



Early Childhood Mental Health Consultation: A Systematic Approach to Improving Teacher Sensitivity

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Introduction

- ❖ Teachers who engage in sensitive, responsive interactions with young children in their care promote children's social, cognitive and behavioral competence in the early school years.
- ❖ However, early childhood teachers are often challenged by the complexity of emotional and behavioral issues presented to them by children in the classroom.
- ❖ Early childhood teachers need support and guidance in developing strategies to address these demanding needs.
- ❖ Early childhood mental health consultation (ECMHC) may be a particularly effective professional development tool due to its emphasis on mental health professionals supporting teachers with the children they have difficulty managing in the classroom.

Hypotheses

- 1) ECMHC would be positively associated with gains in teacher sensitivity as compared to teachers' baseline measure of sensitivity (prior to implementation of consultation).
- 2) Characteristics of ECMHC such as frequency of activities and types of activities would contribute to the effects of ECMHC on changes in teacher behaviors over time.

Methods

Participants.

- ❖ 141 preschool teachers working in Head Start and ABC (Arkansas' Better Chance) programs serving economically and educationally deprived 3- and 4-year olds in the state of Arkansas. 36.7% of teachers had neither a BA nor CDA degree, 22.7% had a CDA degree only, 22% had a BA only, 3.5% had a BA and CDA.
- ❖ All teachers participating in the study received early childhood mental health consultation through the Community Mental Health Partnership with Early Childhood Programs over a period of 3.5 years.

Procedures.

- ❖ Teachers were visited in their preschool sites prior to the start of receiving early childhood mental health consultation services. Teachers were assessed via questionnaires and observational measures every 6 months throughout the course of the study.

Table 1. MHC Frequency of Activities (1= Rarely/Never, 2= 1-2times/year, 3=Monthly, 4=Every other week, 5=Weekly or more)

	Δ Pos	Δ Det	Δ Pun	Δ Per
	(rev)	(rev)	(rev)	(rev)
	β	β	β	β
Met individually with this teacher to discuss children and/or families	.21+	.22*	.17*	.10
Met individually with this teacher to discuss teacher issues	.13	.19+	.16*	.07
Provided support to this teacher for his/her own well being	.02	.10	.11	.02
Spent informal time with this teacher	.01	.05	.11	-.00
Provided formal training to this teacher	-.05	.02	-.07	.05
Met with teacher to help him/her better understand a child's / children's behavior	.08	.20	.11	.19*
Attended team meetings with this teacher	.04	.01	.09	.00
Helped this teacher with the transition planning process	.10	-.05	-.02	-.13

* $p < .05$, + $p < .10$

Table 2. MHC Approach to Consultation (1= Strongly Disagree, 2=Somewhat Disagree, 3=Somewhat Agree, 4=Strongly Agree)

	Δ Pos	Δ Det	Δ Pun	Δ Per
	(rev)	(rev)	(rev)	(rev)
	β	β	β	β
Offered teacher information about children's age appropriate capacities, needs, and feelings in the context of teacher's interest in child's behavior.	.11	.21*	.09	.11
Offered this teacher information about resources/services for children.	.17+	.20+	.09+	.06
Reflected with teacher about his/her experience of working with children.	.13*	.14*	.15	.21*
Offered teacher new ways of interacting with children with emotional and behavioral difficulties	-.01	.12	-.02	.07
Overall I developed a good relationship with this teacher	.16	.16	.16	-.01

* $p < .05$, + $p < .10$

Methods (cont.)

Measures.

Caregiver Interaction Scale (Arnett, 1989). Teachers were observed interacting with children in their care and rated on (1) positive interaction (2) punitiveness (3) detachment and (4) permissiveness.

Teacher Background and Training Questionnaire. This questionnaire assessed teacher's educational background and training, in addition to years of experience working with children.

Mental Health Consultant Activities Questionnaire. This measure was adapted from (Green et al., 2006) and was an assessment of the frequency and types of activities the Mental Health Consultants engaged in with the participating teachers over the course of the year.

Results

- ❖ ECMHC was positively associated with changes in teacher over the course of the study, accounting for teachers' initial sensitivity levels.
- ❖ There was significant improvement in teacher sensitivity (as measured by lack of detachment and lack of permissiveness).
- ❖ Higher frequency of individual meetings between mental health consultants and teachers corresponded on average to greater improvements in teacher sensitivity over time.
- ❖ Teachers who engaged in reflection with mental health consultants showed greater gains in sensitivity over the course of the intervention.
- ❖ Teachers who were offered information about children's age appropriate capacities, needs, and feelings in the context of teachers' interest in children's behavior showed greater improvements over time.

Table 3. Descriptives on Mean CIS Change Scores per Time Period (~6 mo.)

CIS Subscale	Mean	SD
Positive Interaction	.06	.43
Detached	-.13	.48
Punitiveness	-.06	.43
Permissiveness	-.05	.27

Discussion

- ❖ Mental health consultation is likely a promising approach to facilitate change in teacher sensitivity over time.
- ❖ This is the first study to examine observed changes in the quality of teacher-child interactions over time as predicted by specific qualities or characteristics of mental health consultation.
- ❖ Characteristics of mental health consultation such as frequency of individual meetings between mental health consultants and teachers may be particularly important to promoting change in teacher sensitivity.
- ❖ One's approach to mental health consultation matters. A reflective consultative stance may be particularly important to promoting change in sensitive caregiving behaviors over time.

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