



Project PLAY

Annual Report FY17-18

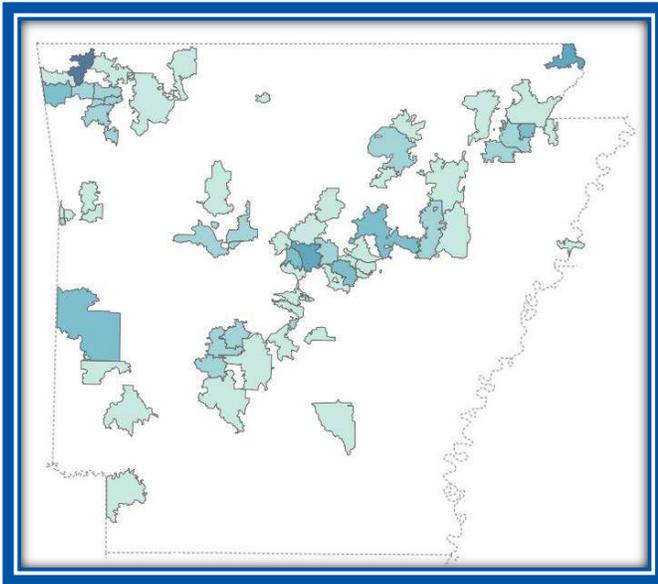
ABOUT US

Project PLAY is an Early Childhood Mental Health Consultant (ECMHC) program, funded by the Arkansas Department of Human Services/ Division of Child Care and Early Childhood Education. Project PLAY matches early childhood mental health consultants with early care and education providers in Arkansas. Through partnerships with both the parent(s) and childcare center staff, Project PLAY offers innovative strategies proven to positively impact the social and emotional development of children. When a teacher or parent has concerns about the child's emotions and behavior in the classroom, the Project PLAY consultant helps them understand, assess, and address the child's needs by developing an individualized plan. As partners, they work to enhance the capacity of childcare centers and teachers to prevent and manage challenging behaviors in children and to improve the outcomes of children enrolled in the collaborating childcare programs.

REACHING THE STATE

This year, Project PLAY continued its partnership with the Division of Child Care and Early Childhood Education's statewide, centralized expulsion prevention system called BehaviorHelp. BehaviorHelp provides a single point of entry when support is needed to address behavioral challenges in the classroom. The BehaviorHelp system coordinates key training, technical assistance and mental health consultation resources in the state with a goal of helping early care and education providers quickly and easily access the support that is likely to best match their need. As a part of this unique system, Project PLAY served a number of children across the state. When Project PLAY accepts a referral from the BehaviorHelp system, child focused consultation services are offered once a week for 3 months, and supports could include:

- Observation of classroom, teacher, environment, and child referred.
- Developmental, social and emotional screening.
- Partnering in development of individualized plans to support caregivers in managing challenging behaviors and strengthening social and emotional supports in the classroom.
- Classroom visits to assist teachers in implementing new strategies and techniques and support the well-being of the teacher.
- Partnership with parents to facilitate consistency between home and school.
- Training and information sharing on topics such as childhood trauma, managing disruptive behaviors, and emotional literacy.
- Referrals to community resources, if needed, for further assessment and treatment.

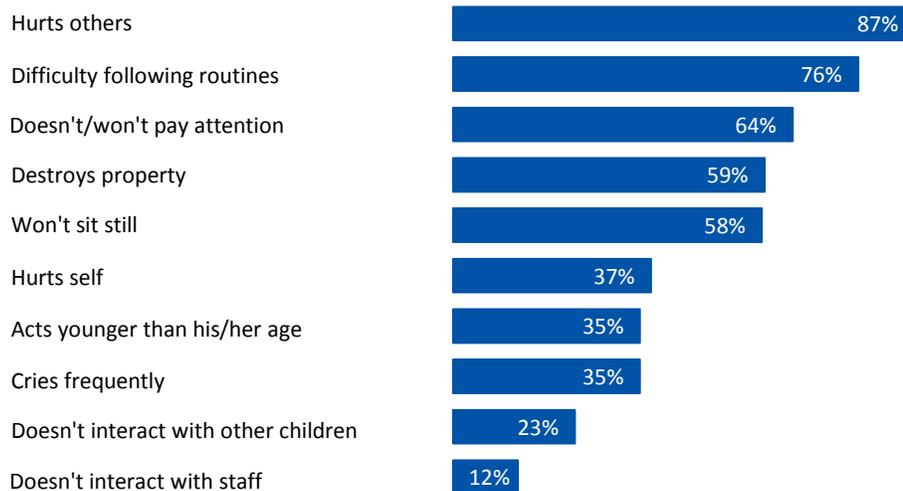


IN FY17-18, PROJECT PLAY SERVED:

- 111 CASES
- AT 81 CENTERS
- IN 56 CITIES
- IN 33 COUNTIES.

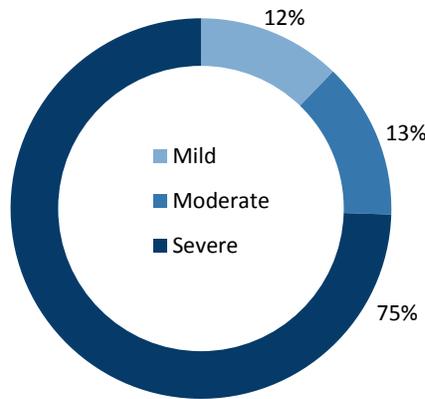
Since the beginning of the BehaviorHelp partnership, Project PLAY has provided consultation on 191 cases. Centers receiving assistance from BehaviorHelp were mostly Level 3 Better Beginnings sites (62%). Often times, the center director made the initial contact to request help (42%). Those requesting assistance indicated experiencing a multitude of challenging child behaviors, and teacher frustration was high.

Reports often indicated children harmed others and had difficulty following routines and paying attention.



N=188

Teacher frustration with child behaviors was high.

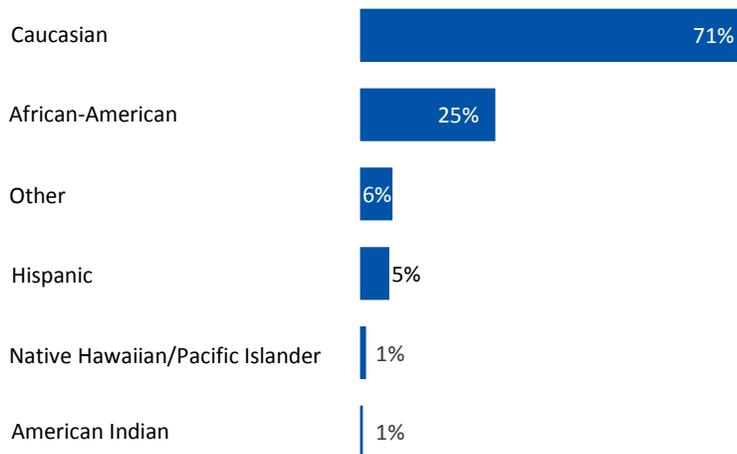


N=173

DEFINING THE NEED

Children served by Project PLAY consultants across all project years ranged in age from 1 to 10 years of age ($M=4.17, SD=1.27$). Most were male (83%), and the majority were Caucasian (71%). Reports indicated that 15% of the children referred were currently in foster care. Families received support from a variety of sources, including ABC (43%), CCDF/Voucher (24%), and Head Start (10%).

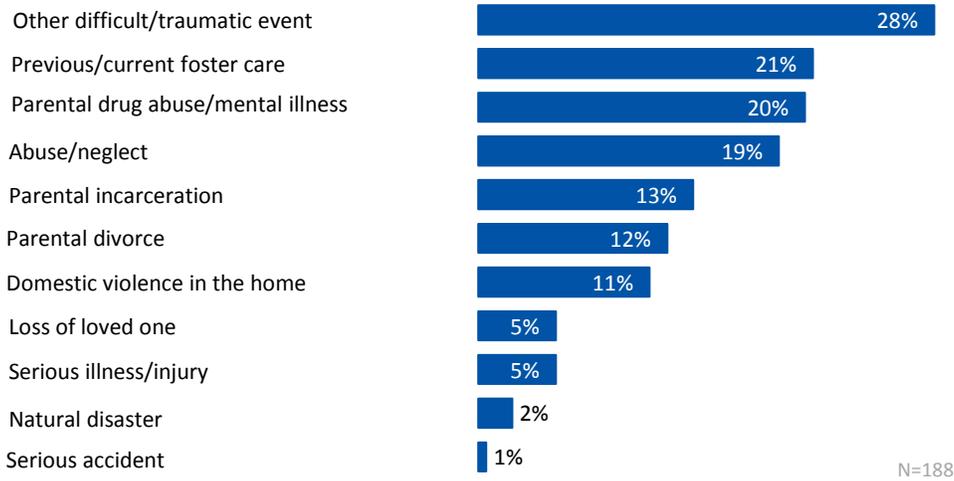
Most children referred to Project PLAY through BehaviorHelp were Caucasian.



N=188

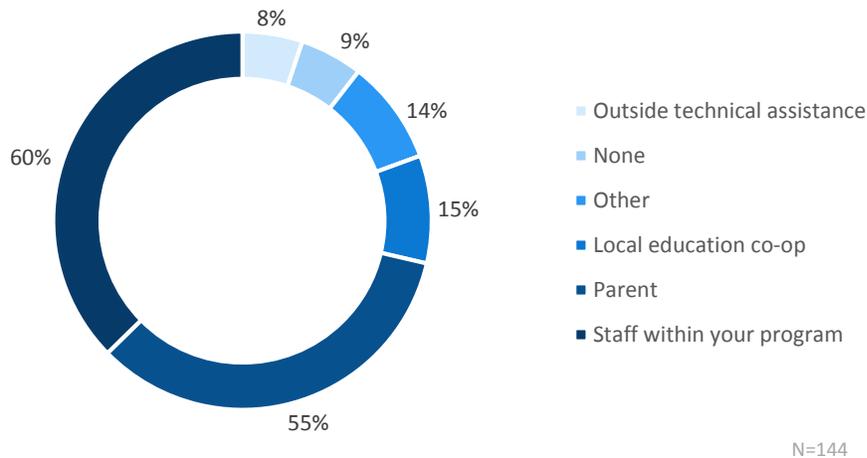
More than half (55%) of children referred had gone through recent changes in their life, and many had experienced difficult or traumatic events, including DHS involvement, divorce, and parent deployment.

Children referred through BehaviorHelp had experienced difficult/traumatic events.



When asked what other support they had received in working with the child or family, the referral source reported that they often sought help for challenging behaviors from within their own program (60%), rather than seeking outside help, although 15% were working with special education already.

Centers often looked to staff within **their program** for support.



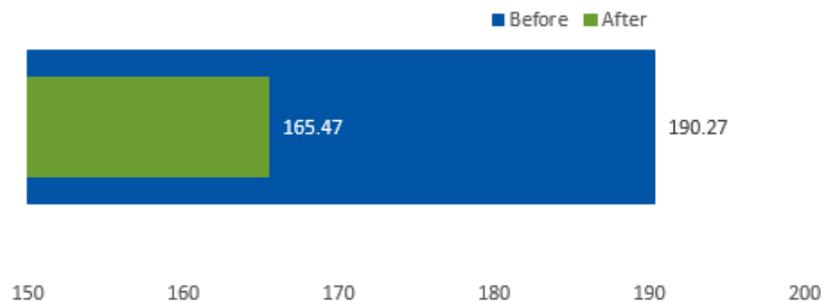
PROJECT PLAY EVALUATION PLAN

The Project PLAY evaluation was designed to assess change over time at the teacher, classroom, and child level. A variety of tools were used to evaluate the progress over time at each of these levels. At present, we have data available on two tools used to evaluate teacher perceptions of children’s behavior at pre- and post-consultation.

TEACHER PERCEPTION OF CHANGE IN CHILD BEHAVIOR

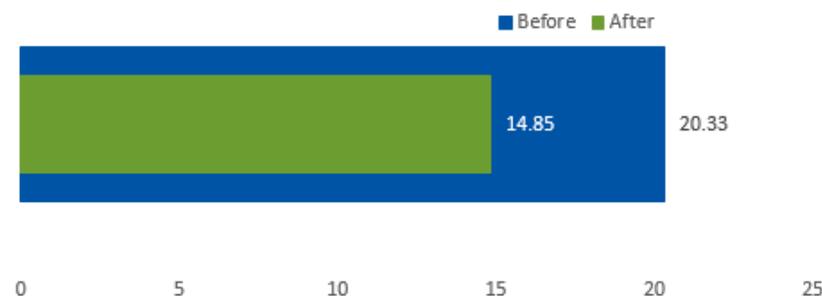
For each child receiving services from Project PLAY, teachers were asked to complete the Sutter-Eyberg Student Behavior Inventory (SESBI)—Revised, a standardized tool used to evaluate externalizing behavior problems in young children. Items on the SESBI help pinpoint problems such as non-compliance, impulsiveness, aggressiveness, and defiance, which are useful in identifying conduct disorder, attention deficit/hyperactivity disorder, and more. The 38 items on the SESBI ask teachers to rate the intensity of each behavior and assess if that behavior is a problem for himself/herself. As shown below, from pre- to post-assessment, **the frequency of children’s disruptive behaviors significantly decreased** [Pre (M=190.27, SD=33.60), Post (M=165.47, SD=46.95), p=.000, N=86]. Additionally, t-score conversions of the raw intensity scores were calculated to determine if the child’s behaviors were indicative of a diagnosable behavior disorder. Children with a t-score of 60 or greater exceeded the cut-off, indicating that the behavior concerns are of a serious nature. T-scores in our sample exceeded the cut-off but showed a significant decrease from pre- to post-assessment [Pre (M=66.83, SD=6.16), Post (M=62.28, SD=8.49), p=.000, N=86].

Teachers report that frequency of child disruptive behavior is reduced after consultation.



Additionally, the SESBI allows us to analyze the extent to which children’s disruptive behavior is a problem for the teacher, based on his or her perspective. As indicated below, we also saw **a significant decrease in the extent to which children’s disruptive behaviors were rated as problematic for the teacher** [Pre (M=20.34, SD=9.51), Post (M=14.85, SD=11.72), p=.000, N=80].

Post-consultation, teachers indicate a decrease in behavior concerns as 'problematic.'



Teachers were also asked to complete the Strengths and Difficulties Questionnaire (SDQ), a 25 item screening tool designed to assess children’s behavior in five key areas: emotional difficulties, conduct problems, hyperactivity, peer relationships, and prosocial behaviors. It is interesting to note that mean scale scores at both pre- and post-assessment were higher than SDQ normative data (with prosocial scales lower than the norm). This is indicative of the severity of behaviors exhibited by children referred to BehaviorHelp services. However, as seen below, children’s behavior saw significant improvements from pre- to post-consultation. **Total SDQ scores improved significantly, and teachers reported a decline in the impact children’s challenging behaviors had upon both the classroom and the child him/herself.**



Significant decrease in conduct problems such as:

- Often fights with other children.
- Often argumentative with adults.



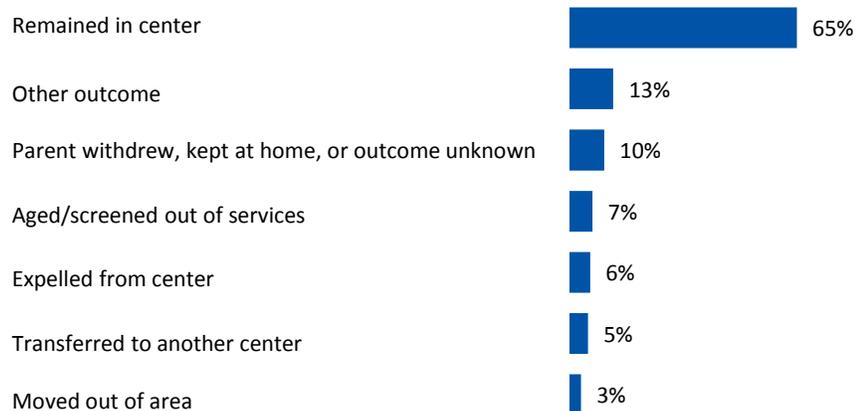
Significant increase in prosocial behaviors such as:

- Considerate of other people’s feelings.
- Shares readily with other children.

PREVENTING SUSPENSION & EXPULSION

The key goal of the BehaviorHelp system is to prevent suspension and expulsion within the early childhood system. Of the 152 cases that Project PLAY *closed out* since BehaviorHelp began, only nine children (5.9%) were expelled, 65% of those children remained in the center who made the BehaviorHelp referral, and others changed centers due to parent choice, aging out, a planned transfer to another center or moving out of the area.

At the time their case closed, most **children remained in the center** who referred them to BehaviorHelp.



N=152

SUMMARY

Children receiving mental health consultation services through Project PLAY this year showed great need for a supportive, nurturing, and stable caregiving environment. Many had experienced difficult or traumatic events, which often resulted in challenging behaviors within the classroom. Teachers experienced great frustration with these behaviors and were often unprepared in terms of education and training. Through the consultation process, meaningful changes were seen in children's challenging behaviors and most children were able to remain in their center with help from Project PLAY.

COMMUNITY MENTAL HEALTH PARTNERS

Project PLAY is primarily staffed through partnerships with the community mental health centers listed below. The UAMS team is grateful for the support of these key partners!

- Ozark Guidance Center
- Mid-South Health Systems, Inc.
- Counseling Associates Inc.
- Southwest Arkansas Counseling & Mental Health Center, Inc.
- The Centers for Youth & Families
- Ouachita Behavioral Health & Wellness