, providing social-emotional supports, and targeting intensive individual interventions. The CSEFEL modules represent a collaboration among Vanderbilt University, the

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National Association for the Education of Young Children (NAEYC), the National Association of Child Care Resource and Referral Agencies (NACCRRA), the Division for Early Childhood of the Council for Exceptional Children, the National Association of State Mental Health Program Directors (NASMHPD), the National Association for Bilingual Education (NABE), and the National Head Start Association (NHSA). The Early Childhood Mental Health team provided 6 hour trainings to Head Start and Early Childhood staff based on Modules 1 & 2: Building positive relationships, creating supportive environments, and providing social-emotional support.

- The Incredible Years is also used by the Early Childhood Mental Health Team. The Incredible Years is a comprehensive curriculum focusing on developing social competence in young children, with specific emphasis on decreasing aggression and conduct problems. The Department of Mental Health and Social Services, Center for Substance Abuse Prevention selected The Incredible Years Program as a Model Program and listed it in the National Registry of Effective Prevention Programs (NREPP).
- Conscious Discipline has been adopted into classrooms. Conscious Discipline was developed by Dr. Becky Bailey and focuses on a comprehensive approach to classroom management and social-emotional development in early childhood. This curriculum is based on current brain research, child development information, and developmentally appropriate practices.
- Paint - I-Fast (Integrated Family and Systems Treatment): This program was recognized at this year's Governor's Summit on Children by ODMH as being a promising best practice. The Fayette County Clinic of Scioto Paint Valley Mental Health has been using the I-Fast model while working with Head Start staff and families. The original research fidelity was a joint venture among Scioto Paint Valley Mental Health, consultants David Groves, LISW, Scott Frasier, PhD and OSU School of Social Work. The core principles are establishing and maintaining alliances, setting clear goals the client is invested in, addressing interactional patterns, reframing, deciding who to align with and who to include in treatment, giving tasks, observing and supporting responses to change and when to terminate. This approach focuses on family and system strengths and resiliency. A task of I-Fast is to interrupt, stop or reverse patterns of interaction that maintain problems or identify exceptions to problems maintaining patterns and initiate the solution building process. I-Fast operates in multiple settings and systems. I-Fast can also be used by a variety of paraprofessional and professional staff. We have found this model to be effective in consultation and treatment applications.
- The Second Step Program, DECA, ASQ:SE, Incredible Years, Denver Pre-Screening Developmental Questionnaire partnered with Head Start, parents and their children to learn how to improve emotional regulation when stressed, provided child observations both in the classroom and at home for at risk children, cued parents and teachers on concepts of child development issues, provided wellness information on the importance of health and nutrition issues for pre-school children.
- The ECMH specialists have impacted the goal of building protective factors in young children in the community (community is defined as school and home) and increasing the competencies and skills of parents and teachers in the following ways:
 - ECMH consultants worked intensively in classrooms in which the Devereux model was fully implemented. In those classrooms every child was assessed using the DECA. Through the use of the DECA and its emphasis on building protective factors

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- and minimizing risk factors, teachers were able to see the strengths of each child in the classroom. In addition, through the use of the classroom profile developed through the DECA, the strengths and vulnerabilities of the group of children as a whole were identified. Consultants were able to recommend strategies to teachers that not only built on the protective factors of individual children but also classroom strategies that could be used to enhance and build on protective factors of the entire group of children.
- Every parent, whose child was assessed with the DECA, received a letter from the mental health consultant. Parents of children with no identified concerns were provided with a copy of “Now and Forever”. The booklet served to reinforce the parenting practices which parents were using with their young children as well as suggesting new strategies to build and expand on the child’s existing protective factors. Parents of children who had risk factors were invited to meet with the mental health consultant to review the results of the DECA and discuss both the identified concerns as well as the child’s strengths. Parents were informed of the opportunities for services for their child including interventions that could be implemented in the home and in the classroom. Consequently children had access to intervention without the stigma of a mental health diagnosis. They are able to be seen in the environments in which they spend most of their time; home and school. Consultants were able to work with teachers and parents as a team to identify and implement strategies that would address risk factors and build on the child’s existing protective factors.
 - The ECMH consultant has served as a bridge between directors, teachers and parents. Directors and teachers have a difficult time talking with parents about the needs of children in their care. Using information from the DECA the consultants were able to help teachers with a concrete and systematic way of discussing with parents a child’s strengths (protective factors) and vulnerabilities (risk factors). The consultant was able to provide strategies that could be implemented both in the classroom and in the home, providing continuity between home and school.
 - In addition to children in universally targeted classrooms, individual children of concern were referred to the ECMH Program and were also assessed with the DECA. The results of the DECA defined a child’s protective factors as well as the risk factors which jeopardized the child’s development. Using the approach of “risk factors” versus “being bad”, reframed the child’s behavior for teachers and parents and helped them understand some of the underlying reasons contributing to the behaviors. The consultant was then able to work collaboratively with teachers and parents to identify and implement strategies that would utilize the child’s protective factors in decreasing risk factors and addressing the challenging behavior.
 - Through the use of the DECA program teachers and directors were supported in their role with young children. Teachers commented that having the support of ECMH consultants reduced the stress of their jobs and in some cases kept them from leaving the center or the field altogether.