

Evaluation Update 2014



Prepared by the University of Arkansas for
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Preventive Medicine

About Project PLAY

Project PLAY is an Early Childhood Mental Health Consultation (ECMHC) program funded by the Department of Human Services Division of Child Care and Early Childhood Education. Project PLAY facilitates collaboration between early child care programs and specially trained mental health professionals located within Community Mental Health Centers (CMHC's). The goals of Project PLAY are two-fold:

- Promote positive social and emotional development of children through changes in the early learning environment.
- Decrease problematic social and emotional behaviors of young children in early child care settings by building the skills of child care providers and family members.

• Consultants work with teachers to improve the care offered to *all children* in their classroom by helping to identify attitudes, beliefs and practices and classroom conditions that may be undermining quality relationships between teachers and children.

Classroom Consultation



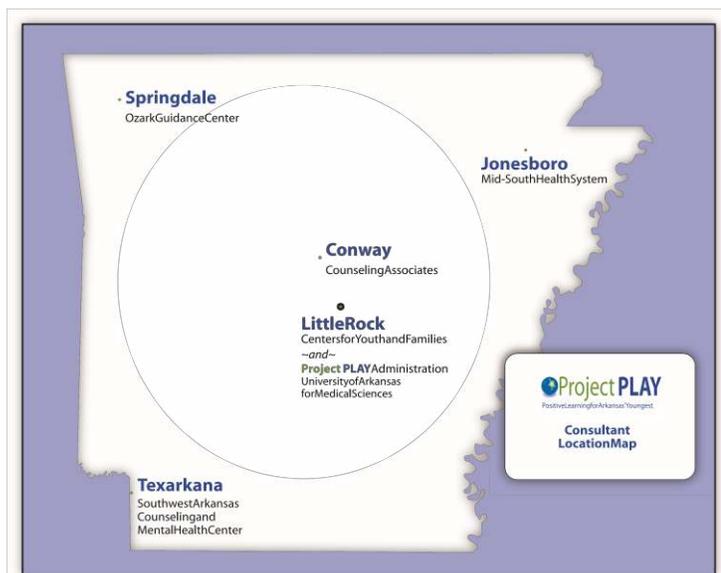
• When a specific child's behavior is of concern to parents or teachers, the Mental Health Consultant helps these adults understand, assess and address the child's needs by developing an individualized plan with the parents and teachers.

Child-Specific Consultation



• Directors and other program leaders are supported by the Mental Health Consultant to make changes in their child care practices and/or policies to the benefit of all of the children and adults in their setting.

Program Level Consultation



After a series of successful pilots beginning in 2005, Arkansas' ECMHC project re-launched in July 2011 under the name Project PLAY and added 3 new CMHC partners. In 2013-2014, services were available in the locations shown on this map.

Services Provided in 2013-2014

Project PLAY served 37 centers in Arkansas providing either a broad scope of services to improve teacher-child interactions, child behavior, and classroom structure and management, or support to address social-emotional concerns with a particular child.

Consultation Services: *Project PLAY consultants made 546 site visits to provide consultation services.* Programmatic support services included: classroom observation; strategies to promote pro-social behavior; training on behavior management, child development, and mental health; promoting team building and communication between staff; staff support/stress management; and consultation with center directors to develop solutions and to advise on/develop center policy. Child-specific support services included: child observation; developing child behavior and classroom management plans; facilitating parent-staff communication; modeling/coaching on individual child support; and providing referrals when needed

Training: Consultants were also able to provide TAPP Teacher Trainings to teachers in our partner centers. Over the year, consultants did **67 TAPP trainings** on topics related to supporting children's social and emotional development.

Teachers Served: Demographics, Needs and Strengths

At the start of their partnership with Project PLAY, about a third teachers had a high school degree or less (30%), while 36% had taken some college courses and 35% had an Associate's degree or higher. Only 20% had a Child Development Associates degree. On average, child care providers had 8.5 years of experience in child care. Before consultation began, teachers were surveyed about their training needs, support they received, stress and depression, and feelings about their new partnership with Project PLAY.

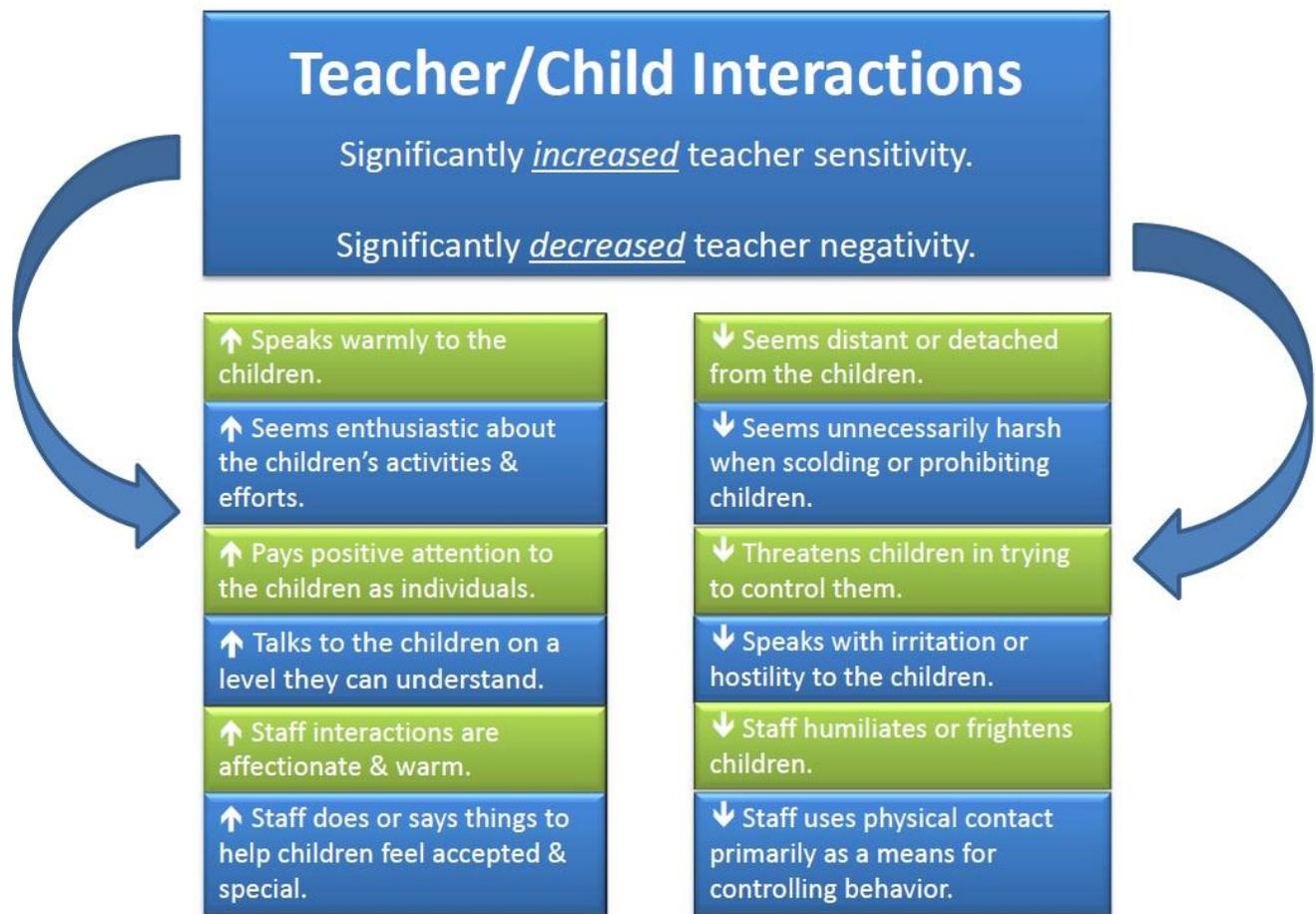
- **Training Needs:** Most child care staff (83%) agreed that they wished there were more training opportunities made available to them. When asked about barriers to training in the past, 38% reported that training times had not been convenient for them, 37% reported that they were not aware of trainings offered nearby, and 22% could not take time off of work.



- **Teacher Stress:** Many teachers reported signs of stress. For example, 33% agreed that their stress affected their work, 24% reported that their stress made it hard to sleep, and 42% agreed that the level of misbehavior among children interfered with their ability to do their job.
- **Teacher Receptiveness to Project PLAY:** Most teachers (83%) were pleased with their center’s partnership with Project PLAY. Most (77%) believed they could personally benefit from a relationship with a Project PLAY consultant.

Impact on Teacher-Child Interactions

The Project PLAY evaluation study was designed to assess change over time in teachers, classrooms and children. Part of the evaluation includes independent observations of the classroom by trained research assistants. Results from the evaluation study examining 89 teachers who completed consultation show **strong evidence of improvements in teacher behavior and classroom environments based on** ratings of teacher-child interactions using the Arnett Caregiver Interaction Scale and the Preschool Mental Health Climate Scale.



Note: These are sample items from the data collection tools used.

Increased Supports for Social-Emotional Development

For the 89 Project PLAY teachers who completed consultation, we also saw improvements in aspects of the classroom important to children’s social-emotional development. This was reflected by significant improvement in multiple domains on the Preschool Mental Health Climate Scale (PMHCS). In addition to improvements in the PMHCS total score and scales related to nurturing teacher-child interactions, there were **significant improvements** in the following domains:

Increased Use of Developmentally Appropriate Social-Emotional Supports	
Domain	Example
Transitions	<ul style="list-style-type: none">❖ Transitions are quick & flexible enough for the developmental level of the children.❖ During transitions, teachers actively interact with children in order to facilitate smooth transitions or continued learning.
Use of directions & rules	<ul style="list-style-type: none">❖ Staff expresses clear directions & behavioral expectations & provides appropriate follow-through on instructions.❖ Rules, directions, & expectations are developmentally appropriate.
Staff awareness & intervention	<ul style="list-style-type: none">❖ Staff is aware of potential behavioral challenges before they escalate, & staff intervenes appropriately.
Staff affect & demeanor	<ul style="list-style-type: none">❖ Staff seems to be having fun & appear to enjoy the children and/or teaching the children new skills.
Teaching feelings & problem solving	<ul style="list-style-type: none">❖ Staff helps children label their own feelings.❖ When conflicts arise, staff helps children devise their own solutions to peer conflicts.
Developmentally appropriate practice	<ul style="list-style-type: none">❖ Staff provides children with individualized support.❖ Activities are of an appropriate duration, pace, variability, & level of stimulation to maintain children’s attention.

Note: These are sample items from the data collection tools used.

Improved Child Behavior

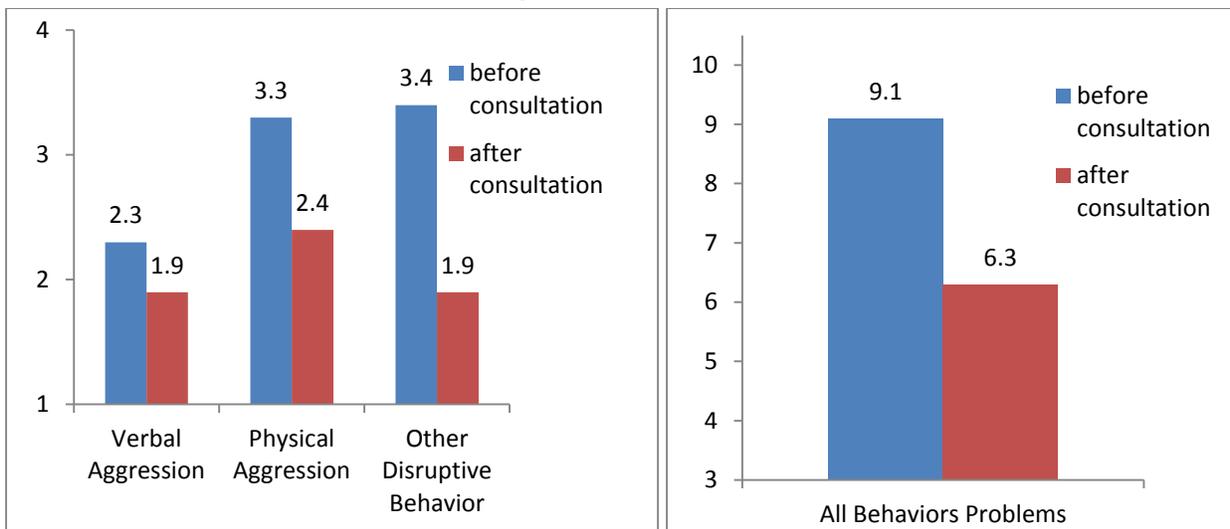
Project PLAY measures child behavior using three different approaches, and all three approaches suggest that **children’s behavior significantly improved** over the course of the Project PLAY Partnership.

- **Classroom Level Pro-Social Behaviors:** We measure children’s interactions with peers and teachers using the Child Interaction subscale of the Preschool Mental Health Climate Scale. This scales measure positive

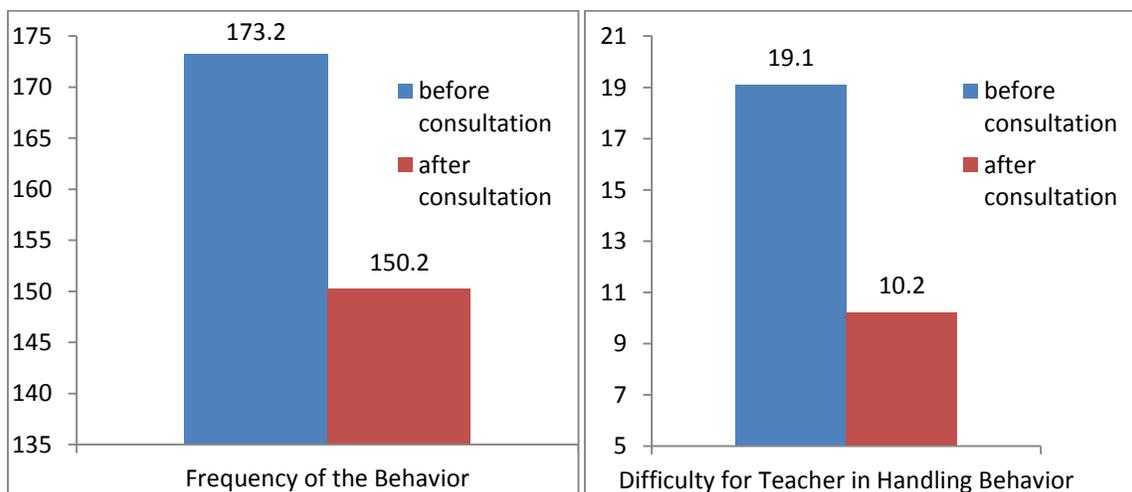
behaviors such as children appearing happy and well-adjusted, interacting well with peers and staff, and being engaged, cooperative and attentive. *Significant improvements were seen in child interactions.*

- **Classroom Level Behavior Problems:** Research staff count all acting out behaviors that occurred in a 45 minute period in the classroom, using the Child Behavior Frequency Count. In 54 classrooms receiving classroom level consultation, we documented *significant decreases in the number of incidents involving behavior problems among children in the classroom.*
- **Severe Behaviors:** When teachers were concerned about the behavior of a specific child, they were asked to complete the Sutter-Eyberg, a standardized teacher-report measure of externalizing behavior problems for young children. As seen below, we documented dramatic and statistically significant improvements in the behavior of children whose behavior started out above the cut-off indicating they may have a diagnosable behavior disorder.

Number of Disruptive Behaviors Observed in the Classroom



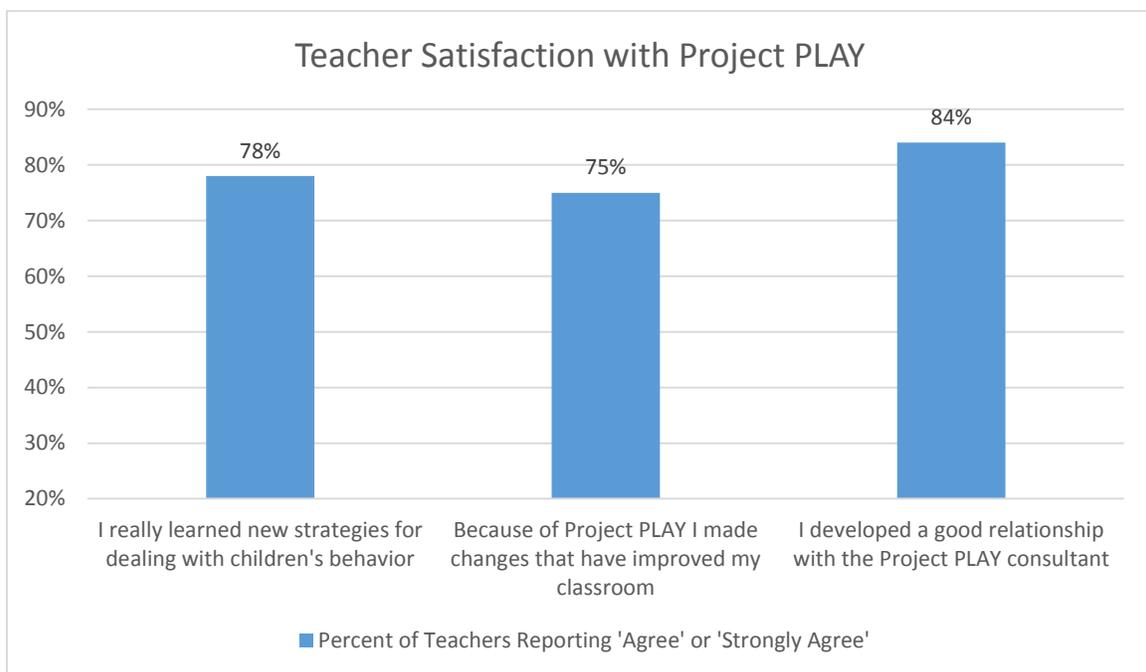
Improvement in Behavior for Children with Serious Behavior Problems



Teacher Satisfaction

Most teachers were satisfied with the services that they received. Items from the closing survey are shown below, along with quotes from teachers.

“As teachers we never finish learning new things every day. Project Play is perfect because it is always giving you new ideas to have better relationships with parents as well as with children.”



“I am a better teacher because of the one-on-one consultation of Project Play.”

“I learned several ways to understand different children and their behavior problems. I benefited when my Project Play consultant was here by having them work in the room for a short time showing us how to handle certain different children.”

Teachers who were less satisfied with Project PLAY primarily indicated that they did not get as much time with the consultant as they hoped. This may be the case because of the priorities of the center director about which classrooms the consultant should be working in the most.

Foster Children

For the past three years Project PLAY has had a focus on supporting children in foster care. In the past year, Project PLAY has moved forward with this initiative on two fronts, 1) Continuing broad outreach and educational activities designed to increase use of high quality, stable child care for children in foster care in Arkansas, 2) Prioritizing child care centers serving children in foster care for our Early Childhood Mental Health consultation services and 3) Sharing information about this effort beyond Arkansas. Key activities and achievements are summarized below.

- **Delivery of Educational Outreach:** Project PLAY *delivered trainings to over 400 participants* including staff within Arkansas Department of Human Services Division of Children and Family Services (DCFS) and Division of Child Care and Early Childhood Education (DCCECE), foster parents, CASA volunteers, attorneys and more.
- **Prioritizing Child Care Centers Serving Foster Children** for EHMHC services. Foster children were enrolled in the majority of the child care centers Project PLAY served during the past year.
- **Sharing Information Nationally:** The Project PLAY team were invited by staff of the federal DHS/Administration for Children and Families to present at two DHS meetings about our efforts to increase use of high quality, stable child care for children in foster care in Arkansas.

Collaborations: Project PLAY continues to work closely with DCFS leadership in on policy, practice, and educational outreach. DCFS shared information of foster parent training and helped arrange trainings at staff meeting around the state. Additionally Project PLAY staff member serve as community partners for the Safe Babies Court Team for maltreated infants and toddlers.