Building Healthier Learning Environments:
Early Childhood Mental Health Consultation Using PCIT

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Overview

- What is Early Childhood Mental Health Consultation?
- History of Mental Health Consultation and Research
- Engagement in working with the School System
- Various ways of Promoting PCIT Sustainability
ECMHC seeks to achieve positive outcomes for infants and young children in early childhood settings by using an indirect approach to fostering their social and emotional well-being.
Major Milestones for Infant and Early Childhood Mental Health Consultation

1970: Theory and Practice of Mental Health Consultation
Gerald Kaplan publishes The Theory and Practice of Mental Health Consultation. Underlying concept: More children need help and there aren't enough mental health professionals available in the field. Need to establish an indirect approach building capacity of adults and caregivers.

2000: First ECMHC Monograph Published
Early Childhood Mental Health Consultation (ECMHC), Promotion of Mental Health and Prevention of Mental and Developmental Disorder is published; provides description of ECMHC for early childhood; funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

2005: Preschool Expulsions Study
Walter Gilliam of Yale University publishes study on Pre-K expulsion rates which gave impetus to further expand ECMHC services.

2005: ECMHC Training Guide

2007: ECMHC Evaluation Toolkit
GCCHD publishes Evaluation Toolkit to increase the capacity for high-quality ECMHC in community-based settings.

2008: Project LAUNCH
SAMHSA funds Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) which includes ECMHC as one of five required programs or activities led to Home Visiting ECMHC. Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF) launched the Maternal, Infant, and Early Childhood Home Visiting at the federal level.

2008: Center for ECMHC Funded
CECMHC funded as an innovation and improvement project by the Office of Head Start.

2009: What Works Study
First nation-wide study of quality ECMHC; data-driven guidance around development and implementation of effective ECMHC; later cited in ACF Policy on Pre-K expulsion (2015).

2009: Research Synthesis Addressing Child-Level Outcomes
Synthesis reviewed 14 studies on child-level outcomes. ECMHC services were consistently associated with improvement of emotional behaviors and reductions externalizing behaviors.

2014: ECMHC Policy Paper Released
Expert convening on infant and early childhood mental health consultation sponsored by SAMHSA leads to policy paper and the addition of “infant” to ECMHC.

2015: Center of Excellence
SAMHSA establishes Center of Excellence for Infant and Early Childhood Mental Health Consultation led by EDC partnering with Georgetown with support from ACF and HRSA.
Teacher sensitivity and enhancement classroom management skills, reported lower levels of job stress after receiving mental health consultation services.

Children had fewer aggressive and disruptive behaviors less frequent after mental health consultation.

Positive Social Skill Development

Rate of expulsion of children with difficult or challenging behaviors decreases.
Engagement with Mental Health Consultants
Headstart Meetings
Collaboration with mental health agencies, mental health consultants and parent partners.

School Based Meetings
Collaboration with the mental health agencies and the Student Support Services
Ideas for Engagement

* Provide information to the mental health consultants about your agency in a fun way as nice folder may include:

- Brochures
  - What is PCIT hand out
  - PRIDE Skills
  - Process of Referrals

Offering Presentations on Topics for Teachers and Parents

- Providing PCIT on Site in the classroom or through an RV (PCIT on Wheels)

Giving Pens or Treats to the Mental Health Consultants
PCIT Sustainability
Mental Health Consultants can provide referrals to your PCIT program.

Providing a referral form or if they have their own to be able to discuss with them about symptoms/behaviors to provide PCIT treatment.

Referral is submitted to your agency with the release of information a therapist should call/engage with the mental health consultant.
Discuss about the reason for the referral.
Inquire about how the parents received the recommendation of the referral.
Ask about if they have observed the child in the classroom and in the playground.
The Big Picture - Parental View of their child’s behavior.

Parental view: “The parent thinks, I am bad parent.”
“I feel embarrassed by my child’s behavior. “

Utilize PRIDE skills to the parent and empathize with them about the referral and thank them for coming to the session.

Utilize the form What is PCIT?

Inquiring about past child’s history. (Trauma, Behaviors etc.)

Exploring behaviors in school.

Communicate to parents about the benefits of consulting with the mental health consultant and teacher and working as a team.

Parent to feel safe to communicate.
Teacher Engagement

- Release from the parent to talk to the teacher and visit the school.
- Phone call to the teacher to introduce yourself and why are you calling.
- Inquire when it is a good day and time to come to do a school observation.
- Utilize the SESBI form and take it with you for teacher to fill out.
Teacher Engagement

- Praise the Teacher and thanking them for letting you observe.
- Teacher view on the parent and child relationship.
- Discuss the behaviors in the classroom that are disruptive.
Classroom and Playground Observations

Teacher:

* Interaction the teacher has with the children in the playground and classroom.
* How the teacher responds to the children.
* How the teacher is effectively managing the behaviors in the classroom.
* Opportunity to introduce Teacher Child Interaction Therapy.

Children:

* Interaction with Teacher and other children.
* Development milestones language, cognitive, Gross and Fine Motor skills.
* How they manage behaviors and emotions during unstructured and structured times of the day.
* How do they respond to the teacher.
Bridging the learning environments

* Inquire with the parent/caregiver if they would like to invite the mental health consultant or teacher for the treatment plan meeting to assist you on setting goals.
* Creates a collaborative approach among the different aspects of the child’s environment.
* Utilize the Parenting and Environmental Factors forms to assist you with goal setting in the session with the team.
* Share the results of the outcome measures.
* Offer to do PCIT in home, in a class room setting or in the mobile.
* Inquire about the discipline policy for the pre-school. Think outside of the box.
Outreach

PCIT Topics that can be utilize for Mental Health Consultants, Teachers and Parents meetings or trainings:

* What is PCIT?
* Ways to Praise handout
* Skills to Manage Behaviors
* How to manage negative and aggressive behaviors
* Child Reactions to Trauma Handout
Outreach

* Provide office hours on site for mental health consultants, and teachers.
* Attend community events especially if they have ones specifically with early childhood.
  * Headstart has Kindergarten readiness school fairs.
Parents must request by letter to have their child evaluated.

Plan 504B specific learning and attention issues for children who do not qualify for IEP.

IEP is for children who qualify for special education (speech therapy, occupational, learning disability).

The benefits when parents invite you to the IEP meetings.

Present about the PCIT Treatment to the team which increases more people to know about the PCIT Treatment.
Questions

* How is ECMHC viewed in your agency?

* What more could we be doing?

* What are you going to implement in your PCIT program for sustainability?

Websites for further information:

* [file:///C:/Users/Owner/Documents/PCIT/PCIT%20Conference%202018/crosswalk-early-childhood-mental-health-services.pdf](file:///C:/Users/Owner/Documents/PCIT/PCIT%20Conference%202018/crosswalk-early-childhood-mental-health-services.pdf)
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