



NYC Project LAUNCH Local Brief
Strong families and communities
Promoting social and emotional health
Healthy, happy and successful children
 Linking Actions for Unmet Needs in Children's Health:
September 30, 2010 – September 29, 2015



Early Childhood Mental Health Consultation and Teacher Training

Early childhood mental health consultation (ECMHC) is a core strategy of Project LAUNCH and promotes healthy social-emotional development and can prevent behavioral concerns in young children through working with their early care and education teachers (Duran, Hepburn, Kaufmann, & Le, n.d.). Research shows a link to positive social, emotional and behavioral outcomes for children, kindergarten readiness, decreased expulsions, prevent staff turnover and job stress and improve quality of care (Perry & Kaufmann, 2009).

Another key strategy is Incredible Years (IY) training for teachers in early care and education programs. IY teacher training aimed to build teachers' skills in using practices that promote positive social-emotional growth and address children's challenging behavior. During weekly classroom visits, the early childhood mental health consultants helped teachers use these practices by providing observation and feedback, modeling and guidance on addressing the needs of individual children. In addition, mental health consultants supported sites in administering social-emotional screening, referrals and conducted parent workshops at participating ECE sites. The intervention targeted teachers' increased knowledge and use of effective practices for promoting social-emotional growth and children's' improved social-emotional competencies and reduced problem behavior.

In Harlem and the South Bronx, NYC Project LAUNCH implemented two early care and education strategies at select center-based Head Start, child care, and pre-kindergarten programs over the course of each academic year: (1) training for teachers with the (IY) model (Webster-Stratton, Reid, & Stoolmiller, 2008), delivered in six day-long sessions spread out across the fall and spring, and (2) early childhood mental health consultation to teachers one day per week from an assigned consultant at each site for programmatic and case-specific consultation.

By the end of the 2015, the IY model was implemented in 10 sites, three in the South Bronx and seven in Harlem, with a set of classrooms receiving one intervention each academic year, over the course of four academic years. All sites were publically funded and included Head Start, child care and pre-kindergarten programs. Across the sites, 80 teachers and teaching assistants in 33 classrooms with 457 4-year-olds received the intervention. Of these, 61 teachers and teaching aides and 395 children are included in the evaluation findings.

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Results

NYC Project LAUNCH evaluation of IY and ECMHC looked at teacher outcomes and child outcomes for 61 teachers and teaching aides and 395 children whose parents consented and participated in fall and spring data collection of each academic year between 2011 and 2015. The evaluation data included evaluators' classroom observation (*Supports for Social-Emotional Growth Assessment: SSEGA*) (Smith, 2007), in-person interviews with teachers, self-administered surveys of teachers on changes in knowledge and practices and teachers' assessments of children using the Devereux Early Childhood Assessment: DECA (Naglieri, et al, 1995).

Teachers showed an increase in their knowledge of effective practices for promoting children's social and emotional growth and an increase in their use of these practices in classrooms. From the fall to the spring, teachers became better able to identify effective strategies for addressing children's challenging behavior and promoting social-emotional growth in children and were less likely to use negative strategies such as threats or punishment. Teachers were interviewed in the fall and spring about how they would respond with effective strategies for common classroom scenarios in vignettes. Two brief vignettes were used to elicit responses from teachers and teaching assistants about how they would address a scenario to manage a child's behavior. Respondents are asked how they would respond and why their strategy is appropriate. The first scenario is about a child who refuses to participate in clean-up, and the second scenario involves one child bumping into another child by accident. Responses were coded to evaluate positive and negative strategies, and improvement from fall to spring was evident. Compared to their fall responses, teachers' spring responses showed more "mostly or all positive strategies" (such as help child understand others' intentions, labels, and talks about feelings) and a complete elimination of "negative strategies" (such as criticism of child and threat of punishment). Teachers also reported improvements in their knowledge and practice based on the Project LAUNCH Multisite Survey.

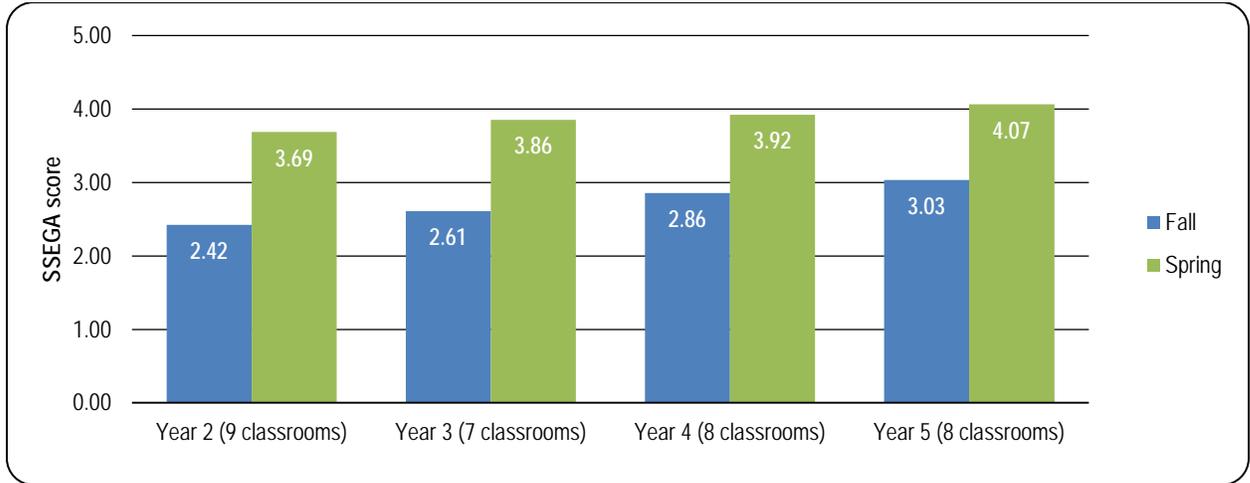
Teacher Feedback on Change of Knowledge and Practice

*"[I have an] improved technique working with children. [I] learned how to be patient and calm."
"[I] gained more knowledge in managing children more carefully, evaluating children, identify[ing] the issues, and services to provide."*

From the fall to the spring, teachers increased their use of classroom practices that promote a supportive teacher-child relationship and social-emotional competencies. This improvement was demonstrated in improved ratings on the observation-based *Supports for Social-Emotional Growth Assessment (SSEGA)* (Smith, 2007), administered in each classroom in the fall and spring (Exhibit A). The SSEGA documents the extent to which teachers use effective teaching strategies such as modeling positive social behavior, helping children understand and manage their emotions and supporting children's positive interactions with peers.

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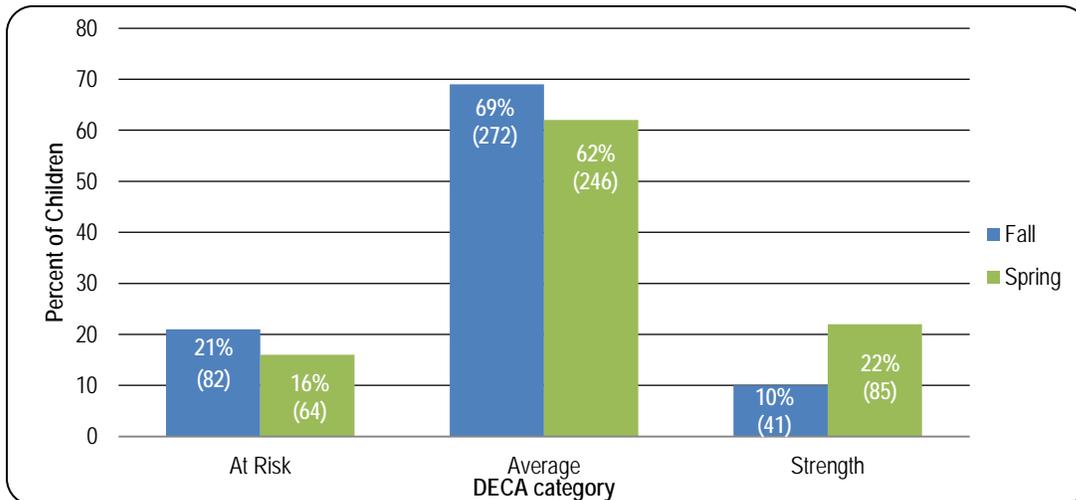
Exhibit A: Teachers' Supports for Social-Emotional Growth in the Classroom from Fall to Spring (N = 32), Years 2-5



Note: All changes are statistically significant at $p < .05$.

Children showed improved social-emotional competencies and reduced problem behavior. In the analysis of cumulative fall to spring results for years two to five, the percent of children who showed strong social-emotional skills increased (Exhibit B). This positive improvement was seen in total scores and subscale scores of the DECA, which was completed by teachers in the fall and spring (Naglieri et al, 1995). There was significant improvement in subscale scores assessing children’s attachment to adults, initiative, and self-control. There was a slight increase in the percent of children with low DECA scores indicating possible developmental risk. In East Harlem only, there was a significant decrease in the percent of children showing behavior problems on DECA assessments.

Exhibit B: Changes in Protective Factors Among Children (DECA) from Fall to Spring (N = 395), Years 2-5



Note: All changes statistically significant at $p < .05$.

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Children and teachers benefitted from the delivery of IY teacher training and ECMH consultation to preschool programs in the South Bronx and Harlem. A major strength of the intervention was the high-quality delivery of an evidence-based teacher training model in combination with ongoing ECMH consultation that supported teachers' use of the training they received. In the survey, teachers reported that they valued and enjoyed both the group training and consultation. Implementation of the IY model and consultation also posed challenges, including coordination of training schedules and teacher turnover, with the potential to impact consistency strategy use in the classroom and therefore children's social-emotional learning. Finally, the model is costly, making it challenging to expand or sustain.

The NYC Project LAUNCH strategy for supporting young children in early care and education programs demonstrated promise as a model that should be implemented on a wider scale. With certain enhancements, such as an increase in available training days with additional focus on helping children with challenging behavior, this intervention could promote the school readiness and social-emotional well-being of the city's most vulnerable children.

Conclusion and Recommendations

NYC Project LAUNCH evaluation showed there is promising evidence that ECMH consultation in conjunction with IY promotes social-emotional wellness in young children as well as enhance the skills and knowledge base of the ECE workforce. These programs are by nature long-term investments and must be implemented with a high degree of fidelity. Consequently, they are resource intensive, requiring both a pool of well-trained early childhood mental health professionals to serve as coaches and adequate funding to sustain services over time. It is critically important for legislators to understand the social and economic benefits that can accrue from creating public funding structures that support these services throughout NYC. To better meet the needs of at risk young children, wider implementation efforts should target early care and education programs in high-needs communities, with sufficient professional development time built in to teachers schedule to ensure high levels of teacher participation in training; utilizing an evidence-based model that support children and their families in classrooms and in home settings.

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