Mentoring on Prevention-Intervention Strategies for Teacher & Parent Effectiveness & Child Social-Emotional Competence

1994 – 2018

TRACY K. LARSON, MSED, CAGS, NCSP
Nationally Certified School Psychologist
Director, HealthyCHILD, Early Childhood Partnerships
tracy.larson@pitt.edu

STEPHENV J. BAGNATO, EdD, NCSP
Professor of Psychology & Pediatrics
Faculty Mentor, Early Childhood Partnerships
bagnatos@pitt.edu

www.ocd.pitt.edu

In collaboration with Early Childhood Programs and Community Partners

EXECUTIVE SUMMARY
June 15, 2018
HEALTHYCHILD:

Executive Summary
The HealthyCHILD Model was originally field-validated under a four-year grant (1994-1998) from the US Department of Education, Office of Special Education and Rehabilitative Services (OSERS), and then further studied (1995-1997) Jewish Healthcare Foundation of Pittsburgh; (2008-2011) USDHHS/ACF; and (2013-2015) RK Mellon and Benedum. HealthyCHILD is sustained through contractual agreements with early childhood programs.

HealthyCHILD is an interagency partnership model designed to serve the needs of teachers/caregivers and families for children (0-8) with developmental, behavioral, and physical healthcare needs. A mobile developmental healthcare team delivers tiered support (i.e. response to intervention) to early childhood professionals, parents, and individual children on-site in early childhood settings to promote children’s social emotional competence and teacher and parent effectiveness.

How many early childhood programs, classrooms, professionals, children & families have been supported by HealthyCHILD since 1994?

- 12 early childhood programs (head starts, early head starts, child cares, community centers) in both urban and rural parts of Pennsylvania and West Virginia have partnered with HealthyCHILD.
- HealthyCHILD has supported more than 300 classrooms, 600 early childhood professionals (e.g. teachers, family support specialists, early interventionists, and administrators) and 45,000 children and families.
How have teachers benefited from HealthyCHILD?

- Prevention and promotion practices improved significantly.
- Diverse teachers in rural and urban early childhood programs showed similar patterns of skill acquisition in evidence based strategies.
- Significant teacher skill gains were apparent in practices promoting social emotional competence with particular impacts on strategies to build positive relationships, create supportive environments, teach social emotional skills and develop individualized intervention.
- Effectiveness was marked by prominent gains in the use of prevention, promotion and intervention strategies.
- Teachers receiving HC mentoring demonstrated the use of best practices.
- HC mentoring fosters teacher capacity to implement evidence based practices which is associated with significant child progress.

Real World Results

“The HealthyCHILD program has helped to address individual needs of children & teachers as well as overall classroom environments”
~Early Childhood Director

Exhibit 1: Observations of teacher progress

Exhibit 1 displays data to show the significant change in teachers’ practices, as measured by independent observations using the Classroom Assessment and Scoring System.
How have parents benefited from HealthyCHILD?

- Positive parenting practices improved significantly during HealthyCHILD mentoring.
- Diverse parents in rural and urban early childhood programs showed similar patterns of skill acquisition.
- Significant parent skill gains were apparent in parent-child interactions with particular impacts on responsiveness and teaching.
- HC mentoring fostered parent’s responsive caregiving; effectiveness was marked by prominent gains in responsiveness.
- Parents receiving HC mentoring demonstrated the use of evidence based parenting practices.

Exhibit 2: Progress for parents on the PICCOLO

Exhibit 4 displays pilot data over 2 years to show the significant change in parents’ practices, as measured by independent observations using the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes.
Do children benefit when their teachers and parents receive HC mentoring?

Exhibits 3 and 4 display data from 2014-2015 that documents significant gains in children’s social and self control skills, as measured by the Preschool and Kindergarten Behavior Scale.

- Measurable improvements were observed in social skills with the greatest improvement observed in Social Interaction.
- Measurable improvements were observed in self-control skills with the greatest improvement observed with Internalizing Behaviors.

HealthyCHILD has been recognized as a “best practice” model by the Head Start Bureau (2001)
Who provides mentoring and consultation?

- Developmental Healthcare Consultants (DHC) have a variety of professional backgrounds, including school psychology, applied developmental psychology, social work, and early childhood special education.
- Masters-level DHCs range in years of experience from 2 to 30 years and have certification as mental health specialists.
- Bachelors-level DHCs range in years of experience from 3 to 5 years and are enrolled in graduate psychology programs working towards masters or doctoral degrees and certification.
- A certified pediatric nurse practitioner also provides consultation.

What were the most frequent activities & strategies to promote children’s social emotional competence and teacher and parent effectiveness?

- A trusting relationship between early childhood professionals, parents and the consultants.
- Weekly, face-to face mentoring supplemented by virtual modes and resources.
- In-vivo consultation, demonstration and modeling within natural activities.
- Collaborative problem solving and interdisciplinary teaming.

Federal reviewers for Head Start partners have positively recognized the valuable prevention to intervention mental health model of HealthyCHILD
What are the most effective elements of the HealthyCHILD (HC) Model?

The following 6 elements of the HC Model have demonstrated their effectiveness in combination to promote teaching and parenting best practices, and child social emotional competence.

1. Tiered & graduated prevention-intervention supports
2. Mobile interdisciplinary developmental healthcare team
3. In-vivo supports in natural home, school/agency settings
4. Curriculum-guided responsive caregiving with assessment-intervention linkages
5. Mobile technology & telemedicine consultation
6. Community-University Partnerships (CUPS) for professional development & interdisciplinary education via Children’s Hospital & LEND center at Pitt

What is the future plan for HealthCHILD?

- Field-validate the “real world” efficacy of innovative strategies to support the need of early childhood education
- Identify and document evidence-based “best practices” in early childhood
- Engage in capacity building to ensure long-term success
- Demonstrate the feasibility, value and sustainability of the HealthyCHILD model for augmenting the resources and quality of early childhood education
- Demonstrate that community-university partnerships can engage in research and practice to create innovative interagency and interdisciplinary collaborations