



## EXECUTIVE SUMMARY OF PIC EVALUATION RESULTS

### INTRODUCTION

The Partners in Collaboration (PIC) was an innovative 10 month pilot project (September 2004 through June 2005) designed to increase cross-disciplinary experiences of early care and education providers and mental health professionals. Mentor Teachers (MTs) collaborated with Mental Health Consultants (MHCs) to enhance their own expertise and expand knowledge about each other's discipline. First 5 Alameda County Every Child Counts (ECC) hired LFA (La France Associates, LLC), an independent consulting firm located in San Francisco with extensive experience evaluating programs in the early care and education field to evaluate the PIC pilot project. Since the sample size was small, the analysis was conducted as a case study.

### PROGRAM DESCRIPTION

Early Care and Education and Family Support Services collaborated to develop the PIC project. One staff member from each division recruited, selected and trained 3 MTs and 3 MHCs to establish partner dyads. MTs and MHCs received a stipend to participate, travel expenses if necessary, and fees for substitutes were available. The project included a cross-discipline training series, at least 3 hours of weekly field work in a classroom at the MT's center and monthly meetings with ECC staff. Training topics included mental health consultation, needs assessment, observation and intervention strategies. Classroom teachers performed a classroom assessment using the Devereux Early Childhood Assessment (DECA) tool and MTs used the Early Childhood Environmental Rating Scale (ECERS) to assess the classrooms.

### EVALUATION QUESTIONS

PIC and ECC evaluation staff identified the following process and programmatic questions to guide the evaluation.

Evaluation Area	Question	Data Source
Process Questions	Were providers, mentors, and mental health consultants' expectations met?	Post-project interviews and teacher focus group
	What were some of the unexpected benefits and challenges of participating in PIC?	
	What does it take to implement a cross-discipline project like PIC?	
	Is the PIC approach a cost-effective method?	Fiscal Data

Evaluation Area	Question	Data Source
<b>Outcome: Attitudes and Knowledge</b>	What do mentors and mental health consultants hope to learn through their participation in the PIC project?	Pre-project interviews
	Do the attitudes and/or knowledge of Mentors, Mental Health Consultants and early childhood educators change as a result of this short-term intervention? <ul style="list-style-type: none"> <li>▪ Did PIC increase the early childhood participants' knowledge of mental health issues in early childhood among participants?</li> <li>▪ Do Mental Health Consultants have an expanded view of how classroom dynamics affect child behavior and interaction between educators and children?</li> </ul>	Vignettes and post-project interviews
	<ul style="list-style-type: none"> <li>▪ Do Mentors and educators have a better understanding of what mental health consultation is and when to seek consultation services?</li> </ul>	
	Do Mentors and educators have a greater knowledge of early childhood social-emotional development and how it impacts early childhood education?	
	Are Mentors better able to address mental health and behavioral concerns?	
<b>Outcome: Behavior Change</b>	Are there changes in the services provided by Mental Health Consultants and Mentors?	
	Are there changes in the ways that educators manage classroom behavior?	
<b>Outcome: Changes in Classroom</b>	Were there changes in the classroom as a result of PIC?	Pre and post DECA and ECERS

## METHODS

This evaluation included a multi-method approach. LFA conducted individual pre and post project telephone interviews with MTs and MHCs that included a description of three vignettes depicting typical challenging classroom behavior of 3 to 5 year olds and 2 vignettes depicting parent/teacher or director/teacher conflicts. LFA asked a series of questions to elicit MT and MHCs responses to managing the issues described in the vignettes. DECA and ECERS assessments were also completed on each classroom at the onset and conclusion of the project. Results were compiled by PIC staff and submitted to LFA for analysis. At the monthly training-meetings, dyads reflected on three questions to learn about the month's work in the field and were also asked to complete a web-based survey following each of the training-meetings. LFA conducted a focus group with classroom teachers and assistants at the completion of the dyad's field work. This was an opportunity for teachers to share their perspectives on the

project and to reflect on the benefits and challenges of having consistent access to both an MT and a MHC. PIC staff was also interviewed at the conclusion of the project.

## RESULTS

### Process Results

The PIC project was uniformly considered a success by MTs, MHCs, classroom teachers and ECC staff. Success and the enthusiasm for the project were reflected in the relationships that were facilitated between MT and MHC working dyads. Participants reported being surprised overall at how much they learned about the other discipline through the participation in this project. Participants mentioned developing an informal network and friendships among themselves that will help them to continue the support and sharing of experience and knowledge that began with the PIC project. MTs and MHCs reported that the monthly meetings with each other were a particular strength of the program.

The unexpected challenges of participating in the project identified were: travel time and a shortage of substitutes who could cover class time. All participants, including classroom teachers, would have liked the length of the project to be longer.

From the perspective of PIC staff, the success of the project depended in large part on the strength of the relationship between each MT and MHC. Understanding this, staff built in time to support the building of a strong dyadic relationship. *None of the MTs or MHCs mentioned feeling that they were being trained by the other; rather, each partner in the dyads appreciated the knowledge and skills brought by the other professional.*

### Changes in attitudes, knowledge and behavior

Pre and post vignette responses revealed changes in the following areas:

#### 1. Learning from the “other perspective”

At post-project, both MTs and MHCs mentioned “consulting with their partner” as part of their approach.

One MHC began her response to this vignette by saying, “The first thing I’d do is bring this up with my partner to find out if she has seen something similar. We’d have a discussion about this to understand what we observed and what it meant in terms of the child’s experience.”

An MT similarly described “brainstorming” with her partner to generate ideas.

Another MT suggested that teachers work to understand the emotional need that a toy might fill. As one MT said, “It’s not just the toy; it’s getting to the root of the whole issue...children take toys for security and they feel that they need to have it. They need to feel connected.”

#### 2. Using a **strength-based approach**

MHCs and MTs shared positive observations with classroom teachers.

For example, “The teacher would bring up an issue and we’d complement her on her patience, keeping her calm while she approached the child...”

### 3. Showing **increased sensitivity** by considering what might be occurring in the family

By post-project interviews, one MT said, “You need to know if the child is new to the classroom. I would ask, ‘Has this girl been crying for a long time?’ Maybe the child is sick, or something happened, a new sibling. I’d find out all the possible explanations that the parents could offer”

Another MT said, “I’d encourage contact with the families, to find out (not in a threatening way) what could be affecting the child’s behavior at the moment.”

### 4. **Focusing on classroom strategies** to address children’s behavior and **including all staff** in the intervention

In post-interviews, MHCs responses to how to manage a disruptive child during circle time included:

Engaging the teacher to reflect on other ways to meet children’s needs while maintaining group’s attention, “Sometimes it’s really hard to be 3, 4, or 5 years old and to pay attention for circle time.”

Considering whether this activity is appropriate for the children’s developmental level, whether there are things that the children need to be doing before circle and can some physical activity be wrapped into circle time?

By post-project interviews, MHCs and MTs included all staff, not only the lead teacher, in the intervention.

A MT said, “I might involve another teacher to come observe how the teacher is doing the circle; a more experienced teacher may have suggestions for the teacher.”

One MHC discussed the need for other teachers to support the lead teacher, “When teacher is doing circle time, she’s in a vulnerable position. She’s on the floor with the children surrounding her. It’s up to her assistants or aides to step up to help her out.”

By the post-project interviews, MHCs moved away from trying to solve the problem for teachers to empowering them to solve the problem themselves.

A MHC commented, “I’d want to maintain a holistic view of the problem, so teachers don’t get impression that I’m there to advocate. I’d throw it back in teachers’ laps and have them discuss it and decide what they want to do. I’d try to guide them away from things that would escalate the issue.”

Another MHC said that the group of teachers could, “take initiative to support each other ...to clarify their own needs and communicate with director.”

## **Behavior Change and Changes in Classrooms**

The DECA was used pre and post PIC to measure changes in children’s classroom behavior. Following the intervention in each of the three classrooms, DECA scores

showed fewer children with behavioral concerns, and more children with strengths (initiative, increased self-control and improved social attachments).

Classroom teachers also reported changes in their ability to manage children's behavior. One focus group participant learned a new strategy to coach a child to breathe in order to calm down.

An Assistant teacher reported, "Sometimes you see the same child do the same behavior on and on and on...With A., he's bouncing his body everywhere, it's like he's in the circus and he's very athletic and his moves are so strong and he just can't stop moving. I approach it in a different way now and the child is responding much better."

A MHC observed, "When teachers see a child who can't handle a situation, I saw how teachers would physically position the child so he can continue to do the activity but not be a distraction to other children or the teacher."

In terms of rating changes in classroom quality using ECERS, each of the three classrooms showed improvement in overall quality following the intervention. Two classrooms showed significant improvements in social interaction and observations of language and reasoning.

## **LESSONS LEARNED**

An initial challenge to PIC was the recruitment of MTs and MHCs for participation. ECC staff hoped to recruit five dyads, but was only able to recruit three. Upon follow-up, those who expressed interest in participating but did not apply, reported time constraints as the reason. Finding interesting training topics that are relevant and appealing to both partners was challenging. Conducting a formal needs assessment of participants before training begins may help.

Other potential improvements could be more information on the DECA resource book, regular meetings with classroom teachers by dyads, more frequent meetings with dyads and ECC staff, more hands-on activities for teachers to use in centers and greater involvement of classroom teachers in project implementation and evaluation.

## **COST EFFECTIVENESS**

The PIC program impacted three MTs and three MHCs. Eight early care and education staff were in the three PIC classrooms where approximately 50 children were enrolled. Two ECC staff devoted approximately 12% of their time.

The estimated cost of the PIC program was \$45,000 including staff salaries, stipends for participants, fees for substitutes and overhead costs.

## **CONCLUSION**

This evaluation of an innovative partnership between ECE providers and mental health consultants to improve the practices of both professions can be considered a case study of promising practices. Multi-measure data collection from multiple participants over the 10-month period showed that MTs and MHCs felt that there was real benefit to the project. The value of developing successful partnerships between the participants in the dyads was stressed. Also, MTs and MHCs showed changes in their knowledge and attitudes and learning from each other. MTs learned to think more about individual children and their specific needs and MHCs developed a better understanding of classroom management and the role of the teacher. This strengths-based approach showed possible improvements in the behavior of children in the classroom and overall classroom quality. It does appear that the PIC project is worthy of replication.

## **ATTACHMENT 1 - VIGNETTES**

### **Vignette A**

Alice's mother drops her off at the center. Alice cries incessantly for ten minutes. The teacher tries to comfort her, but Alice is inconsolable. Finally, she stops crying; she sits quietly alone in a corner of the room, away from other children. The teacher returns to Alice, and attempts to bring her into the group. Rather than join the group, Alice follows the teacher and physically clings to her. She will not interact with other children or participate in group activities.

### **Vignette B**

During free play, David picks up pillows and begins throwing them at other children, nearly hitting another child. The teacher pulls David aside, and asks him to stop. David doesn't make eye contact, but nods when asked if he agrees to stop throwing things. David returns to play. This time, he throws toys to the ground. The teacher again pulls him aside, and asks that the behavior stop. David again avoids eye contact, and attempts to pull away from the teacher to go join other children.

### **Vignette C**

During circle time, several children are sprawled out on the floor, not paying attention to the activity. The teacher stops the lesson, and asks these children to pay attention. The teacher begins the lesson again, but there are now different children who are not paying attention. Again, the teacher stops the lesson to deal with the issue. She begins the lesson again. At this point, one child starts playing with toys in a nearby bin. Some children are distracted by this, while others remain focused on the teacher's activity.

### **Vignette D**

Billy's mother is always ignoring school policies! She doesn't follow the drop off and pick up times and she lets him bring toys to school even though I've told her not to because it's a distraction. I've talked to her several times, and she always says that he'll throw a tantrum if he is not allowed to bring this toy. She says she does not have the energy to deal with his tantrums. She is forcing me to deal with taking Billy's toy away, but there's nothing I can do. It's frustrating!

### **Vignette E**

My center's Director is unsupportive. There is an upcoming training that I would like to attend, and which will help me do my job better, but she won't provide me with release time. She's unconcerned about our professional growth, and that hurts the children.