

ABSTRACT: 2017 ELAM Institutional Action Project Symposium

Project Title: Increasing Access to Evidence-Based Prevention Programs for Young Children and Families Through the Use of Community Wide Early Childhood Prevention Systems

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Background, Challenge or Opportunity: Children with unidentified mental health concerns are at greater risk for continuing to experience problems when they enter elementary school and, if mental health concerns are persistent, there is less that can be done to remediate them over time. Fortunately, research has identified the necessary components of comprehensive systems that both prevent and address mental health challenges (Racz, King, Wu, Witkiewitz & McMahon, 2013). The literature on mental health challenges indicates that communities can be successful in reducing challenging behavior when a proactive prevention and early intervention program is implemented (e.g., Stormont, Lewis, Beckner, & Johnson, 2008). The most effective early intervention approaches utilize several key components including screening, strengthening the skills of early child providers, and parent awareness and education. There are limited early child prevention and intervention programs in Boone County.

Purpose/Objectives: This project will establish MU Healthcare (through a new Early Childhood Coalition) as a destination for young children and their families to access evidence-based prevention and early intervention programs for social-emotional needs.

Methods/Approach:

- Train pediatricians and parent educators to deliver Ages and Stages Questionnaire (ASQ) developmental screenings to young children.
- Provide ASQ screenings in the community and at Women Infant and Children (WIC) clinics
- Provide training on social-emotional development and onsite coaching for early child centers
- Parenting groups utilizing evidence-based interventions
- Increase awareness of social and emotional development in Boone County through community events and Triple P Public Awareness Campaign
- Establish interdisciplinary collaboration with the Family Access Center for Excellence to support ongoing screening and referral if warranted for young children and their families
- Train pediatricians and parent educators to deliver the individual and group level Triple P interventions

Outcomes and Evaluation Strategy:

- Increase in providers trained to deliver ASQ and ASQ-SE screenings as measured by counts of providers trained
- Increase in the number of comprehensive evidence-based developmental screenings from zero to over one thousand annually in a pediatric practice
- Reduction in job stress and increase in job satisfaction for teachers of young children through training and onsite coaching measured by the Teacher/Provider survey
- Reduction of parenting stress and increase in parenting satisfaction as measured by pre and post surveys
- The community surveyed using pre and post population survey will show a 50% increase in awareness of parenting resources



Increasing Access to Evidence-Based Prevention Programs for Young Children and Families Through the Use of Community Wide Early Childhood Prevention Systems



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Background

Children with unidentified mental health concerns are at greater risk for continuing to experience problems when they enter elementary school. If mental health concerns are persistent, there is less that can be done to remediate them over time. Fortunately, research has identified the necessary components of comprehensive systems that both prevent and address mental health challenges (Racz, King, Wu, Witkiewitz & McMahon, 2013). The literature on mental health challenges indicates that communities can be successful in reducing challenging behavior when a proactive prevention and early intervention program is implemented (e.g., Stormont, Lewis, Beckner, & Johnson, 2008). The most effective early intervention approaches utilize several key components including screening, strengthening the skills of early child providers, and parent awareness and education.

A critical component of the efforts to create and to enhance early child evidence-based prevention programs included involving the Boone County community of early child providers.

Purpose/Objectives

1. Coordinate early childhood initiatives with stakeholders
2. Provide training on evidence-based screening tools to the community (pediatricians, parent educators, early child providers)
3. Increase the use of developmental screenings of young children
4. Increase understanding and awareness of social-emotional development of young children in the community and to childcare providers
5. Increase skills of parents of young children using an evidence based program and individual interactions with pediatricians and parent educators

Ultimately, this project will establish MU Healthcare as a destination for young children and their families to access evidence-based prevention and early intervention programs for social-emotional needs in Missouri

Methods/Approach

The following activities were conducted:

- A Wellness Council comprised of early child stakeholders was created. The Council met monthly to establish the interventions to implement in Boone County
- Pediatricians, parent educators, and early child providers were trained to deliver Ages and Stages Questionnaire (ASQ) developmental screenings to young children
- ASQ screenings were provided monthly in the community and at Women Infant and Children (WIC) clinics
- Activities were supported to increase awareness of social-emotional development at community events such as Networking Nights at the public library
- Training on social-emotional development (utilizing the Center on the Social and Emotional Foundations for Early Learning [CSEFEL] model) was provided to early child care providers. This included onsite weekly coaching
- Parenting groups utilizing evidence-based interventions, which included Incredible Years and CSEFEL were conducted
- Additional planned future efforts include:
 - Creation of a team to deliver Child Parent Psychotherapy (CPP) to children who have experienced trauma
 - Increase awareness of social and emotional development in Boone County through Triple P Public Awareness Campaign
 - Train pediatricians and parent educators to deliver the individual and group level Triple P interventions
 - Establish interdisciplinary collaboration with the Family Access Center for Excellence (FACE) to support ongoing screening and referral if warranted for young children and their families

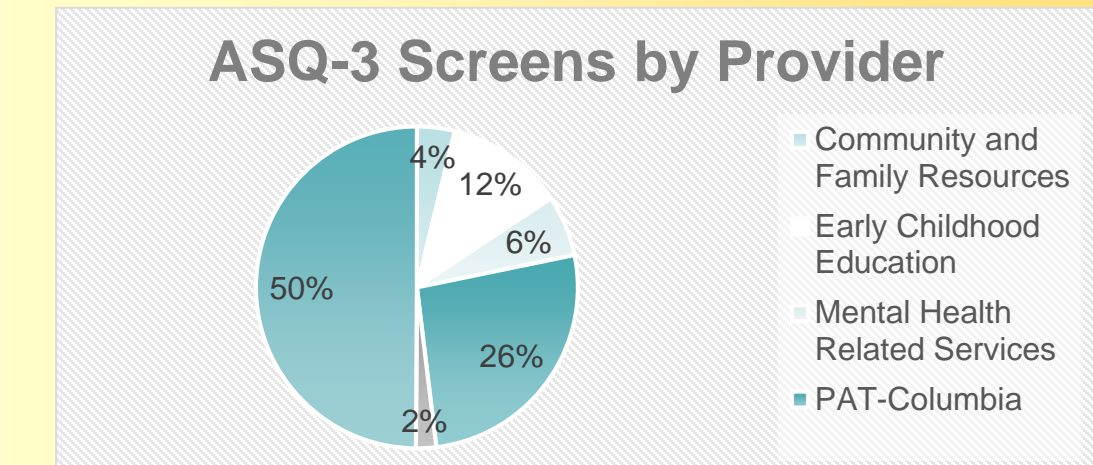
Discussion

- (1) ASQ-3 and ASQ-SE screenings: prior to this intervention there were fragmented efforts without a consistent screening tool. The Wellness Council identified the ASQ as the tool to use consistently in the community. 519 providers have been trained to deliver the ASQ-3 and the ASQ-SE screenings. Within a 3 year period one large pediatrician office that was not screening completed 4036 ASQ-3 screenings and 220 ASQ-SE screenings. A referral tool was created in order to eliminate that barrier to screening.
- (2) Early Child Provider Training and Coaching: 27 childcare sites with 260 childcare providers were trained and received coaching. The most common coaching practices was 'social-emotional behavioral strategies' and 'supportive environments'. The Teacher/Provider Survey was used pre and post. There was a 90.3% increase in job satisfaction
- (3) Parent skills training/strengthening: The significant decrease in overall scores, as well as scores on each subscale, suggests that completion of the IY BASIC Parenting Program resulted in the use of more effective parenting skills. Also, satisfaction scores for the program were measured on a scale of 1-7. The overall program satisfaction was high with a rating of 6.23 and parenting techniques with a rating of 6.27

Outcomes

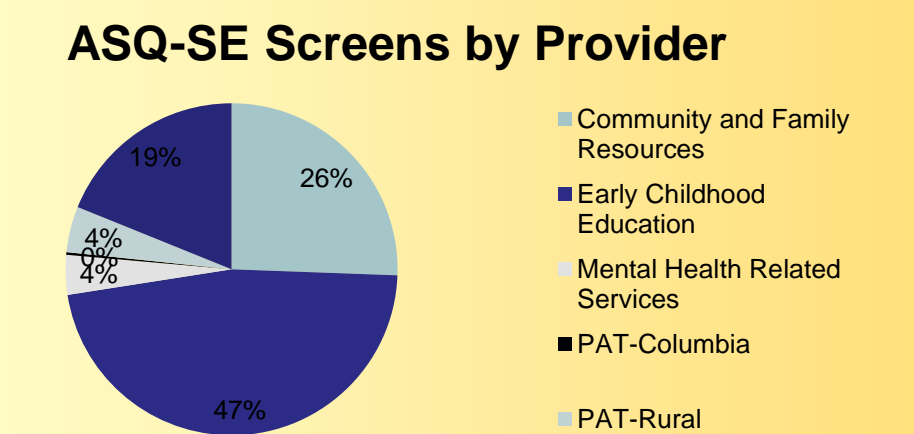
(1) (a) ASQ-3 Screens by early child providers (3 year period):

Provider Type	Sum of ASQ-3-Screenings	% of ASQ3 Screens
Community and Family Resources	306	4%
Early Childhood Education	961	12%
Mental Health Related Services	494	6%
PAT-Columbia	2127	26%
PAT-Rural	164	2%
Primary Care Provider	4036	50%
Grand Total	8088	



(1) (b) ASQ-SE Screens by early child providers (3 year period):

Provider Type	Sum of ASQ-SE-Screenings	% of ASQ-SE Screens
Community and Family Resources	298	26%
Early Childhood Education	547	47%
Mental Health Related Services	45	4%
PAT-Columbia	3	0%
PAT-Rural	52	4%
Primary Care Provider	220	19%
Grand Total	1165	



(2) Early Child Provider Coaching:

Coaching Practice	Frequency	Percent
Social Emotional Behavioral Strategies	282	70.0%
Supportive Environments	259	64.3%
Administrative Support	149	37.0%
Collaborations/Teaming (staff, family, other providers)	31	7.7%
Data Management	86	21.3%
Quality Improvement	59	14.6%
Building Relationships: Staff-Child	105	26.1%
Building Relationships: Staff-Family	80	19.9%
Building Relationships: Staff-Staff	78	19.4%
Building Relationships: Staff-Coach	240	59.6%

Note: Percent calculated by dividing the frequency of each coaching practice by the total number of coaching sessions (403) from which practices were documented.

(3) Parent skills training/strengthening:

(a) Incredible Years (IY Parenting Scale)

	Pre	Post	t	df	d
Overall	3.33 (.64)	2.58 (.58)	10.00*	61	1.27
Laxness	3.09 (.69)	2.51 (.60)	7.07*	61	0.91
Over-reactivity	3.09 (.96)	2.18 (.69)	8.34*	61	1.05
Verbosity	3.99 (.85)	3.07 (.86)	8.15*	61	1.03

(b) Incredible Years Parent Satisfaction

	M	SD
Overall Program (N=69)	6.23	.38
Teaching Format (N=69)	6.01	.52
Specific Parenting Techniques (N=68)	6.26	.44
Parent Group Leader(s) (N=68)	6.58	.46

Future Directions

- Creation of team of providers utilizing Child Parent Psychotherapy for young children exposed to trauma
- Funding has been secured to implement evidence-based public awareness campaign utilizing Triple P. This will be implemented in the Fall of 2017. Our goal is to show a 50% increase in awareness of parenting resources utilizing a community population survey pre and post intervention
- 20 providers (primary care physicians and parent educators) will be trained to deliver individual Triple P interventions and group seminars/discussion groups
- Collaborate with FACE to create early child assessment that will link with existing assessment of school-age children

References

- Racz, S.J., King, K.M., Wu, J., Witkiewitz, K., & McMahon, R.J. (2013). The predictive utility of a brief kindergarten screening measure of child behavior problems. *Journal of Consulting and Clinical Psychology, 81*, 588-599.
- Stormont, M., Lewis, T. J., Beckner, R., Johnson, N. W. (2008). Implementing systems of positive behavior support systems in early childhood and elementary settings. Corwin Press: Thousand Oaks, CA.