ADDRESSING BEHAVIORAL OUTCOMES IN CONNECTICUT'S CHILD CARE CENTERS: AN EVALUATION OF THE EARLY CHILDHOOD CONSULTATION PARTNERSHIP (ECCP)

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EXECUTIVE SUMMARY: KEY FINDINGS AND RECOMMENDATIONS

This executive summary is an overview of the findings of an evaluation of Year One of the Early Childhood Consultation Partnership, an initiative of Connecticut's Department of Children and Families. The project's first year of operation began on October 1, 2002, and continued through September 30, 2003. Applied Behavioral Health (ABH) of Middletown, Connecticut was project contractor. The A. J. Pappanikou Center for Excellence in Developmental Disabilities in Farmington, Connecticut, conducted the evaluation.

The evaluation concentrated on two project goals ("strategic results") that related to the project's front line services. (Two other goals this report does not address were aimed at local and statewide coordination and the development of a data system.) The first goal was to improve the social and emotional climate for all children attending the classrooms or centers receiving services: The second goal was to improve the capabilities of teachers to work with children who presented behavioral challenges: These two goals were framed by the project as follows:

1. Children birth to five will be cared for in an environment that promotes healthy attachment, resilience and developmentally appropriate social/emotional milestones.

2. Child care staff who receive support from this project will increase their ability to identify children at risk of suspension/expulsion due to social/emotional factors, to plan appropriate classroom modifications and interventions, to work with families to enhance children's prospects for successful inclusion, and to make referrals for services outside the classroom when indicated.

Overview of ECCP Activities

The ECCP delivered services at three levels, which they called "Child Specific Sites," "Core classrooms," and "Intensive Sites." They referred to the staff who delivered these services as Early Childhood Consultants, or ECCs.

- A Child Specific site was a short-term assessment of an individual child, resulting in a Child Action Plan incorporating guidance both for classroom teachers and for families.
- Core classrooms were settings in which ECCs were expected to spend time for four to six weeks, conducting a pre- and post-evaluation of the classroom using a standardized rating scale, working with the teachers to identify goals and incorporate them into a Classroom Action Plan, presenting a training event, and completing an average of two Child Specific interventions (as defined above) per classroom.
- An Intensive Site involved an extended engagement of approximately six months by an ECC, providing Core services to several classrooms. Each of the classrooms would receive the same supports described above in connection with Core classrooms, and with comparable expectations for Child Specific services. The additional elements associated with the Intensive Sites were a community event involving families and other community agencies, a series of three training sessions, and collection of center-wide data.

Evaluation Plan

We organized our evaluation plans around three aims, which we called Fidelity to Project Design (did the project carry out the activities it proposed?); Impact (did the activities bring about the changes desired?); and Project Improvement (how could the project become more effective?). We relied on three information sources: (1) data generated by the ECCP as they

documented their project activities; (2) data that we generated through surveying the ECCs and the lead teachers of classrooms that received Core and Intensive services; (3) data we obtained through case studies in three of Connecticut's five regions. The latter included interviews with teachers, directors, and parents; classroom observations; and observations of trainings and meetings led by ECCs.

Fidelity to Project Design: Services to Centers and Classrooms

We found strong fidelity to project design in the range of services delivered to classrooms and centers and in the numbers of services completed. Following are some findings that support this conclusion.

- Among lead teachers responding to our survey, between 92% and 100% reported that consultants engaged with them in all major project activities as envisioned in the project design.
- The project anticipated services to a total of 11 Intensive Sites and completed services to 11 Intensive Sites.
- The Project anticipated that each Intensive Site would consist of Core services to 5 classrooms, which would have totaled services to 55 classrooms. They actually completed services to a total of 50 classrooms in the 11 Intensive Sites.
- The Project anticipated services to 4 Core classrooms per ECC, which would have summed to 44. Consultants actually completed services to 43 Core classrooms.
- The ECCs exceeded the number of trainings projected for Year One, completing 83 training events, while 77 were initially projected.

Fidelity to Project Design: Characteristics of Population Targeted for Individual Help

We found strong fidelity to project design in the types of behavioral health issues addressed by the consultants. Following are some findings that support this conclusion.

- Children who engaged in physically aggressive behaviors were the vast majority of the children who were selected as targets of the Child Specific activities.
- More than one-quarter of these children had been referred in the past for special education or other specialized services.
- Parents of only 7 (4%) of 172 children indicated that their child's behavior had led to the end of the most recent child care arrangement.

Fidelity to Project Design: Nature of Services to Individual Children

We found the ECCP fell considerably short of the numerical targets the project set for Child Specific services--most dramatically in the "stand alone" settings that were not associated with Core or Intensive services. Following are some findings that support this conclusion.

- The targets for delivery of Child Specific services in the Core and Intensive levels were based on an expectation of two per classroom. In addition, each consultant was expected to complete 17 Child Specific interventions outside the Core and Intensive sites.
- Within the 50 classrooms in Intensive Sites, consultants provided Child Specific support to a total of 57 children in comparison to the 110 that were anticipated.
- Within 43 classrooms in the Core Sites, they provided Child Specific support to 62 children in comparison to the projection of 88.
- In Child Specific sites, the ECCs provided 56 Child Specific interventions, well short of the 187 projected.

- The ECCP project leadership informally lowered the expectations during the project year for numbers of Child Specific services, working with ECCs individually to determine what numbers of such services could be meaningfully completed. They did not set any new target numbers.

Impact: Classroom Environments and Practices

- In trainings, classroom observations, and on-site meetings, we found the recipients of project services highly engaged with respect to the goals of the project.
- We saw (and heard described in detail) many examples of changes in classroom environments and practices.
- A majority of lead teachers responding to a survey reported that all nine project activities listed were very helpful.
- More than half of lead teachers responding to our survey believed that, thanks to the ECCP, they had made great improvements to strengthen "Supportive Interactions," "Environment," and "Activities and Experiences" in their classrooms.
- Teachers and directors told us repeatedly in interviews that the impact of the ECCs was less from bringing in new ideas and more from motivating teachers to achieve their most child-sensitive practices. They told us that due to their role as an outside consultant, the ECCs could accomplish this more effectively than program supervisors.

Impact: Children's Behavior

- Nearly 80% of teachers across all sites reported they saw either modest or great improvement in the behaviors of children identified for Child Specific services.

- Nearly 80% also reported modest or great improvement in the behavior of their class as a whole.

Impact: Sustainability of Project Activities and Goals

- The vast majority of the teacher-respondents--more than 80%--reported that one to five months after the ECC completed services in their classrooms, they continued to draw ideas and plans from their classroom ratings at least once a week.
- More than 70% of teacher-respondents reported they were consulting the goals and steps recorded in their Classroom Action Plans a minimum of twice a week.

Impact: Referrals for Mental Health Services

- For 172 Child Specific interventions, the ECCs made 91 referrals, roughly two-thirds of which were to mental health agencies.
- Of the 91 referrals, the ECCP was able to document that at least 41 of these were accepted, leading to the likelihood of new services being delivered. This would be an average of nearly 4 new services initiated for each consultant.
- Consultants were six times more likely to make a referral for a child they served in the Intensive and Core Sites than in the Child Specific sites.
- Family resistance, rather than waiting lists or other obstacles, was the largest barrier to the acceptance of referrals that were made.
- Nearly 4 in 10 of our teacher-respondents reported the project was very helpful in improving their understanding of the mental health referral process.
- Nearly 5 in 10 respondents reported the project was very helpful in improving their ability to identify a child who may be in need of a mental health referral.

- Between the time the ECC ceased working in their classrooms until they completed our surveys (from one to five months), 41% of Core teachers and 25% of Intensive teachers had made at least one mental health referral.

Impact: Terminations Due to Behavioral Challenges

- The vast majority of teachers (88.2%) believed the ECCP reduced the likelihood that children who exhibit challenging behaviors would be suspended or terminated.
- However, teacher survey responses elicited a disproportionate number of examples of children who were recipients of Child Specific interventions who no longer attended the programs where the consultation services were delivered.
- Teachers reported cases of children moving to other settings within a few months of the completion of Child Specific interventions (without indicating if the behaviors had been remediated), cases in which parents had withdrawn children as teachers were attempting to implement new plans, cases in which they directed parents to "an alternative facility" or arranged referral to a special education setting after failing to successfully remediate challenging behaviors, and one case in which a child's services were formally terminated.
- Our case study data were consistent with the qualitative responses from survey respondents. Seldom was there a direct termination due to behavior. More commonly, the parent withdrew the child when it seemed the placement was in jeopardy, or the center terminated services for other reasons, such as non-payment.
- We find that in the first year of the ECCP, it is too early to state whether the project has reduced the frequency of suspensions or terminations of children who are already presenting the most challenging behaviors.

Recommendations

1. Phase Out Child Specific (Stand Alone) Sites. The project should build on its successes in engaging the longer-term efforts of caregivers in classrooms and centers, and drop its expectations that consultants conduct "stand alone" Child Specific interventions. The costs of short-term involvements are high, considering the time and effort needed to recruit recipients to this service, enter a new setting, and obtain parental consent, while the benefits do not compare to those obtained from classroom-based or center-based consultation.
2. Lengthen Time Spent in Core Sites, Reduce Time Spent in Intensive Sites. We recommend that the project strive for somewhat more convergence between the two levels of service (Intensive and Core), lengthening the expectation for how many weeks consultants spend in Core classrooms (to 8 or even 10 weeks when there is only one classroom served) and reducing the expectation for how many months they spend in Intensive Sites (to 4 or 5).
3. Enlist Additional Classrooms in Core Sites. Within centers where consultants are engaged in a single Core classroom, the project should make it a priority to enlist a second classroom (as occurred serendipitously in a few centers during Year One). The largest divergence we found in survey responses between Core and Intensive teachers in Year One was that the former did not feel the project promoted staff resilience, while the latter did. Having peers from another classroom who are invested in similar tasks should be one way to build a greater sense of community and with it, staff resilience.
4. Solicit Applications for Intensive Services. In the future, selection of a center as an Intensive Site should be viewed as a prize to be earned and priority should go to those that do not already have abundant resources. (During Year One the selections of Intensive Sites were

made by the Department of Social Services and some of them already had access to resources comparable to those offered by the project.) We recommend that a brief application be developed, in which center directors spell out their current resources for addressing behavioral issues and indicate some of the concerns they hope to address through the project.

5. Review Policies with Respect to Children Already Identified through Special Education. The project should approach more thoughtfully and systematically its involvement with children who are recipients of Birth-to-Three, special education, or other special services. During Year One, more than one-fourth of the recipients of Child Specific assessments were already identified through other systems but the project lacked formal policies governing collaboration with other entities (e.g., avoiding duplicative assessments). In addition, consultants were unable to learn whether another 20% of children were already identified and served. As part of its policy review, the project should clarify its instructions regarding referral information to be recorded. Some consultants recorded the agency to which a referral was made while others identified the type of services needed. Unrecorded was whether a referral led to services delivered.)

6. Incorporate Caregivers Who Achieve Successful Outcomes into Training or Networking Events. We recommend that teachers who have used the ECCP services to achieve successful outcomes in their classrooms be invited to speak about their experiences (with appropriate guidance on protecting confidentiality) in other settings. Showcasing the expertise and commitment of teachers at ECCP training events or in team or staff meetings could enrich everyone's knowledge, help to motivate newly involved teachers, and contribute to staff resilience.

7. <u>Collect Referral Data by Behavioral Categories</u>. In order to understand the reasons children are identified for Child Specific services, and to be able to discern stability or change in the kinds of challenges arising over time, the project should adopt behaviorally-based categories such as "runs away," "hits caregiver," "bites peers," and "avoids social contact," rather than the current selections which include broad and overlapping categories such as "behavioral," "emotion regulation," and "social interactions."

8. <u>Track Strategies Implemented Rather Than Goals</u>. In order to understand what strategies (from Child and Classroom Action Plans) caregivers are finding most feasible to implement and most effective in improving social and emotional outcomes, we recommend that the project collect follow-up information on "strategies that worked," "strategies that didn't work," and "strategies that were not implemented." This would replace the current reporting of "goals completed" which conveys a summative conclusion but fails to offer any formative guidance.

MENTAL HEALTH CONSULTATION IN CHILD CARE--A PREVIEW

Stevie[1] was a three year old who could seldom follow classroom routines or participate in activities appropriately at his child care center. Instead, his child care teachers reported, he would run around screaming obscenities, and often become physically aggressive, especially toward Miss Nicole. The center Stevie attended became involved with Connecticut's Early Childhood Consultation Partnership and soon thereafter a mental health consultant began spending time in Stevie's classroom, observing him and getting to know the setting and the teachers.

On the consultant's suggestion, the teachers went to Goodwill and obtained a soft chair. They placed it in a corner next to a bulletin board full of family photos bordered with the caption "Look Who Loves Me!" They christened it the "Cozy Chair."

Some weeks later, a program evaluator arrived to find Miss Nicole supervising four boys including Stevie who were wearing plastic hard hats while "building" a house. This consisted of pounding golf tees into a large block of Styrofoam with plastic hammers. From the evaluator's field notes:

> Stevie began crying very loudly. I did not see what precipitated his outburst. Miss Nicole picked him up and carried him to the Cozy Chair. After about a minute he stopped crying and within a few minutes he was composed enough to resume play. He walked over to some plastic smocks hanging on coat hooks, put one on, and began playing at the water table. After a few minutes he sought out Miss Nicole for a brief hug and encouragement. Stevie walked over to Darren (another target of Child Specific services) and fixed his helmet. They hugged each other. Miss Nicole said "Good job, Stevie."

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[1] Names of persons mentioned in this report are fictionalized, genders are sometimes changed, and locations, organizations, and identifying information are disguised to protect confidentiality and anonymity.

> Later, I asked Miss Nicole what precipitated Stevie's crying. She said he did not want to share something while building the house. She added that his behavior is much improved since the program [Early Childhood Consultation Partnership] began. I asked her what she thought contributed to his improvement. She said that now they have a Cozy Chair to which he can go with a teacher to help him calm down.

In this narrative, we see how a single change in the physical environment of a classroom is paired with a new strategy for responding to a child who has previously been viewed as "out of control," with the result that child care teachers who previously saw a negative cycle of feelings and behaviors are now helping to create a positive cycle. This outcome is the dream of those who advocate for the availability of mental health consultation in child care settings. The balance of this report is devoted to determining the extent to which similar outcomes were being produced in other child care settings throughout Connecticut, and to providing recommendations for those in and out of state government who wish for more outcomes such as the one illustrated.

CHAPTER 1: GOALS AND MAJOR ACTIVITIES OF THE PROJECT AND THE EVALUATION

This report is an evaluation of Year One of the Early Childhood Consultation Partnership, which ran from October 1, 2002, through September 30, 2003. The project was initiated and carried out under the auspices of Connecticut's Department of Children and Families, Bureau of Behavioral Health, Medicine, and Education, with funding from the Connecticut Community Mental Health Strategy Board.

The Request for Qualifications (RFQ) issued in advance of the project defined the general purpose as "to identify children's behavioral health needs and to respond with appropriate services and service linkages." It elaborated further that "consultation includes the assessment of the child in an early childcare or education setting, providing therapeutic interventions and individualized plans designed to assist providers and parents with early intervention strategies; guiding social and emotional development activities; and increasing opportunities for continued inclusion in early childcare and educational programming."

In the RFQ, Applied Behavioral Health (ABH) of Middletown, Connecticut was identified as the organization with which DCF was working "to develop and implement this initiative." Following the RFQ, ABH was selected to operate the project. DCF then invited the A. J. Pappanikou Center for Excellence in Developmental Disabilities to conduct the evaluation. (Hereafter the "we" in this report refers to the evaluators, who are also the authors of this report.) We accepted the responsibility to conduct an evaluation and produce a report following the close of the project year.

Goals and Timeline of Project Activities

The first year of operation included several months of start-up activities. In November 2002, when we first met with the funders and the project principals, plans were still in formation, development of cooperative agreements with subcontractors were being developed, and staff were being hired.

In January 2003, the Project Manager introduced a draft chart displaying ECCP goals (called "strategic results"), objectives, strategies, and short-term and long-term "indicators" that would guide the project, as well as a program chart summarizing three levels of services they would offer. At that time, initial training of ECCs had taken place and service delivery by the ECCs had begun in most but not all areas of the state. Thus the "first year" of project activities which we are evaluating took place for 8 to 9 months, rather than 12.

The four project goals ("strategic results") as revised by ABH in February (see Appendix A for the entire chart) were presented as follows:

1. Children birth to five will be cared for in an environment that promotes healthy attachment, resilience and developmentally appropriate social/emotional milestones.

2. Child care staff who receive support from this project will increase their ability to identify children at risk of suspension/expulsion due to social/emotional factors, to plan appropriate classroom modifications and interventions, to work with families to enhance children's prospects for successful inclusion, and to make referrals for services outside the classroom when indicated.

3. The ECCP will work with key stakeholders involved in child mental health at the state and local levels to promote communication and coordination with childcare settings.

4. The ECCP will develop a comprehensive data collection system that reflects program outcomes.

Overview of ECCP activities

The ECCP proposed to achieve their goals by delivering services at three levels, which they called "Child Specific Sites," "Core classrooms," and "Intensive Sites." (See ECCP Program Chart, Appendix B.)

A Child Specific site was the most short-term of these. In response to a referral, an assessment of an individual child was to be conducted (after receiving parental consent) using a standardized assessment instrument and results and recommendations in the form of a Child Action Plan were to be shared by the ECC with the parent, the child care center director, and one or more members of the child's classroom teaching team. This type of intervention was anticipated to require three to five hours and would not be coupled with any longer term involvement with the child, family, classroom, or center. Expectations as displayed in ABH documents were that each ECC would conduct 17 of these Child Specific interventions over the course of the year.

A Core classroom was a classroom not associated with an Intensive Site, in which an ECC was expected to involve herself or himself for approximately three to five hours per week, for four to six weeks. During this time, she or he would carry out a training event for teachers (often including teachers from other classrooms besides the one targeted for services), a pre- and post-evaluation of the classroom using a standardized rating scale, work with the teachers to identify goals and incorporate them into a Classroom Action Plan, and conduct an average of two

Child Specific interventions per classroom. The latter would include each of the elements identified above in connection with Child Specific Sites.

An Intensive Site, also characterized as center-based consultation, would be a child care center in which a consultant would provide Core services to several classrooms. Each of the classrooms would receive the same interventions described above in connection with Core classrooms, and with the same expectation for Child Specific services as in the Core Sites. The additional elements associated with the Intensive Sites were to include a community event involving families and other community agencies, a series of three training sessions, gathering of center-wide data, and an extended engagement of approximately 8 to 10 hours per week for six months.

Goals of the Evaluation and Sources of Data

After reviewing the project's goals, objectives, and proposed project activities, we drafted an evaluation plan. We identified three broad evaluation goals and labeled them as follows:

1. Assessing Fidelity to Project Design
2. Assessing Impact of Project
3. Making Recommendations for Project Improvement

Our plan identified specific questions under each of these three categories. These questions are reproduced as Appendix C. To answer the questions, we proposed to examine three data sources: (1) data that would be generated by the ECCP as they documented their project activities; (2) data that we would generate through surveying the ECCs and the lead teachers of classrooms that received services; (3) data we would obtain through case studies in three different regions. The latter would include interviews with teachers, directors, and parents;

classroom observations; and observations of trainings and meetings. Our Early Childhood Consultant Survey, Lead Teacher Survey distribution plan, Lead Teacher Survey packet, and case study methodology are included as Appendices D, E, F, and G.

Focus of Evaluation: Strategic Results I and II

All three data sources on which we relied for this report are heavily tilted toward the first two of the four Strategic Results identified as the underlying aims of the ECCP. We have gathered some information regarding the project's activities promoting coordination at the state and local levels related to mental health in child care (to paraphrase and abbreviate the wording of Strategic Result III) but are not in a position to assess either the impact of these activities nor whether the project was faithful to its design, as specific designs for this aspect of the project were not revealed in advance. As for their development of a comprehensive data collection system (Strategic Result IV), it would be presumptuous of us to draw any conclusions, as legal and technical obstacles kept us from directly accessing the system. We reviewed their data by means of "extracts" which were not identical to what users of the system would see.

We are confident that readers of this evaluation will be mostly interested to know whether the services provided by this project made an impact on the children, classrooms, and caregivers associated with Connecticut's child care centers. Those matters are the subjects of Strategic Results I and II and are the focus of this report.

Organization of this report

In an Executive Summary that precedes the body of the report, we spotlight and summarize our key findings and offer recommendations. The next section of the report is our preview of mental health consultation. This chapter has introduced the goals and overall plans of

the project and the evaluation. Chapters 2, 3, and 4 describe findings from data generated by the ECCP (Chapter 2); from surveys of consultants and teachers (Chapter 3); from our case studies (Chapter 4). Following that, readers will find our appendices.

CHAPTER 2: FINDINGS FROM THE DATA GENERATED BY THE ECCP

We were not permitted direct access to the database that ABH developed for the ECCP. Instead, the project delivered to us on a computer disk data (an "extract") that were purged of personal identifying information[2]. The project data were our only source for determining the degree to which the consultants met the numerical targets that the project leadership set for completion of various services. Therefore, we have relied on their data to answer the question of fidelity to project design. When we were unable to arrive at clear findings based on our own efforts to analyze and interpret the data extract they provided, the Project Manager responded to specific queries and delivered numbers to us based on their own analyses and interpretation of the data. The findings highlighted in this chapter are therefore a mixture of those we derived from the extract and those they derived from direct access to their system[3].

Services at the Level of Center and Classroom

Table 1 provides a comparison of the projected and actual services provided for Intensive and Core Sites at the level of the classroom or center. In its first year of services, the ECCP's

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[2] The removal of personal data was only one of the ways in which the data on the disk they passed along varied from what ABH considered to be a full and accurate record of project activities. For instance, the files contained the goals and objectives selected for Classroom Action Plans, but not the strategies which indicated how they proposed to meet the objectives. In addition, some duplicate files and test data were mixed in with the data they delivered to us. The project leadership explained that the software searched for and eliminated any such data when someone was downloading directly from the system. But they were unable to deliver data to us that was similarly purged. These data created discrepancies that sometimes could not be accounted for and at times we therefore report variant numbers within this report for the same category of project activity.

[3] Another source of discrepant numbers is that the dates on which they conducted analyses and delivered responses to our queries were as much as two or three weeks later than the date they

cadre of 11 consultants came very close to meeting (or in some categories met or exceeded) the targets which ABH set for services at the level of the center and the classroom.

The Project proposed that each consultant would serve a single Intensive Site including 5 classrooms, and an additional 4 Core classrooms. In other words, they projected services to 55 classrooms in the Intensive Sites and services to an additional 44 Core classrooms, for a total of 99 classrooms. Consultants completed services during Year One to a total of 95[4] classrooms, just 4 short of the projected 99. The length of time in which consultants provided services in these classrooms ranged from a low of 3 weeks to a high of 16 weeks. The modal time spent was 4 through 7 weeks, which accounted for 62 (62.6%) of the classrooms.

Completion of these services meant conducting and sharing the results of classroom ratings at the outset and the conclusion of services, the drawing up of a Classroom Action Plan, and where mutually agreed and with parental cooperation, the conducting of one or more Child Specific assessments and interventions. These 95 classrooms included 50 associated with 11 child care centers selected as Intensive Sites and 45 Core classrooms.

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delivered the data extract, and consultants continued to enter data, some of which pertained to Year One and some to Year Two.

[4] In some data files and in direct communication with ECCP project leadership, we also have reports of 91, 93, and 94 classrooms to which services were completed in Year One.

Table 1. *Comparison of ECCP Program Expectations to Actual Program Services Directed to Centers (Intensive Level) and Classrooms(Core and Intensive Level)*

Program Service	Projected Number	Explanation	Completed Services, Year One
Intensive Sites Served	11	1 per Consultant	11
Classrooms Served within Intensive Sites	55	5 per Consultant	50
Core Classrooms Served	44	4 per Consultant	43
Total Classrooms Served Across Intensive and Core Levels	99	11 per Consultant	93
Staff Training Events Across Intensive and Core Levels	77	3 per Intensive Site Plus 1 per Core Classroom	83
Community Events	11	1 per Intensive Site	7

There was considerable variability in the numbers of the two types of classroom services in which individual consultants engaged within their geographic areas. Although the project leadership anticipated that each consultant would serve a single Intensive Site, in reality one ECC served 9 core classrooms and had no Intensive Site. Conversely, one ECC had no Core classrooms but served 10 classrooms in two Intensive Sites. Each of the others had one Intensive Site, plus 2 or more Core classrooms. The minimum number of classrooms (counting both Intensive and Core) served by an ECC was 5 and the maximum was 12.

Staff training and community events

Each ECC presented staff training events at their Intensive and Core Sites. The project expectation, as illustrated in the Program Chart (Appendix B) was for an ECC to conduct three

trainings at her or his Intensive Site and one at each Core Site. This would come out to 7 trainings per consultant if each one had an Intensive Site plus four Core classrooms, yielding a total of 77. In reality, the consultants exceeded this target, reporting a range of 5 to 11 trainings and a total of 83 training events (with 1124 staff in attendance, for a mean of 13.5 staff per event).

Each consultant was expected to convene a community event for staff, families and community agencies in connection with their Intensive Sites. Table 1 shows that 11 events were projected and only 7 convened. However, two Intensive Sites worked together to host a single event, and two other community events were scheduled to take place shortly after the close of the project year. One of the consultants, as noted earlier, did not work with an Intensive Site at all. Although the table appears to display a gap in this category between expectations and services completed, our conclusion is that they did in fact achieve their target.

Classroom Action Plans

For each classroom in which the ECCs offered their services, they conducted a classroom environmental rating, using the Infant-Toddler Environmental Rating Scale (ITERS) or the Early Childhood Environmental Rating Scale, Revised (ECERS-R) in accordance with the age group served. They shared the results with teachers, and then worked with teaching teams to identify goals, objectives, and strategies which they then incorporated into a Classroom Action Plan. The eight broad goal categories of classroom strength were drawn from the Devereux Early

Childhood Assessment (DECA), which in turn matched the categories used for the environmental ratings in the ITERS and ECERS-R.[5]

Consultants noted classroom strengths from the eight categories. These same categories then served as the framework for the goals that consultants, working with the teachers, could select. For instance, the first area of classroom strength that could be listed was “Physical Environment,” while the first goal that could be selected to work on was “Create an Environment that Promotes Resilience.” The second strength that could be listed was “Daily Program/Routine,” while the second goal that could be selected to work on was “Develop a Daily Program that Promotes Resilience.” The third area that could be identified as a strength was “Activities and Experiences,” while a goal that a classroom could be asked to work on was “Use Activities and Experiences to Promote Resilience.”

ABH data files merged the strengths with the objectives and disaggregated the objectives from the goals. Across 93 Classroom Action Plans, they reported a total of 503 classroom strengths and 851 Action Plan objectives. At one end of the spectrum, an Action Plan made note of a combined total of only 3 strengths and objectives, while conversely, one plan included 50 strengths and objectives.

The objective that appeared in the greatest number of Classroom Action Plans was “Tailor positive guidance strategies to fit the child and the situation,” which was listed on 43 (46.2%) of the plans. Next most often selected was “Involve children in setting a few important

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[5] Early plans to implement DECA assessments of each child in the Intensive Sites were dropped in the early months of the project. They were made optional and at several of the Intensive Sites, consultants did implement these. The ITERS was implemented for 3 infant and 20 toddler

rules and guidelines," which appeared in 40 of the plans (43%). There were two objectives that appeared only once (which equates to 1% of all Classroom Action Plans): "provide space to store and display individual work and belongings" and "reduce/avoid adding to a family's stress."

Consultants returned to classrooms they served for a follow-up visit one month or so following the completion of services. One of the objectives of the visit was to determine and record whether goals established in Classroom Action Plans had been met. Of 50 Classroom Action Plans written for Intensive Site classrooms, ECCs were able to enter follow-up information about goal completion for 42. Of these, they indicated that 72% of goals were completed. Of 43 Core Site plans, ECCs entered data on goal completion for 35. In these sites they reported an average of 68% of goals completed.

These data did not permit us to draw any meaningful conclusions about the impact of the Child Action Plans. However, they provide good documentation that the assessment, planning, and follow-up processes were carried out faithfully as proposed in the project design.

Child Specific Services

The consultants' efforts fell considerably short of the numerical targets the project set at the outset for Child Specific services. These services included (after first gaining parental consent) conducting an assessment, sharing the findings of the assessment with the classroom teachers, sharing the findings separately with the parent, and developing a Child Action Plan.

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classrooms served by the project and the ECERS was implemented for 71 classrooms serving preschoolers through age five.

When it was considered appropriate, the service also included making a referral to a mental health or other agency for outside services.

The targets for delivery of Child Specific services in the Core and Intensive levels were based on an expectation of two per classroom, as depicted in the ECCP Program Chart. For the consultant who worked with 9 classrooms as initially projected (which turned out to be the number achieved by exactly 1 of the 11 consultants), this would yield 18 Child Specifics. In addition, each consultant was expected to respond to referrals for assistance from outside the Core and Intensive Sites and conduct 17 Child Specific interventions. The latter are what are referred to in the Program Chart as Child Specific Sites.

Although the ECCP never revised the Program Chart or adopted any new target numbers to which consultants were expected to adhere, project leadership informed us after completion of the project year that they had changed their expectations along the way. They informed us about one Intensive Site where after services began, the center director requested that no Child-Specific assessments be conducted (but later consented to permit two):

> The changes varied and depended largely upon the need of the centers or classrooms…Overall, the number of Child Specifics required by each ECC was decreased due to the following factors: (1) feedback…indicating that classroom interventions had significantly reduced the individual child behaviors, so that Child Specifics were no longer necessary; (2) Child Specifics were more time consuming than initially predicted.[6]

Because the original numerical projections are the only ones to which the Project ever committed itself, Table 2 uses those figures to display the expected and actual number of Child Specific services by Intensive, Core, and Child Specific (or stand-alone) Sites. Within the 50

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[6] Memorandum to evaluators from ECCP Program Manager, October 27, 2003.

classrooms in Intensive Sites, consultants provided Child Specific support to a total of 57 children in comparison to the 110 that were anticipated, or nearly 52%. Within 43 classrooms in the Core Sites, they provided Child Specific support to 62 children in comparison to the projection of 88, or 70.5%. In Child Specific Sites, the ECCs provided 56 Child Specific interventions, or nearly 30% of the 187 projected.

Table 2. *Comparison of Expectations to Actual Services, Child Specifics Conducted in Intensive, Core, and Child Specific Sites*

Location of Child Specific Service	Projected Number	Explanation	Completed Services, Year One	Percent of Projected
Intensive Sites	110	2 per Classroom or 10 per Consultant	55	50
Core Classrooms	88	2 per Classroom or 8 per Consultant	54	61.4
Child Specific (Stand-alone) Sites	187	17 per Consultant	62	33.1
Total	385		171	44.4

There was great variability in the numbers of Child Specific interventions carried out by the various consultants and in the types of sites in which they completed these Child Specific activities. For Intensive Sites, the range was from 1 to 13, for a mean of 5.7 Child Specifics across 10 ECCs (recalling that one ECC had no Intensive Site). For Core Sites, the range was from 3 to 8, for a mean of 6.2 Child Specifics across 10 ECCs (recalling that one ECC worked only with classrooms in Intensive Sites). For stand-alone services, the range was from 0 to 8, for

a mean of 5.0 across 11 consultants. Across all three types of sites, the lowest number of Child Specifics completed by an ECC was 9, while there was one who achieved the original program expectation of 35. The average for the 11 ECCs was 15.9, a bit under half the target. We emphasize to readers a point made earlier, that over the course of the project year the project leadership reduced the expectations for numbers of Child Specific services to be delivered by consultants. These numbers, although much lower than those called for in the original plan, can still sustain a conclusion of fidelity to project design, so long as one recognizes that the design was significantly modified.

Behavior problems in previous centers and prior referrals for special services

As part of the Child Specific assessment, the consultants asked parents for information that would indicate whether a child had previously been recognized as one who presented behavioral, developmental, or other challenges. One way of getting at this was to inquire about the number of child care centers the target child had attended over the last year and the reasons the most recent prior child care setting came to an end. Another was to inquire about previous referrals for early intervention (for children under three) or special education (for children from three and up).

The vast majority of parents/guardians (77.9%) reported that the center in which the target child was currently enrolled was the only one attended within the past year. Just 14 children (8.1%) were reported as attending one other center and 2 children (1.2%) were reported as having attended two or more centers besides this one. Parents of only 7 (4%) of 172 children indicated that their child's behavior had led to the end of the most recent child care arrangement.

As to previous identification for special education or other specialized services, the consultants were able to establish that 27.9% had been referred for these services. A larger proportion of the Child Specific targets (48.8%) had never been referred for these kinds of services. In the case of a substantial number of the Child Specific cases (20.9%), the consultants were unable to report whether or not the child had ever been referred.

Referrals for outside support after assessment

When the consultants conducted a Child Specific assessment, whether in an Intensive, Core, or Child Specific Site, one of the decisions they had to make was whether to refer the child for outside services in addition to developing a Child Action Plan that included ideas for the parent and the classroom. Of the 171 Child Specific interventions documented in the data, they made 91 referrals. Roughly two-thirds of these were to mental health agencies, while others were to pediatricians, Birth to Three programs, and for specialized assessments. Consultants were far more likely to make referrals for the children they encountered in the Intensive and Core Sites than in the Child Specific Sites. They made 43 referrals for the 55 Intensive Child Specifics (78.1%); 40 referrals for the 54 core Child Specifics (74%) and 8 referrals for the 62 children they saw in Child Specific Sites (12.9%). In some cases, the same child was referred for more than one service and we are unable to report the precise numbers of children represented by these 91 referrals. The project confirmed that 17 of the 43 Intensive referrals were accepted and that 24 of the 40 Core referrals were accepted. The data extract they made available did not include data on the acceptance of referrals made in Child Specific Sites.

For Intensive Sites only, they reported data on reasons why referrals were not accepted. For the cases in which a referral was not accepted, the largest reason by far was that the “family

was resistant." This accounted for 16 of 26 (61.5%) of the cases. Another 4 (15.4%) were not accepted because "the family didn't follow-up with past referral." Just 1 referral (3.8%) was not accepted due to being placed on a waiting list.

Child Action Plans

For each Child Specific assessment that the ECCs carried out, they worked with teachers, center directors, and families to identify goals, objectives, and recommended strategies which they then wrote into a Child Action Plan. The goals were drawn from *The Creative Curriculum For Preschool,* except in the case of infants, when they were adapted by ECCs from the *Ages and Stages Questionnaires*.

The portion of the Child Action Plan on which ECCP asked the consultants to report the goals and objectives of the Child Action Plans also asked them to list children's areas of strength. The Child Strengths fell within three broad categories: (1) Sense of self; (2) Responsibility for self and actions; and (3) Social skills. The objectives fell within three goals that closely tracked the three areas of child strength: (1) Improve child's ability to take responsibility for self and actions; (2) Support child in strengthening his/her sense of self; (3) Support positive social behaviors.

The ECCP data files merged the listings of strengths with the listings of objectives to produce a combined table showing that there were a total of 1214 child strengths or objectives across 133 Plans that had been entered into the system at the time they produced data for our review. In the aggregate, it displayed that the plans enumerated 364 child strengths and 850 objectives.

They also reported the number of times that any given objective appeared in any Child Action Plan. For instance, the objective that was chosen in the greatest number of Child Action Plans was "Recognize and manage feelings appropriately," which appeared on 121 (90.0%) of the plans. The objective that was listed the fewest times was "demonstrate ability to stand up for rights," listed in 13, (9.8%) of the Plans.

Consultants contacted classrooms they served to obtain follow-up data regarding whether goals established in Child Action Plans had been met. Of the 56 Child Action Plans written for Intensive Site classrooms, ECCs were able to enter follow-up information about goal completion for 36. Of these, they indicated that 77% of goals were completed. Of 36 Core Site plans, ECCs entered data on goal completion for 27. In these sites they reported 69% of goals completed. Of the 56 Child Action Plans written for Child Specific Sites, ECCs obtained and entered follow-up data for 35. These plans in the aggregate met 68% of their goals.

These data did not permit us to draw any meaningful conclusions about the impact of the Child Action Plans. However, they offer some qualitative insight into the day-to-day workings of the project and buttress our findings that the consultants did carry out the kinds of planning activities that were anticipated in the project design.

Consumer response to the Child Specific services

Approximately one month or more after completing services, the project consultants contacted parents of children who were offered Child Specific services to ask them their opinion of the services. They likewise contacted the center directors where these children attended and one teacher from the child's classroom. The response rates for the 172 cases were 48.4% of parents/guardians, 51.7% of teachers, and 54.6% of directors. They were asked if the services

had been very helpful, somewhat helpful, or not helpful. A majority of all three constituencies rated the project's intervention very helpful. Among parents, the figure was 57.7%; among teachers, it was 65.2%; and among center directors it was 86.2%. Only 2.4% of parents (and none of the teachers or center directors) believed the services had not been helpful. The remaining 40.5% of parents, 34.8% of teachers, and 9.6% of directors thought they were somewhat helpful.

Conclusion

The project achieved or exceeded its key annual numerical targets in the arena of services at the level of classrooms and centers. The fact that start-up activities delayed the provision of direct services during the initial project year only makes this conclusion more compelling.

When it came to Child Specific interventions, the consultants delivered services to under half the numbers of children that were originally projected. However, without setting any specific revised targets against which project outcomes could be measured, the ECCP leadership altered the expectations and made clear to the ECCs that for a variety of reasons, they were not expected to meet the original targets. The associated data from Child Action Plans indicate that irrespective of the numbers of cases completed, the nature and scope of the services offered were faithful to the original project design.

The level of satisfaction with the services delivered to these children was extraordinarily high among center directors, and impressively strong among teachers and parents—especially considering that each of the latter respondents had a child who had been identified as presenting difficulties or concerns.

CHAPTER 3: FINDINGS FROM SURVEYS OF CONSULTANTS AND LEAD TEACHERS

We surveyed two key groups to help us ascertain the impact of the project's activities: Early Childhood Consultants (ECCs) who delivered the services and teachers who received them. We recognized that self-reports from each of these groups would inevitably contain biases. ECCs had a vested interest in believing the work they were doing was contributing to positive changes. Teachers who had established friendly relationships with ECCs would be inclined to make favorable comments about the project and in any case had a vested interest in reporting that they were using the help offered to good advantage. In spite of these biases, there was no one in a better position to report on the impact of the project. We did what we could to reduce the inclination to bias by guaranteeing anonymity to both groups of respondents, assuring them that their opinions would only be reported in the aggregate and that the names of people and places used in quotations would be disguised. We also attempted to reduce bias through the contents of the surveys: asking them to address specific project activities and outcomes and illustrate with examples rather than soliciting global measures of satisfaction.

Findings from the Consultant Survey

We mailed the survey to 10 ECCs[7] at the beginning of the final month of Year One of the project. The survey consisted of two sections with a mixture of closed- and open-ended questions. The first section of the survey focused on the ECCs experiences as members of the

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[7] Elsewhere we report that 11 ECCs were active in the project. However, one had taken parental leave prior to the time we mailed the surveys so was not included in our mailing. Another had left the ECCP to take another position but consented be included in the survey mailing.

ECCP project team. The second section of the survey asked questions addressing the impact they believed their activities had in realizing the goals of the project. (See Appendix D for a copy of the Early Childhood Consultant Survey.) Eight of the ten ECCs returned the survey for a response rate of 80%.

Management, training, and partnerships

The consultants' responses to questions in the first part of the survey indicate that the project's management model was working extremely well, especially considering that the entire staff and leadership were new to the task and worked for 12 different employers. The ECCP relied on a partnership between one central contracting agency (ABH) and 11 subcontractors which were the actual employers of the consultants. It is noteworthy that 100% of the respondents reported that there was a good match between the project and the particular subcontracting agency that employed her or him.

There was also great convergence among the consultants regarding the high quality of the training and support that they received from the project leadership. Although they had different perspectives on which trainings were the most beneficial, and a few of them had suggestions for improvements in this area, in the aggregate they gave a strong endorsement to the majority of the training that the project implemented to prepare them for their tasks, and also to the way in which the project enabled them to become a mutually supportive network to one another.

In response to our question about whether ECCs had ever offered suggestions to the project leadership on how to improve the project, three-quarters of them (75%) said they had. For instance, they had requested more opportunities to interact with one another including visits to one another's sites, proposed improvements in the marketing of the project to center directors,

and made recommendations regarding the database. Three of the six stated they had offered feedback about the need to change the expectations regarding the carrying out of Child Specifics. Respondents who had offered feedback indicated that their concerns and suggestions were taken seriously and often incorporated into future practice. We have reported in an earlier chapter that the project informally altered its expectations for completion of Child Specific interventions.

One important set of gatekeepers, with whom the consultants had to develop effective relationships in order to achieve project aims, were the directors of child care centers. We asked the consultants how the actions of center directors either supported or inhibited their efforts. Overall, they found the directors of the centers to be very supportive. They acknowledged that there were areas in which directors were not as helpful but due to factors seemingly beyond their control. These included the fact that directors could not necessarily prevail upon parents to cooperate with individual assessments, and they did not have sufficient budgets to arrange classroom coverage to enable full participation by teachers in meetings. Respondents clearly reported that the posture a director took had a major impact on outcomes; the more the director communicated that she or he was invested in the project, the better success they had in achieving project goals.

Expectations for productivity in centers, classrooms, and Child Specifics

We asked the ECCs whether expectations for the numbers of classrooms and numbers of Child Specific services and the time allotted for each of these were “realistic and achievable.” With regard to classrooms, there were a range of opinions. Three of the respondents agreed the allotted time and the number of classrooms were appropriate--at least, once they gained enough experience conducting the classroom ratings to make them go more quickly. The majority of the

ECCs, however, reported some ambivalence either about the number of classrooms, the amount of days and hours allotted, or both.

We reported in an earlier chapter that the consultants came very close as a group to meeting the anticipated targets for number of classrooms served. How can we interpret the fact that several among them completed the requisite number and yet believe the target was set too high or the number of weeks or hours projected was too low? More than one respondent stated or implied that they spent more time than was allotted. Another who apparently followed the guidelines worried about shortchanging the quality of the outcomes in some sites, saying:

> I have concerns that we sometimes came in, became involved, and left before we really did establish the relationship that was so important to building trust and making changes.

The responses to the question about Child Specifics yielded just one consultant who was entirely comfortable with the original expectations (although acknowledging that due to a lack of interest at an Intensive Site, he or she fell considerably short of the target). The remainder expressed strong reservations as to the number of hours, the number of interventions expected, or both. They also reported that it was difficult to reach the expected number of Child Specifics because directors were unfamiliar with the ECCP and parents were reluctant to participate. Some respondents believed that achieving the anticipated number of Child Specifics may be more realistic in the future because the program will be better known.

Consulting to single classrooms versus Intensive Sites

We asked the ECCs two questions seeking their perspective on carrying out project activities in multiple classrooms in an Intensive Site compared to a single classroom (or occasionally, two) in a Core Site. (Our survey universe included one ECC who worked only in

Core classrooms and another who worked only in Intensive Sites.) The consultants gave generally nuanced answers which emphasized the benefits and the pitfalls of consulting relationships and outcomes in both kinds of venues. One ECC, for example, spoke of being pulled from one classroom to another within an Intensive Site in response to "urgent needs," noting that this made it difficult but was in its own way beneficial in building the relationships.

In favor of the Intensive Sites, a few noted the benefits of the greater time commitment, allowing the teaching staff and ECC to develop a rapport. Conversely, another noted that ECCs spent so much time at their Intensive Sites (six months was the expectation) that they were sometimes expected to become involved in tangential activities such as moving furniture. Another wrote that the long Intensive Site engagement tended to "blur the beginning and end dates of the individual classroom interventions." The fact that the directors of the Core Sites actively sought out the services of the ECC whereas the directors of Intensive Sites had not done so[8] was referenced by one respondent:

> More time had to be spent selling the program to the Intensive Site classrooms vs. the core classrooms. I got the feeling, especially at the outset, that some of the staff at the Intensive Site didn't fully understand why I was at the center.

When it came to assessing impact in one kind of site versus the other, the strongest consensus was that other factors were much more important. One respondent wrote:

> If the staff was really satisfied with their role as an early childhood professional they were more likely to accept ideas. This was probably more in tune with the impact than anything else.

Less circumspect, another wrote:

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[8] The Department of Social Services selected the Intensive Sites.

> I don't think the difference in impact had anything to do with whether they were core…or…intensive. I think it had to do with how invested someone was in what we were trying to do, whether they bought into it or not."

And still another:

> The positive impact…varied in the classrooms within the Intensive Sites as well as the classrooms outside the Intensive Sites.

Helpfulness of activities in meeting project goals

We asked the consultants to rate the helpfulness of various project activities in improving the social and emotional well-being of children in the classrooms where they provided services. (Possible responses were "Very Helpful to Most Classrooms," "Helpful to Most Classrooms," "Little or No Help to Most Classrooms," and "Did Not Carry Out This Activity in Most Classrooms.") Table 3 reports the number of ECCs who recorded any given response to these questions.

The sole activity which 100% of the ECCs believed was very helpful to most classrooms was the least formal of all the activities: "Talked One-On-One with Teachers During Class Visits." In an open-ended follow-up question, one respondent explained as follows:

> Teachers have a need to be heard, validated, and given tools…they valued the time we spent talking and planning…This was evidenced in the gradual changes they began to make in their rooms.

The activity which recorded the second highest percent of teachers rating it "very helpful in most classrooms" (6 of 8 respondents) was the conducting of training or professional development activities. The remaining two respondents believed the trainings were helpful to most classrooms. One respondent elaborated on the impact of training, sharing some feedback a teacher had given her:

> One teacher stated that following a workshop, she had thought about what I said for most of the evening and decided to change how they were doing something with a child. They saw a lot of improvement right away.

There were four other activities which 100% of the consultants believed were either very helpful or helpful: "Conducted Parent Conferences and Developed Child Action Plans," "Developed Classroom Action Plans with Staff," "Conducted Observations in Connection with the ITERS or ECERS," and "Shared the Results of Classroom Ratings." There were five consultants who believed that development of Child Action Plans and Classroom Action Plans were very helpful in most classrooms and the remaining three believed they were helpful. As for conducting the classroom ratings and sharing the classroom ratings, their endorsement for these two activities was only slightly less robust, with four believing that conducting of observations was very helpful and three believing that sharing the results of the ratings was very helpful in most classrooms. The remainder of respondents found these activities helpful, except for one consultant who did not share the results of classroom ratings in most classrooms. (In response to a follow-up question, the consultant explained that the decision not to reveal ECERS scores to teachers was made for fear the scores would undermine the process of building rapport.)

Three activities involving individual assessments and referrals, including "Worked with Staff to Determine which Children Needed Assessment," "Carried Out Observations and Assessments," and "Coordinated Services for an Individual Child" drew the only negative feedback, each receiving the response "little or no help" from a single respondent. Only one consultant believed that it was very helpful to work with staff to determine which children needed assessment, the lowest approval for any activity on the list. However, five of the respondents believed that carrying out observations and assessments was very helpful. The

question about “Coordinated Services” drew two responses of very helpful but also three responses of “did not carry out this activity” along with the one who believed it was not helpful in most classrooms. Clearly, the activities related to individual assessments did not receive the ringing endorsement that the consultants gave to the other activities.

A follow-up question in which we asked ECCs to further elaborate on any listed activity that they did not find helpful or did not carry out elucidated these responses. Two consultants reported that there was a strong preference among teachers for classroom and environmental changes to address behavior, rather than individual assessment and referral. Two indicated that parents were resistant to assessment and referrals. One made reference to the resources that were already available in an Intensive Site. However, one respondent explained the powerful impact that conducting an individualized assessment sometimes had:

> In one Child Specific situation, observational data allowed me to determine with confidence the purpose of the child’s behavior…Once the caregiver viewed my data, she was able to see patterns of misbehavior and [adopt a] less judgmental perspective...focusing on the behavior…The attitude shift…was beneficial to this child’s circumstance within the classroom and the staff was more enthusiastic to implement the suggestions I recommended.

Table 3. *Number of ECCs Who Believed Project Activities Helped Social and Emotional Responsiveness of Classrooms. (n=8)*

Activity	Very helpful to most classrooms	Helpful to most classrooms	Little or no help to most classrooms	Did not carry out this activity in most classrooms
Talked one-on-one with teachers during visits to classrooms	8			
Conducted TAB training(s) or other kinds of professional development for childcare staff	6	2		
Carried out observations and assessments of individual children	5	1	1	
Conducted parent conferences and developed Child Action Plans regarding specific children	5	3		
Developed Classroom Action Plans with staff in core classrooms	5	3		
Conducted observations in connection with the ITERS or ECERS Rating Scales	4	4		
Shared and discussed the results of classroom ratings with staff	3	4		1
Worked with classroom staff to determine which children, if any, were in need of individual assessment and intervention	1	5	1	1
Coordinated services for an individual child with staff from other agencies	2	2	1	3

Most important barrier and recommendations for future

We asked ECCs what they believed to be the most important barrier to the social and emotional well-being of children in the classrooms where they carried out their activities. Three responses referenced the limited knowledge base and understanding of the front-line caregivers. Two ECCs identified parents' denial and lack of interest in working collaboratively with teachers as the largest barrier. Another cited the fact that children are exposed to too many caregivers, reducing the cultivation of meaningful relationships, not only due to staff turnover but to the common practice of regularly moving children up into older classrooms with different staff.

We asked ECCs if there was anything the ECCP could do differently to have a greater positive impact on the social and emotional well-being of children in state-funded child care centers. The suggestions included greater involvement in policy, clearer criteria for centers or classrooms to access the project services, implementation of trainings for staff in all state-funded centers addressing mental health, strengthening engagement with parents, extend child specific assessments, marketing of the project to centers and agencies, and more time at centers.

Findings from the Lead Teacher Survey

We mailed our Lead Teacher Survey to one lead teacher from every classroom identified to us by the project leadership as receiving the ECCP's Core classroom or Intensive center-based services[9]. As involvement of the ECCP in Child Specific Sites was limited to a few hours at most, we did not mail surveys to teachers in these settings. (See Appendix F for a copy of the Lead Teacher Survey.)

Response rate for Lead Teacher Survey

The evaluation team mailed the survey to 89 teachers in scheduled two-week intervals arriving at the centers approximately 4-6 weeks after the ECC completed services in the classroom. (See Appendix E for a detailed description of the Teacher Survey distribution procedure.)

A total of 39 respondents returned the surveys for a response rate of 43.8%. This included 20 teachers working in 9 centers designated as Intensive Sites (out of 11 Intensive Sites altogether) and another 19 teachers working in Core classrooms located in a total of 16 different child care centers. The response rates for these two subgroups were 48% of teachers at Core Sites and 39% for teachers at Intensive Sites.

Corroboration of participation in project activities

The survey asked teachers to rate how helpful they found nine different activities in which teachers typically participated with their consultant. (Possible responses were "Very Helpful," "Somewhat Helpful," "Not Helpful," and "Did Not Participate"). Table 4 displays the responses across all respondents.

We can draw from these data an important inference in reference to fidelity to program design by looking at the right-hand column, which displays the percentage of teachers who did not participate in any given activity. Here we find 100% of respondents reporting that consultants shared results of classroom ratings with them, 92% attended one or more trainings, 100% worked with the ECC to make decisions regarding children in need of individual

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[9] In settings with non-hierarchical staffing patterns, we asked the director or other center contact

assessment, 97% provided input for the assessment of an individual child, 92% helped to develop a Child Action Plan, and 97% contributed ideas to a Classroom Action Plan. A lower proportion of 75% of teacher-respondents indicated they helped to plan and conduct a parent conference, but not all Child Specific interventions led to a formal parent conference. These survey data verify that teachers whose classrooms were selected for the project received the full measure of consultation services as established in ECCP protocols and strongly support a finding of fidelity to program design.

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person designated by ABH to give the survey to one teacher.

Table 4. *Percent of Teachers Reporting Level of Helpfulness of Various Project Activities*

Activity	Very Helpful	Somewhat Helpful	Not Helpful	Did Not Participate
Talked with the Early Childhood Consultant during visits to classroom	74.4	25.6	0.0	0.0
Conducted classroom observations for ITERS or ECERS	70.3	13.5	5.4	10.8
Reviewed and discussed results of classroom ratings with the ECC.	84.2	7.9	7.9	0.0
Attended one or more training events provided by your ECC	65.8	23.7	2.6	7.9
Made decisions about which children were in need of individual assessment and intervention	78.9	21.1	0.0	0.0
Provided input for the observation and assessment process for an individual child	83.8	10.8	2.7	2.7
Helped to plan and conduct a parent conference	69.4	5.6	0.0	25.0
Helped to develop a Child Action Plan	78.4	13.5	0.0	8.1
Contributed ideas to a Classroom Action Plan	81.6	10.5	5.3	2.6

Helpfulness of various activities

Overall, the teachers reported that all nine of the activities were very helpful. The percentages indicating very helpful ranged from a low of 65.8% for "Attended One or More Trainings" to a high of 84.2% for "Reviewed and Discussed the Results of Classroom Ratings." Most helpful besides reviewing the classroom ratings were "Provided Input for The Observation

and Assessment of an Individual Child" (83.8%), and "Contributed Ideas to a Classroom Action Plan" (81.6%).

Every respondent (100%) reported that it was somewhat or very helpful to "talk with the Early Childhood Consultant" and "make decisions about which children, if any, were in need of individual assessment and intervention," with none stating that these were not helpful. The category which received the highest rating of "not helpful" was "Review and Discuss Classroom Ratings," the same category that enjoyed the largest proportion of respondents who believed this activity was very helpful. It was selected by 7.9% of respondents, or fewer than one of twelve who answered the survey.

Sustaining project activities

We mailed our surveys at intervals, four to six weeks after the completion of services by the ECC, because we wanted to learn if they were sustaining project activities without the ongoing active presence of their ECC. As it happened, many surveys were not returned until September, even for classrooms that completed services by April and May; thus, several months had passed by the time they completed it. We asked them to report the frequency with which they continued to use information from the classroom ratings (ITERS for infant or toddler classrooms and ECERS-R for preschoolers), and the frequency with which they used the goals and steps identified in the Classroom Action Plan. (Possible responses to both were "Less Than Once a Month," "Once a Month," "Once a Week," and "At Least Twice a Week.")

We found that 60% of the teachers reported that they continued to use information from the classroom ratings at least twice a week with an additional 20% reporting they used the information once a week. (See Table 5.) An even more robust 70% of the teachers stated they

used the goals and steps in their Classroom Action Plans at least twice a week with an additional 16.2% using the resource once a week. These results suggest that (at least by self-report), the vast majority of the respondents--more than 8 out of every 10--continued regularly to work on key project activities one to five months after the ECC completed services in their classrooms.

Table 5. *Percent of Teachers Reporting Continuing Project Activities. (n=39)*

Activity	Percent of Teachers			
	At Least Twice a Week	Once a Week	Once a Month	Less Than Once Month
Continue to Use The Information From ITERS and/or ECERS-R to Make Classroom Plans	60.0	20.0	2.9	17.1
Continue to Use The Goals and Steps Identified In The Classroom Action Plan	70.3	16.2	2.7	10.8

Improved responsiveness of classrooms to social and emotional needs

Respondents to the teacher survey rated improvements they had made in connection with the ECCP in six areas of classroom practice. These categories were abbreviated versions of the categories the project used in developing Classroom Action Plans and our survey instructions encouraged respondents to "look at your Classroom Action Plan if you do not recall these categories." For each of the 6 categories, we asked them to "rate the improvement, if any, in the responsiveness of your classroom to the social and emotional needs of children since your involvement in this project." Possible responses were "Great Improvement," "Modest Improvement," "Little or No Improvement," and "Did Not Introduce New Practices."

The percent of teachers reporting great improvement in these areas ranged from a low of 40.5% for teachers who felt they had made improvements to "Promote Staff Resilience" to a high of 56.8% (identical for three different categories) for teachers who felt they had made improvements to strengthen "Supportive Interactions," "Environment," and "Activities and Experiences." (See Table 6.)

Disaggregating responses from Core Sites and those from Intensive Sites, we find important differences in perspective across the two subgroups. Great improvements in "Promote Staff Resilience" were recorded by just 17.6% of the Core teachers. The response of Intensive Site teachers to that question was robust: 60% of them believed that they had achieved great improvement in promoting staff resilience.

None of the other categories displayed such divergent responses. However, a larger proportion of teachers from the Intensive Sites compared to the Core Sites reported great improvement in "Supportive Interactions" (65% compared to 47.1%) and "Activities and Experiences" (60% compared to 52.9%). In improving the "Environment" and the "Daily Program," the differences across the two subgroups' responses were minimal. Only in the area of "Partnership with Families" did there appear what might be a meaningful difference in the opposite direction. In that area of partnerships with families, 47.1% of the Core teachers compared to 40% of the Intensive teachers reported they had made great improvement.

On the whole, these findings indicate that teachers at the Intensive Sites reported great improvement in their classrooms' responsiveness to the social and emotional needs of children more frequently than teachers at Core Sites (except in the area of "Partnerships with Families").

The starkly divergent responses to the category “Promote Staff Resilience” are especially worthy of notice.

Table 6. *Percent of Teachers Reporting Improved Responsiveness of Classrooms to Social and Emotional Needs by Areas within Classroom Action Plan*

Areas of Classroom Action Plan	Percent of All Teachers Reporting Great Improvement *(n=39)*	Percent of Teachers at Intensive Sites Reporting Great Improvement *(n=20)*	Percent of Teachers at Core Sites Reporting Great Improvement *(n=19)*
Environment	56.8	55.0	58.8
Activities and Experiences	56.8	60.0	52.9
Daily Program	43.2	45.0	41.2
Support Interactions	56.8	65.0	47.1
Promote Staff Resilience	40.5	60.0	17.6
Partnership with Families	43.2	40.0	47.1

Improvement in children’s behavior

Our next two survey questions asked about the effect of any changes or improvements they had introduced as a result of the project on (1) the behavior of the class as a whole; (2) the behavior of specific children about whom they had concerns. Here, similarly to the previous set of questions, we asked them to choose from among “Great Improvement,” “Modest Improvement,” “Little or No Improvement,” and “Does Not Apply.”

The ratings from all respondents indicated that roughly equivalent percentages, in the range of 37.8% to 43.2%, believed that the project had helped to bring about either modest or

great improvement in each of these areas. (See Table 7.) Put another way, approximately 4 out of 10 teachers felt they had seen great improvement in the class as a whole, and another 4 in 10 had seen modest improvement in the class as a whole. The same proportions applied to improvements in the behavior of specific children about whom they had concerns.

On closer inspection, the responses from teachers in Core and Intensive Sites were very similar with regard to the ECCP impact on the behavior of children about whom they had concerns. But when it came to the behavior of the class as a whole, there were marked differences. Here, just 29.4% of Core teachers believed they had seen great improvement, compared to 50% of Intensive Site teachers. A near-majority of Core teachers (47.1%) rated improvement in their class as a whole as only moderate.

These findings suggest that overall, nearly 80% of teachers across all sites felt they saw either modest or great improvement in the behaviors of specifically targeted children. But the teachers at Intensive Sites were nearly twice as likely than those from Core classrooms to believe they had seen great improvement in the behavior of their class as a whole.

Table 7. Percent of Teachers Reporting Improvement in Child(ren)'s Behavior

	All Teachers Reporting Improvement in Child(ren)'s Behavior *(n=39)*		Teachers at Intensive Sites Reporting Improvement in Child(ren)'s Behavior *(n=20)*		Teachers at Core Sites Reporting Improvement in Child(ren)'s Behavior *(n=19)*	
	Modest Improve-ment	Great Improve-ment	Modest Improve-ment	Great Improve-ment	Modest Improve-ment	Great Improve-ment
The Class as a Whole	37.8	40.5	30.0	50.0	47.1	29.4
Behavior of Child(ren) About Whom Teacher Had Concerns	43.2	37.8	42.1	36.8	44.4	38.9

Mental health referrals

Two questions on the survey asked teachers about the mental health referral process and a follow-up question asked them to indicate how many referrals they had made since their consultant stopped providing support to their classroom. The proportion of teachers who reported the project had been very helpful in improving their ability to identify a child who may be in need of a mental health referral (47.4%) was more robust than the percentage who believed it had been very helpful in improving their understanding of the mental health referral process (39.4%).

We find minimal differences between Intensive and Core respondents in the proportion who felt the project had been very helpful in learning about the referral process. (See Table 8.) There are larger differences, however, in the responses of the two subgroups to the question about identifying a child who may be in need of a referral. More than half (55%) of respondents who worked in Intensive classrooms reported the project had been very helpful in this regard, but well under half (38.9%) of the Core Site teachers stated that it was very helpful.

Table 9 displays the number of teachers who reported making zero, one, or two or more referrals. Most teachers had not made any referrals for mental health services since the ECC ceased working in their classrooms. This was true for 75% of the respondents from Intensive Sites and 58.8% of those from the Core classrooms. Of the 41% of Core respondents who had made referrals, most had made one referral; a single respondent had made two or more. Among the 25% of Intensive respondents who had made a referral, two (10% of the Intensive sample) had made two or more, while the remainder had made one referral for mental health services.

Table 8. *Percent of Teachers Reporting Improvement in Their Capacity to Use the Mental Health Referral Process*

Activities	Percent of All Teachers Reporting Improvement *(n=39)*		Percent of Teachers at Intensive Sites Reporting Improvement *(n=20)*		Percent of Teachers at Core Sites Reporting Improvement *(n=19)*	
	Modest Improvement	Great Improvement	Modest Improvement	Great Improvement	Modest Improvement	Great Improvement
My Ability to Identify A Child Who May Be In Need Of A Mental Health Referral	28.9	47.4	10.0	89.5	31.6	68.4
My Understanding of the Mental Health Referral Process	34.2	39.4	55.0	35.0	50.0	38.9

Table 9. *Percent of Teachers Reporting Making One or More Mental Health Referrals*

Activity	Percent of All Teachers Reporting Making Referral *(n=39)*		Percent of Teachers at Intensive Sites Reporting Making Referral *(n=20)*		Percent of Teachers at Core Sites Reporting Making Referral *(n=19)*	
	One Referral	Two or More	One Referral	Two or More	One Referral	Two or More
Made Referral(s)	24.3	8.1	15.0	10.0	35.3	5.9

Impact of project on possible suspension or termination

The vast majority of teachers (88.2%) reported that they believed this project reduced the likelihood that children "who exhibit challenging behaviors" would be suspended or terminated. Affirmative responses to this question were very robust among all teachers, but those working at Core Sites (93.8%) were even more likely than teachers at Intensive Sites (83.3%) to endorse this supposition. (See Table 10.)

Table 10. *Percent of Teachers Who Believe Program Reduces Likelihood That Child(ren) Will Be Suspended or Terminated*

Activity	Percent of All Teachers Reporting Reduction *(n=39)*	Percent of Teachers at Intensive Sites Reporting Reduction *(n=20)*	Percent of Teachers at Core Sites Reporting Reduction *(n=19)*
Belief that Project Reduces Likelihood That Children Will be Suspended, or Terminated	88.2	83.3	93.8

Challenges or obstacles addressed

In an open-ended portion of the survey, we asked teachers to list up to three challenges or obstacles that they worked on with their consultant. Of the 39 respondents, 38 identified at least one challenge or obstacle. In Table 11, we categorize and display the challenges they listed. We found that 28 teachers reported a total of 52 challenges that were related to the behavior of a specific child such as impulsive behavior, emotional immaturity, or separation issues. Also, 21 respondents listed a total of 27 challenges that were related to the classroom as a whole, such as emotional climate, physical environment, and activities. We categorized 7 of the challenges (listed by 7 different respondents) as being related to a parent or family issue, such as communication with a family or getting parents more involved. Another 5 teachers reported 6 challenges that were team-related, such as planning for change with sometimes reluctant colleagues. There were 3 challenges we could not categorize.

This enumerating of challenges tells us that our teacher-respondents grasped the dual nature of the desired ECCP outcomes: (1) overall classroom changes that would improve social and emotional outcomes for all children; (2) strategies and supports to help individual children

who were presenting concerning behaviors. It also suggests that for most of them, getting help in responding to specific children was the task in which they were most invested.

Table 11. *Number of Teachers Reporting Type of Challenge*

Type of Challenge Reported	No. of Challenges	No. of Teachers[10]
Child	52	28
Classroom	27	21
Parent/family	6	5
Team	7	7
Other	3	2

The survey asked teachers to select one of the identified challenges or obstacles and describe how they addressed it and what kinds of results they obtained. In the excerpts that follow, we have changed names to assure anonymity and done minor editing for clarity and grammar. Here are two examples of efforts to address a challenge involving an individual child:

> Providing him advance warnings of transitions because of his lack of handling them smoothly. We had an extended meeting/conference with mom and showing her ways to handle his crying. Making sure she continues the same strategies at home. We also are building upon his strengths. We hope that Victor will be able to control his emotions and express himself using words instead of crying and falling to the ground. We have seen some improvement.

(A respondent from an Intensive Site)

> From the time Gideon would come into the classroom, he was biting the children and sometimes teachers. It was as though he didn't realize what he was doing, however, would have a satisfied look on his face afterwards. As soon as he would bite, one teacher would hold him as he cried with the bitee. The consultant suggested to not emphasize too much on Gideon's behalf, but tend to the bitee. We had been giving much attention to the bitee, but also to Gideon as he was crying too. So we just ignored his crying and at times would have him sit a minute or two alone, away from the group. We no longer nurtured his emotions of satisfaction, and now we see tremendous results! Gideon has not bitten a child in a couple of months and is now using language to express his feelings. Previously, Gideon bit to show how he was feeling. Now, even though he does not speak in full sentences, he tries very hard to get the word out he needs to use and if not he seeks out a teacher for help.

(A respondent from an Intensive Site)

Here are two excerpts relating to classroom changes:

> In circle time I made it more fun, added activities like flannel board, charting and much more music. I have children that just are not interested in circle time. I try to do different activities to get them to join us on the carpet.

(A respondent from a Core Site)

> I used [our ECC's] ideas for transition times to sing songs in between on activity to another. The children use to run around crazy. With the singing they adjusted easier and made the transition to a new activity more relaxed.

(A respondent from a Core Site)

Comparing the Responses from Consultants and Teachers

On the whole, both consultants and teachers found project activities to be helpful in achieving the goals of the project. The consultants believed that all of their activities were very helpful or helpful, with 100% of them joining in that consensus except in the realm of assessment, referral, and coordination for individual children. The teachers rated every activity

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[10] This column does not total to the number of respondents because many teachers identified more than one type of challenge.

"very helpful" by percentages of 65.8% and higher, and most of the other responses were in the "helpful" category.

Beyond the general endorsement of all project activities, there were some intriguing points of divergence. Just one of the consultants believed that it was very helpful to work with classroom staff to determine which children, if any, were in need of individual assessment. Yet 83.8% of teachers reported that providing input for the observation and assessment process for an individual child was very helpful. Sharing the results of classroom ratings was not among the activities that most consultants thought was very helpful (just three rated it as such) but the corresponding item, "Reviewed and Discussed Ratings," scored the highest approval of all activities among teacher-respondents, with 84.2% stating it was very helpful. The only item endorsed as very helpful by 100% of the ECCs was the informal activity of talking one-on-one with teachers. But teachers rated five of the formalized project activities as more helpful than talking with the ECC. Aside from informal talk, the ECCs most strongly endorsed the helpfulness of the trainings they implemented. But training received the lowest ratings of any project activity from the teachers (though still highly favorable at 65.8% very helpful).

Perhaps the single most salient finding from the two surveys is that months after their ECCs stopped delivering services to their classrooms, 70% of the teachers reported they were continuing to draw at least twice a week from the goals and steps developed in their Classroom Action Plans. The five ECCs who thought it was very helpful to develop the plans and the remaining three who thought it was helpful would doubtless be pleased to know that on this point, the teachers' self-reports confirmed the impact they ascribed to this project activity.

CHAPTER 4: FINDINGS FROM OUR CASE STUDIES

We conducted three case studies, each following the activities of a different ECC in a different region and bringing us into contact with some of the classrooms and staff to whom they delivered services. (See Appendix G for Case Study Methodology.) We interviewed the ECCs near the beginning and at the conclusion of our investigation. We visited five child care centers (three Intensive Sites and two Core Sites) and interviewed the center director at each location. During site visits we interviewed six teachers and observed ECCs conducting training events, one-on-one consultations, and group meetings with teachers. We interviewed two parents of children receiving Child Specific interventions. In each region, we conducted observations in a single classroom receiving services (once in each classroom, for an entire morning).

In addition, we conducted telephone interviews with five teachers outside the case study sites in order to help us determine whether the practices of consultants and the responses of teachers in other areas were similar to the three that we followed more closely.

The case study data captured information not available through other sources. In the following discussion, we use this information both to extend and embellish findings gained from the other sources and to develop additional insights.

Child Behaviors

There was a strong convergence across the case studies: Teachers and directors were concerned mostly about children who engaged in physically aggressive behaviors. These were the vast majority of the children who were selected as targets of the Child Specific activities. A lead teacher from an Intensive Site stated:

> I was dealing with a boy whose parents had split up, or really, may never have been married. The dad was in the picture but not much. The child had just turned three and he would just lose it, throw stuff, hit and bite and kick me, as well as the other kids. We worked hard to catch him before he would lose it. Mom and dad weren't helping, she was just too overwhelmed, she admitted she didn't know what to do either.

This boy's enrollment was eventually terminated (the year prior to the ECCP). The director of the center, who had been in that position for 30 years, stated that he was one of three children terminated that year. "Each of them involved behavior that was physically threatening."

We saw a few of these children and the kinds of challenges they posed in our classroom observations. Lionel was a child who was the subject of a Child Specific assessment at another of the Core Sites. A teacher described her behavioral concerns to us. "He gets angry and frustrated. He hits instead of using his words." We witnessed this brief episode:

> The teachers announced it was time to clean up for circle time. The majority of the children cleaned up and sat on the rug quickly. A few children continued to walk around the room with the masks. Lionel grabbed a mask away from one of his classmates and said it was time to clean up although he continued to play with his mask. The classmate put his head down and quietly walked away. Lionel pushed another little boy for no apparent reason.

All three consultants whose geographic areas were the focus of our case studies told us that it was physical acts which led to almost every decision to target a child for extra support. "They [the behaviors] include hitting, pushing, kicking, biting, but in one way or another they're all physical," Lydia told us. Another consultant, Fran, working in a different region of the state, offered a similar list of behaviors that had been brought to her attention: "Aggression. Inappropriate behavior, obscene language…hitting." Stacy was our third case study consultant. Here is her comment:

> I would say that they were all focusing on aggression--but uniquely experienced, with different kinds of problems…For instance, one might be concerned about a

> child who was spitting, another screaming, another running around and knocking things over. I would say that hitting was always part of it, in almost every single case. But it was always bigger than just the hitting. Like it might include swearing and cursing at the teachers."

There were a few exceptions. One subset of children targeted for help, consultants told us, were those who presented as having developmental delays that had not yet been formally addressed. In addition, there were a few who were not acting out physically. One consultant spoke of a "pro-active" intervention for an 18 month old who was not displaying any unwanted behaviors:

> She lives with her aunt and her mom is coming out of jail next week. The aunt approached the day care to ask for help in reducing the turbulence that this little girl may experience as she goes through this transition.

We found that Child Specific interventions triggered by this sort of pro-active concern were rare.

How Mental Health Consultation Influences Practice

The case study data enabled us to see that the two most important outcomes of mental health consultation, the ones which might lead to sustainable benefits to children and families, were (a) changes in the way teachers think; (b) changes in the way teachers behave. In other words, this project was most successful when it reshaped the thinking and behavior of the front-line child care staff. These changes could be subtle and only the case study methodology allowed us to grasp their significance.

Stacy told us about a teacher named Miss Chloe, whom she observed at the outset of the consultation doing parallel play with the children but typically not engaging them in conversation or encouraging language through open-ended questions. During our visit to the

classroom, we saw a teacher who continued to be comfortable using parallel play to enter the child's world, but who was now sprinkling her interactions with more conversation and more open-ended questions.

> Miss Chloe joined a little boy who was playing with a bucket of plastic bugs at the Toy Table. She softly greeted him and asked him what he was doing. He said he was putting the bugs in rows. She starting making her own rows of bugs and asked the boy about the different qualities of the bugs: colors, types, size, number. She encouraged the boy to categorize his bugs as well. She was very positive and energetic in her interactions with him. She asked him what he thought of the bugs, which were his favorites, whether he had ever seen any of the bugs outside.

In a meeting with another teaching team, we heard Stacy praise the teachers for figuring out how to re-design the way an activity (in which misbehavior was taking place) was implemented rather than eliminating the activity:

> If you close a center because there are behavior issues, that doesn't help [the children] learn. Whereas changing it around, as you did with bowling--they learn something.

At another site, a teacher piggy-backed on an idea she got from Fran to make a modest change in the way she played a game. Fran had suggested using the game, "Shoots and Ladders" as a way of promoting more socially cooperative play among children, but "it might have been too advanced" according to the teacher and wasn't successful:

> Then I thought of Color-Shape Bingo. I gave the cards to him and told him he could call out the cards. Not only did he have to show the players the cards but he had to say what was on the card. In the past I would have called the cards but Fran got the wheels turning. Without a teacher involved the children find ways to play cooperatively. I had another little girl call the cards and she did real well. It's a good game. The players have to pay attention and cooperate.

On a few occasions, we were able to witness teachers wrestling with changes in their own thinking. At one of Lydia's sites, she was meeting with Erica to discuss strategies to enhance the classroom in the context of a Child Specific assessment. Erica shared this anecdote:

> Once I was just washing my hands after changing a poop. She [the two year old who was the target of the Child Specific assessment] was at the other end of the room, starting to dump toys out. She had some trucks lined up and she was getting ready to dump them all over. I called out, and asked her to help me with what I was going to do next. She just transformed; she came over, she was laughing. The more you show her you're angry, the worse it gets. She didn't push one truck after that. I changed her mood.

The ECC in this consultation did not play the role of expert advice-giver but of listener and facilitator, someone whose presence allowed the teacher an opportunity to reflect on her own contribution to the classroom dynamic and to the behavior of a child. On another occasion, we saw this same consultant in a different role: using a training as an opportunity to promote changes in the way teachers might think about children who present behavioral problems, and about their own way of responding. Lydia conducted an exercise in which she asked participants to draw circles identifying the significant players in their own lives, and then to mark with symbols those who were paid to be in our lives (dollar signs), those who had only recently entered our lives (asterisk) or were likely to exit within the coming year (capital X). She then requested that two of the teachers do the exercise, not considering their own social networks but putting themselves in the shoes of two of the children who had been targeted as Child Specifics. For one of the children, a teacher reported that 9 out of 11 people in his life were marked with the asterisk, and 5 of 11 were marked with the X. For the other, the results were similarly troubling.

"How do you feel, being that kid and seeing these results?" Lydia asks each teacher in front of the group of 20 staff members seated at art tables in the school-age classroom. "Like a piece of shit," says one. "Sad," says the other. Lydia followed the exercise with comments offering child care teachers a new (and for some, challenging) way of conceptualizing their own role.

> Lydia: This workshop will help you see how therapeutic your work is. You are members of a treatment team.
>
> A head teacher for 3 year olds classroom: The word therapeutic scares me. I didn't go to school for that. It makes me think about all these courses you'd have to take.
>
> Lydia: What I'm saying is that your relationships are therapeutic, the hugs you give, they matter more than the 15 minutes at a clinic the child may get, or the medications he may be on for some period of time. I use the word not to scare you but as something in which you can take pride. If you don't belong—if I am a kid who doesn't belong--why would I care about having social skills? Why would I care about biting you?

The ECCP could never hope to reach every child care staff member with the profound meaning in such a message. And our tools as evaluators are limited in discerning which teachers absorbed this kind of message and which did not. But it was clear at times that the message was getting through and teachers were reflecting and acting on new insights. For example, the balance of that workshop was taken up with small groups of teachers brainstorming ideas about classroom changes that would be helpful to specific children. While a few clearly tuned out and were just putting in their required hours, well over half stayed on task throughout and earnestly engaged in the discussions.

The case study data indicated that changes in thinking on the part of teachers did not always have to precede changes in their behavior. The implementation of a new practice, even

without much confidence it would work, could sometimes become a trigger for a new understanding, once the teacher made her own observations about the impact of the new practice. Stacy, one of the ECCs, was working with a team of teachers from one classroom on not being so conscientious about getting the kids to clean up as they played.

> "They may want to come back to things they have pulled out," she told them in a team meeting. "They don't need to be reminded while playing that clean-up will be required."
>
> Kyra acknowledges that in spite of her reluctance, she recently tried this. Some kids had taken out all the blocks and she resisted her inclination to have them clean them up. She was surprised to find out how willing they were to put them all away when clean-up time came around.

Outcomes of Child and Classroom Action Plans

Other data sources hinted at multiple aspects of classroom environments, from physical space to materials and toys to staff-child interactions and involvement with families—that were addressed through the consultation services. Our on-site observations and interviews brought us by far the most close-up view of what these words and phrases meant in daily practice.

Physical environment a major focus

The ECCs strongly promoted the idea that the physical environment, including room arrangements and the way materials are deployed within activity areas, play a large role in shaping the behavior of the children in the classrooms--sometimes so large that after reconfiguring the physical environment, no further intervention may be required. Speaking one-on-one with Erica, Lydia encourages her to rethink the behavior problems she and her assistant face during story time.

> More structure may alter the way she behaves. When you have two chairs and a sofa, they fight for them during reading time. If we changed to a reading zone where the teacher was on a nice comfortable chair, and all the kids were down on

> a rug…[Erica nods her head; considering the idea. Later she says she prefers to be on the floor but a comfortable chair might be a good idea for another teacher.]

Fran offered us an overview of environmental issues she addressed in one site where she had two Core classrooms.

> The teachers and I have moved equipment or rearranged the classroom so the kids aren't tripping over each other or the equipment. The teachers have made name tags for each center in the classroom. If a child goes to the block area and there aren't any more tags available, he needs to go to another area. This way one center doesn't get overcrowded. A child doesn't get his feelings hurt if he can't play in a certain area. He knows it is just because there aren't any more name tags.
>
> The kids are also learning about personal space. At circle time the children sit on carpet rugs. This way each child has a rectangular space that is theirs which functions as a buffer zone for other children. The children also know that it is okay to use words like "Please don't touch me now" or "I don't want to play right now."
>
> The teachers have also developed By-Myself-Places. They have set up pieces of cardboard so a kid can go and be by himself. The teachers have told the class that it is not a punishment. They can decide if they need to be by themselves and they have a place to go. The teachers have also reported that the children have requested that their parents make a By-Myself-Place at home.

In some of the classrooms we visited, soft spots and various kinds of Be-Alone places were commonplace prior to their engagement with the ECCP. In almost every classroom that didn't already have such a feature, however, this project resulted in the creation of one. To most teachers who received services, this was a very positive step forward. A teacher from an Intensive Site with 20 years in the child care field and 5 years at her current center stated that:

> The Classroom Action Plan helped us see that we did not have enough alone spaces. We put them in place and it helped to have a place for a child who was having a bad morning… We've added a cozy space in every room and soft spots.

One of Lydia's Core classrooms serving preschoolers was located in an overcrowded space while the school-age program, which had low enrollment, was using a much larger

classroom nearby. One of the most important outcomes of the project's involvement there was to relocate the preschoolers into a much more suitable environment, by trading with the school-age program. Once they had access to the larger space, Lydia worked with the director and the lead teacher to arrange a good floor plan with appropriate learning and activity centers, many of which had not been available in the smaller space.

We conducted telephone interviews with five teachers outside the case study sites in order to help us assess whether the practices of consultants in other areas were similar to the three that we followed closely. Interventions in the physical environments of their classrooms were one of the practices these interviewees brought up, unprompted, in several of the interviews. We concluded that such practices were strongly encouraged by the consultants across the state--and widely embraced as effective by most teachers. Here is an excerpt from one of those telephone interviews:

> Respondent: [The ECC] came up with the idea to break up the room into smaller centers. The class was out of control. Now they can work as a group…It's easier on us and the kids. We now have a helper chart to get the kids more involved. We now have a timer.
>
> Evaluator: What do you use it for?
>
> Respondent: For everything, centers, circle time. It's to let them know ahead of time that there will be a transition.

There was only one lead teacher interviewee from a Core classroom, a veteran of 22 years at her current center, who expressed a negative view regarding the suggestions that were made by an ECCP consultant for changes in the physical environment.

> One thing we've done is make a Be-Alone-Spot. We got a computer. We didn't ask for it but there it is. We had to rearrange the room. We used to have a quiet reading place where the computer is. Now we have the Be-Alone-Spot.

This was a teacher whose issues with the ECCP went deeper than any particular suggestion. She did not feel that that the project and its purposes were ever properly introduced to her. We will return to this issue and share more of her thoughts toward the end of this chapter. This one dissenting view, because it is explicable, supports our conclusion that on the whole, teachers seemed to welcome and successfully implement interventions and suggestions at the level of room arrangements and selection and disposition of materials.

Other changes in practice

The physical environment was only one of six areas which consultants and teachers were asked to address in their Classroom Action Plans. The others were “Daily Program,” “Activities and Experiences,” “Supportive Interactions,” “Partnerships with Families,” and “Promote Staff Resilience.” We were able to see and hear about numerous changes introduced in three of these areas (“Daily Program,” “Activities and Experiences,” “Supportive Interactions”) in the course of the ECCP activities. With regard to the daily program, we listened in on a team meeting as Stacy persuaded the teachers to keep the dramatic play area open after naptime. In addition, the same teacher who spoke of using the timer also told of developing “an activity board for the parents. Kids come in at different times; the board will have the daily schedule so the parents will know what time we do certain activities.” With regard to “Activities and Experiences,” we learned about the socially and emotionally purposeful introduction of different kinds of games (e.g., Color-Shape Bingo) and different ways of implementing activities (e.g., “more conversation and open-ended questions.”) At Stacy’s team meeting, she congratulated the teachers for their responsiveness to recent child-initiated improvisations, such as bringing dress-up clothes into the pizza store and (pretend) food into the beauty parlor. We heard Lydia

working with Erica to expand the kinds of dramatic play and dress-up available in her two-year-olds classroom.

With regard to supportive interactions, teachers spoke to us at great length about their efforts--which had often begun in advance of this project--to drop or limit the use of “time-out” for disciplinary situations. They viewed the ECCs as helping them--and sometimes helping their co-workers--to move in a direction in which they were already going.

> I don't use the term “time out.” I didn't use it before this project began. But now I don't hear the kids talking about someone being in time-out so I think the other members of the team have stopped using the term also… We've made a quiet area, we call it the “cozy quiet spot,” it's something that Stacy told us we should have. And we encourage children to go there when they need to calm down and say, “come back when you think you're ready.”

One teacher from a case study site spoke of learning from her consultant to use a private signal when she needed to remove one boy from the group and speak to him about his behavior. The signal she and the boy agreed upon was a tap on the shoulder. During our observation, we saw this technique in action. She was able to take him aside to talk about his behavior without making him feel reprimanded in front of his peers.

A teacher from outside the case study regions, who was one of our telephone respondents, shared an example of how a training conducted by one of the ECCs had an impact on discipline practices within her center. She was lead teacher at the time of the project but had since moved up to become preschool program coordinator and was able to comment on the use of techniques in more than one classroom.

> Evaluator: Could you point to any discipline or behavior response practices that teachers had implemented as a result of the training?
>
> Summary of teacher’s reply: She said that several of them had been using different approaches in responding to kids exhibiting physical aggression.

> Specifically, [the ECC] encouraged them to give certain children more opportunity to get out some of their strong aggressive tendencies, rather than simply trying to suppress them. She referred to one child "who throws things around, and can destroy a classroom pretty quickly." They have a gross motor room, and if the ratio and schedule permit, there are certain kids that they will take in there just to let him throw things around and be as noisy as they like and then come back into the classroom. Or they may take a child outside for a similar purpose.

The evidence that the ECCP was successful in promoting staff resilience came in the form of personal accolades for the ECCs and the wish by many of the teachers that they could have them around a lot longer (if not permanently).

> I would like to keep [ECC] on staff all the time forever. We were all crying when she said she will have to start wrapping up.

A teacher working with a different ECC said:

> "I miss her now that she's working in another classroom. We could use someone who's doing what she does all the time. I just like her so if she could work here full-time.

A director of an Intensive Site diagnosed the supportive power of the ECC's presence in this way:

> [The ECC] is the first who came in and said to my teachers, "You are doing a fantastic job." She used positive reinforcement as part of her professional approach. We forget sometimes that they don't get that. That's a big difference in the way she has treated people.

Although most evidence of supporting staff resilience came in the form of relationship-building, we encountered one very concrete example as well. At one of Lydia's Core Sites, there had been no lounge or comfortable place for teachers to relax while they were on breaks. Ruthanne, a lead teacher, told us that during her break, she used to "just sit on the steps" adjacent to her own classroom. "I was tired, I was bored, just waiting for the hour to pass. Now the time flies." The time flies because Lydia worked with the director to encourage the renovation of a

small but comfortably outfitted kitchen which was transformed from a storage room. It was Lydia's perception that offering Ruthanne a very visible benefit to her own well-being would go a long way to get Ruthanne to buy into some of the classroom changes the project was asking of her.

Partnerships with families

Teachers in our case study sites only rarely volunteered information about the project having led to improvements in their partnerships with families. It did not seem, at least from the case study data, that this aspect of the program assumed equal precedence with other activities. A co-teacher of the Three-Year-Olds classroom in one of Fran's Core Sites was one of the few who brought up this subject and indicated it had been an important part of her focus.

> We have started a journal with Charissa. I don't write in it every day. Maybe 3-4 times a week, saying how her day went at school, that she was more expressive. I send it home on the weekends and her mom writes in it and gets to read about her week here at school…Her mom did say that she has enjoyed reading the journal… We've enjoyed reading how she is at home and what they've done over the weekend.

The director of the same center also indicated she felt that the ECCP had contributed importantly to their relationships with the families of the Child Specifics.

> The program has exceeded my expectations when it comes to meeting with parents. The very first parent meeting we had using the DECA was amazing. It really helped the mom to understand her child. The mom opened up to us and it was emotionally moving.

When the subject of parents and families arose in other interviews, it was to comment on the lack of activity in this arena. I asked Ruthanne if the ECC's involvement with her most difficult child, Clifford, had led to an improved relationship between Ruthanne and the child's parent. She said no, she has always left the center by the time the mother picks up her son in the

afternoon. She did not indicate that either she or the project had made it a priority for her as lead teacher to work on that relationship.

One director of an Intensive Site explicitly wished the project had been stronger in this domain. She felt her teachers were already strong in their classroom practice.

> Where [the teachers I supervise] don't have expertise is working with parents, especially communicating with them. It would be helpful to have someone to work more closely with parental communication. Any one can make a referral out. I mean to work with the parents and the teachers together here on site. If it's here, the parents will be more likely to use it.

One related issue that did arise in a few interviews was the unfortunate reputation of the Department of Children and Families among many of the child care parents. A Core Site director told us:

> The only negative I can think of [regarding the ECCP as a whole] was that one parent who we selected for a Child Specific consultation wanted nothing to do with it once she learned it was related to DCF. Some people hear DCF and a red flag goes up.

The director of an Intensive Site indulged in a bit of hyperbole in order to make the same point.

> The release form had DCF on it. It was like the Gestapo was coming after you.

Importance of Outsider Perspective

The fact that the ECCs were from the outside and were not part of the supervisory chain of command seems clearly to be one of the aspects of the mental health consultation process that is linked to its impact. We heard repeatedly from teachers and directors that ECCs were not so much bringing in new ideas or philosophies as much as motivating teachers to their most thoughtful and child-sensitive practices in a way that supervisors could not consistently do. A

teacher from the Core Site which had introduced name tags in response to Fran's suggestion stated, "I knew about this approach but sometimes you get bogged down and forget."

When Lydia presented her idea about two age groups exchanging classrooms, it turned out to be something the director had favored since her arrival a year earlier. But she had not figured out how to "sell" the idea to one of her few veteran teachers whom she knew to be partial to staying put. "Having a different professional role," she said of Lydia, "she can say the same thing and get a different response."

A teacher from Stacy's Intensive Site told us.

> Stacy wasn't introducing ideas that were new to us or different from ours but through the kind of role she was playing, she was able to motivate the team to act on some of our ideas and give us a framework to continue to improve. To do things that deep down we all knew we should be doing.

The director of the same site explained it this way:

> To have Stacy come in and do the ECERS for every class, it really put everybody on an even playing field. What came out of it matched a lot of what our own evaluations had been (as we're also in the process of re-accreditation). The assistant director and I had seen some things that made us unhappy. Teachers don't always look at themselves critically. Stacy has been able to help them do that… Stacy has a nice way of putting things on the table without being nasty. It was easier for the teacher and assistant teachers to hear the feedback from Stacy because she's not their supervisor.

Stated the director of another Core Site, working with a different ECC:

> The role that Lydia plays puts a whole different spin on teachers accepting help. When I speak to them, their frustration level can be high. They'll say, "you're not in the room all day with these kids like I am." Hearing things from Lydia--sometimes similar things to what I have tried to say before--has changed the way teachers looked at me and what I was trying to do.

The director of another Core Site spoke of the role that Fran, another of the ECCs we followed in our case study, played at her center.

> When the teachers hear Fran's voice telling them how to do something it has a bigger impact then if it is just me. Not only is it someone different but it also is an additional person. A suggestion gets reinforced. Fran just knows how to work with some of the teachers so they think some improvement was their idea.

The director of Fran's intensive center felt that Fran was able to help to shape the thinking of some of the families served by the project in a way that the director and staff had been unable to do.

> One thing that works with the program is that Fran can reinforce what we tell the parents. Fran is working with the parents of the child with the biggest problem right now. It helps that Fran can reinforce what we're saying.

Conversely, the case study data also made it clear that for the "outsider" perspective to be helpful to staff, the consultant and the project had to be properly introduced. Teachers had to be clear before they got engaged in the process about the overall framework, the expectations, and the role of the consultant. We encountered one instance when a team of teachers clearly felt the project was not properly introduced to them. In this circumstance (as they described it) the good intentions of the consultant (and of the center director who invited the ECCP into the center) were not likely to lead to meaningful and positive impact on the teachers or the classroom. (This was the same teacher mentioned earlier who did not value the changes in the classroom's physical environment that were made at the behest of the consultant.)

> I heard Fran was going to Valerie's room, then she showed up here. We didn't have a formal introduction. I guess there must have been extra money in the budget or something so she did another room here. We never got a description as to why she was here…I thought the focus of the program was going to be on the child. Fran was to come in and observe the child and pinpoint things to help her. I was shocked when she started evaluating the room, materials, and us. [The co-teacher in the room joined the interview and reiterated]: We didn't get any introduction to the program. She comes in and observes us; she doesn't know us.

Influence of ECCP Activities on Suspensions or Terminations

Our case study data led us to think it would be premature to draw any strong conclusions about the success of the ECCP during its first year in ensuring the continuation in their child care placements of children who exhibited challenging behaviors. Among the five centers (two Core and three Intensive) that we visited in connection with our case studies, and also in our five telephone interviews with teachers from outside the case study sites, we encountered several instances of children who were the focus of concern due to their behaviors and who had already left centers (since ECCP services were offered) or who were on the way out. We state that these children "left" centers or were "on the way out" rather than were suspended or terminated because most of the time, the leave-taking was not a direct expulsion.

One of our Core Site directors described the circumstances leading to a child being "dis-enrolled" by the parent:

> Zeke had been enrolled here, there had been one previous withdrawal, he was in and out of seven programs in the interim. The last couple months it was escalating. The dad was upset due to one of [the parents] having to take him home early as much as two to three times in a week. He would say, "I'm paying you all this money and he's not getting the care I'm paying for." I would tell him that there are other families who are also paying and their care is compromised by your son's behavior at times." I didn't even call them in any circumstances where there were two children who were both engaging in a conflict, but only where it was unprovoked, hurting another child. Sometimes it was a punch in the face, out of the blue; other times he was spitting or kicking.
>
> Before they left on vacation, we talked. I gave them the week before and the week after their vacation to find another [child care]arrangement for him or to show evidence that he was getting mental health support--either from [local mental health clinic] or another source. Zeke's father then dis-enrolled him.

Another scenario that we encountered more than once was of children whose behaviors were the focus of concerted efforts, and who left or were terminated--but not as a result of their

behaviors. A teacher with four years' experience as a lead teacher for five year olds told us that the Child Specific services offered by her ECC were "Very helpful--up until a few weeks ago, that is. Both of the little boys that she was working with had to leave for reasons other than behavior." It was the teacher's understanding that the director had terminated both enrollments due to non-payment of fees.

In one Intensive Site, two siblings were having their enrollment terminated. Each had been the focus of behavioral interventions not only by the ECC but by other specialists prior to the arrival of the ECC. Yet the decision to terminate was due to parental behaviors (not related to fees).

To these three narratives of children who lost or were losing their child care but had not been terminated due to their behaviors, we can add a fourth, in which there was an outright termination due to the child's behavior. One of our telephone interviewees told us of a three year old child who was "aggressive, hitting peers and adults, not following directions, being very stubborn. The consultant gave [the classroom teachers] some new things to try but…they weren't able to bring about enough positive changes." The boy's enrollment was terminated in the spring of 2003. However, according to our informant, the center told the parents they were welcome to re-enroll him in the fall. We have already seen from the earlier examples that <u>not being terminated</u> is different from <u>continuing in care</u>. From this example we see that at times, <u>being terminated</u> does not preclude the possibility of resuming one's place in care.

One scenario we encountered helped us to see the difficulty of drawing hard and fast conclusions about project outcomes regarding termination. An ECC was convinced that the changes generated by her intervention had prevented what would almost surely have been a

termination. Yet the director had a different perspective, telling us that because this parent was very honest about her child's problems and willing to work with the staff and support their efforts, the child was never in danger of losing his child care. In our interview with the parent, she readily acknowledged the difficulties her son presented and also told us of his troubles in earlier child care settings.

"His child care career began at the age of six weeks. Clifford's other three child care settings were all home-based. He was asked to leave the second one because of aggressive behavior." In the most recent placement "things were starting up that made me worry." That's when she made the switch to the Valley View Children's Center he now attends. But here too, things did not go smoothly. Clifford "doesn't get along with other kids. He'll punch, hit, kick. He doesn't listen; he's not cooperative." She adds that things are not much different at home. Before the ECC got involved, Mom estimates that they were calling her up at work to have her bring him home early one to two times per week.

Did the parent ever believe that her son could be suspended or terminated? "We touched base on it lightly," she told us. "As soon as I noticed [the director] saying something to me like, 'these behaviors will not be tolerated,' it gave me the idea [that they might not keep him in the center]."

The arrival of the ECCP had definitely improved the chances for Clifford and his mother.

"As far as I know," she said, the teachers' only strategy before "was just sending him home. Or giving him a time-out. But now they have learned to handle it in the classroom."

She made that assertion in advance of our classroom observation. The day before our scheduled visit, Clifford was sent home at noon for being physically and verbally aggressive.

During our observation, without any apparent provocation, he smacked a girl across her face with a closed fist, then repeated the action a second time, quickly. (They were seated at a table next to each other during an art activity.) He did this without any obvious malice or emotion. The Core services had (officially) finished by this time, but the director was still calling on the ECC to help and the ECC was continuing to make herself available.

Two months later, Clifford was still in the center (as well as receiving special education services) and the consultant was out of the picture. The efforts of the ECCP had improved but not fully secured Clifford's prospects for longer term continuation at his child care center.

Conclusion

The case studies allowed us direct access to a sample of the settings, activities, visual images, and voices that were represented more abstractly in data we examined from our other sources. The observations and interviews fleshed out our understanding of the project's meaning and impact. They also enabled us to triangulate the other data. For example, survey responses told us how many teachers claimed to be making changes in physical environments; the data from Classroom Action Plans identified the objectives selected in this arena; the case studies allowed us to walk around the classrooms, take stock of those changes, and then observe how the physically restructured setting influenced daily practice.

The view that emerged from our case studies was of a project whose consultants were valued by the directors and teachers with whom they worked and meaningfully engaged in the tasks outlined by the ECCP. Their ability to make an impact varied from one classroom or center to another, mediated by such factors as the number of resources already available to

address behavioral and educational goals, and the extent to which an individual teacher was invested in improving her practice. The project's positive impact on the thinking and behavior of child care staff was never more clear than when teachers told us about situations in which they listened to suggestions from their consultants but then crafted their own solutions. They had embraced the values and insights at the core of the ECCP message—and they felt empowered to introduce changes in the way that they thought would be most beneficial within their own classrooms.

APPENDIX A: EARLY CHILDHOOD CONSULTATION PARTNERSHIP, STRATEGIES AND OUTCOMES

EARLY CHILDHOOD CONSULTATION PARTNERSHIP STRATEGIES AND OUTCOMES

I. Strategic Result: Children birth to five will be cared for in an environment that promotes healthy attachment, resilience and developmentally appropriate social/emotional milestones.

OBJECTIVES	STRATEGIES	SHORT TERM INDICATORS	LONG TERM INDICATORS
1. Increase the number of Early Childhood Education Centers, Directors, and Providers who have access to educational and support services related to social and emotional wellness.	a. Develop an Early Childhood Consultation Program that involves a 3 level continuum of care to meet the various needs of the Early Childhood providers and population. b. Hire 11 Early Childhood Consultants and provide them with extensive training in Early Childhood Mental Health and Early Childhood Assessment as it pertains to social/emotional development. c. Train ECC's in DECA, ECERS-R, ITERS, and … d. Collaborate with CT. Charts A Course to register ECC's as TAB trainers. e. Develop a referral process that will most effectively and fairly identify centers and children who will receive services. f. Develop a tool that will serve as an ECCP program evaluation to be completed by those receiving services, following service completion. g. ECC's will receive bi-weekly group trainings and monthly observation/ supervision by the ECCP program Manager.	- Number of centers served. - Number of directors and child educators receiving services. - Number of TAB training units delivered. - Staff surveys completed. - Number of intervention techniques introduced to staff. - Number of interventions utilized by staff at follow-up services. - Number of successful classroom action plan completions. - Number of direct consultation hours.	- An increase in the number of staff and facilities trained in the area of social/emotional health. - An increase in the number of on site mental health consultation hours. - Staff surveys show: an improvement in job satisfaction. An improvement in general knowledge regarding social/emotional health. An incorporation of at least 2 interventions into program or classroom structure. Staff surveyed indicated the ECCP services were helpful.
2. Increase the number of caregivers/teachers that are implementing practices supportive of social/emotional wellness.	a. Conduct pre and post classroom assessments. b. Offer ECCP services to licensed Early Childhood Education centers throughout the state of CT.	-. Number of children served. - ECERS-R and ITERS pre and post scale comparisons. - Parent surveys completed.	- Assessments show some improvement in the areas of social/emotional health. - Parent surveys show program satisfaction.

II. Strategic Result: "Child Care Staff who receive support from this project will increase their ability to identify children at risk of suspension/expulsion due to social/emotional factors, to plan appropriate classroom modifications and interventions, to work with families to enhance children's prospects for successful inclusion, and to make referrals for services outside the classroom when indicated."

OBJECTIVES	STRATEGIES	SHORT TERM INDICATORS	LONG TERM INDICATORS
1. Educators will improve their ability to observe and document children's behavior and identify behaviors that may be clinically significant.	a. Conduct classroom and child specific observations and assessments. b. Involve child educators and families in the assessment process. c. Offer feedback to directors, child educators, and families on the results of the assessments.	- Number of children identified as having behavior problems, which resolve following classroom intervention.	- Educators will be better able to differentiate clinically significant behaviors, from those primarily influenced by the center environment.
2. Educators will be prepared to devise classroom strategies and interventions targeted to specific children.	a. Develop a classroom or child specific plan of action to address social/emotional health issues. b. Offer interventions to address the needs of the classroom and/or child. c. Support inclusion efforts when ever appropriate. d. Make appropriate child and family based referrals if indicated. e. Follow up with referral outcomes.	- Classroom and child specific plan of action completion.	- Educators will report a decrease in the number of behavior problems, and/or risk of suspension/expulsion. - Educators will create an atmosphere, which better supports inclusion of children with deficits in the areas of social/emotional health.
3. Educators will improve their ability to initiate discussions with parents regarding children's behavioral difficulties, and to work in partnership with families in helping to address children's individual needs.	a. Educate Educators on healthy social/ emotional development for children birth to five. b. Educate Educators on clinically significant symptoms, which may be indicative of a Mental Health disorder, or early onset potential. c. Distribute educational materials related to social/ emotional health for children birth to five.	- Number of trainings regarding healthy social/ emotional development and Childhood Mental Health disorders.	- Educators are better able to identify clinically significant symptomatology as it compares to Healthy child social/ emotional development. - Children with social/emotional deficits will be identified early on and receive prevention/early intervention treatment.
4. Educators will increase their knowledge about mental health and other systems and agencies and understand how to make referrals to these systems and agencies.	a. Educate Educators on the various state and local Early Childhood programs and their referral processes. b. Help providers develop resource lists and obtain agency brochures.	- Number of resources contacted. - Number and type of referrals made. -Development of resource list.	- Educators will indicate a comfort level with area resources. - Children and families will be referred to appropriate treatment facilities to address issues regarding social/emotional health.

III. Strategic Result: "The ECCP will work with key stakeholders involved in child mental health at the state and local levels to promote communication and coordination with childcare settings."

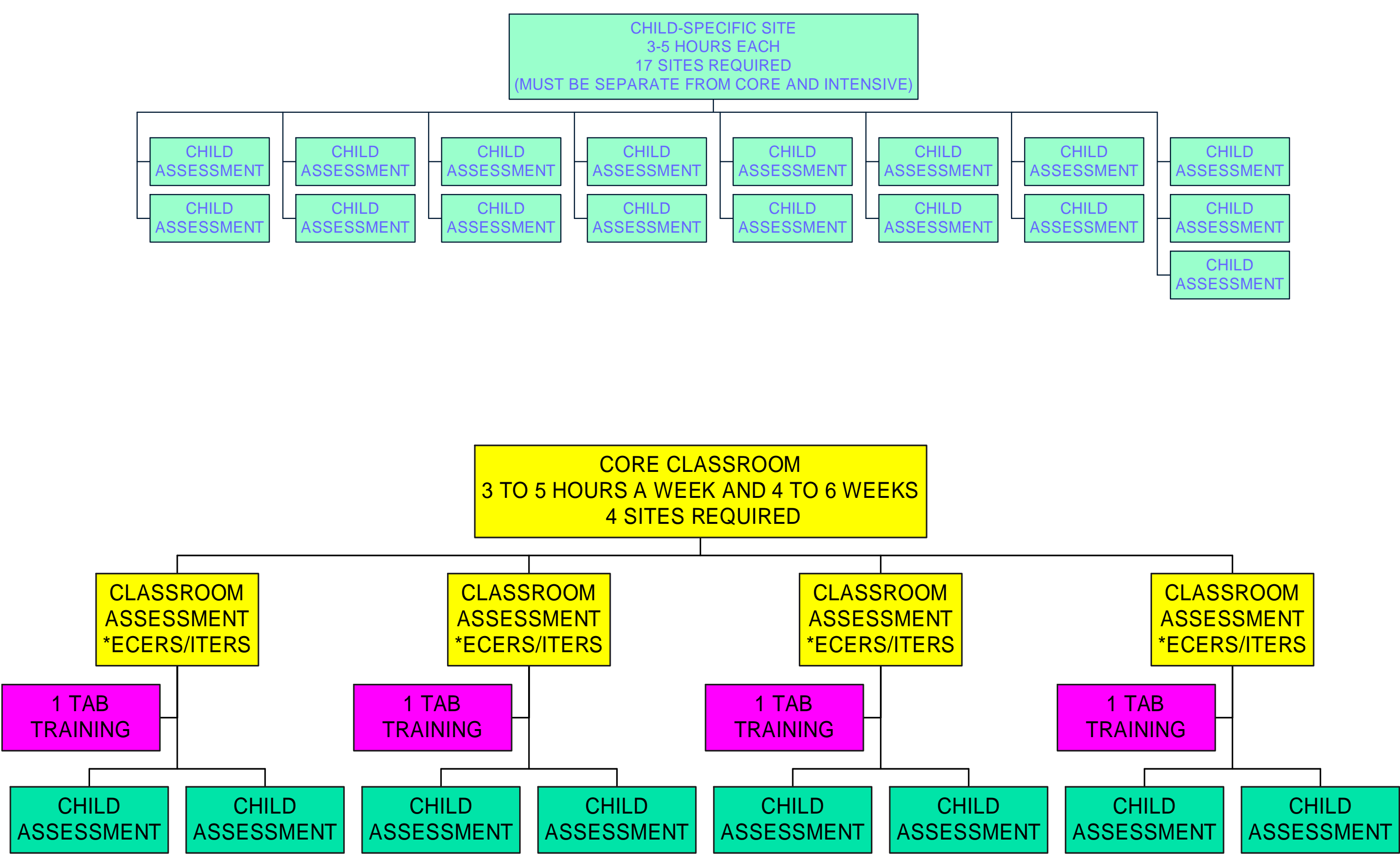
OBJECTIVES	STRATEGIES	SHORT TERM INDICATORS	LONG TERM INDICATORS
1. Increase coordination between childcare centers and community providers.	a. Increase teacher's familiarity with community resources. b. Through the help of the ECC's teachers will gain experience in the various communities' agency referral processes.	- Number of families involved in child/assessment and referral process. - Number of referrals accepted by outside resources.	- Families will be an integral part of their child's treatment team. - Children and families' will have social/emotional needs met.
2. Improvement in collaborative efforts among Early Childhood Educators and Early Childhood local and state, Social/Emotional Health Resources.	a. Develop and or enhance integrated service teams of early childhood educators, which may include, but is not limited to: Early Childhood Education facility directors, Educators, Mental Health Providers, Birth to Three, School Readiness, DCF, DSS, Head Start, Early Head Start, Health Providers, … b. Attend Systems of Care Meetings. c. Provide phone consultation to local and State Providers d. State and or local public presentations on social/ emotional health. e. Invite Early Childhood providers and state and local agencies to ECCP Early Childhood Mental Health Training conferences.	- The number of community Collaboratives developed. - The number of Systems of Care Meetings attended. - The number of phone consultations provided to local and state providers. - The number of public presentations on social/ emotional health. - The number of Early Childhood Educators and Providers who attended ECCP Conferences.	- Regional coordination and active participation of Early Childhood Educators and Providers in collaborative forums.

IV. Strategic Result: "The ECCP will developed a comprehensive data collection system which reflects program outcomes.

OBJECTIVES	STRATEGIES	SHORT TERM INDICATORS	LONG TERM INDICATORS
1. Increase the quality and quantity of child data, as it relates to the emotional wellness of children birth to five in Early Childhood Education settings.	a. Develop a data system that will collect and report on data relevant to children birth to 5 in Early Childhood Education facilities.	- Collection of: Demographics, Agency resources, Population served, Assessments, Referral sources, Interventions, Goals, Barriers to referrals, and Services needed.	- A comprehensive report that documents the effectiveness of the ECCP Program outlines the ongoing need for services and highlights additional needs to support the healthy social/emotional development of children birth to 5.
2. Make data accessible to inform the decision making process as it relates to policy and planning regarding intervention/prevention.	a. Develop an avenue in which data collected is transformed into information and received by policy makers, and state and local agency directors. b. Pursue ECCP sustainability	- Information is provided to DCF, DSS, DMH - Research - Presentation of ECCP Program at a state level.	- An increased awareness of the lack of resources confronting Early Childhood Mental Health. - A proposal to continue the ECCP Program, based upon the programs, delivery, content, and cost effectiveness.

APPENDIX B: ECCP PROGRAM CHART

ECCP PROGRAM CHART



APPENDIX C: QUESTIONS PROPOSED IN EVALUATION PLAN

Questions Proposed in Evaluation Plan

Goals	Questions
ASSESS FIDELITY TO PROJECT DESIGN	1. Did this project carry out the full scope of activities that it proposed and did it carry them out in the way it proposed?
	2. What were the format, contents, and character of project activities? (What did the ECCP activities "look like" in daily practice?)
	3. To the extent project implementation did not match project design, either in service units completed or in the way services were provided, what were the causes, reasons, or explanations? If it was a result of planned "course corrections" made by the project leadership, what were the changes and what were the reasons?
ASSESS IMPACT OF PROJECT	4. What evidence is there that the project had a positive impact on the social and emotional well-being of individual children targeted for support?
	5. What evidence is there that the project prepared teachers to create classroom environments that promote the social and emotional well-being of enrolled children?
	6. What evidence is there that the project brought about positive changes in the way directors of child care centers (targeted for intensive supports) addressed children's social and emotional needs?
	7. What evidence is there that the training and supervision of ECCs adequately prepared them for their tasks, and that expectations for their activities were appropriate?
	8. What evidence is there that the activities of the ECCP contributed to positive family outcomes?
	9. Did the activities generate any unintended consequences (positive or negative) on the targeted recipients of services or on any other constituencies?
PROJECT IMPROVEMENT	10. Where the project fell short of its objectives or failed to produce evidence of positive effects, was this attributable to problems in design, problems in implementation, or an artifact of the difficulty of measuring effects in the mental health arena?
	11. What changes in design or implementation would enable this project to better achieve its intended outcomes?

APPENDIX D: EARLY CHILDHOOD CONSULTANT SURVEY

EVALUATION OF THE
EARLY CHILDHOOD CONSULTATION PARTNERSHIP

SURVEY
EARLY CHILDHOOD CONSULTANTS

The questions below are divided into two sections. The first section asks you to reflect on YOUR EXPERIENCE as a member of the ECCP project team. The second section asks you to reflect on the IMPACT of the project activities you carried out. Your responses will be treated as confidential and only in the aggregate (i.e., combined with the responses of others) will they be shared with your employer, ABH, DCF, and other parties.

Section I-- Your Experience as a Member of the ECCP Project Team

1. Please identify the one or two greatest assets (personal or professional) you believe you brought to this project.

2. Do you believe the project was able to capitalize on the asset(s) you mentioned in your answer above? (Whether yes or no, please elaborate on how the project did this, or failed to do this.)

3. Please identify one or two aspects of this project in which you believe you had the greatest need for training or support at the time you were hired into this position?

4. Did the project offer the kind of training, supervision, or other supports that you needed in regard to the area(s) you identified above? (Please elaborate.)

5. What training or professional development offered by this project was the most beneficial to you in carrying out your responsibilities?

6. What kinds of responsibilities, if any, did the agency that employed you expect you to carry out while you worked as a consultant for the ECCP? (e.g., answering telephones, attending meetings, writing grants, etc.)?

7. Do you believe there was a good match between your agency's expectations and those of the ECCP?

   ______ Yes
   ______ No If no, please explain.

8. Did you find the project's expectations for the number of classrooms to which you would provide consultations, and the number of hours these consultations would require to be realistic and achievable? (Please elaborate; e.g.., were there certain tasks that took longer than the plans may have anticipated?)

9. Did you find the project's expectations for the number of child consultations which you would conduct, and the number of hours these consultations would require to be realistic and achievable? (Please elaborate as above.)

10. Please comment on the experience of consulting to multiple classrooms in an intensive site, compared to the experience of consulting to a single core classroom outside the intensive site. To what do you attribute the differences in your experience, if any? (Please note that a later question will ask you about any differences in the impact.)

11. How would you compare the overall effectiveness of your consulting in intensive sites as compared to the non-intensive sites?
    ______ More effective in intensive sites
    ______ About the same in intensive sites and other sites
    ______ More effective in core classrooms located outside the intensive sites

12. Did you ever offer feedback to the project leadership regarding the need to modify or revise any of the project's plans or expectations?
    ______ No
    ______ Yes If yes, please explain what issue or suggestion you raised and what kind of response you received.

13. If you could change one thing about the way this project operated, what would it be?

Section II-- Impact of Project Activities

Below is a list of activities which you were asked to carry out as part of this project. For each activity, please indicate with a check mark (✓) how helpful you believe these activities were in improving the social and emotional well-being of children in the classrooms where you provided your services.

ACTIVITY	Very helpful to most class-rooms	Helpful to most class-rooms	Little or no help to most class-rooms	Did not carry out this activity in most class-rooms
14. Talked one-on-one with teachers during my visits to their classrooms.				
15. Conducted observations in connection with the ITERS or ECERS Rating Scales.				
16. Shared and discussed the results of classroom ratings with staff.				
17. Conducted TAB training(s) or other kinds of professional development for childcare staff.				
18. Worked with classroom staff to determine which children, if any, were in need of individual assessment and intervention.				
19. Carried out observations and assessments of individual children.				
20. Conducted parent conferences and developed Child Action Plans regarding specific children.				
21. Developed Classroom Action Plans with staff in Core classrooms.				
22. Coordinated services for an individual child with staff from other agencies.				

23. For any activity above that you indicated was of "little or no help," or that you "did not carry out" in most classrooms, please list each activity below and explain briefly why this was the case.

24. Please identify the one activity from the list above which you believe allowed you to make your most positive and meaningful impact to the social and emotional well-being of children and families. Name the activity and provide one specific illustration of its positive impact.

25. How did the actions of center directors support or inhibit the goals and activities of the ECCP?

26. How would you characterize the impact of the services you delivered to "core" classrooms in the intensive sites as compared to the core classrooms outside the intensive sites? To what do you attribute the differences, if any?

27. How would you compare the overall impact of the services in intensive sites as compared to the non-intensive sites?

    ______Greater positive impact in core classrooms in intensive sites
    ______About the same in intensive sites and other sites
    ______Greater positive impact in core classrooms outside the intensive sites

28. Did you ever encounter a classroom practice that seemed clearly contrary to the social and emotional well-being of children (or of an individual child), but which your role offered you no apparent way to address or change?

    ______ No
    ______ Yes If yes, please indicate approximately how many times you had this experience, and give one specific example.

29. What do you believe is the most important barrier to the social and emotional well-being of children in the classrooms where you carried out your activities?

30. Is there anything the ECCP could do differently to have a greater positive impact on the social and emotional well-being of children in state-funded child care centers?

APPENDIX E: LEAD TEACHER SURVEY DISTRIBUTION PLAN

Lead Teacher Survey Distribution Plan

ABH agreed to send us an electronic file identifying the lead teacher from every classroom receiving the ECCP's Core classroom or Intensive Center- based services with updates every two weeks. Four to five weeks following the completion date for any classroom, we called to advise the center director or contact person identified by ABH that we would be mailing the participating teacher(s) a survey regarding the ECCP. In settings with non-hierarchical staffing patterns, we asked the director or other center contact person to give the survey to one teacher. In a few instances where the lead teacher who received the ECCP services no longer worked at the center; directors recommended other staff members (teachers or education coordinators) who were closely involved with the project who could respond to the survey and we accepted their suggestions.

The first round of mailings were addressed to the prospective respondents and included: a cover letter, the survey, 2 consent forms, a self-addressed stamped envelope, and a flyer. The survey responses were anonymous while the flyer solicited volunteers who wanted to give us their names and contact information for a telephone interview. Eleven respondents agreed to be interviewed and we completed telephone interviews with six of them. They included one teacher from one of our case study sites and five others from five different centers in four regions, including three who worked in Core classrooms and two in Intensive Sites. The interviews were designed to extend our understanding of the survey responses and to triangulate the information we were obtaining through our case studies.

We mailed the survey to a total of 89 teachers or other respondents. We called back all center directors or contact persons a second time to ask them to remind the teachers to return the completed surveys or to thank them for doing so. During this follow-up call, we offered to send out a second survey packet, which most sites agreed would be helpful. For the second round, we mailed either to the prospective respondent or the director , according to the director's stated preference. No incentive was provided to survey respondents except the satisfaction of knowing they were helping the state of Connecticut to improve the quality of services to children and families.

APPENDIX F: LEAD TEACHER SURVEY PACKET

Dear Child Care Teacher,

We are writing to you because you work in a classroom that was recently served by the Early Childhood Consultation Project (ECCP). As you may know, that project is an initiative of Connecticut's Department of Children and Families. The A. J. Pappanikou Center for Excellence in Developmental Disabilities at the University of Connecticut Health Center in Farmington has been given the task of evaluating the ECCP. For more information about the Center, please visit our web site (http//www.uconnced.org/). Our job is to determine whether the project met its goals, to identify its strengths and weaknesses, and to recommend changes in the program.

Please take a few minutes to complete the enclosed survey. Your opinions and perspectives, combined with those from other childcare centers that received ECCP services throughout the state, will help determine whether this project had a positive impact and merits additional funding in the future.

Your responses will be treated as confidential and will not be shared with the staff or management of the ECCP, the Department of Children and Families, or your own employer. If we quote from your survey responses in our evaluation report, we will avoid using any details that would reveal your identity, that of specific children or families, or the center where you work.

We are evaluating the ECCP as a whole. The information you provide will not be used as part of any performance appraisal of the consultant who worked with your classroom. Your honest responses to the survey will be a service to the children and families of Connecticut. On their behalf, and for ourselves, we thank you in advance for your help. If you have any questions in connection with the survey, please call Sara Wakai at (860) 679-1514, or e-mail swakai@uchc.edu.

Sincerely,

Dale Fink, Ph.D.
Project Coordinator

Sara Wakai, Ph.D.
Project Coordinator

The University of Connecticut Health Center
EVALUATION OF THE
EARLY CHLDHOOD CONSULTATION PARTNERSHIP
Informed Consent Form

PRINCIPAL INVESTIGATOR:	Mary Beth Bruder, Ph.D.
DEPARTMENT:	Pediatrics/Division of Child and Family Studies
PHONE:	(860) 679-1500
PROJECT TITLE:	Evaluation of Mental Health Consultation to Child Care
EXPECTED DURATION:	Twelve Months

I. I, ______________________________, agree to participate as a participant in the evaluation of "Early Childhood Consultation Partnership." I understand the purpose, procedures, and length of my involvement as stated below:

A. Purpose of the evaluation: The purpose of this evaluation is to identify the strengths and limitations of the Early Childhood Consultation model.

B. Procedures: My participation in this evaluation will involve the following procedures:

1. Completion of one interview and/or survey. I may be given the option to complete follow-up interviews or surveys.

C. Duration of Participation: Participation in the evaluation will include the time it takes to complete the survey or interview.

II. I understand that the investigator is willing to answer any questions I may have concerning the procedures herein described. All the questions I have at this time have been answered. Future questions about this evaluation may be directed to Mary Beth Bruder, Ph.D. at (860) 679-1500. If I have questions regarding my rights as a subject in the evaluation, I may contact an IRB Representative at (860) 679-3054.

III. I understand that my participation is voluntary and that I may refuse to participate and/or withdraw my consent and discontinue participation in the project at any time.

IV. I understand that no financial compensation will be paid to me for participation.

V. I understand the confidentiality of my records will be maintained in accordance with applicable state and federal laws.

If I need additional information, I may contact the IRB at (860) 679-3054 and a representative can answer my questions, identify the resources that my be available, and help me with what I need to do next.

I have read this form or had it read to me, and my signature below means that I agree to be part of this study.

______________________________________ ______________________________

Participant's Signature Date

EVALUATION OF THE
EARLY CHILDHOOD CONSULTATION PARTNERSHIP

LEAD TEACHER SURVEY

Thank you for taking the time to complete this survey. The information will help us better understand your experiences with the Early Childhood Consultation Partnership (ECCP). The first part of the survey asks about activities you carried out jointly with your consultant, and the second part addresses activities you carried out after the consultant stopped making regular visits to your classroom.

Your responses will be kept confidential and only in the aggregate (i.e., combined with the response of others) will they be shared with your employer, ABH, DCF, and other parties. When you have finished, please sign and date the consent form and mail it along with your survey to us in the postage paid envelope that is provided.

Name of child care center: ____

Your position: ____

ACTVITIES CARRIED OUT WITH YOUR CONSULTANT

Below is a list of activities in which some teachers have participated with their consultant as part of this project. For each of the activities listed please indicate with a check mark (✓) if you found the activity: Very Helpful, Somewhat Helpful, Not Helpful or Did Not Participate.

Activity	Very Helpful	Somewhat Helpful	Not Helpful	Did Not Partici-pate
1. Talked with the Early Childhood Consultant (ECC) during her/his visits to the classroom.				
2. Conducted classroom observations for the Infant-Toddler (ITERS) or Early Childhood (ECERS) Rating Scales.				
3. Reviewed and discussed the results of classroom ratings with the ECC.				
4. Attended one or more training events provided by your ECC or someone else associated with the ECCP.				
5. Made decisions about which children, if any, were in need of individual assessment and intervention.				
6. Provided input for the observation and assessment process for an individual child.				
7. Helped to plan and conduct a parent conference.				
8. Helped to develop a Child Action Plan regarding at least one specific child.				
9. Contributed ideas to a Classroom Action Plan.				

ACTVITIES CARRIED OUT INDEPENDENTLY

CLASSROOM ASSESSMENT AND CLASSROOM ACTION PLAN				
For each statement below, please make a check mark (✓) in the one box that most represents your experience.				
	At least twice a week	**Once a week**	**Once a month**	**Less than once a month**
10. I continue to use the information from the ITERS and/or ECERS assessment of my classroom, and to make classroom plans accordingly.				
11. I continue to use the goals and steps identified in the Classroom Action Plan.				

SPECIFIC AREAS OF THE CLASSROOM ACTION PLAN				
Below is a list of areas of the Classroom Action Plan. (Please look at your Classroom Action Plan if you do not recall these categories.) For each area, please rate the improvement, if any, in the responsiveness of your classroom to the social and emotional needs of children since your involvement in this project.				
	Great Improve -ment	**Modest Improve -ment**	**Little or No Improve- ment**	**Did not introduce new practices**
12. "Environment"				
13. "Daily Program"				
14. "Activities and Experiences"				
15. "Supportive Interactions"				
16. "Partnerships with Families"				
17. "Promote Staff Resilience"				

EFFECT ON CHILDREN'S BEHAVIOR				
Please rate the improvement, if any, in the behavior of child(ren) in your classroom as a result of this project.				
	Great Improve- ment	**Modest Improve- ment**	**Little or No Improve- ment**	**Does Not Apply**
18. The class as a whole.				
19. Specific child(ren) about whom I had concerns.				

REFERRAL PROCESS				
Please rate the improvement, if any, in your capacity to use the mental health referral process as a result of this project.				
	Great Improve-ment	**Modest Improve-ment**	**Little or No Improve-ment**	**Does Not Apply**
20. My understanding of the mental health referral process.				
21. My ability to identify a child who may be in need of a mental health referral.				

22. How many referrals have you made for children in your classroom to an outside agency for mental health services since the consultant stopped providing support to your classroom?

❑ 0 referrals ❑ 1 referral ❑ 2 or more referrals

23. Please list up to three obstacles or challenges you worked on with your consultant. (Use a fictional name for any individual child.)

1)____

2)____

3)____

24. Choose one of the obstacles or challenges you listed above and describe the plans you made to address it. Please indicate whether you achieved the results you were hoping for, whether you have continued to follow the same plans now as when the consultant was in the classroom, or whether you have revised your plans. If the child has left your center or your classroom, please be sure to include that information. Continue on the back of this page if you need more space.

25. Do you believe that this project reduces the likelihood that children who exhibit challenging behaviors will be suspended, terminated or otherwise lose their child care placement?

❑ Yes

❑ No

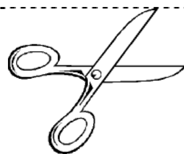
26. The space below is for you to offer additional comments about your experience with the project or to suggest ways the state of Connecticut could help to improve the social and emotional well-being of children attending child care. Continue on the back of this page if you need more space.

Early Childhood Consultation Partnership

WE'D LOVE TO HEAR MORE FROM YOU!

We greatly appreciate the information you provided in the survey. In addition, we are hoping to speak with some teachers in greater depth. Please fill out and return the bottom portion of this form, if you would consider participating in one or more telephone interviews. (Please enclose this form in the self-addressed envelope along with the completed survey and consent form.) Filling out this form does not obligate you to answer any questions; it simply allows us to call you and explain what we have in mind.

If you need further information to make your decision please contact Sara Wakai at (860) 679-1514.



☑ Yes, you may contact me to discuss a telephone interview.

Name: ________________________________

Child Care Center: ________________________________

Preferred Day(s)/Time(s) To Call: ____________________________

Phone Number: ________________________________

APPENDIX G: CASE STUDY METHODOLOGY

Case Study Methodology

Case studies allowed the evaluation team to understand and describe in more vivid detail the experiences being recorded in the ECCP database. We decided to develop three case studies, each of which would follow the activities of a different ECC and bring us into contact with some of the classrooms and staff to whom they delivered services.

We did not select randomly from among the 11 ECCs. Rather, we requested that the project management help us to identify three ECCs from diverse regions in the state who would be personally comfortable in permitting us to interview them and visit their sites, and who also believed that the directors and teachers of one or more of their sites would be cooperative. The Project Manager invited us to make a brief presentation to a staff meeting of ECCs, and the following week informed us that three ECCs from different regions had volunteered to be involved in the case studies.

We (the two members of the evaluation team) conducted some of our on-site activities and some of the telephone interviews jointly, and others separately. We conducted in-depth interviews with the three ECCs near the beginning of our investigations and once more towards the end. We visited five child care centers (three Intensive Sites and two Core Sites) and were given a site tour and interviewed the center director at each location. While on-site, we interviewed six teachers and conducted observations in three classrooms (once in each classroom, for an entire morning). We observed two of the three ECCs conducting training events, observed one during a one-on-one meeting with a teacher in connection with a Child Specific intervention, and observed a team meeting in which an ECC shared the findings of her classroom

observations using the ECERS-R. We also interviewed by telephone two parents of children receiving Child Specific interventions, and one additional teacher from one of the case study sites.

We also conducted telephone interviews with five teachers outside the case study sites in order to help us assess whether the practices of consultants in other areas and the responses of teachers were similar to the three that we followed closely.

We did not audio-tape our interviews but relied on note-taking. Because the three ECCs were so central to our understanding of the project, we shared with each of them through the mail our typed transcripts of our interviews with them, inviting them to make corrections and also to use the opportunity to further embellish their comments. They returned our transcripts with minimal corrections and additions. We did not seek similar verification from other interviewees.