

Buffett
Early Childhood
Institute

at the University of Nebraska

Behavioral Health in Early Educators and the Young Children in their Care

Walter S. Gilliam

How Well Are Those Who Care?

Child Care Professionals' COVID-19 Death Rates (2020)

- 405 child care providers died of COVID-19 in 2020
- Number of COVID-19 deaths per 100,000:
 - Child Care = 38
 - Other Essential Workers = 30
 - All Workers = 25
 - Non-Essential Workers = 16

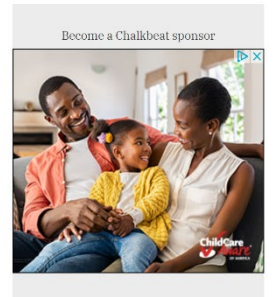
The pandemic's toll: study documents fatality rates of teachers, child care workers in 2020

By Matt Barnum | Jun 6, 2022, 4:41pm CDT



Preschoolers participate in morning exercises at Little Scholars child care center in Detroit, Michigan, U.S., on Thursday April 1, 2021. | Emily Elconin for Chalkbeat

Child care workers were more likely than the typical American worker to die of COVID in 2020, according to new research.



Chen Y-H, et al. (2022, April 8). *COVID-19 mortality among working-age Americans in 46 states, by industry and occupation*. medRxiv. doi:10.1101/2022.03.29.22273085

Impact of COVID-19 on Early Educators (first year of pandemic)

- **Economic Stress**

- Unemployed 3 months into pandemic 35%
- Periodic closures in first year 54%

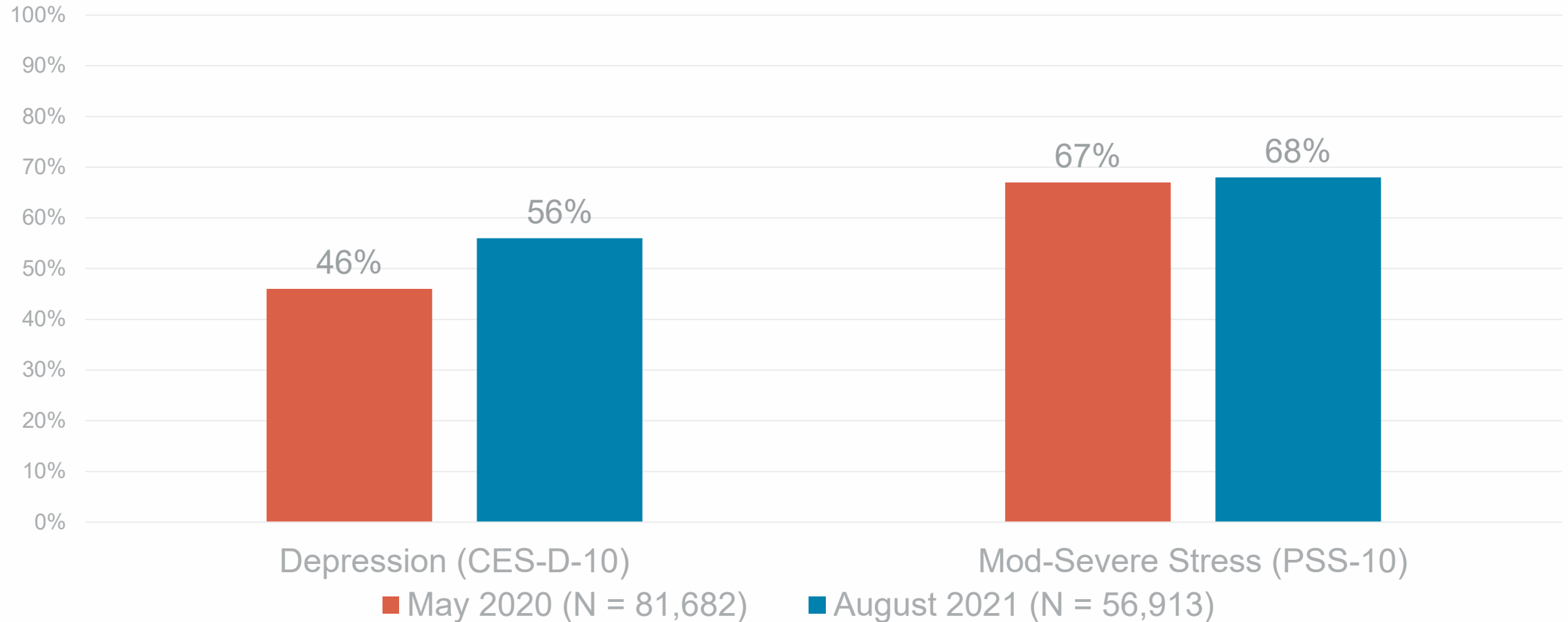
Note. Data from an ongoing study of >126,000 child care providers participating in epidemiological surveys during the pandemic. Findings from >57,000 first reported in Gilliam et al., Covid-19 transmission in US child care programs, *Pediatrics* 2021,147(1). See Yale-CARES project website for more details and studies (<https://m.yale.edu/yale-cares>)

Health Conditions (May/June 2020; N = 81,682)

Heart disease	5%
Asthma (moderate to severe)	14%
Chronic lung disease or COPD	1%
Smoker	4%
Diabetes	7%
Obesity	20%
Chronic/severe kidney disease	1%
Liver disease	1%
Immune-weakening meds for cancer / inflammatory disease (e.g., lupus, rheumatoid arthritis)	5%
Immune-compromising condition (e.g., immune deficiencies, bone marrow/organ transplant)	2%

Elharake et al. Prevalence of chronic diseases, depression, and stress among US childcare professionals during the COVID-19 pandemic. *Prev Chronic Dis.* 2022;19:220132. doi:10.5888/ped19.220132

Depression and Stress

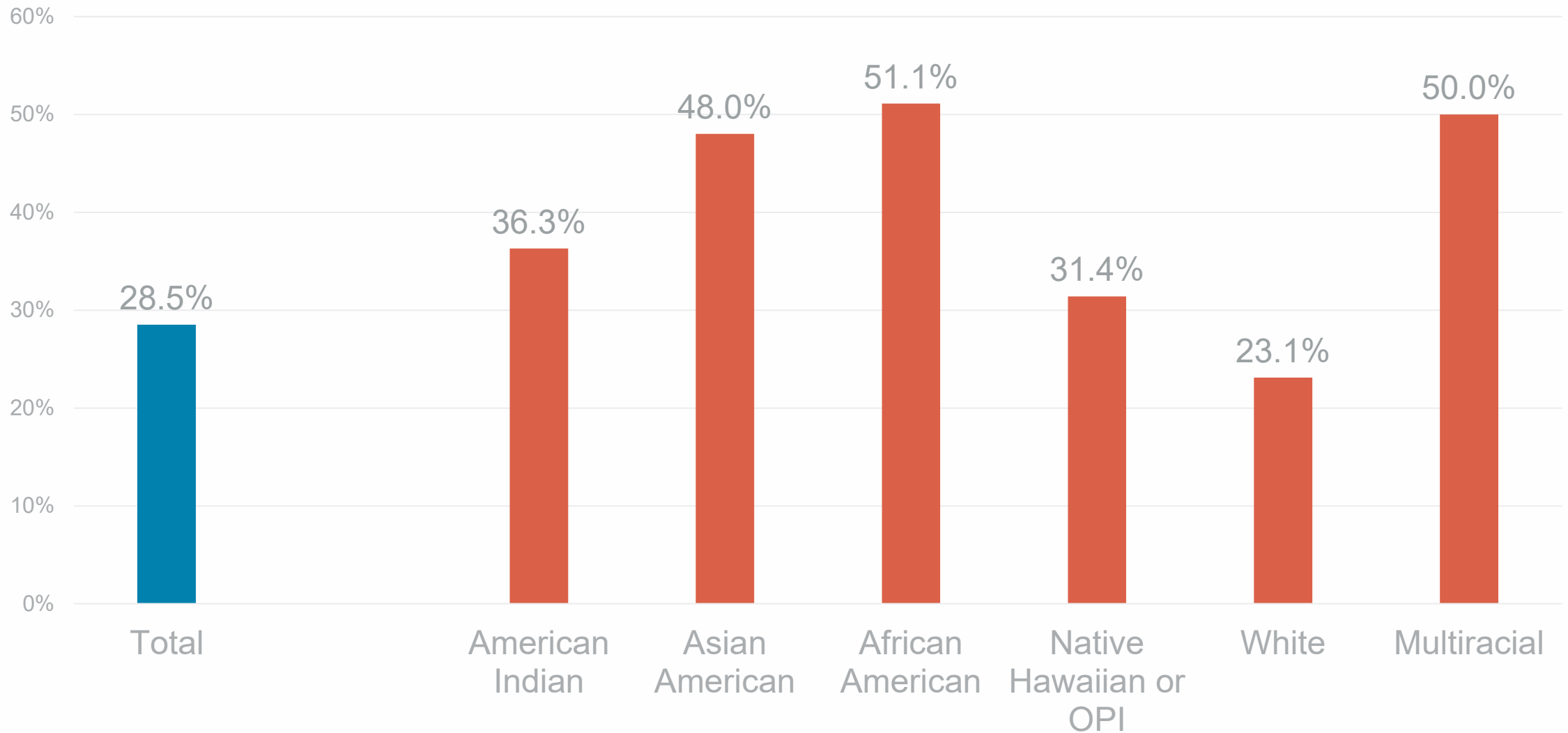


Elharake et al. Prevalence of chronic diseases, depression, and stress among US childcare professionals during the COVID-19 pandemic. *Prev Chronic Dis.* 2022;19:220132. doi:10.5888/ped19.220132

**Depression & Stress
Were Related to
Work & Pay Insecurity**

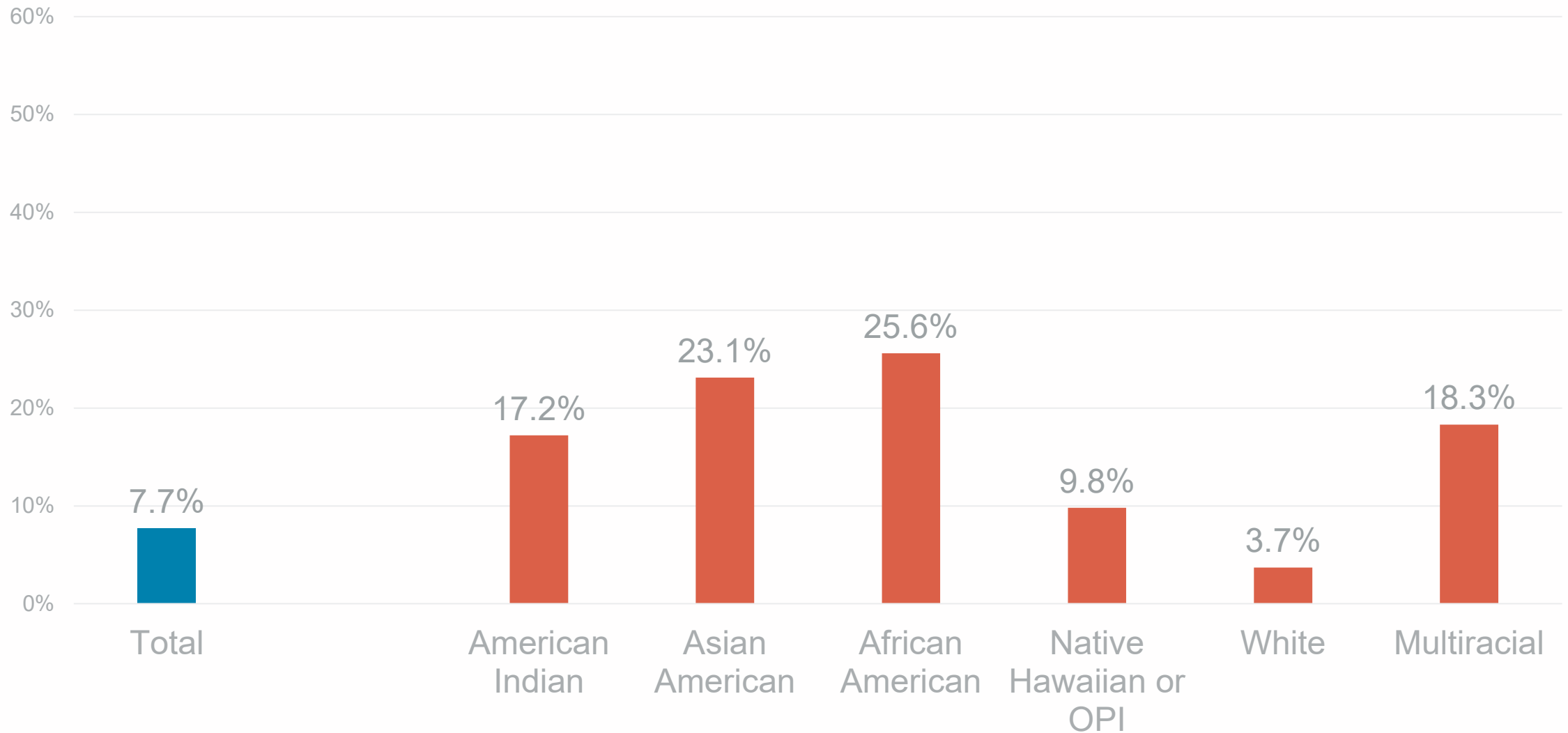
Exposure to Racialized Aggression

Exposure to Racial Aggression (Verbal or Physical)



August 2021; N = 56,913

Direct Target of Racial Aggression (Verbal or Physical)



August 2021; N = 56,913

Directly Experienced Racial Aggression & Increased Depression

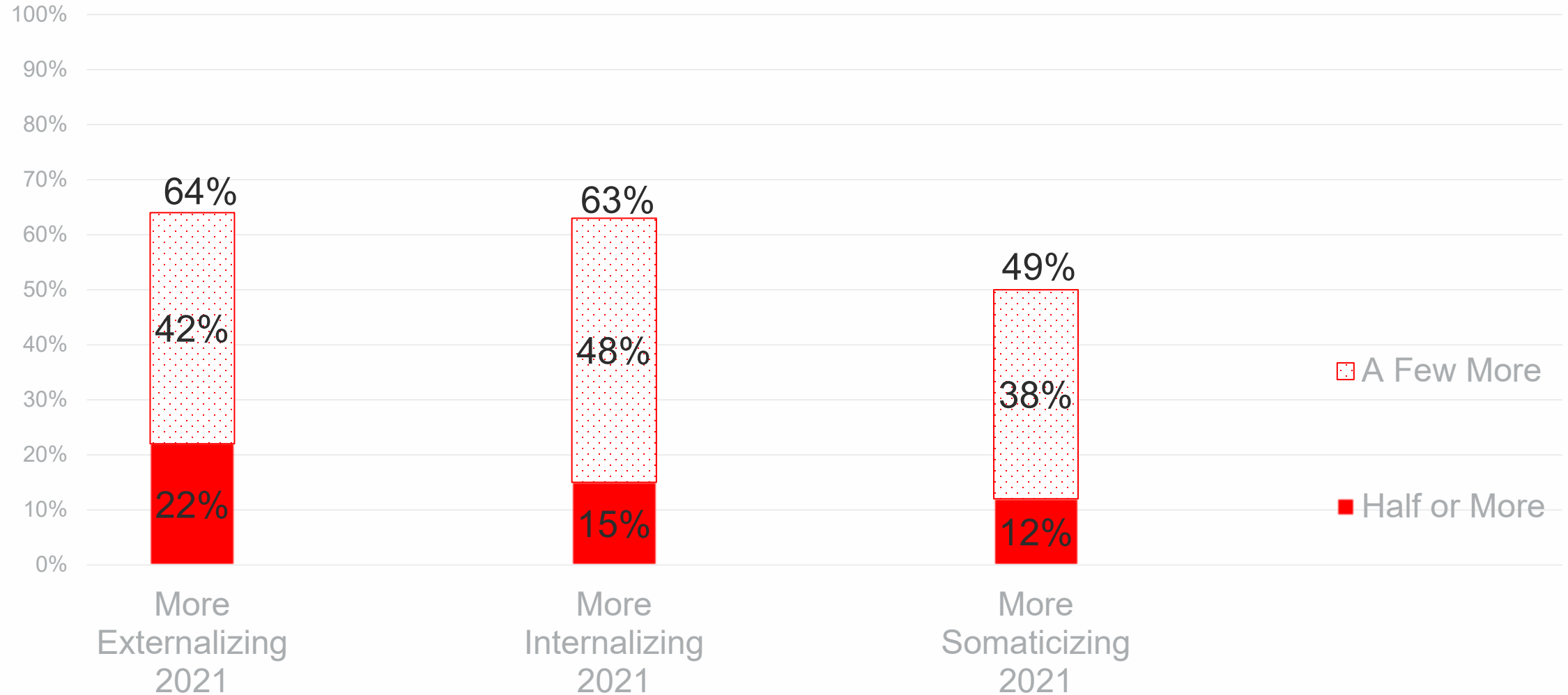
Directly experienced racial aggression is positively related to increased depression symptoms when the ECE provider is **Black** or **Asian**.

	Estimate	Robust SE
Directly experienced racial aggression	0.438	0.314
<i>Moderators</i>		
Directly experienced × American Indian/Alaska Native	0.057	0.958
Directly experienced × Asian	1.353*	0.686
Directly experienced × Black	1.038*	0.455
Directly experienced × Native Hawaiian/Pacific Islander	-0.871	1.989
Directly experienced × Multi-racial	0.688	0.919
Directly experienced × Prefer not to answer	-0.611	0.682

Cobanoglu A, Gilliam W (2022, June 29). *Double pandemic: Racial aggression as a predictor of depression symptoms of early child care providers*. National Research Conference on Early Childhood, Washington DC.

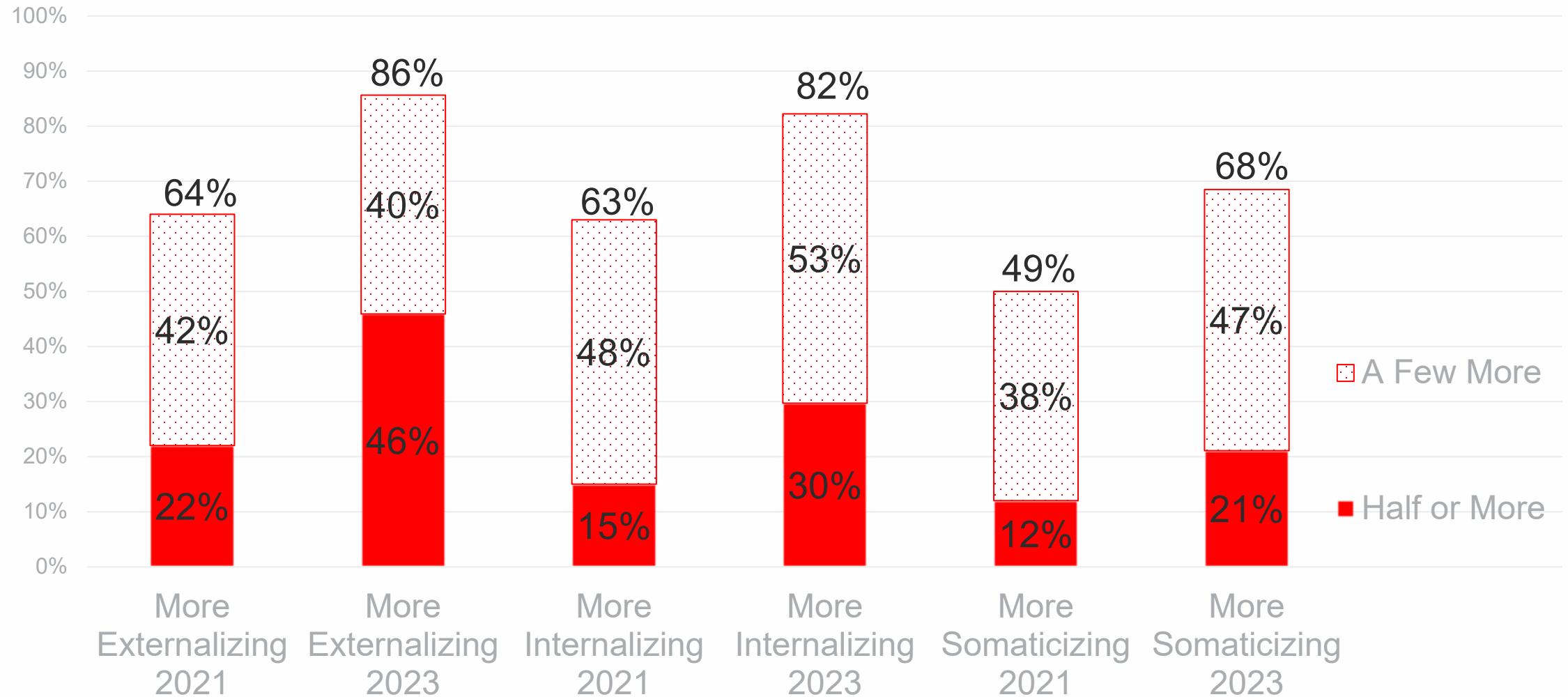
How Well Are Our Young Children?

Child Behaviors Compared to Pre-Pandemic



(Data from Yale CARES; 2021 N=56,913; 2023 N=25,524)

Child Behaviors Compared to Pre-Pandemic



(Data from Yale CARES; 2021 N=56,913; 2023 N=25,524)

Longitudinal Follow-up (N=25,524; N= 3,724 Leaving Field)

Exit Interview: Top reasons left early care and education

Low Pay	54%
Not enough respect	39%
Lack of Benefits	35%
Not enough support for challenging behaviors	34%
Poor working conditions	28%
Need more flexibility of hours	21%

**How much we truly care
for our young children
can be measured by
how much we care
for those who care
for young our children.**

Early Childhood Mental Health Consultation

NEW RESEARCH

Early Childhood Mental Health Consultation: Results of a Statewide Random-Controlled Evaluation

Walter S. Gilliom, MD, Angela N. Maupin, MD, Chin R. Reyes, MD

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 pretreat 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.

Key words: early childhood mental health consultation, preschool children, behavioral outcomes, early childhood education, preschool expulsion

J Am Acad Child Adolesc Psychiatry 2016;55(9):754–761.

In December 10, 2014, the US Department of Health and Human Services and the US Department of Education issued a rare joint policy and recommendations statement¹ during the White House Summit on Early Childhood Education. This joint policy statement called for a drastic decrease in early childhood expulsions. Specifically, it mentioned early childhood mental health consultation (ECMHC), an intervention in which qualified mental health providers serve early childhood teachers and professionals as classroom-based consultants, as a promising intervention for decreasing and ultimately eliminating preschool expulsions. Unfortunately, no randomized-controlled evaluation of ECMHC has been published in the scientific literature to support this recommendation. Furthermore, the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Bill 2016 (July 10, 2015)² called for the US

Department of Health and Human Services and Department of Education to highlight evidence-based approaches to decrease suspension and expulsions in all US early care and education programs. The present study is the first true randomized-controlled evaluation designed to isolate the effects of ECMHC on decreasing the challenging classroom behaviors that often lead to expulsions, thus addressing a federally recognized urgent need.

Severe behavior problems during the preschool years are meaningful predictors of continued behavior problems, poor peer standing, and academic difficulties during kindergarten,^{3,4} later elementary school, and middle school.^{5,6} Externalizing and internalizing behavior problems in young children that occur frequently and intensely are of clinical concern because they result in significant disruptions to academic, social, and emotional development.^{7,8} Externalizing behaviors include inattention, hyperactivity, impulsivity, aggression, emotional lability, and oppositionality, whereas internalizing behaviors often include anxiousness, shyness, perfectionism, and sadness. Although high-quality early education and intervention programs can prevent severe behavior problems in young children from low-income communities and families,^{9–11} some preschoolers unfortunately begin

This article is discussed in an editorial by Dr. Jeff G. Bostic on page 749.

Clinical guidance is available at the end of this article.

An interview with the author is available by podcast at www.jaacp.org or by scanning the QR code to the right.



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Special Issue Article

Addressing challenging behaviors in challenging environments: Findings from Ohio's early childhood mental health consultation system

Chin R. Reyes and Walter S. Gilliam

Edward Zigler Center in Child Development & Social Policy, Yale Child Study Center, Yale University School of Medicine, New Haven, CT, USA

Abstract

Early childhood mental health consultation (ECMHC) has been promoted by the federal government as a promising model for reducing early childhood expulsions and suspensions and is now implemented by numerous states. Despite growing ECMHC proliferation, this study is only the second randomized controlled trial of ECMHC, extending the methodologies of the first to include assessment of effects on random peers. Classrooms were assigned randomly to treatment or waitlist-control condition ($n = 51$ classrooms, 57 preschool teachers, and 190 preschoolers). Evaluation measures were collected at both pretreatment and posttreatment, following approximately six consultation visits. Classroom and teacher outcomes were evaluated with ordinary least squares regressions, while hierarchical linear modeling was used to evaluate child-level outcomes, accounting for the nested study design. Treatment children (both the target children who prompted the request for ECMHC and random peers) evidenced significant improvements in social and emotional skills. Promising trend findings were noted for child behavior problem reduction and teacher pedagogical approach and locus of control. No significant effects were found on likelihood of expulsion and classroom mental health climate. This is the first ECMHC to demonstrate effects on nontarget peers in a rigorous randomized controlled trial. Programmatic and methodologic limitations and implications are discussed.

Keywords: behavioral outcomes, early childhood education, early childhood mental health consultation, Edward Zigler, preschool children, preschool expulsion

(Received 23 September 2020; accepted 26 September 2020)

We need mental health strategies not only for children and parents, but for preserving the well-being of staff as well. (Zigler, 1997, p. 5)

Mental health supports have been considered a core component of effective early childhood programming, dating back to at least the advent of Project Head Start in 1965 (Zigler & Valentine, 1979). However, the effective implementation of mental health supports infused into early childhood programs is often challenging and sometimes results in suboptimal uptake of services (Zigler, Piotrowski, & Collins, 1994). Early childhood mental health consultation (ECMHC) has been promoted by both the US Department of Health and Human Services and Department of Education (2014) as one of the most promising systemic strategies for promoting mental health and reducing exclusionary discipline (expulsions and suspensions) in early childhood settings. ECMHC is an indirect service where trained mental health consultants work with adults in the child's proximal environment (e.g., classroom, home) to address behavioral challenges (Heppburn, Perry, Shivers, & Gilliam, 2013). Capitalizing on the

growing momentum of ECMHC implementation across states (Caputo, 2016; Grossman-Kahn, Reyes, Maupin, & Gilliam, 2018), the current study evaluates the effectiveness of Ohio's ECMHC system in a statewide randomized controlled trial (RCT). This is the second RCT of a statewide ECMHC program, the first being Connecticut's (Gilliam, Maupin, & Reyes, 2016).

ECMHC as a promising practice

A foundational premise of mental health consultation is that a child's behavior is highly influenced through their interactions with the adults with whom they have authentic relationships (Caplan, 1970), including early childhood settings (Zigler & Gilman, 1998). The focus of consultation should therefore be on strengthening practices that improve teaching and promote early relational health (Condon, 2017). Below, we identify the various relational pathways by which ECMHC, theoretically, changes adult behaviors, reduces challenging behaviors, and ultimately eliminates expulsions.

Pathway 1: Strengthening adult-child relationships. Children's development is facilitated by their strong relationships with the caring and supportive adults who meet their needs for safety and emotional connection (Shonkoff & Phillips, 2000), including their relationships with teachers. Close teacher-child relationships are associated with decreases in externalizing behaviors in young children, especially among those with the highest levels of

Author for Correspondence: Chin R. Reyes, PhD, Edward Zigler Center in Child Development & Social Policy, Yale Child Study Center, 310 Prospect Street, New Haven, CT 06511; E-mail: chin.reyes@yale.edu

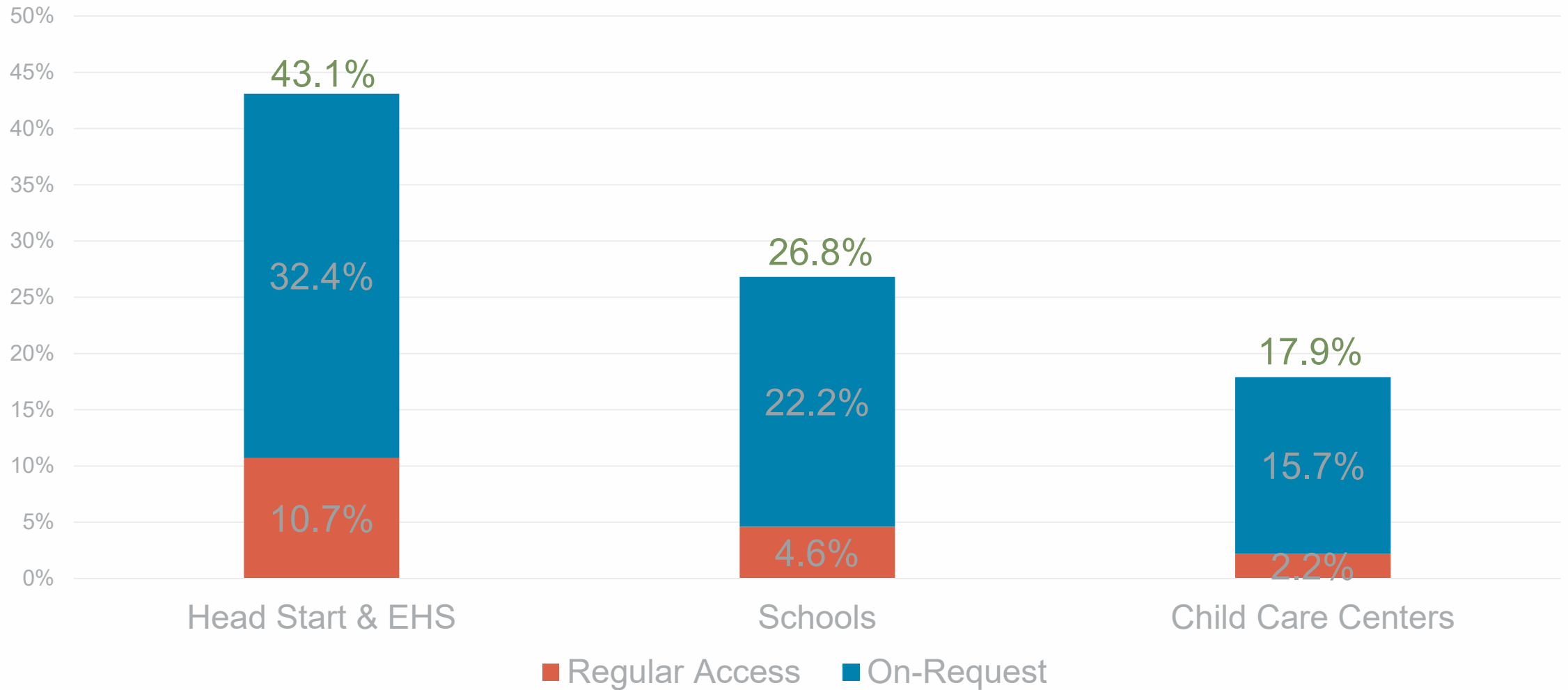
One this article Reyes CR, Gilliam WS (2021). Addressing challenging behaviors in challenging environments: Findings from Ohio's early childhood mental health consultation system. *Development and Psychopathology* 1–13. <https://doi.org/10.1017/S0954579420001790>

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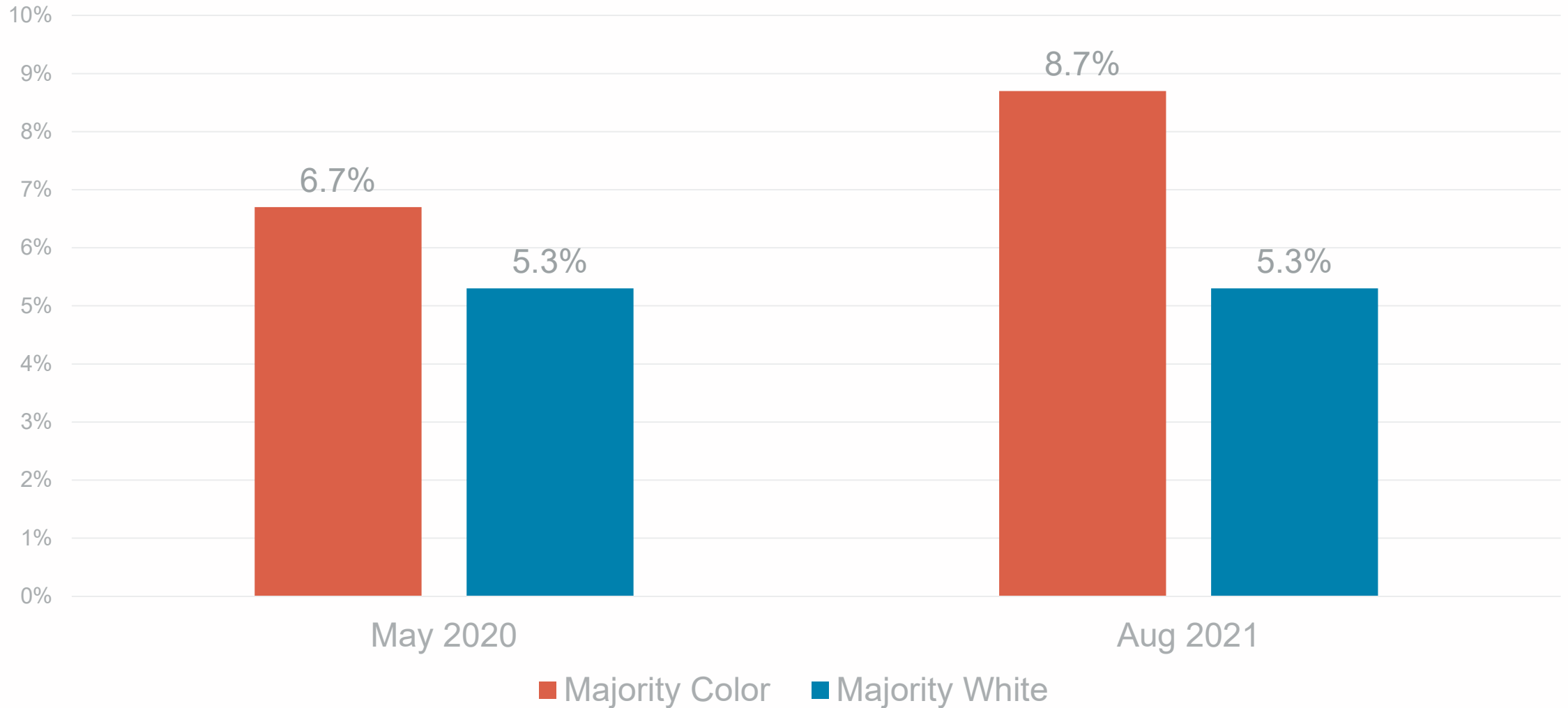
Ohio 2021

Access to Early Childhood Mental Health Consultation



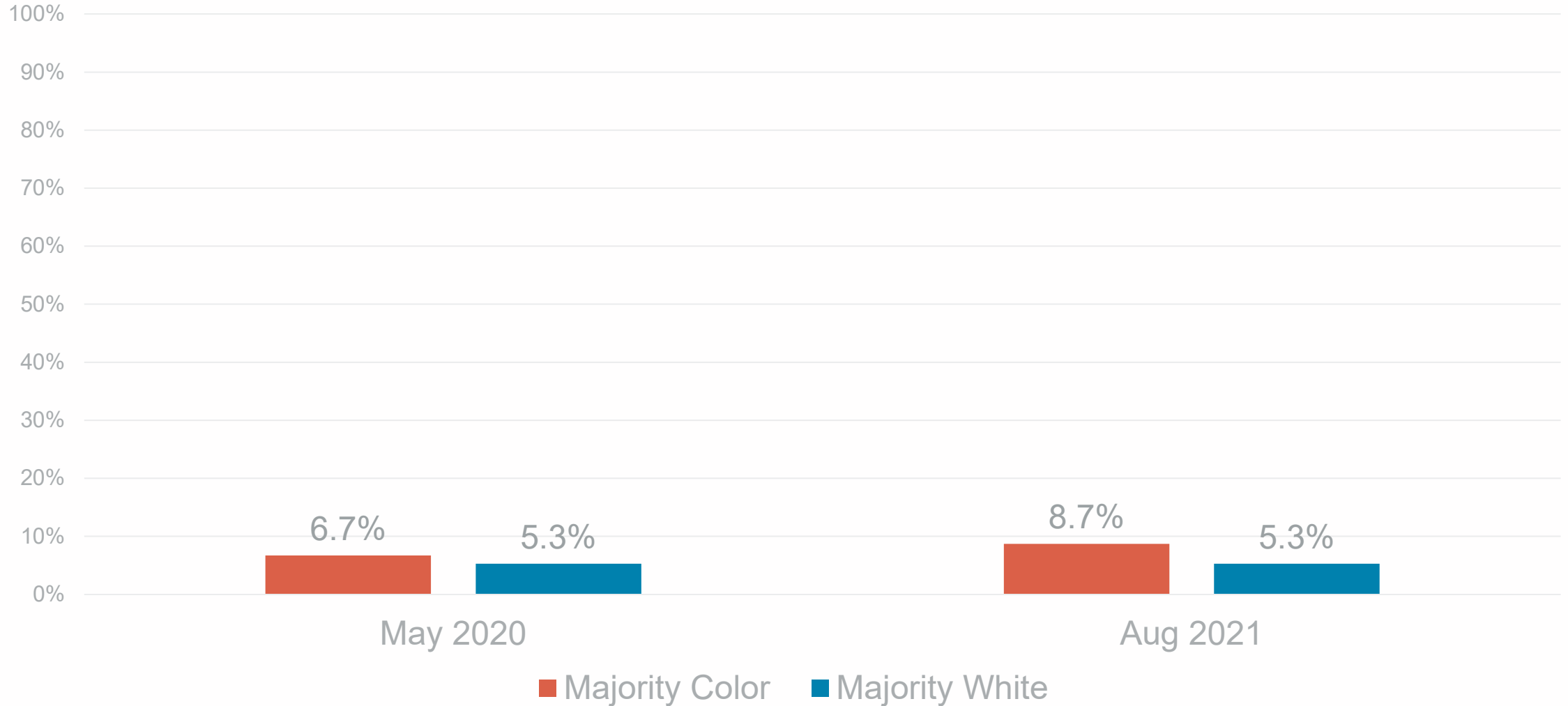
August 2021; N = 56,913

ECMHC Regular Access—Majority Color v Majority White




May 2020 *N* = 57,335; August 2021 *N* = 56,913

ECMHC Regular Access—Majority Color v Majority White



May 2020 *N* = 57,335; August 2021 *N* = 56,913



Walter S. Gilliam, PhD
walter.gilliam@nebraska.edu
402.554.2924
buffettinstitute.nebraska.edu