

Annotated Bibliography

THE EVIDENCE BASE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION (IECMHC)

The evidence base for Infant and Early Childhood Mental Health Consultation (IECMHC) has grown significantly in recent decades, though some gaps in knowledge remain, particularly related to the role of IECMHC in creating more equitable early childhood systems. Many key findings from innovative studies can be found in peer-reviewed journal articles, but many professionals do not have access to these journals. The Center of Excellence has created a comprehensive annotated bibliography that summarizes the important contributions of each article. The annotated bibliography is intended to build general knowledge about IECMHC, facilitate writing about IECMHC (for grant applications, reports, etc.), and to demonstrate future directions for research on IECMHC.

This resource includes all known, published studies on IECMHC, cutting across different settings and outcomes of interest. In addition, papers that describe IECMHC practices or theories but do not present new analyses are also included. Articles are presented in alphabetical order of the first author's last name. This annotated bibliography will be updated annually to provide consultants, administrators, students, and all other interested individuals with current research findings on IECMHC.

To complement this resource, the Center of Excellence has also written a brief that summarizes the status of the evidence for IECMHC, including both peer-reviewed journal articles and evaluation reports, culminating in a list of priorities for future research.

In the annotated bibliography, you will have access to:

- Descriptions of each article's unique contribution to the empirical knowledge of IECMHC, including participant demographics
- APA-format citations for each article
- Abstracts for each article

Albritton, K., Mathews, R. E., & Anhalt, K. (2019). Systematic Review of Early Childhood Mental Health Consultation: Implications for Improving Preschool Discipline Disproportionality. *Journal of Educational and Psychological Consultation, 29*(4), 444-472. doi: <https://doi.org/10.1080/10474412.2018.1541413>

- In response to continued race- and gender-based disproportionality in rates of exclusionary discipline from early childhood education, the authors conducted a review of the literature regarding IECMHC—and behavioral consultation more broadly—to summarize empirical evidence for the impact of these approaches on suspension and expulsion of males and children of color.
- Across the 13 identified articles, 43.2% of child participants were Black, 41.6% White, 9.8% Latinx, and 5.4% Other, which was described in this study as including children who were biracial, multiracial, Asian American/Pacific Islander, and Middle Eastern. However, these numbers do not reveal the significant variability and missing data in the studies' samples. Three studies did not report demographic information, seven studies included mostly White children, and only three studies included mostly Black children.
- Of the 13 articles identified, only 3 explicitly examined the impact of consultation on preschool discipline (Gilliam et al., 2016; Perry et al.; 2008; Upshur et al., 2009). While these articles demonstrated that IECMHC was associated with decreased rates of expulsion (but not decreased child risk for expulsion), no studies have yet parsed the impact of IECMHC on disproportionality in expulsion. The potential for analyzing disproportionality was limited by the insufficient inclusion of Black children in the samples.
- The findings indicate a need for future studies of IECMHC outcomes to gather expulsion data from samples that include higher proportions of children of color to allow for analyses of the impact of consultation on race-and gender-based disproportionality in early childhood discipline.

Abstract:

Early childhood mental health consultation (ECMHC) is a framework that continues to expand as students' social-emotional needs emerge at younger ages. The present systematic review examines the extant literature surrounding the use of ECMHC and behavioral consultation in addressing mental health concerns and challenging behaviors in preschool students. Findings associated with this systematic review suggest that ECMHC could be a promising practice for targeting internalizing and externalizing behavioral concerns in prekindergarten students across a variety of settings. However, more research is needed in the areas of mental health/behavioral consultation and disciplinary disproportionality, as well as on the impact of such practices on preschool children of color. Implications for school psychologists are discussed, as are disciplinary practices when providing ECMHC and behavioral consultation services with students of diverse racial, ethnic, and cultural backgrounds.

Alkon, A., Ramler, M., & MacLennan, K. (2003). Evaluation of mental health consultation in child care centers. *Early Childhood Education Journal, 31*(2), 91-99. doi:10.1023/B:ECEJ.0000005307.00142.3c

- In a two-year mixed methods evaluation of IECMHC in 25 urban child care centers, data were collected from directors (n=25 at Time 1) and teachers (83 at Time 1) via questionnaires and focus groups.
- Demographic information was reported for teachers, but not for directors or for the children served by the centers. In this sample, 39% of teachers were Asian American or Pacific Islander (AAPI), 24% Black, 19% White, 12% Latinx, and 6% selected "Other." The authors did not analyze the effects of IECMHC disaggregated by race/ethnicity.
- Teachers reported improvements in their self-efficacy and their competency with social-emotional development and managing challenging behavior after one year of consultation. In interviews they reported being more curious about the meaning of child behavior and feeling more confident in their ability to respond to it effectively by Time 2.
- There were significant increases in center quality from Time 1 to Time 2 as measured by an observational tool, as well as reported changes to center and child practices, as reported during qualitative interviews. Teachers felt that the consultant helped enhance communication among teachers, administrators, staff, and other service providers.
- Higher frequency of mental health consultation activities predicted lower rates of teacher turnover, and more years of consultation predicted greater change in center quality.

Abstract:

Mental health professionals have speculated that their consultation services should improve the overall quality of a child care center, but few research studies have shown this effect in child care settings. In the present study, mental health consultation services were provided by four agencies to 25 urban child care centers to enhance children's emotional lives and social abilities, and to strengthen child care center staff's capacity to work with children who have difficult behaviors. A one-year evaluation was conducted to assess the impact of the mental health services on the teachers and child care centers using observational measures, director- and teacher-completed questionnaires, and qualitative focus group data. Centers with more than one year of consultation showed increases in overall quality, teachers' self-efficacy, and teachers' competence. In addition, staff expressed satisfaction with the mental health consultation services provided. Implications of findings and suggestions for future interventions are discussed.

Allen, M. D., & Green, B. L. (2012). A multilevel analysis of consultant attributes that contribute to effective mental health consultation services. *Infant Mental Health Journal, 33*(3), 234-245. doi: <https://doi.org/10.1002/imhj.21333>

- This study builds upon the Green et al. (2006) study, which was the first study to measure the relationship between the teacher and IECMH Consultant. In the initial study, the authors found that the teacher-consultant relationship was linked to teacher perceptions that IECMHC had a positive impact on children.
- In a sample of 407 Head Start teachers, 54.5% were White, 26.5% Black, 11.3% Latinx, 2.9% American Indian or Alaska Native (AIAN), 1.7% Asian American or Pacific Islander (AAPI), and 2.9% selected “Other or biracial.” Of the 57 IECMH Consultants, 75.4% were White, 8.8% Latinx, 5.3% Black, 1.8% Asian American or Pacific Islander (AAPI), 0.0% American Indian or Alaska Native (AIAN), 8.8% selected “Other or biracial.” Analyses were not disaggregated by race/ethnicity.
- The authors used hierarchical linear modeling to analyze the impact of IECMH Consultant variables on 1) teacher perceptions that consultation helped the children and 2) the teacher-consultant relationship. To gather these data, teachers and consultants completed a measure crafted by the authors, the Head Start Mental Health Services Survey. The five IECMH Consultant variables assessed were: Knowledge and Experience with Head Start; Relationships with Families; Relationships with Staff; Training, Supervision, and Support; and Knowledge of ECMH Best Practices. The research team also attempted to measure consultant Cultural Sensitivity as a sixth variable, but they could not analyze the data given concerns regarding reliability and validity of those survey items.
- Consultant attributes were significantly related to ratings of the teacher-consultant relationship, but not to the impact of consultation on the child. Specifically, IECMH Consultants who had positive relationships with families (per self-report) were more likely to have positive relationships with teachers (per teacher-report), particularly in urban settings. In addition, there was a significant positive link between teacher and IECMH Consultant ratings of their mutual relationship. The role of racial/ethnic “match” between consultant and consultee was not examined.
- In contrast, none of the five IECMH Consultant attributes were significantly linked to teacher perceptions of improvement in child internalizing or externalizing behavior or prosocial behavior.

Abstract:

A positive relationship between the mental health consultant (MHC) and early care and education staff is considered important for achieving positive early childhood mental health consultation outcomes, but little is known about the attributes of MHCs that contribute to relationships with staff and to staff-reported child outcomes. This study was a secondary analysis of 57 MHCs and 407 Head Start staff who responded to the Head Start Mental Health Services Survey. Hierarchical linear models examined the relationship between five attributes of MHCs and staff reports of improved child outcomes and a positive relationship with the MHC. The results suggest that MHC reports of positive relationships with staff, positive relationships with families, and high levels of supervision and support are positively associated with staff reports of positive relationships with the MHC ($p < .05$). None of the MHC-reported attributes were associated with staff-reported child outcomes.

Beardslee, W. R., Ayoub, C., Avery, M. W., Watts, C. L., & O'Carroll, K. L. (2010). Family Connections: An approach for strengthening early care systems in facing depression and adversity. *American Journal of Orthopsychiatry*, 80(4), 482. <https://doi.org/10.1111/j.1939-0025.2010.01051.x>

- The Family Connections consultation program based in Boston was conceptualized as a public health tool to help Head Start staff better understand and address mental health problems, with a particular emphasis on parents/caregivers experiencing depressive symptoms. This program was designed as a response to the high rates of maternal depression in Head Start and the associated psychosocial difficulties for young families.
- The Family Connections consultants provided a series of on-site trainings for staff on topics such as self-care, reflective practice, depression, and team building. In addition, mental health consultation was provided at multiple levels in the centers, and the consultant led parent support groups.
- This mixed methods study analyzed data from surveys, focus groups and individual interviews with staff. The center served by this IECMHC program was in an under-resourced neighborhood; 93% of families were living below the poverty line and 89% of the families were headed by a single mother. Over the four years of evaluation, the center served 424 families. The children in the center were 75% Latinx and 24% Black; 64% were primarily Spanish-speaking, 29% were primarily English-speaking, and 7% spoke a different language. One in five children at the center were identified as having a behavioral or social-emotional problem. The staff were 82% Latinx, 7% Black, 5% White, 2% Asian American, 2% Middle Eastern, and 2% Haitian.
- Results of surveys and interviews demonstrated that staff trainings were considered helpful and relevant for daily interactions, and in particular staff noted that they felt better informed about depression.
- Consultation was also viewed positively: 100% of teachers reported that they had a good relationship with the consultant, and that the consultant had a good relationship with parents. Over three-quarters of teachers noted that consultation helped them manage stress and challenging child behaviors while demonstrating awareness of each individual's and family's culture. While 9% of staff reported feeling threatened or unsure about the consultant, they all reported feeling positive about the consultant once they realized that they were not being evaluated. Improvements in parent engagement were also reported.
- One notable finding was the reduced use of sick leave in staff, which could be because of improved staff wellness as a result of consultation although further is needed. Further, after two years of consultation, classroom quality was higher, staff sensitivity was higher, and staff detachment and harshness were lower than scores from national studies using the same measures. Change over time was not measured. Results were not disaggregated by race/ethnicity.
- The authors provided lessons learned about leadership, readiness, a multilevel approach, opportunities arising from crises, increasing reflective practice, and the value of long-term commitment to a center.

Abstract:

Over a 4-year period, the authors worked in partnership with a large early care provider and a Head Start center to design and implement a systems-wide preventive program with the aim of increasing staff's capacity to deal with depression and related adversities in their encounters with families and children. The

intervention consisted primarily of training sessions and mental health consultation. Staff interviews, focus groups, reports by consultants, observations by assessors, and documentation of staff use of sick time were used to assess program impact. Reports by staff showed that the intervention proved feasible to deliver and resulted in sustained parent, classroom, and teacher activities. Teachers were better able to deal with the challenges presented by parents and children. Results suggest that center-wide staff-focused training and consultation approaches deserve consideration.

Bender, S. L., Carlson, J. S., Van Egeren, L., Brophy-Herb, H., & Kirk, R. (2017). Parenting Stress as a Mediator between Mental Health Consultation and Children's Behavior. *Journal of Educational and Developmental Psychology, 7*(1). doi: <http://dx.doi.org/10.5539/jedp.v7n1p72>

- This is one of few published studies to investigate the role of parental stress and parent-child interactions in IECMHC despite the central role of parents in children's mental health and wellbeing.
- Using data from the 2007-2010 program evaluation study for the Michigan Child Care Expulsion Prevention (CCEP) Program (van Egeren et al., 2011), the current study investigated mediation models related to parenting distress and parent-child interactions. The sample included 319 parents of children with challenging behaviors, including 247 in the IECMHC group and 72 in the comparison group.
- The majority of children (81% of IECMHC group, 86% of comparison group) and parents (84%) were White, and no additional race/ethnicity information was provided in this article. The authors did not analyze the effects of IECMHC disaggregated by race/ethnicity.
- Results indicated that parent-rated dysfunctional parent-child interactions significantly mediated the relationship between IECMHC and child behavioral problems as well as child protective factors. In other words, participation in IECMHC did not directly influence child outcomes; it directly influenced parent-child interactions, which in turn were associated with improved child outcomes. While parent-child interactions were a significant mediator, parental distress did not significantly mediate the link between IECMHC and child behavioral problems or protective factors.
- Results upheld the important, though understudied, role of parents in catalyzing or supporting positive changes in child behavior as a result of IECMHC. IECMHC is an indirect approach thought to impact children by affecting the skills, attitudes, and relationships of the adults in their lives. While multiple studies have affirmed that IECMHC positively affects teachers, this is the first to show that it positively affects parents and the first to demonstrate an indirect effect of an adult outcome leading to child outcomes. Because these results are derived from a predominantly White sample, there is a need for continued exploration of these variables with a more diverse sample in future research.

Abstract:

Early Childhood Mental Health Consultation (ECMC) focuses on enhancing adults' (e.g., parents) skills and abilities in order to improve children's behavior. Limited research has examined parenting factors as mechanisms of change, which is important given the bidirectional nature of parent-child interactions. Parenting stress and its influence on children's behavioral outcomes (behavior problems and protective factors) were investigated following the implementation of an Early Childhood Mental Health Consultation (ECMHC) program. Participants included parents that participated in the ECMHC program (n = 247) and a comparison group (n = 72) in the Midwest. Overall, parents in the ECMHC group experienced fewer dysfunctional parent-child interactions and less distress. Results indicated that parent-child dysfunctional interactions mediated the relationship between ECMHC and children's behavior problems (CI = .001, .038) and protective factors (CI = -.061, -.001). Parental distress did not mediate the relationship between ECMHC and children's behavior problems (CI = -.001, .016) or protective factors (CI = -.020, .001). Understanding the influence of stress and parent-child interactions is beneficial as these may be malleable and responsive to change if targeted in intervention. Examining mechanisms of change related to parents will allow for refinement of services and improved behavioral outcomes for children.

Boris, N. W., Larrieu, J. A., Zeanah, P. D., Nagle, G. A., Steier, A., & McNeill, P. (2006). The process and promise of mental health augmentation of nurse home-visiting programs: Data from the Louisiana Nurse-Family Partnership. *Infant Mental Health Journal, 27*(1), 26-40. doi: <https://doi.org/10.1002/imhj.20078>

- This article is the first to describe an approach for integrating mental health consultation into home visiting. Louisiana implemented the home visiting model called Nurse Family Partnerships, which has a strong evidence base. Nevertheless, Louisiana decided to augment the model with mental health consultation in light of findings that the impact of NFP on child maltreatment was vastly diminished among families reporting intimate partner violence.
- IECMH Consultants held multiple roles in this approach. First, they provided training for the nurse home visitors in mental health and related topics (e.g., depression, substance abuse, parenting, culture, reflective practice). In addition, they participated in case consultations to provide a mental health perspective as home visitors conceptualized families' strengths and challenges. The consultant collaborated with the nurse supervisor to support nurses emotionally (e.g., provide validation) and to share tools and techniques to address issues as they arose. Consultants developed relationships of trust with home visitors, initiating a parallel process for the mother-child attachment relationship.
- The authors also described a thoughtful and ongoing approach to training and supervising the IECMH Consultants.
- It is critical for future research to explore the role of IECMHC for home visitors in enhancing equity in maternal and child health and mental health.

Abstract:

The Nurse-Family Partnership (NFP) model is a well-studied and effective preventive intervention program targeting first-time, impoverished mothers and their families. Data documenting the negative impact of maternal depression and partner violence on the developing young child can be used to make a strong case for augmenting NFP programs to focus on mental health problems impacting the mother-child relationship. This article reviews the rationale for and process of augmenting an NFP program in Louisiana. Data on the prevalence of depression and partner violence in our sample are presented alongside a training protocol for nurses and mental health consultants designed to increase the focus on infant mental health. The use of a weekly case conference and telephone supervision of mental health consultants as well as reflections on the roles of the mental health consultant and the nurse supervisor are presented.

Brennan, E. M., Bradley, J. R., Allen, M. D., & Perry, D. F. (2008). The evidence base for mental health consultation in early childhood settings: Research synthesis addressing staff and program outcomes. *Early Education and Development, 19*(6), 982-1022.
doi:10.1080/10409280801975834

- This paper is the only synthesis of the research on IECMHC staff- and program-level outcomes. It incorporated 26 studies, including peer-reviewed and non-peer reviewed studies using a range of study designs (pre-experimental, quasi-experimental and random-control trials).
- In terms of staff-level outcomes, IECMHC was associated with improved staff self-efficacy, sensitivity, and competence in managing challenging behaviors, as well as reduced stress, across studies.
- In terms of program-level outcomes, IECMHC was associated with reduced staff turnover and, in some studies, higher quality of child care setting. In these studies, higher quality was defined by the presence of desirable physical and social environmental conditions and positive classroom activities, but did not explicitly incorporate indicators associated with equity.
- Findings were not disaggregated by staff or program-level demographics. Demographic information for each study included in the review were presented in a table but overall demographics for the 26 studies were not calculated. The authors noted that most samples included high proportions of children from low-income families.

Abstract:

Research Findings: One strategy to support early childhood providers' work with children exhibiting challenging behavior is offering mental health consultation services in order to build staff skills and confidence and reduce staff stress and turnover. Through systematic search procedures, 26 recent studies were identified that addressed the effectiveness of early childhood mental health consultation with respect to staff- and program-level outcomes. Across the reviewed studies, there is some evidence that early childhood mental health consultation helped increase staff self-efficacy/confidence and competence in dealing with troubling or difficult behaviors of young children in their care. In several studies, staff receiving consultation had improved sensitivity and lower job-related stress. In addition, consultation generally helped improve overall quality of early care and education settings and was linked to reduced staff turnover. **Practice or Policy:** Because the majority of the studies were not in peer-reviewed publications, this research synthesis underscores the importance of increasing the rigor of future studies to provide policymakers and practitioners with better evidence on consultation effectiveness. Priorities for future research include articulating the theory of change underlying consultation activities; developing additional measurement instruments to explore key components of mental health consultation; and examining the effects of consultant qualifications, consultation intensity, and specific activities on outcomes.

Brinamen, C. F., Taranta, A. N., & Johnston, K. (2012). Expanding early childhood mental health consultation to new venues: Serving infants and young children in domestic violence and homeless shelters. *Infant Mental Health Journal, 33*(3), 283-293.
<https://doi.org/10.1002/imhj.21338>

- This article is the only published article on the unique considerations for implementing IECMHC in domestic violence and homeless shelters, in which IECMH Consultants partner with staff and families experiencing the trauma of homelessness.
- First, the authors outline the reasons for including IECMHC in shelters. They cite statistics regarding the alarming number of young children who experience homelessness. While research affirms the critical nature of the parent-child relationship as a buffer against toxic stress, parenting capacity in shelters is often complicated by structural realities as well as parental mental health/substance abuse difficulties. Services in shelters are often geared towards adults, and young children in shelters are unlikely to have access to mental health supports given gaps in access to other services that may serve as connectors, such as childcare.
- The authors describe how different tenets of consultation apply to the shelter setting. For example, they highlight the power of parallel processes in interactions with consultants, caseworkers, parents, and children; the manner in which a consultant can give voice to the child's experience of the changes and anxieties of living in a shelter; and the role of creating space for the subjective experiences and self-reflections of all participants in consultation.
- Furthermore, the authors articulate the challenges to IECMHC in shelter settings. As a relationship-based approach, key limitations include rotating shelter staff, negative caseworker-parent relationships, and the focus on more "doable" individual needs as opposed to dyadic needs.
- Throughout the sections, the authors weave in illustrative vignettes.

Abstract:

The number of infants and young children affected by homelessness and domestic violence is growing, and the effect of these experiences on children is wide-ranging. Early childhood mental health consultation (ECMHC) has expanded to these settings to help the adults attend to very young children whose needs are often obscured by families' crises. Recent research in ECMHC to childcare has cited the salience of the consultant-consultee relationship as the central contributor to positive change in caregiver's behavior and children's experience. This article explores the similarities and variations in the consultant's way of being that are necessary to expand this relationship-based ECMHC model to adult-focused settings. This has incorporated a combination of consultative shifts: expanded training, appreciation for families' survival priorities, attention to the effects of unavoidable adult decisions on children, increased tolerance for the affect this raises in parents and caseworkers, and greater efforts to create space for reflection and thinking. Caseworkers' attenuated contact with and limited prior knowledge about young children creates challenges in identifying and responding to concerns about children. The particular systemic and relational difficulties that emerge in shelters and that influence caseworkers' responsiveness to clients are explored.

Carlson, J. S., Mackrain, M. A., Van Egeren, L. A., Brophy-Herb, H., Kirk, R. H., Marciniak, D., ... & Tableman, B. (2012). Implementing a statewide early childhood mental health consultation approach to preventing childcare expulsion. *Infant Mental Health Journal*, 33(3), 265-273. doi: <https://doi.org/10.1002/imhj.21336>

- In contrast to most IECMHC articles that focus on outcomes of a particular IECMHC program, this article focuses on the development and implementation of an IECMHC program. The authors describe how the program was explicitly designed to meet the essential components of IECMHC that were articulated in the seminar Duran et al. (2009) *What Works* report. Information is provided about the program's funding, hiring, training, state-level technical assistance, strategic partnerships, and data collection, among others.
- The authors described how they used an iterative approach to developing flexible guidelines for the state's approach to consultation (divided into child/family-centered consultation and programmatic consultation), then gathered data on consultants' activities, and used these data to broadly assess fidelity to their program structure.
- Based on their program development experiences, the authors shared lessons learned, emphasizing evaluation, data collection for quality improvement, clearly defined approaches, flexibility in IECMHC duration, and IECMH Consultant support through reflective supervision and administrative support. Programmatic strategies for addressing equity, bias, and disparities were not reported in this article.

Abstract:

State- and local-level mental health administrators and practitioners can work collaboratively to provide effective early childhood mental health consultation (ECMHC) services that address the growing need in communities to promote healthy socioemotional functioning in infants and young children and prevent longer term mental health challenges. This article describes one state's model of ECMHC, the Child Care Expulsion Prevention Program (CCEP), as well as preliminary evaluation findings on consultants' fidelity to the developed approach to service within 31 counties in Michigan. The CCEP approach is flexible, yet adheres to six cornerstones which are essential to effectively and consistently carrying out services across local projects, including the provision of relationship-based programmatic and child/family-centered consultation, hiring and supporting high-quality consultants through professional development and reflective supervision, ongoing provision of state-level technical assistance, use of evidence-based practices, and collaboration with other early childhood service providers. In addition to the overview of CCEP's approach and effectiveness, lessons learned are provided to guide those engaged in policy development, practice, and applied research pertaining to ECMHC.

Conners-Burrow, N. A., Whiteside-Mansell, L., Mckelvey, L., Virmani, E. A., & Sockwell, L. (2012). Improved classroom quality and child behavior in an Arkansas early childhood mental health consultation pilot project. *Infant Mental Health Journal, 33*(3), 256-264. doi:10.1002/imhj.21335

- Data were collected from teachers and trained research staff at 14 IECMHC intervention sites and 4 comparison sites at the beginning and end of the school year. Classroom observations and teacher questionnaires were used to collect data about the 193 teacher and 1,448 children in the study.
- Demographic information was collected but not reported in the article, and the authors did not analyze the effects of IECMHC disaggregated by race/ethnicity.
- From pre-test to post-test, teachers in intervention group demonstrated a significant reduction in permissiveness and detachment.
- Children in the intervention group had significantly lower ratings of behavior problems and higher ratings for one protective factor (attachment) by the third year of the project.

Abstract:

The aim of the current study was to examine the effects of early childhood mental health consultation (ECMHC) on teacher-level and child-level outcomes in the context of a partnership between community mental health centers in three regions of Arkansas and publicly funded early education programs (14 intervention sites and 4 comparison sites). From 2005 to 2008, 193 teachers participated in the study, along with 1,448 children. Data-collection activities included structured classroom observations, teacher ratings of children's strengths and behavior, and teacher surveys to assess satisfaction with ECMHC services. Results suggest that teachers were highly satisfied with the consultation services and that teachers receiving the intervention had lower levels of permissiveness and detachment, with a trend toward higher levels of sensitivity in interactions with children in their classroom. In terms of child outcomes, we found that by the third year of the project, children at intervention sites were rated by their teachers as having fewer behavior problems and more protective factors.

Conners-Burrow, N., McKelvey, L., Sockwell, L., Harman Ehrentraut, J., Adams, S., & Whiteside-Mansell, L. (2013). Beginning to “unpack” early childhood mental health consultation: Types of consultation services and their impact on teachers. *Infant Mental Health Journal, 34*(4), 280-289. doi:10.1002/imhj.21387

- Pre- and post-data were gathered from a sample of 115 teachers participating in 6-8 months of IECMHC to begin to understand the relationship between IECMHC “dose” (measured as time spent in the class and time spent meeting with teacher) and teacher and child outcomes.
- Demographic information was collected but not reported in the article, and the authors did not analyze the effects of IECMHC disaggregated by race/ethnicity.
- More consultant time spent in the classroom predicted greater reductions in problematic teacher interaction styles (punitiveness, permissiveness, and detachment) and greater use of positive classroom management strategies.
- Higher frequency of teacher meetings with consultant predicted reduction in teachers’ intention to leave the childcare profession but not change in teacher-child relationship.

Abstract:

The goal of the current study was to examine the impact of the frequency of two types of early childhood mental health consultation (ECMHC) activities (time spent in the class and time spent meeting with teachers) on teacher-child interactions, use of positive classroom-management techniques, and the intent to quit the childcare profession. We addressed these questions with a sample of 115 teachers from private childcare settings participating in a midlength (6-8 months) consultation partnership, using pre- and posttest data collected from structured classroom observations and teacher surveys. Results suggest that ECMHC time spent in the classroom was associated with less teacher punitiveness, permissiveness, and detachment, and more use of positive classroom-management strategies at the posttest assessment (controlling for baseline teacher behaviors). The frequency of meetings with teachers did not impact teacher-child interactions; however, in an exploratory analysis, the frequency of meetings with the teacher was associated with a reduction in teachers’ intent to leave the profession of childcare.

Conners Edge, N. A., Kyzer, A., Abney, A., Freshwater, A., Sutton, M., & Whitman, K. Evaluation of a statewide initiative to reduce expulsion of young children. *Infant Mental Health Journal*. <https://doi.org/10.1002/imhj.21894>

- This study evaluated Arkansas' statewide expulsion prevention system, BehaviorHelp (BH), which is unique in its implementation of a three-tiered system of supports designed to prevent preschool expulsion in accordance with state legislation. In BH, there is a single point-of-entry (an online request form) where ECE staff can request support and be triaged to receive 1) phone support, 2) technical assistance, or 3) IECMHC. Staffing for each tier comes from the partnership established between state agencies and universities in Arkansas.
- Over three years of BH there were referrals for 1,195 children. Referred children were primarily male (81.7%), between ages 3 and 5, and presenting with externalizing behavior. Half of children had experienced a potentially traumatic event (53.9%) and 9.9% were in foster care. Almost two-thirds were White (63.2%), 24.0% were Black, 8.1% were multiracial, 3.4% were Latinx, and 1.2% selected "Other."
- The authors used bivariate analyses (chi-square, t-tests) to explore impacts of IECMHC and differences in characteristics of children who were and were not expelled. Because the program was available statewide, there was no control or comparison group.
- After utilizing the tiered BH supports, only 2.9% of children whose teachers requested support were expelled. Exploratory analyses demonstrated that children who were expelled were more likely to have a teacher who was not trained in social-emotional development, attend a low-quality center, be in foster care, and have experienced complex trauma. Children's use of developmental services was not associated with expulsion. In contrast to national studies finding that Black children are disproportionately likely to experience expulsion, in this sample White children (specifically boys) were overrepresented in expulsions. Specifically, White children made up 63.4% of children with completed BH cases but comprised 88.9% of children expelled, while Black children represented 23.6% of all children with completed BH cases, and 7.4% of those expelled. Of note, 7.3% of children were withdrawn from the center by the parent; some of these may have been "soft expulsions" where families felt pressured to leave, but this phenomenon was not specifically measured.
- Children referred for IECMHC rather than phone support or technical assistance were more likely to have "markers of complexity" including trauma, developmental delays, and more serious social-emotional concerns. Of the children who received IECMHC (n=204), teachers reported significantly decreased child behavior problems (with the effect driven by decreased conduct problems and hyperactivity) and increased child prosocial skills.

Abstract:

This program evaluation study describes 3 years of implementation of Arkansas's BehaviorHelp (BH) system, a statewide expulsion prevention support system for early care and education (ECE). BH coordinates three tiers of supports to ECE professionals, including phone support, on-site technical assistance (TA), and infant and early childhood mental health consultation (IECMHC). We examine differences in characteristics of those served across BH service tiers, describe short-term case outcomes, and explore factors associated with expulsions. BH accepted referrals for 1,195 children in 488 ECE programs. The majority of referrals involved male children over the age of three, and most cases were assigned to the TA tier (68.5%). Cases assigned to

receive IECMHC (28.4%) were more likely to involve children in foster care, receiving developmental therapies, and with higher rates of exposure to potentially traumatic events. The expulsion rate among referred children was 2.9%, and reported teacher engagement with the support process was high. Teachers receiving IECMHC services reported significant improvements in children's symptoms of emotional and behavioral problems. Exploratory analyses revealed that risk factors for expulsion included being a male, in foster care, in a lower quality ECE environment, and having a teacher with less training in social–emotional development.

Crusto, C. A., Whitson, M. L., Feinn, R., Gargiulo, J., Holt, C., Paulicin, B., Simmons, W., & Lowell, D. I. (2013). Evaluation of a Mental Health Consultation Intervention in Preschool Settings. *Best Practices in Mental Health, 9*(2), 1-21.

- This study reports outcome evaluation data from a pilot IECMHC program in Bridgeport, CT. This six-month approach to consultation was unique in its use of a universal screening measure of child protective factors—the Devereux Early Childhood Assessment—to select child-specific cases as well as the collection of parent-report data.
- The sample was comprised of 261 children ages 3 to 5 and 14 teachers from 15 preschool classrooms. In this sample, the children were 54% Black, 36% Latinx, 3.4% White, and 6.6% “Other/Unknown.” The teachers in this sample were 64% Black, 21% Latinx, and 14% White. The authors did not analyze the effects of IECMHC disaggregated by race/ethnicity.
- Before and after engaging in consultation, data were collected from parents and teachers on child protective factors and behavioral issues; teachers reported on their self-efficacy and satisfaction.
- Of note, this study indicated that those children with lower protective factors and/or higher behavioral concerns at baseline demonstrated significant improvement across all domains measured, with a large effect size, according to both parents and teachers. There were also positive universal effects for some subscales, only from the teacher perspective. Teachers reported increased self-efficacy and high satisfaction with the program.
- This study includes a program-specific theory of change.

Abstract:

A mental health consultation intervention implemented in fifteen preschool classrooms was evaluated to assess the impact of the services on children’s social-emotional outcomes and on teachers’ confidence to address the social-emotional well-being of young children, as well as teacher satisfaction with services received. The sample of 261 children (135 boys and 126 girls), primarily of racial/ethnic minority backgrounds, was assessed by their teachers and by their parents/caregivers using a standardized measure of child level protective factors (attachment, initiative, and self-control) and challenging/problem behaviors. All children showed improvements. Children with below average protective factors and/or significant behavioral concerns showed the greatest improvements, and teachers increased their confidence in their ability to address the socio emotional and/or behavioral needs of children in their classrooms. These positive changes indicate that addressing the social-emotional and behavioral needs of children through a continuum of classroom-wide and individual child/family strategies yields some benefits for all children.

Davis, A. E., Barrueco, S., & Perry, D. F. (2020). The role of consultative alliance in infant and early childhood mental health consultation: Child, teacher, and classroom outcomes. *Infant Mental Health Journal*. <https://doi.org/10.1002/imhj.21889>

- While other studies have investigated the consultant-consultee relationship in IECMHC (here referred to as consultative alliance), this study was the first to analyze the connection between the consultative alliance and pre-post changes.
- Findings were the result of secondary data analysis from a large dataset from a statewide ECE-based IECMHC program in the Southwest. These analyses used a subset of the full sample: 316 children (54.5 % White, 22.8% Latinx, 12.5% Black, 1.3% Asian American or Pacific Islander, 0.9% American Indian or Alaska Native, 7% Multiethnic, 0.6% “Other”), 289 teachers (59.7% White, 27.4% Latinx, 6.3% Black, 2.1% Asian American or Pacific Islander, 2.1% American Indian or Alaska Native, 2.4% “Other”), and 62 IECMH consultants (74.2% White, 14.5% Latinx, 6.5% Black, 3.2% Asian American or Pacific Islander, 0% American Indian or Alaska Native, 1.6% “Other”).
- Multilevel models were used to measure the relationship between a single-item consultant-reported measure of consultative alliance and change in a range of outcomes over the first six months of consultation.
- A higher score for consultative alliance after six months of IECMHC predicted greater improvement in the teacher-child relationship in the first six months of consultation. It also predicted greater improvement in classroom climate, teacher’s self-efficacy, and perceptions of their jobs. It did not predict teacher job stress, teacher-child conflict, child self-control, or child initiative. Analyses are not disaggregated by race/ethnicity here, but analyses exploring these relationships specifically for boys of color are reported in Davis et al. (2018).

Abstract:

Young children’s social-emotional development is powerfully shaped by their early environments, which for many includes early childhood education (ECE). Infant and Early Childhood Mental Health Consultation (IECMHC) pairs teachers and infant and early childhood mental health (IECMH) consultants to promote teachers’ capacity to foster positive social-emotional development in ECE. Although the outcomes of IECMHC have been well studied, little research has investigated how this model leads to changes for teachers and children. According to theory, the quality of the relationship between teachers and IECMH consultants, termed consultative alliance (CA), is a key mechanism of change. This study analyzed the role of CA on 6-month outcomes of IECMHC in a sample of 316 children, 289 teachers, and 62 IECMH consultants. Results from multilevel models suggested that stronger CA predicted greater improvements in teacher-child closeness and teacher-rated child attachment behaviors. In addition, a strong CA was related to greater improvement in classroom climate, teachers’ self-efficacy, and teachers’ perceptions of their jobs. This study upholds the centrality of relationship-building and parallel process in mental health consultation, and by advancing understanding of the mechanisms of change for IECMHC may provide salient implications for policy and practice.

Davis, A. E., Shivers, E. M., & Perry, D. F. (2018). Exploring Culture, Race, and Ethnicity in Early Childhood Mental Health Consultation: The Role of the Consultative Alliance. *Perspectives on Early Childhood Psychology and Education*, 3(2).

- By conducting secondary data analysis from the four-year program evaluation dataset from Arizona's IECMHC program, this investigation sought to investigate how two variables intersect to affect IECMHC outcomes: 1) race/ethnicity/culture and 2) the relationship formed in consultation between the IECMH Consultant and teacher, here termed the "consultative alliance."
- The sample was comprised of 316 children (54.5 % White, 22.8% Latinx, 12.5% Black, 1.3% Asian American or Pacific Islander, 0.9% American Indian or Alaska Native, 7% Multiethnic, 0.6% "Other"), 289 teachers (59.7% White, 27.4% Latinx, 6.3% Black, 2.1% Asian American or Pacific Islander, 2.1% American Indian or Alaska Native, 2.4% "Other"), and 62 IECMH consultants (74.2% White, 14.5% Latinx, 6.5% Black, 3.2% Asian American or Pacific Islander, 0% American Indian or Alaska Native, 1.6% "Other").
- By using multilevel modeling, the authors identified that the link between the Consultative Alliance and six-month improvement in key outcomes depended upon variables related to race, ethnicity, and culture. For instance, a stronger consultative alliance predicted greater improvement in teacher self-efficacy and teacher-child closeness only when the focus child was a boy of color. In addition, a stronger consultative alliance predicted greater improvement in classroom climate and child attachment behaviors only when the IECMH Consultant had expertise in cultural diversity.
- Broadly, these findings affirm the central role of consultative alliance between the teacher and IECMH consultant, and suggest that the alliance may be particularly impactful when it potentiates work that explores race, culture, and bias.
- In light of the salient race- and gender-based disparities in ECE expulsion, these findings begin to illustrate the role of IECMH Consultants and the relationships they form in leading to positive outcomes for boys of color and the teachers who care for them.

Abstract:

Young boys of color are at disproportionate risk for suspension and expulsion from child care indicating that race and culture may influence disciplinary decisions. It is therefore necessary to investigate efforts to mitigate expulsion risk as well as the potential role of race and culture in these efforts. Early Childhood Mental Health Consultation (ECMHC) has been shown to be associated with reduced rates of expulsion. Prior research indicates that the positive effects of ECMHC are influenced by a strong positive relationship between a consultant and an educator—a construct referred to by Davis (2018) as the Consultative Alliance (CA). The current study sought to expand upon these findings to assess whether variables related to race and culture affected the CA, ECMHC outcomes, and/or the link between the two. Participants were young children (n = 316, average age = 42 months), early educators (n = 289) and MHCs (n = 62) from child care centers in a southwestern state. Results of moderation analyses conducted within multilevel models indicated that, for some outcomes, the predictive power of CA was stronger when the focus child for mental health consultation was a boy of color, the consultant had self-reported expertise in cultural diversity, and the educator and consultant were racially/ethnically matched. Taken together, these results suggest that adding a cultural lens to our exploration of the effectiveness of ECMHC may enhance our understanding of how racial disparities in child care programs might be mitigated.

Denatale, L. M. (2013). Intersubjective Experience of the Infant and Early Childhood Mental Health Consultant-Program Administrator Consultee Relationship. *Infant Mental Health Journal, 34*(5), 470-482. doi: 10.1002/imhj.21403

- This qualitative, descriptive study expanded upon existing theory and data supporting the importance of the consultant-consultee relationship to specifically examine the relationship between the IECMH Consultant and the program administrator. Commonly, IECMHC studies investigate teacher perspectives and outcomes, and this study is unique in its focus on administrators, who have been shown to significantly influence the process of consultation as initial gatekeepers, decision-makers for program policy change, and models for staff in terms of social-emotional climate and openness to IECMHC. This work was grounded in intersubjectivity theory, which posits that each dyad continually co-creates its own reality as influenced by each participants' past and current experiences, forming an interactional space that is distinct from descriptions of either individual.
- The author conducted interviews with 10 consultants (90% White, 10% Latinx) and 15 program administrators (67% White, 13% Black, 13% Latinx, 7% "mixed race") who worked together in an Illinois-based program. A constructivist, grounded theory methodology was used. The results demonstrate the individuality of each dyad as well as common relational elements.
- Based on the interviews with consultants and administrators, a number of themes were identified in an iterative approach to coding. All consultants found engaging administrators to be, to some extent, challenging and dependent upon a positive consultant-consultee relationship. Administrators recognized the most important quality of a consultant is their expertise in infant mental health and child development. The intersubjective nature of their collaboration was affirmed by evidence that, as the administrator came to value the consultant more, the consultant felt more positively towards the administrator. Factors affecting the consultant-administrator relationship were identified as: personality, amount of time spent together, professional experience, culture, socioeconomic factors, and the larger system in which they were embedded.
- Recommendations were provided related to co-creation of IECMHC approach, consultant training, and considerations for consultant attributions about administrators.

Abstract:

Infant and early childhood mental health consultation has emerged as one of the most common and effective strategies for supporting young children's socioemotional development. A key contributing factor for successful outcomes with this approach is the mental health consultant-consultee relationship. However, there have been no in-depth qualitative studies to examine the intersubjective nature of the infant and early childhood mental health consultant-program administrator consultee relationship. In this study, 10 infant and early childhood mental health consultants and 15 program administrator consultees who worked together on the Erikson Institute-Illinois State Board of Education Infant and Early Childhood Mental Health Consultation Project were interviewed using qualitative, constructivist, grounded theory methodology. Results suggest that there are multiple internal and external factors that influence the consultant-administrator relationship, resulting in each relationship being a unique, co-created relationship while sharing similar overall characteristics. Although the relationship can be challenging, especially for consultants during the engagement process, through repeated interactions with each other over an extended period of time, consultants and administrators increasingly experience the relationship to be positive and transformative.

Similar to other studies on the early childhood mental health consultant-consultee relationship, it was found that there is a clear relationship between consultants' and administrators' perceptions of the relationship.

Gilliam, W. S. (2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. New York, NY: Foundation for Child Development.

<http://www.hartfordinfo.org/issues/wsd/education/NationalPreKExpulsionPaper.pdf>

- This landmark study was the first to provide national data on rates of prekindergarten expulsion. Specifically, results from a national study of 3,898 prekindergarten classrooms from 40 states revealed an expulsion rate of 6.67 children per 1,000 enrolled, a rate that is 3.2 times the rate of K-12 students.
- The sample was comprised of 5,117 children (48.4% White, 21.6% Black, 19.3% Latinx, 4.1% American Indian or Alaska Native, 3.5% Asian American or Pacific Islander, and 2.9% “Other/Multi-racial”) and 3,898 teachers (72.9% White, 12.2% Black, 8.1% Latinx, 3.0% American Indian or Alaska Native, 2.1% Asian American or Pacific Islander, and 2.0% “Other/Multi-racial”).
- Disaggregated analyses revealed the gender and racial disparities in prekindergarten expulsion; rates were highest for older, male, Black children. In terms of race/ethnicity, rates of expulsion were 10.04 per 1,000 for Black children, 6.81 per 1,000 for children whose race/ethnicity was “Other,” 5.77 per 1,000 for White children, 4.42 per 1,000 for Latinx children and 1.82 per 1,000 for Asian American children. Rates of expulsion for males were 10.46 per 1,000, whereas they were 2.26 per 1,000 for females. Rates of expulsion also increased incrementally for each year of child age.
- This study linked reduced expulsion with IECMHC, finding that likelihood of expulsion decreased when teachers had access to mental health consultation but did not examine its effects on racial disparities in expulsion.

Abstract:

Expulsion is the most severe disciplinary sanction that an educational program can impose. Results are reported from a national study of 3,898 prekindergarten classrooms (81.0% response rate), representing all of the nation’s 52 state-funded prekindergarten systems currently operating across 40 states. Weighted results indicated that 10.4% of prekindergarten teachers reported expelling at least one preschooler in the past 12 months, of which 19.9% expelled more than one. Nationally, 6.67 preschoolers were expelled per 1,000 enrolled. Although this rate for state-subsidized prekindergarten is lower than what has been previously reported for child care programs, the prekindergarten expulsion rate is 3.2 times the rate for K-12 students. Rates are reported for each of the states and state prekindergarten systems represented. Significant cross state variability in expulsion rates was found, possibly due in part to differences in how state prekindergarten systems are structured. Rates were highest for older preschoolers and children of color, and boys were over 4½ times more likely to be expelled than were girls. Expulsion rates were lowest in classrooms in public schools and Head Start and highest in faith-affiliated centers and for-profit child care. The likelihood of expulsion decreases significantly with access to classroom-based mental health consultation.

Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early childhood mental health consultation: Results of a statewide random-controlled evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry, 55*(9), 754-761. doi: <https://doi.org/10.1016/j.jaac.2016.06.006>

- The Connecticut's Early Childhood Consultation Partnership program conducted the second published randomized controlled trial (RCT) of IECMHC, and is the only RCT that solely investigated IECMHC rather than a hybrid approach (see Raver et al. 2008). This program provided classroom-based consultation for 4-6 hours per week for 8 weeks—a “dosage” that with a shorter total duration but more intensive time commitment per week than most IECMHC programs.
- The sample included 88 children in the control group (65.5% White, 14.9% Latinx, 10.3% Black, 3.4% Asian American or Pacific Islander, and 5.7% “Other”) and 88 children in the intervention group (56.8% White, 23.9% Latinx, 10.2% Black, 0% Asian American or Pacific Islander, and 9.1% “Other”). Further, there were 44 teachers in the control group (86.4% White, 6.8% Latinx, and 6.8% Black) and 44 teachers in the intervention group (77.3% White, 13.6% Latinx, and 9.1% Black).
- Relative to control children, children in classrooms receiving IECMHC showed significantly greater decreases in hyperactivity, restlessness, externalizing behaviors, problem behaviors, and total problems.
- There was no significant impact on expulsion risk or quality of child care environment. Authors did not analyze the effects of the intervention disaggregated by race, or examine the effects on racial disparities of expulsion risk.

Abstract:

Objective: Despite recent federal recommendations calling for increased funding for early childhood mental health consultation (ECMHC) as a means to decrease preschool expulsions, no randomized-controlled evaluations of this form of intervention have been reported in the scientific literature. This study is the first attempt to isolate the effects of ECMHC for enhancing classroom quality, decreasing teacher-rated behavior problems, and decreasing the likelihood of expulsion in targeted children in early childhood classrooms.

Method: The sample consisted of 176 target children (3-4 years old) and 88 preschool classrooms and teachers randomly assigned to receive ECMHC through Connecticut's statewide Early Childhood Consultation Partnership (ECCP) or waitlist control treatment. Before randomization, teachers selected 2 target children in each classroom whose behaviors most prompted the request for ECCP. Evaluation measurements were collected before and after treatment, and child behavior and social skills and overall quality of the childcare environment were assessed. Hierarchical linear modeling was used to evaluate the effectiveness of ECCP and to account for the nested structure of the study design. **Results:** Children who received ECCP had significantly lower ratings of hyperactivity, restlessness, externalizing behaviors, problem behaviors, and total problems compared with children in the control group even after controlling for gender and pretest scores. No effects were found on likelihood of expulsion and quality of childcare environment. **Conclusion:** ECCP resulted in significant decreases across several domains of teacher-rated externalizing and problem behaviors and is a viable and potentially cost-effective means for infusing mental health services into early childhood settings. Clinical and policy implications for ECMHC are discussed.

Goodson, B. D., Mackrain, M., Perry, D. F., O'Brien, K., & Gwaltney, M. K. (2013). Enhancing home visiting with mental health consultation. *Pediatrics*, *132*(Supplement 2), S180-S190. doi: <https://doi.org/10.1542/peds.2013-1021S>

- This article explains the integration of IECMHC into home visiting from a national perspective. Home visiting is a widespread, federally-funded, evidence-based set of interventions in which families vulnerable to toxic stress have ongoing in-home visits from their home visitor. Home visitors have expressed a need for more mental health training and resources, and in response it has become increasingly common for IECMH Consultants to work with home visitors to indirectly support their incorporation of a mental health perspective into home visits.
- The integration of IECMHC into home visiting varies. Broadly, the goal is to help home visitors recognize and support mental health needs in parents and children. Consultants work with home visitors in a range of ways; including consulting with home visitors about individual families; providing professional development on mental health topics, leading individual and group reflective supervision; and linking home visitors to mental health resources.
- Descriptive examples of such integrations are provided from Project LAUNCH grantees. Furthermore, a diagram of the presumed pathways through which IECMHC might enhance home visiting outcomes is provided alongside preliminary evidence for the effectiveness of related efforts to integrate home visiting and mental health services.
- It is critical for future research to explore the role of IECMHC for home visitors in enhancing equity in maternal and child health and mental health.

Abstract:

Home visiting programs have been successful in engaging and enrolling families who are at high risk for stress, depression, and substance abuse. However, many of these mothers may not be receiving mental health services because home visitors lack the knowledge and skills to identify mental health or determine how to appropriately address these problems. In response, a growing number of home visiting programs are expanding their capacity by integrating a mental health provider into their ongoing operations. This approach, referred to as early childhood mental health consultation, involves a partnership between a professional consultant with early childhood mental health expertise and home visiting or family support programs, staff, and families. This integrated model holds the promise of promoting parent and child behavioral health by enhancing the capacity of home visitors to identify and appropriately address the unmet mental health needs of children and families. The article highlights efforts under way in several federally funded Linking Actions for Unmet Needs in Children's Health Project sites where local programs are testing the effectiveness of this model.

Green, B. L., Everhart, M., Gordon, L., & Garcia Gettman, M. (2006). Characteristics of effective mental health consultation in early childhood settings: Multilevel analysis of a national survey. *Topics in Early Childhood Special Education, 26*(3), 142-152.
doi:10.1177/02711214060260030201

- This was the first study to investigate the role of the relationship between teacher and consultant.
- 655 Head Start staff members from 74 Head Start programs participated in a national survey. The Head Start staff were 51% White, 27% Black, 11% Latinx, and 8% “other ethnic backgrounds.” The IECMH Consultants were 61% White, 9% Latinx, 6% Black, and 11% “other ethnic backgrounds.”
- Hierarchical linear models demonstrated that teacher-reported quality of relationship with consultants significantly predicted teachers’ perceptions that consultation was effective at improving child internalizing, externalizing, and/or prosocial behaviors. Among other IECMH Consultant characteristics (race, education level, years with organization, hours of consultation provided per child, and private practice affiliation) only private practice affiliation predicted teachers’ perceptions of the impact of IECMHC.
- Frequency of consultation activities predicted perceived effectiveness, but this effect was non-significant when teacher-consultant relationships were included in the model. Private practice affiliation was also non-significant after including teacher-consultant relationships in the model. The role of racial/ethnic “match” between consultant and consultee was not examined. Mediation analyses suggested that teacher-consultant relationships may mediate the link between frequency of consultation activities and perceived effectiveness.
- The authors interpret the findings as suggesting that the most important characteristic of an IECMH Consultant is their ability to form positive collaborative relationships with program staff.

Abstract:

In response to (a) an increasing need to support children with emotional and behavioral challenges in childcare settings and (b) the high rates of expulsion among preschool children, mental health consultation in early childhood settings is becoming an increasingly popular intervention strategy. At the same time, there is little agreement or empirical evidence to help early childhood program managers and other professionals make decisions about the most important characteristics and services that mental health consultants should provide. The current study presents findings from a nationally representative survey of 74 Head Start programs and 655 Head Start directors, staff members, and mental health consultants to use in addressing this gap. Using Hierarchical Linear Modeling (HLM), the authors present results suggesting that the single most important characteristic of mental health consultants is their ability to build positive collaborative relationships with program staff members. The frequency of consultant activities was important, primarily because consultants who provided more frequent services were reported to have more positive relationships with staff members. These results were significant even after controlling for program-level characteristics, such as program size, budget for mental health services, and ratio of consultant hours to number of children.

Green, B. L., Malsch, A. M., Kothari, B. H., Busse, J., & Brennan, E. (2012). An intervention to increase early childhood staff capacity for promoting children's social-emotional development in preschool settings. *Early Childhood Education Journal*, 40(2), 123-132. <https://doi.org/10.1007/s10643-011-0497-2>

- This study evaluated a four-part program designed to strengthen the “mental health perspective” within Head Start centers. Specifically, this program aimed to: 1) help improve the quality of existing IECMHC services (without increasing the budget for consultation); 2) work with programs to develop a mental health-specific strategic plan; 3) train staff in early childhood mental health; and 4) provide wellness activities for staff. This is the only known study reporting a quality improvement effort for an existing consultation program.
- The authors worked with two Head Start programs to conduct a mixed methods pre/post design study that integrated staff surveys and qualitative interviews. Site A consisted of six centers in a rural and suburban area and served 312 children (52% White, 45% Latinx, 2% Black) and 98 staff members (race/ethnicity not provided). Site B consisted of nine centers in a rural area and served 284 children (75% White, 25% Latinx, 0% Black) and 103 staff members (race/ethnicity not provided).
- Each IECMH Consultant received individualized guidance from the authors, who identified an issue with their existing approach to consultation: over-reliance on child-level work at the expense of program-level work. From pre- to post-intervention, Head Start staff at both sites reported an increase in time spent on program-level consultation activities, and Site A staff also reported a significant increase in time spent on individual-focused consultation activities. Because consultants did not receive any additional funding over this time, it implies that consultants used their time more efficiently after implementing the suggested changes.
- Program managers provided qualitative feedback on this suite of supports, noting perceived benefits to staff wellness while also expressing concerns about sustainability and need for more intensive support than was feasible given time and money constraints.
- Survey responses demonstrated a significant increase in staff-reported knowledge about best practices in early childhood mental health approaches, a decrease in their levels of job-related stress, and increased perceived support from their programs.
- This study demonstrated the effectiveness of an approach to quality improvement for IECMHC, as well as related supports to elevate conversations about mental health in Head Start. When programs partnered with an “outside consultant,” they created space to reflect on mental health and wellness practices, thereby preparing program staff to make action independently.

Abstract:

This article describes the development, implementation, and outcomes of a pilot intervention designed to enhance preschool programs' ability to support children's social-emotional development. Working with two Head Start programs, the intervention included (1) restructuring existing early childhood mental health consultation services; (2) engaging programs in a mental health-specific strategic planning; (3) providing training to program staff in early childhood mental health best practices; and (4) implementing staff wellness activities to promote a healthy organizational culture. Research Findings: Results from quantitative staff surveys found significant improvement over time in terms of reduced staff stress, increased levels of

understanding of best practices in early childhood mental health, and more evidence of a shared understanding of how best to meet children’s mental health needs. Results were strongest for management and teaching staff, compared to other staff types. Practice Implications: Head Start and preschool programs may benefit from institutionalizing strategies to ensure that continued attention is paid to their program’s mental health services through ongoing strategic planning, supporting staff wellness, and by effective use of mental health consultants. Mental health consultants may be most valuable when they focus on capacity-building activities such as staff coaching and training, and working with management teams to ensure a collective “mental health perspective”.

Heller, S. S., Boothe, A., Keyes, A., Nagle, G., Sidell, M., & Rice, J. (2011). Implementation of a mental health consultation model and its impact on early childhood teachers' efficacy and competence. *Infant Mental Health Journal, 32*(2), 143-164. doi:10.1002/imhj.20289

- This paper describes implementation of a state-level program in Louisiana in which six months of IECMHC was provided to child care centers.
- The IECMH Consultants in Cohort 1 (n=12) and Cohort 2 (n=14) were 100% White. In Cohort 1 (n=511) the sample of teachers was 55% Black and 40% White. In Cohort 2 (n=649), the sample was 46% Black and 48% White (the race/ethnicity of the remaining participants was not provided).
- Overall, teachers demonstrated improved self-efficacy from pre- to post-intervention, as well as improved self-reported competency with social-emotional development and managing challenging behavior.
- The impact of IECMHC on teacher self-efficacy depended upon teacher age and level of experience, such that there was a greater impact for younger, less experienced teachers. The author did not examine how these effects may be moderated by teacher race.

Abstract:

Early childhood mental health (MH) consultants work closely with childcare teachers onsite to serve as a resource for childcare providers as they foster and enhance children's early development. The increase in the quality of care that can be supported through an early childhood MH consultation program makes this type of consultation an optimal tool for enhancing the childcare environment and overall child development. This article details the initial launch of the MH consultation program to childcare centers in the state of Louisiana. Analyses support the assertions that (a) a model of MH consultation can be implemented successfully at a statewide level, (b) MH consultation is associated with an increase in teacher self-efficacy, and (c) teachers' report that the MH consultation increased their competence in specific areas related to children's socioemotional development. Analyses indicate that there is a differential impact on teachers based on their age and level of experience. The clinical implications of these findings are discussed.

Heller, S. S., Rice, J., Boothe, A., Sidell, M., Vaughn, K., Keyes, A., & Nagle, G. (2012). Social-Emotional Development, School Readiness, Teacher-Child Interactions, and Classroom Environment. *Early Education & Development, 23*(6), 919-944.
doi:10.1080/10409289.2011.626387

- This IECMHC evaluation used a serial cohort research design to investigate the impact of six months of consultation (11-12 visits).
- 445 teachers from 158 child care centers participated. Teachers in Cohort 1 were 47% White and 50% Black, and in Cohort 2 they were 50% White and 46% Black (the race/ethnicity of the remaining participants was not provided).
- This study reported significant improvements in teacher-child classroom interactions as measured by a trained observer, controlling for a range of potentially confounding variables (e.g., teacher experience). Improvements to teacher-child classroom interactions included improvements to positive climate and regard for student perspective. The authors did not analyze the effects of IECMHC disaggregated by race/ethnicity.
- The authors highlighted that these findings were robust despite high turnover (35%) during the intervention period.

Abstract:

This article investigates the effectiveness of a statewide 6-month early childhood mental health consultation (ECMHC) model on teachers' emotional support of children and classroom organization. We provide a brief historical and theoretical background of the field of ECMHC, present the logic model for our ECMHC intervention, and discuss the existing research that supports this logic model. **Research Findings:** Participants included 445 teachers from 158 child care centers statewide. The mental health consultation improved the quality of early childhood teachers' interactions (e.g., emotional support and classroom organization) with children in their care. Teachers with more experience and more than a high school degree tended to score higher on many of the Classroom Assessment Scoring System (R. C. Pianta, K. M. La Paro, & B. K. Hamre, 2008) dimensions. **Practice or Policy:** This study demonstrates that mental health consultants can partner successfully with early childhood educators and provide support that enhances classroom variables associated with high-quality care and positive child outcomes. Even with a high rate of teacher turnover (35%), significant differences were found; this demonstrates the robustness of the ECMHC model in that the effectiveness of this model was not undermined by the chronic problem of staff turnover.

Hepburn, K. S., Perry, D. F., Shivers, E. M., & Gilliam, W. S. (2013). Early childhood mental health consultation as an evidence-based practice: Where does it stand. *Zero to Three*, 33(5), 10-19.

- As part of the special issue of the *Zero to Three* journal dedicated to IECMHC, the authors profiled evaluation procedures and findings from seven well-established state-level IECMHC programs (Arizona, Arkansas, Connecticut, District of Columbia, Louisiana, Maryland, and Michigan).
- The authors aligned findings from each of the seven programs with the existing literature reviews (Brennan et al., 2008 & Perry et al., 2010), detailing significant and non-significant results across the following domains: reductions in children's challenging behaviors; improvements in children's prosocial behaviors; reduced expulsions; improvements in teachers' efficacy/confidence; improved teachers' skills; reduced teacher stress and turnover; teacher-child interactions; and improved classroom climate. Demographic information from the completed program evaluations were not provided, and the authors did not analyze the evidence for IECMHC disaggregated by race/ethnicity.
- In addition to synthesizing outcomes for IECMHC, the authors provide helpful reference for evaluators or consumers of program evaluation, including: a common definition of IECMHC, a description of the role of a theory of change, and a table of commonly used outcomes measures.

Abstract:

This article reviews the current evidence base for the effectiveness of early childhood mental health consultation (ECMHC). Comprehensive program evaluations of ECMHC include a number of elements such as a theory of change, a defined program logic model, and tools to measure outcomes at multiple levels: child, teacher, classroom, program, and family levels. Seven statewide programs with strong program evaluations illustrate current research efforts and contributions to the evidence base.

Hoover, S. D., Kubicek, L. F., Rosenberg, C. R., Zundel, C., & Rosenberg, S. A. (2012). Influence of behavioral concerns and early childhood expulsions on the development of early childhood mental health consultation in Colorado. *Infant Mental Health Journal, 33*(3), 246-255. doi: <https://doi.org/10.1002/imhj.21334>

- This article reports the findings from a survey of licensed childcare providers in Colorado. Survey questions investigated providers experiences with and responses to challenging child behaviors. This survey contributes to the literature base by unpacking the issue of expulsion based on child behavioral concern, child care setting, provider qualifications, and access to IECMHC. In particular, the contrast of family child care and child care centers is unique, because the majority of research focuses on child care center.
- Surveys were sent to all licensed and license-exempt providers in the state; the 17% response rate translated to a sample of 1,075 respondents (534 from child care centers and 541 from family child care homes). The providers surveyed cared for 48% of all children in licensed childcare in the state. Demographic information was not provided.
- Respondents indicated that 11% of the children in their care under age 6 exhibited challenging behaviors (9% of children in child care centers and 27% of children in family child care homes). The three most common challenging behaviors were irritability, physical aggression, and attention-seeking/demanding. The most commonly-endorsed responses to challenging child behaviors were: talking to the child; redirecting; and time-out. Half of providers indicated that behaviors were having a negative impact on the wellbeing of the staff.
- The rate of removals from the child care setting were 10 per 1,000, with most common issues being aggression, defiance, and anger/irritability. In family child care homes, removals were more common when providers had 5 or fewer years of experience and educational attainment below a Master's degree. Among family child care homes that had expelled a child in the prior 12 months, providers with access to clinical support had lower rates of expulsion than providers without support. Disparities in removals based on child race/ethnicity, gender, age, disability, and other variables were not explored.
- Based on the results of this survey, the authors advocated for: expanded access to and statewide infrastructure for IECMHC; resources for training and sustaining the IECMH Consultant workforce; and increased emphasis on serving family child care homes.

Abstract:

This article examines how the Colorado study *Children With Social, Emotional and Behavioral Concerns and the Providers Who Support Them* (S.D. Hoover, 2006) was used to advance a statewide agenda for early childhood mental health consultation in Colorado. The study involved a survey of licensed childcare providers throughout the state asking about the behavior of children in their care and their responses to that behavior. Exclusion of children from early care and education settings due to challenging behavior was found to be a significant problem taking a toll on families, children, and early care and education providers. Importantly, results from the survey indicated that the rate of exclusion of children from care due to challenging behavior was lower for family childcare providers who had access to mental health consultation. Recommendations are offered regarding the infrastructure needed to sustain mental health consultation capacity in early care and education settings, and related policies and practices.

Johnston, K., & Brinamen, C. F. (2012). The consultation relationship—From transactional to transformative: Hypothesizing about the nature of change. *Infant Mental Health Journal*, 33(3), 226-233. doi: <https://doi.org/10.1002/imhj.21332>

- This descriptive article builds upon the authors' 2006 book, *Mental Health Consultation in Childcare: Transforming Relationships among Directors, Staff and Families*, in which they define the Consultative Stance and its ten tenets. The Consultative Stance is defined as the IECMH Consultant's "way of being" in the role and includes: the centrality of relationships; parallel process as an organizing principle; avoiding the position of the expert; mutuality of the endeavor; understanding another's subjective experience; considering all levels of influence; hearing and representing all voices; wondering instead of knowing; patience; and holding hope.
- When IECMH Consultants effectively embody the Consultative Stance, they are thought to create the conditions needed for a high-quality relationship with adult consultees. Consultant-consultee relationships are theorized to be a crucial mechanism of change in consultation, catalyzing positive impacts for adults and, indirectly, children. In this article, the authors expand upon that premise, hypothesizing about the characteristics of the relationships that trigger "transformational" processes in consultation, connecting to clinical practice and to infant mental health theory.
- The authors describe and illustrate the application of the consultative stance as a way for consultants to convey authentic caring and genuine compassion and allow for shared vulnerability. The authors briefly discuss the role of this stance in promoting equity and addressing power dynamics, though more writing about the role of race/ethnicity and culture is needed in future articles. The authors emphasize the power of attuned relationships to bring about change for the consultee, and to indirectly affect young children by providing a model for positive relationships that the consultee can then recreate in interactions with young children.

Abstract:

Increasing numbers of young children with significant social and emotional difficulties are being identified in childcare settings. Early Childhood Mental Health (ECMH) Consultation has been identified as a promising practice in stemming the tide of this troublesome trajectory. While ECMH Consultation is credited with promoting children's positive development, diminishing difficult behaviors, and reducing expulsion rates, the mechanisms of this transformative process are only beginning to be investigated. Recent research cites the salience of the relationship between a consultant and consultee as the central contributor to positive change in childcare-center climate and child outcomes. This article delineates characteristics of a beneficial consultative relationship and postulates the clinical process by which change in childcare providers' behavior occurs as a result of having experienced such a relationship. Paralleling the traits of contingent caregiving, the consultative stance, a posture of mutuality, reciprocity, and positive regard creates an intersubjective space for reflection, repair, and, when necessary, adaptation. Based on perceptual shifts or expansions, the providers' attitude and approach toward children in their care is amended, in turn promoting positive change in the child and classroom atmosphere.

Kaufmann, R. K., Perry, D. F., Hepburn, K., & Duran, F. (2012). Assessing fidelity for early childhood mental health consultation: Lessons from the field and next steps. *Infant Mental Health Journal, 33*(3), 274-282. <https://doi.org/10.1002/imhj.21337>

- This is the only article dedicated to the concept of assessing fidelity to an IECMHC approach—e.g., the extent to which consultants and programs are implementing IECMHC as designed and intended. The authors describe how evidence for fidelity to a particular approach is essential for being considered an evidence-based practice, which has implications for funding opportunities and policies. Measuring fidelity in IECMHC has been complicated by the fact that each program (and to some extent, each consultation case) is individualized to suit the context, culture, and fiscal realities of the locality, state, or tribe, and as such IECMHC does not have one manual describing a singular approach.
- The article summarizes key findings from a comprehensive national scan conducted by the Georgetown University Center for Child and Human Development (the full “What Works?” report by Duran et al. (2009) is available on iecmhc.org). By interviewing staff, consumers, and administrators involved in high-quality IECMHC programs across the country, the elements needed for an effective IECMHC program were identified, and then summarized in an often-reproduced figure. This article breaks down individual elements that comprise each of the three core program components (strong program infrastructure, highly qualified consultants, high-quality services) and provides examples of how programs assess fidelity to each element. This insight into well-established programs would benefit any program seeking to align with IECMHC best practices and then to develop the capacity to assess their fidelity. However, additional work is needed to more explicitly incorporate equity into program development and fidelity monitoring.

Abstract:

Early childhood mental health consultation (ECMHC) has become a common approach to delivering mental health services and supports for young children, their families, and the early care and education community. While many states and communities are implementing some form of ECMHC, the evidence base is still developing. One obstacle to building a rigorous evidence base has been a lack of focus on fidelity measurement, and one barrier to fidelity assessment has been a lack of a common framework for the essential components of effective ECMHC. This article briefly summarizes the development of a conceptual model for effective ECMHC based on a qualitative study of six ECMHC programs with positive outcomes (F. Duran et al., 2009). The common components and processes derived from those six programs are then used to articulate an approach for operationalizing fidelity. Specific examples of strategies used to support fidelity by three of the six programs are highlighted. We close with a discussion of the implications of these approaches and suggestions for next steps in defining a consensus-based model for measuring fidelity to ECMHC services.

Kniegge-Tucker, K., Yuma, P., Caplovitz-Barrett, K., & Miles, B. (2020). Early childhood mental health consultation: Care providers' experiences of the consultative relationship. *Infant Mental Health Journal*. <https://doi.org/10.1002/imhj.21865>

- In ECE settings, teacher readiness for consultation and openness to new practices are thought to play a major role in IECMHC outcomes, but few studies have investigated teacher experiences of IECMHC using qualitative methods.
- Eight childcare teachers (100% female, race/ethnicity not reported) in rural Colorado who participated in IECMHC were interviewed about their perceptions of consultation.
- Qualitative data were analyzed using a grounded theory approach. Themes were organized into two main categories: progression of the consultative relationship and benefits of consultation.
- In interview responses, participants described initial hopefulness as well as hesitance in consultation, then described developing trust with the consultant. Teachers stated that they found consultation helpful for children as well as themselves, valuing having a place to speak freely, self-reflect, and process challenges. The authors highlighted the importance of clear expectations regarding the indirect nature of consultation to avoid teacher frustration that the consultants are not more hands-on.
- The role of consultant and consultee race and cultural norms was not explored, and the authors noted that these topics should be explored in future studies with larger samples representing a range of racial/ethnic groups.
- Overall consistency and emotional responsiveness in consultation helped build a positive consultative relationship between the teacher and consultant and promote positive outcomes. These findings align with the consultative stance and can be used to help consultants understand teachers' experiences and reactions to their work together.

Abstract:

This article presents findings from a qualitative research study exploring child care teachers' experiences receiving early childhood mental health consultation (ECMHC). As an emerging intervention in early childhood education, ECMHC is already yielding promising results, namely in helping teachers better address challenging behaviors in their classroom and promote a more nurturing classroom environment. However, there remains a lack of personal testimony from teachers who receive this intervention. Considering that teachers are the primary focus of most ECMHC interventions, the purpose of this study was to examine child care teachers' personal experiences receiving consultation. Eight child care teachers were interviewed for this study. Results from this study illuminate key interpersonal processes in the development of the consultant-consultee relationship, indicate what teachers consider to be the most helpful components of consultation, and speak to the challenges that teachers experience in consultation. By examining the personal testimony of child care teachers who have received ECMHC services, consultants and researchers can consider ways to expand and improve future implementation of ECMHC.

Lambarth, C. H., & Green, B. L. (2019). Exploring a model for infant and early childhood mental health consultation in early childhood home visiting. *Infant Mental Health Journal, 40*(6), 874-888. doi: <https://doi.org/10.1002/imhj.21818>

- There is very little published data on the intersection of IECMHC and home visiting, despite the proliferation of this practice as a support for the professional development of home visitors and their supervisors in the domains of mental health and reflective practice.
- This article reported results of a pilot study of a program implementing a hybrid of IECMHC and Early Childhood Positive Behavior Intervention and Supports (ECPBIS) into a home visiting program, Healthy Families America. In this program, IECMH Consultants provided home visitors and supervisors with training (on ECPBIS, staff wellbeing, and other topics), reflective supervision, case consultation, resource sharing, and limited direct contact with families (e.g., Incredible Years parent training groups).
- 12 home visitors (59% White, 24% Latinx, 18% Black) participated in a 24-month mixed methods study. Quantitative outcomes included significant improvements in: home visitor knowledge of child and adult mental health (but not her sense of efficacy in those domains), home visitor confidence in partnering with parents, and leadership around mental health issues. There was no significant effect on home visitor stress. The authors did not measure changes in home visitor knowledge of issues of cultural and linguistic diversity, equity, or biases.
- In focus groups, home visitors affirmed their satisfaction with and perceived benefit of reflective supervision, ECPBIS approaches, and MHC direct contact with families (which was seen to reduce families' barriers to mental health services). There was a reported increase in ability to discuss and validate mental health difficulties with parents. Home visitors wished for more time with the consultant and reported that relationship-building with the consultant was slow given lack of clarity about her role and expectations for their partnership, as well as protectiveness of families' privacy.

Abstract:

Home-visiting programs have experienced a rapid expansion as a strategy for providing support to vulnerable families with young children. As the evidence base for home-visiting effectiveness has grown, the need for providing additional support to home visitors in addressing attachment issues and working with families with mental health concerns has become clear. One model for providing this support is Infant and Early Childhood Mental Health Consultation (IECMHC). This study contributes to the nascent evidence base for mental health consultation in home-visiting programs, and describes the results from a pilot study of a model that incorporates another evidence-based approach to early childhood mental health, Early Childhood Positive Behavior Intervention and Supports (ECPBIS) as a framework for consultation. We present data collected in a pilot project implementing an IECMHC-ECPBIS model within a Healthy Families America home-visiting program, including a description of the approach and home-visiting staff outcomes over a 24-month period. Home visitors reported significant increases in knowledge of children's mental health, knowledge of adult mental health, confidence in involving parents as partners, and program leadership around addressing early childhood mental health issues. Program and staff benefits suggest promise for this enhanced home-visiting program model.

Perry, D. F., Allen, M. D., Brennan, E. M., & Bradley, J. R. (2010). The evidence base for mental health consultation in early childhood settings: A research synthesis addressing children's behavioral outcomes. *Early Education & Development, 21*(6), 795-824.
doi:10.1080/10409280903475444

- This paper is the only research synthesis for child-level outcomes in IECMHC. The 14 studies included were peer-reviewed, used a randomized-control trial design, and/or used a comparison group. Across studies, IECMHC program design ranged in variables such as consultant professional qualifications and frequency/duration of consultation services, but all were based in early education settings. A qualitative content analysis approach was used.
- Demographic information for each study was presented in a table unless it was excluded from the original article, but overall demographic information for the 14 studies was not calculated. Study samples varied; some included primarily White children, while others were primarily Black children or children of color.
- Consistently, IECMHC was associated with reductions in teacher-rated externalizing behaviors (12 out of 13 studies) and improvements in teacher-rated prosocial capacities (8 out of 9 studies). Findings regarding reductions in internalizing behaviors were mixed (3 out of 6 studies). Findings were not disaggregated by child demographics.

Abstract:

Research Findings: Early childhood mental health consultation aims to reduce problem behaviors and improve social skills in young children primarily through changes in the classroom environment and teacher practices. We conducted a systematic review of the literature and identified 14 rigorous studies that reported on child-level outcomes. These studies had at least one of the following characteristics: publication in a peer-reviewed journal, use of a randomized control trial design, or inclusion of a comparison group. Across these studies, there was variation in the approaches to consultation, qualifications of the consultants, and intensity of the services provided. Overall, early childhood mental health consultation services were consistently associated with reductions in teacher-reported externalizing behaviors. Findings related to reductions in internalizing behaviors were mixed. Teacher ratings of prosocial behaviors were improved in the majority of the studies that reported on this domain. **Practice or Policy:** This research synthesis underscores the importance of documenting the specific approaches to early childhood mental health consultation that are being implemented to allow for replication of effective models. Areas for future research improvement include increasing rigor through studies that contain independent assessments of children's behaviors, isolating key components of effective consultation, and identifying consultant qualifications and characteristics that lead to child behavior changes.

Perry, D. F., & Conners-Burrow, N. (2016). Addressing early adversity through mental health consultation in early childhood settings. *Family Relations, 65*(1), 24-36.

DOI:10.1111/fare.12172

- This article is the first to explicitly bridge two highly related fields of empirical study that are often discussed separately: IECMHC and early adversity. Research affirms that strong relationships with one or more supportive caregivers may buffer a child from the negative developmental impacts of toxic stress, and that a child may form attachments not only to primary caregivers but also to other adults such as childcare providers. IECMHC is a support for caregivers in strengthening relationships with young children in early childhood settings.
- This article provides an overview of the evidence on the impact of early adversity on development, as well as an overview of IECMHC as a support for caregivers in settings that serve young children, many of whom have experienced at least one Adverse Childhood Experience. In addition, the authors describe how, further along a continuum of care, two mental health treatments to address early trauma symptoms and enhance relationships are Child-Parent Psychotherapy (CPP) and Parent-Child Interaction Therapy (PCIT).
- The authors provide two examples of IECMHC programs (one in childcare and one in home visiting) to illustrate the alignment between IECMHC and the promotion of resilience among young children.
- Arkansas' Project PLAY program was designed with an emphasis on promoting equity because it prioritized the provision of IECMHC for childcare settings in which one or more children in foster care were enrolled, and had a central goal of building or enhancing trauma-informed classrooms. Specifically, IECMH Consultants worked to: help teachers reflect on the manifestations of trauma; promote attuned, responsive caregiving styles; increase the predictability and stability in the classroom; and structure partnerships with child welfare. The data reflected improved teacher interaction styles and classroom climate.
- Next, across multiple Project LAUNCH sites, IECMH Consultants have been incorporated to provide a needed mental health perspective for home visitors, who often interact with parents and children who have experienced one or more potentially traumatizing events. In addition, home visitors interact with many parents who have significant untreated depressive symptoms that may interfere with parenting or compliance with the home visitors' recommendations. IECMH Consultants help home visitors understand and meet the complex mental health needs of their families through: individual and group reflective supervision; case consultation; training; co-facilitated visits; and in some cases, short-term therapy.

Abstract:

The science of early childhood adversity has advanced in recent years, documenting long-term consequences of exposure to traumatic events and toxic stress for health and development. Sequelae of toxic stress exposure can be mitigated by the buffering effect of a caregiver who can help young children manage their reactivity to these early stressors. Interventions are needed to build the capacity for caregivers (including the early childhood workforce) to build resilience in young children exposed to early adversity. This article shares best practices from the field of early childhood mental health consultation (ECMHC) as a strategy to help reduce the impact of stressors on young children. ECMHC embedded with child care, focused on children in foster care, and lessons learned from early work on ECMHC in home visiting are highlighted as examples of interventions to build the buffering capacities of important adults in children's lives. Policy recommendations

are offered for integrating mental health services into early childhood settings to build resilience in high-risk children and families.

Perry, D. F., Dunne, M. C., McFadden, L., & Campbell, D. (2008). Reducing the risk for preschool expulsion: Mental health consultation for young children with challenging behaviors. *Journal of Child and Family Studies, 17*(1), 44-54. doi: <https://doi.org/10.1007/s10826-007-9140-7>

- This study investigated outcomes from a 3-month ECE-based IECMHC program in a suburban county in Maryland using a pre-post design.
- 150 children were identified as at-risk for expulsion prior to engaging in IECMHC. Over three-quarters (78%) of the children were boys. The majority of the children served were White (77%), 15% were Black, 6% selected "Other", and 2% were Latinx.
- After IECMHC, children demonstrated statistically significant reductions in externalizing behavior and improvements in social skills, as rated by their teachers.
- Of the at-risk children, 79% were retained in their ECE setting, and only 13 were dismissed because of their behavior (13 were withdrawn voluntarily for reasons including family relocation and 2 upon recommendation for transition from behavior specialist after poor staff implementation of consultant's recommendations).
- While many demographic variables were investigated as possible predictors of expulsion, the only significant predictors were: having more than one presenting problem; having a mother with 12 or fewer years of education; being younger than the average child age; receiving consultation in this program's first year; and presenting with externalizing behaviors. In contrast to Gilliam (2005), likelihood of expulsion was not associated with child race/ethnicity, though this may reflect the limited inclusion of children of color in the sample.

Abstract:

Increasing numbers of young children are being expelled from child care settings because of their problem behavior. Access to mental health consultation is related to lower rates of expulsion, but additional data are needed to document the pathways through which mental health consultation reduces the risk of expulsion. We report on outcomes from a 4-year project designed to reduce the number of children expelled for problem behavior in a large suburban county in Maryland. Two master's-level professionals provided behavioral consultation to child care providers who identified nearly 200 children at imminent risk for expulsion. Child care providers rated children's social skills and problem behaviors at referral and discharge using the Preschool Kindergarten Behavior Scales and the Brief Infant Toddler Social Emotional Assessment. Statistically significant increases in social skills and reductions in problem behaviors were seen for children who received individualized consultation. More than three-quarters of the children who were at risk for expulsion were able to be maintained in their current child care placement; of those that changed placements, only half ($n = 13$) were removed involuntarily. These findings provide additional support for mental health consultation as a promising strategy to reduce the risk for expulsion for young children with problem behaviors.

Perry, D. F., Holland, C., Darling-Kuria, N., & Nadiv, S. (2011). Challenging Behavior and Expulsion from Child Care: The Role of Mental Health Consultation. *Zero to Three*, 32(2), 4-11.

- To better understand the phenomenon of preschool expulsion and how IECMHC may help prevent it, the authors gathered qualitative data to investigate 20 instances of expulsion and to explore factors leading to that decision.
- Respondents were consultants (n=20), child care program directors (n=7), child care providers (n=5), and parents (n=2) who were part of Maryland's statewide IECMHC program. Demographic information was not provided for the respondents. While full demographic information was not provided regarding the children who had been expelled, the authors noted that most of the children were 3- or 4-year-old White boys.
- At the child level, interviews revealed that risk factors for expulsion were: externalizing behaviors that posed a safety risk and/or drew attention from other children's parents; mental health or developmental issues; and challenges with the child's family including recent stressors, inconsistent behavior management, and limited communication and engagement with school staff.
- At the program level, risk factors for expulsion were: unstructured/chaotic physical environments, high child-caregiver ratios, lack of daily routines, and resistance to new strategies.
- The authors illustrate these accumulating risk factors with a vignette and describe the role of IECMHC in addressing these risk factors and preventing expulsion.

Abstract:

Preschool children are being expelled from child care programs at an astonishing rate, often because of challenging behaviors such as aggression, tantrums, and noncompliance. Teachers say they need more training in how to manage these behaviors in child care settings. Early childhood mental health consultation (ECMHC) has been shown to build provider's capacity to better cope with challenging behavior. This article describes the lessons learned from interviews about 20 children receiving ECMHC who nonetheless exited their child care settings because of behavioral concerns. The authors outline the common characteristics of children at risk for expulsion, as well as the common characteristics of programs that may exacerbate challenging behaviors. A discussion of how ECMHC can help reduce the risk for expulsion is included along with a detailed list of specific strategies consultants recommended for use with teachers.

Raver, C. C., Jones, S. M., Li-Grining, C. P., Metzger, M., Smallwood, K., & Sardin, L. (2008). Improving preschool classroom processes: Preliminary findings from a randomized trial implemented in Head Start settings. *Early Childhood Research Quarterly, 23*(1), 10-26. doi:10.1016/j.ecresq.2007.09.001

- This study investigated an integrated IECMHC and teacher training program in Head Start called the Chicago School Readiness Project (CSRP). This program was offered to Head Start programs in high-poverty neighborhoods, and 18 sites self-nominated to receive the CRSP.
- The Chicago School Readiness Project included four sequential components: an initial teacher training, mental health consultation geared towards supporting classroom strategies, stress-reduction focused consultation, and one-on-one child-focused consultation.
- The CSRP was evaluated using a clustered randomized controlled design with conservative intent-to-treat hierarchical linear models.
- Among the 90 teachers in the sample, 70% were Black, 20% were Latinx, and 10% were White. In their classrooms, 67% of children were Black and 26% were Latinx, with 20 classrooms of racial compositions greater than 80% Black and five classrooms greater than 80% Latinx.
- Classrooms receiving IECMHC demonstrated greater improvement than in control classrooms for positive classroom climate, teacher sensitivity, and behavior management practices. Findings were not disaggregated by race/ethnicity, although the authors reported that child race/ethnicity did not predict rates of attrition from the study.

Abstract:

A primary aim of the Chicago School Readiness Project was to improve teachers' emotionally supportive classroom practices in Head Start-funded preschool settings. Using a clustered randomized controlled trial (RCT) design, the Chicago School Readiness Project randomly assigned a treatment versus control condition to 18 Head Start sites, which included 35 classrooms led by 94 teachers who served 602 children. Teachers in the treatment condition were invited to participate in behavior management training and their classrooms were visited weekly by mental health consultants who "coached" teachers as they implemented behavior management strategies. Estimation of hierarchical linear models revealed that the multi-component intervention provided statistically significant benefits: Head Start classrooms randomized to the treatment condition were found to have statistically significantly higher levels of positive classroom climate, teacher sensitivity, and behavior management than were classrooms in the control condition (with effect sizes ranging from $d = 0.52$ to 0.89). Discussion of these findings reflects on policy implications and future research.

Shamblin, S., Graham, D., & Bianco, J. A. (2016). Creating trauma-informed schools for rural Appalachia: The partnerships program for enhancing resiliency, confidence and workforce development in early childhood education. *School Mental Health, 8*(1), 189-200. doi:10.1007/s12310-016-9181-4

- This article reports on outcomes from a multi-tiered program designed to create trauma-informed schools and promote resilience among young children in rural Appalachia, an area with pervasive poverty and childhood trauma exposure with very limited access to mental health resources. The program integrated the relational, capacity-building approach of IECMHC with specific trauma-related workforce development to promote healthy relationships and environments to foster learning and self-regulation in children. The three-tiered model included universal workforce development training and universal teacher/classroom consultation and curricula; targeted consultation for young children with behavioral concerns; and mental health treatment services (as depicted in the article's logic model).
- Data were collected in the fall and spring of one academic year from 11 preschool classrooms, 11 teachers, and 217 children. Child-level data were analyzed in contrast with a pre-existing comparison group of 550 children receiving as-needed consultation services in Head Start. Demographic data were not collected; the authors stated that the sample reflected the population, which was predominantly White and considered homogenous in terms of race/ethnicity.
- At the classroom level, the Preschool Mental Health Climate Scale was analyzed and demonstrated a significant reduction in Negative Attributes, but not Positive Attributes. At the teacher level, results from the Teacher Opinion Survey demonstrated a significant increase in teachers' confidence and competence. At the child level, results from the Devereux Early Child Assessment demonstrated higher Initiative, Attachment, and Self-Control scores for children in the program at the end of the year relative to the comparison group. Findings were not disaggregated by race/ethnicity.

Abstract:

Poverty, lack of resources, and pervasive adversity threaten the healthy social and emotional development of many children living in rural Appalachia. Despite these traumatic stressors, however, Appalachian residents have proven surprisingly resilient and responsive to intervention. This article describes the twin efforts of the Partnerships Program for Early Childhood Mental Health and Project LAUNCH, a community-university-state initiative, to transform school systems by establishing enduring partnerships within and across schools and agencies, pooling and disseminating critical resources, and strengthening the skills, confidence and capacity of the early childhood education workforce. This article describes the three-tiered framework of services implemented at the schools, with special emphasis on its trauma-informed training for educators combined with trauma-specific mental health interventions delivered on site. Despite a modest sample size, results indicate significant pre-improvement/ post-improvement in teacher confidence and hopefulness in positively impacting challenging child behaviors; a decrease in the negative attributes of the preschool learning environment; and increased teacher ratings of child resilience as measured by the Devereux Early Child Assessment. Program limitations and future directions for creating trauma-informed Appalachian schools are discussed.

Silver, H. C., & Zinsser, K. M. (2020). The Interplay among Early Childhood Teachers' Social and Emotional Well-Being, Mental Health Consultation, and Preschool Expulsion. *Early Education and Development*, 1-18. <https://doi.org/10.1080/10409289.2020.1785267>

- The study reported findings from a survey of teachers from 75 centers in the Chicago metropolitan area, where state legislation has placed limits on preschool expulsion. Survey distribution used purposive sampling methods to capture the demographic variability in Chicago. In the sample of 124 teachers, 41.1% were White, 39.6% Latinx, and 21.8% Black.
- This study investigated the relationship between ECE teachers' social-emotional functioning and environments and the likelihood that they would request that a child in their care be expelled.
- A significant finding of this study was that teachers with higher depression scores were more likely to have requested at least one expulsion in the past year. However, the impact of depression on expulsion requests depended upon whether teachers had access to consultation in the past 12 months, such that consultation attenuated the link between depression and expulsion requests. These results were not disaggregated by race/ethnicity, though they held true even after controlling for neighborhood racial composition and income level.
- Interestingly, teacher's self-reported emotional intelligence, perceptions of their students' externalizing behaviors, and center climate were not significantly associated with likelihood of expulsion requests.
- These findings are the first to illustrate the role of IECMHC in attenuating the link between teacher's depression and the impact on exclusionary discipline.

Abstract:

The present study examines the associations between various elements of a teacher's social-emotional well-being and context and her requests for the permanent removal of a child from her classroom. Specifically, the current study explores teachers' perceptions of their emotional intelligence, levels of depression, classroom-level externalizing behaviors, and center climate. Using self-report survey data from teachers at community-based preschools in a large Midwestern city (N = 124), logistic regressions predicting teachers' expulsion requests shed light on associated factors. Findings indicate that teachers with greater levels of depression are more likely to request that a child be expelled from their care but that this association is attenuated by their centers' utilization of infant/early childhood mental health consultation services. Teacher-reported emotional intelligence, perceptions of their students' externalizing behaviors, and center climate were not significantly associated with expulsion requests. Practice or Policy: This study contributes to our growing understanding of two pressing issues in early childhood education: teacher well-being and exclusionary discipline. Findings suggest that attending to teacher mental health and early childhood mental health consultants may be important in reducing rates of exclusionary discipline in early education settings.

Silverman, M. E., & Hutchison, M. S. (2019). Reflective capacity: An antidote to structural racism cultivated through mental health consultation. *Infant mental health journal, 40*(5), 742-756. <https://doi.org/10.1002/imhj.21807>

- This article is unique in that it describes an IECMHC program for perinatal service systems. Designed to enhance reproductive justice, the Infant-Parent Program at the University of California, San Francisco (UCSF) provided mental health consultation for nurses and midwives serving vulnerable populations of women who are affected by structural racism in the healthcare system at high rates.
- The authors defined reproductive justice and described the ways in which peripartum women - particularly those with intersecting risk factors such as mental health issues, social isolation, and legal involvement - may experience bias, racism, and/or oppression in the healthcare system.
- In consultation to hospital-based midwives and to home visitors in the Nurse-Family Partnership (NFP) program, IECMH Consultants' "use of self" builds provider capacity to self-reflect, form secure relationships, co-regulate, and be emotionally vulnerable. In building capacity to hear, empathize with, and hold emotion, the nurse or midwife is better able to see, validate, and support women's experiences of racism and oppression, while also recognizing and addressing their own implicit biases in reaction to the women. In case conferences, the consultant models conversations about trauma, race, and bias for providers. By intentionally holding and validating providers' reactions non-judgmentally, consultants create a parallel process in which their relational stance is carried forward to the providers' relationships with the women served.
- The authors articulated the individual, systems, and structural impacts of consultation. At the individual level, providers were able to build more authentic relationships and recognize and address issues of racism, bias, and power that occurred in the healthcare setting as well as within their relationships. They also reported increased provider knowledge about the developmental impacts of trauma and of pregnancy. At the systems level, providers learned to advocate for their clients when they observed biased or disparate treatment from others in the hospital. At the structural level, providers advocated for care plans for high-risk women in which a plan for wraparound supports was created, and interfaced with CPS to combat overrepresentation of Black women in peripartum CPS referrals.
- A case example was provided to illustrate the impact of this consultation program on an incarcerated woman's experience of systemic racism and reproductive justice during perinatal care.

Abstract:

Effecting a paradigm shift from "reproductive health" to "reproductive justice" within the perinatal field requires changes simultaneously at the levels of the individual healthcare provider and the system of care. The Infant-Parent Program at the University of California, San Francisco (UCSF) has extended its pioneering infant and early childhood mental health consultation to perinatal service systems applying an infant mental health approach to programs caring for expecting and new parents. In partnership with two nursing programs, UCSF consultants direct their efforts at supporting reflective practice capacities and use-of-self in patient-provider relationships. Both nursing programs serve vulnerable groups of expectant and new parents who grapple with challenges to health and well-being stemming from structural racism. As reflective capacities are supported within the consultation case conferences, providers spontaneously identify the need for tools to effectively address issues of race, class, and culture and to combat structural racism throughout

the healthcare system. Policies and procedures that uphold structural racism cease to be tolerable to providers who bring their full selves to the work that they are trained to do. Using these nurse consultation partnerships as organizational case studies, this article describes a range of challenges that arise for providers and delineates steps to effective engagement toward reproductive justice.

Upshur, C., Wenz-Gross, M., & Reed, G. (2009). A pilot study of early childhood mental health consultation for children with behavioral problems in preschool. *Early Childhood Research Quarterly, 24*(1), 29-45. doi: <https://doi.org/10.1016/j.ecresq.2008.12.002>

- This article reports the results of the evaluation for the Together for Kids IECMHC program provided to private preschools and Head Start centers in Massachusetts.
- The sample included five sites and 37 teachers (69% White, 17% Latinx, 3% Black, and 10% “Other”). There were 46 children in the intervention group (39% White, 26% Latinx, 17% Black, and 17% “Other”) as well as 89 matched waitlist control children (28% White, 34% Latinx, 20% Black, and 19% “Other”). 34% of the children had significant behavior problems as rated by teacher on screening measure.
- Unlike matched waitlist controls, children in consultation demonstrated significant decreases in aggressive behavior and maladaptive behavior and increases in adaptive behavior. No significant impacts were demonstrated for parents (stress or knowledge) or teachers (knowledge, skills, burnout).
- This study demonstrated a “dose-effect” relationship between variables. Controlling for child gender and family income, the greater the number of hours of individual child services the larger the improvement in scores of child behavior. In addition, improvements to child behavior were predicted by increased scores on a profile of developmental skills.
- Comparing rates from pre-intervention years to a summary rates from three intervention years, terminations went from 43.3 per 1,000 (n=12 in one year) to 2.6 per 1,000 (4 in three years) and suspensions went from 26.5 per 1,000 (8 in one year) to 4.5 per 1,000 (7 in three years). The authors did not investigate initial disparities in expulsion rates or the effect of IECMHC on disparities.

Abstract:

This study reports the findings of a pilot demonstration project called Together for Kids, which used a mental health consultation model to address the needs of young children with challenging behaviors who are identified in preschool classrooms. The study was conducted in four preschool programs and one Head Start program serving children ages 3-5, including both private-pay families and those using public subsidies. Rates of significant behavior problems as assessed by preschool teachers using a standardized scale were high, with 34% of all children enrolled in preschool classrooms in these sites over a 3-year period identified at-risk of externalizing or internalizing problems. Classroom teachers, as well as individual children and families identified as at-risk, were provided services, including, classroom observation and teacher training, individual child assessment and therapy, family assessment and support, and referrals for other family needs. Analysis of outcomes for 47 children and families with externalizing behavior problems who received individualized consultation, compared to 89 control children, and analysis of outcomes of a matched group of 19 intervention and 19 control children, revealed that the intervention was associated with significant improvements in classroom aggressive and maladaptive behavior, and growth in adaptive behavior. Improvements in child behavior were associated with total hours of individual child services provided, and with improvements in child developmental skills. Significant reductions in the rate of children suspended or terminated from child care programs were also found. Implications for further development of models of early childhood mental health consultation are discussed.

Virmani, E. A., Masyn, K. E., Thompson, R. A., Conners-Burrow, N. A., & Mansell, L. W. (2012). Early childhood mental health consultation: Promoting change in the quality of teacher—child interactions. *Infant Mental Health Journal, 34*(2), 156-172. doi:10.1002/imhj.21358

- This study assessed the same IECMHC program described in Conners-Burrow et al. (2012). Data were collected from 141 teachers (demographic data were not collected).
- To measure change in teacher-child interaction quality during IECMHC, three subscales of a measure of teacher interaction style were analyzed. Results indicated a significant improvement in teacher detachment and permissiveness, and marginally significant improvement in positive interactions. The largest improvements were seen for teachers with the lowest baseline scores.
- Facets of IECMHC frequency, approach, and relationship quality were analyzed to attempt to detect the drivers of improvement in teacher-child interaction quality. Reductions in punitiveness were associated with frequency of 1:1 meetings with teacher and consultant, both to discuss children and families and to discuss teacher issues. Reductions in detachment and improvements in positive interactions were associated with the consultant's efforts to help the teacher understand child behavior better and to connect families to other services. Teachers' perception that consultation was effective as well as their sense that the consultant respected them also predicted teacher-child interaction outcomes.
- Overall, this study demonstrates not only that IECMHC is associated with improvements to the teachers' way of interacting with the child, but also that there are specifics of IECMHC frequency and approach that predict the improvement in teacher-child relational outcomes.

Abstract:

The goal of this study was to examine the relationship between characteristics of early childhood mental health consultation (ECMHC) and changes in the quality of teacher-child interactions. One hundred forty-one early childhood teachers, serving 3- to 5-year-olds in publically funded early education programs in the state of Arkansas, participated in this study. All childcare sites and preschool programs participating in the study received ECMHC through the Arkansas Early Childhood Mental Health Consultation Project over a period of 3 years. Findings from this study suggest that teachers exposed to ECMHC through their employment at one of the project sites made significant gains toward high-quality teacher-child interactions relative to their initial levels of quality. In particular, delivery aspects of ECMHC and teachers' experiences of ECMHC predicted change in quality of teacher-child interactions. Findings suggest that ECMHC may be a promising professional development intervention for teachers in early childhood settings and that specific characteristics of consultation may be particularly influential in impacting change in those settings.

Vuyk, M. A., Sprague-Jones, J., & Reed, C. (2016). Early childhood mental health consultation: An evaluation of effectiveness in a rural community. *Infant Mental Health Journal, 37*(1), 66-79. doi: <https://doi.org/10.1002/imhj.21545>

- This is one of few published studies specifically investigating IECMHC in a rural setting. One IECMH Consultant provided an average of 5-6 sessions over 20 weeks to 29 center- and home-based childcare providers, with an emphasis on programmatic (e.g., provider wellness, social-emotional curriculum implementation) rather than child-specific work. Specific demographic data were not reported though the authors noted that the providers “varied in age, skill level, and ethnicity.”
- Unique to this study was the fact that “ultra-brief” measures created by the research team were collected from providers at each visit (rather than a pre-post design). Multilevel growth models revealed increasing provider-rated professional growth (e.g., use of positive discipline strategies, communication with parents) and child outcomes (e.g., prosocial behavior) over the course of consultation. Providers with lower baseline scores of their professional skills demonstrated the greatest improvement. Childcare providers reported high and increasing satisfaction, with greatest satisfaction reported by home-based providers.
- In interviews, providers shared many positive reactions to IECMHC. They shared that they had learned and implemented more positive social-emotional supports, were less likely to expel a child, and felt that the IECMH Consultant individualized her work for them. Issues regarding culture, equity, and bias were not explored.

Abstract:

Little research has been done to evaluate the effectiveness of early childhood mental health consultation (ECMHC) in rural, applied settings. In this mixed-methods study, we evaluated an approach to ECMHC used in rural Southwest Kansas with individualized services for childcare providers. Twenty-nine home-based and center-based childcare providers completed measures on provider growth, perceptions of child outcomes, and satisfaction with sessions. In total, 162 data points were collected and analyzed using multilevel growth models. In addition, 16 providers participated in qualitative interviews. Both home-based and center-based providers reported very high satisfaction with consultation sessions which increased with time, although home-based providers showed significantly higher satisfaction than did center-based providers. Provider growth, encompassing personal well-being, scheduling and transitions, connections with parents, and positive discipline strategies increased significantly over time. Child outcomes, encompassing prosocial behavior, resilience, and overall well-being also improved significantly in providers’ perception. ECMHC as conducted in Southwest Kansas appears to have a positive effect on childcare providers and the children in their care.

Williford, A. P., & Shelton, T. L. (2008). Using mental health consultation to decrease disruptive behaviors in preschoolers: Adapting an empirically-supported intervention. *Journal of Child Psychology and Psychiatry*, 49(2), 191-200. doi: <https://doi.org/10.1111/j.1469-7610.2007.01839.x>

- This study implemented an adaptation of IECMHC in which consultants provided Webster-Stratton's Incredible Years Parent and Teacher Training series in Head Start centers in the context of at least four months of consultation.
- Children in the intervention group (n=59) were 86% Black, 7% White, 7% identified as "Other" and children in the comparison group (n=37) were 92% Black, 3% White, 6% identified as "Other." Teachers provided data regarding all children in the sample, and parent/caregiver-reported data were gathered for 35% of children.
- From pre- to post-intervention, children receiving IECMHC demonstrated stable teacher-reported disruptive behaviors, while disruptive behaviors increased for the comparison group. Teachers receiving consultation demonstrated an increase in self-reported effective strategies while comparison teachers self-reported a decrease.
- Parent-report measures did not indicate that consultation had an effect on child behavior or parenting stress, but parents who engaged in parent training self-reported an improvement in effective parenting skills (Behavior Management and Verbosity) at post-intervention, without a significant effect after one year. Findings were not disaggregated by race/ethnicity.
- This study is unique in its explicit incorporation of the Incredible Years program and collection of one-year follow-up data. It is also one of few empirical articles to report parent data.

Abstract:

This study examined the effectiveness of an adaptation of an empirically-supported intervention delivered using mental health consultation to preschoolers who displayed elevated disruptive behaviors. Ninety-six preschoolers, their teachers, and their primary caregivers participated. Children in the intervention group received individualized mental health consultation focused on providing teachers with behaviorally-based, empirically-supported strategies for decreasing disruptive behaviors within the classroom. Caregivers were invited to participate in parent training (35% attendance). Effectiveness was assessed in contrast to an assessment/attention comparison group where typical treatment was available. This treatment approach was more effective than the comparison condition in decreasing child disruptive behavior, increasing the use of appropriate teacher strategies, and increasing the use of appropriate parenting practices. Adapting empirically-supported treatments for use in mental health consultation may be a way to bridge the gap between research and clinical practice and increase effectiveness of mental health consultation in treating disruptive disorders in young children.

Recommended Citation

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