Project PLAY:

Annual Evaluation Report FY21-22

Angie Kyzer, BA
Maya Williams, MPS
Nicola Conners Edge, Ph.D.

Project PLAY
Positive Learning for Arkansas' Youngest

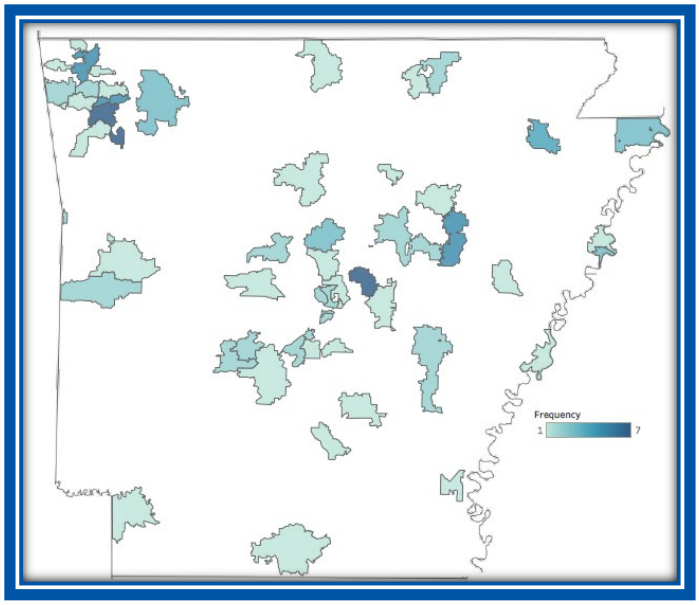
ABOUT US

Project PLAY is an Early Childhood Mental Health Consultation (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. Project PLAY works to enhance the capacity of childcare centers and teachers to prevent and manage challenging behaviors in children and build social and emotional skills children need for success in school and life. Services may be offered to support whole programs or classrooms or to support teachers in their work with specific 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 and works with teachers and parents to develop an individualized plan.

REACHING THE STATE

This year, the primary focus of Project PLAY was to continue our partnership with the Division of Child Care and Early Childhood Education's statewide, centralized suspension and expulsion prevention system called BehaviorHelp. BehaviorHelp provides a single point of entry when support is needed to address behavioral challenges in the early care and education 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. Referrals into this system are assigned to Project PLAY when the situation would benefit from the support of a mental health professional, for example, because a child has experienced a serious trauma or already has a significant mental health diagnosis. As a part of this unique system, Project PLAY served a number of children across the state. Project PLAY has historically provided support to whole programs to build capacity of teachers and staff to support social and emotional development. However, these services continued to be limited this year due to the high demand for BehaviorHelp support. 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.

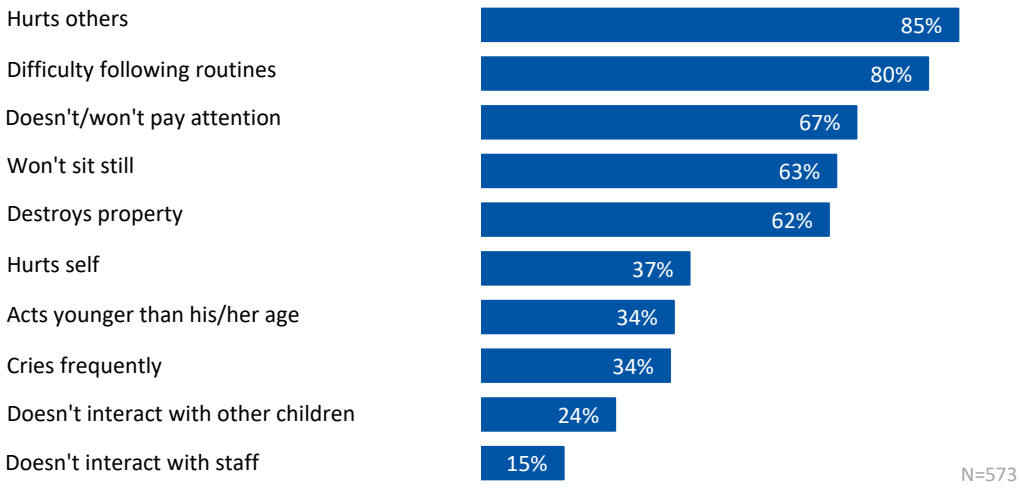


IN FY21-22, PROJECT PLAY SERVED:

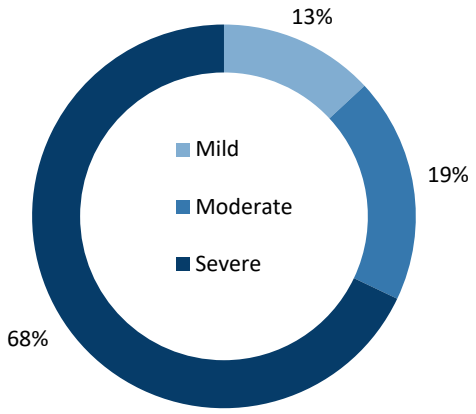
- 105 CASES
- AT 77 CENTERS
- IN 49 CITIES
- IN 32 COUNTIES.

Since the beginning of the BehaviorHelp partnership, Project PLAY has provided consultation on 573 cases. Centers receiving assistance from BehaviorHelp were mostly Level 3 Better Beginnings sites (57%). Often times, the center director made the initial contact to request help (48%). 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.



Teacher frustration with child behaviors was high.

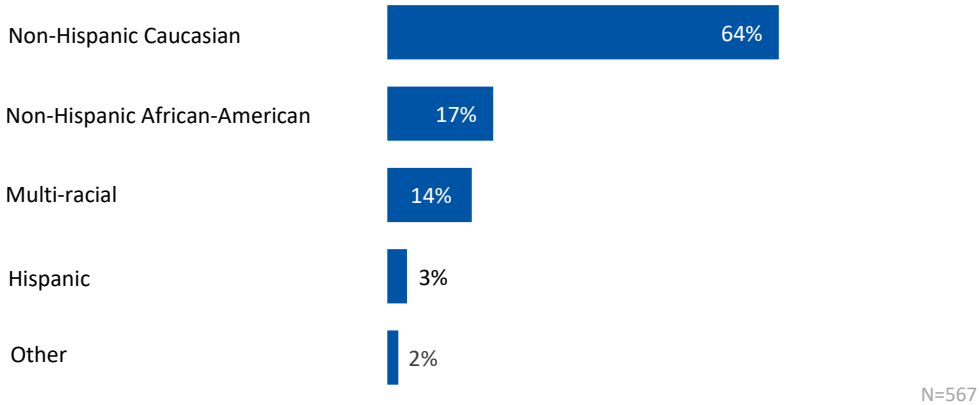


N=536

DEFINING THE NEED

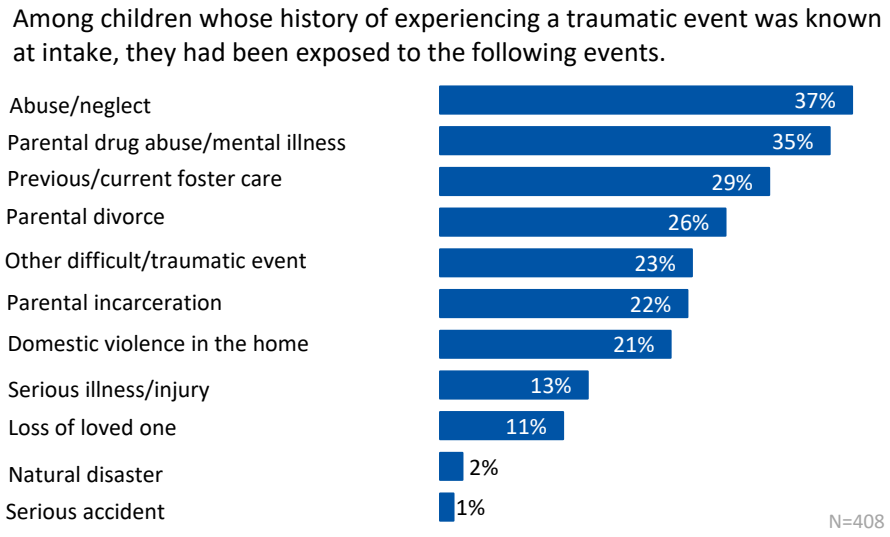
Project PLAY primarily serves children birth through age 5, though consultants may occasionally support a school-age child in an afterschool or summer program. Children served by Project PLAY consultants since the beginning of BehaviorHelp ranged in age from 1 to 12 years of age (M=3.97, *SD*=1.17). Most were male (80%), and the majority were Caucasian (64%). Reports indicated that 17% of the children referred were currently in foster care at the time the referral was made. Families received support from a variety of sources, including ABC (34%), CCDF or Foster Care Voucher (27%), Head Start/Early Head Start (10%), and other sources (28%), including private pay and Medicaid, etc.

Most children referred to Project PLAY through BehaviorHelp were Caucasian.

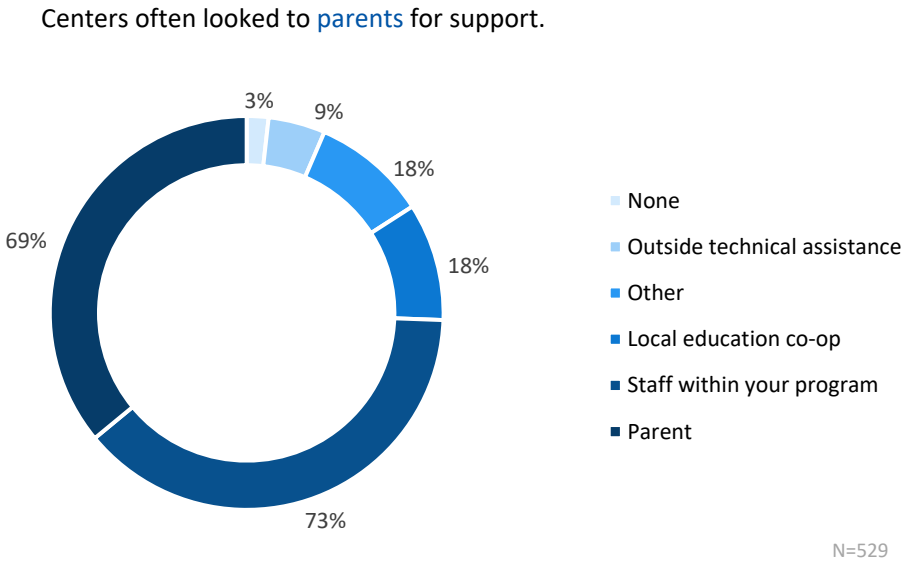


N=567

Referral sources reported that about two-thirds (64%) of children referred had gone through recent changes in their life, and many had experienced difficult or traumatic events, such as abuse or neglect, parental incarceration, witnessing domestic violence, and parent deployment (71%). Sometimes throughout the course of the case, however, evidence of trauma was discovered in children initially not thought to have experienced difficult life events. By case closure, **the proportion of children who were known to have experienced trauma rose to 74%**.



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 other staff within their program (73%), although many were also seeking help from the child's parent(s) (69%) or the local special education cooperative (18%).

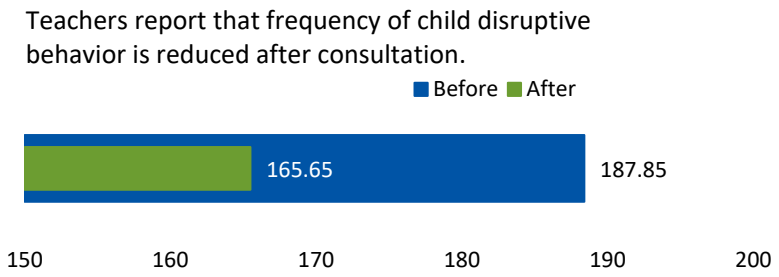


PROJECT PLAY EVALUATION PLAN

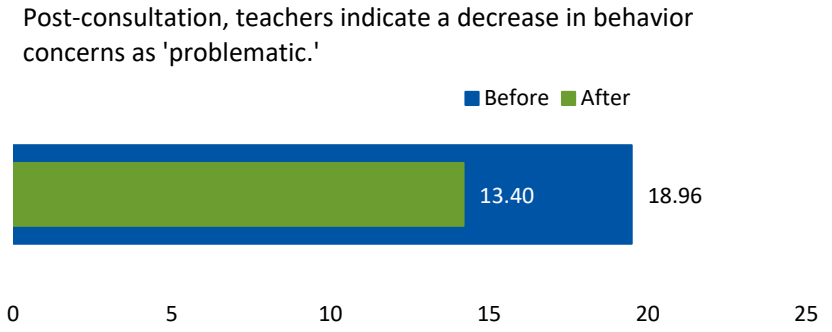
The Project PLAY evaluation was designed to assess change over time in emotional and behavioral concerns of referred children, and how teachers are handling those behaviors. In this report, we focus on data from two tools used to evaluate teacher perceptions of children's emotions and behavior pre- and 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 (or 'acting-out') behavior problems in young children. Items on the SESBI help pinpoint concerns about specific behaviors such as non-compliance, impulsiveness, hyperactivity, aggression, and defiance. The 38 items on the SESBI ask teachers to rate the intensity of each behavior and assess if that behavior is a problem for the teacher. As shown below, from pre- to post-assessment, **the frequency of children's disruptive behaviors significantly decreased** [Pre (M=187.25, *SD*=35.34), Post (M=165.65, *SD*=44.80), p<0.001, N=313]. Additionally, t-score conversions of the raw intensity scores were calculated to determine if the child's behaviors were indicative of a potentially 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=66.32, *SD*=6.55), Post (M=62.37, *SD*=8.15), p<0.001, N=313].



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=18.96, *SD*=9.72), Post (M=13.40, *SD*=11.07), p<0.001, N=286].



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 significant decline in the impact children's challenging behaviors had upon both the classroom and the child him/herself.**

Significant decrease in conduct, hyperactivity, and peer problems such as:

- Often fights with other children.
- Constantly fidgeting or squirming.
- Picked on or bullied by other children.

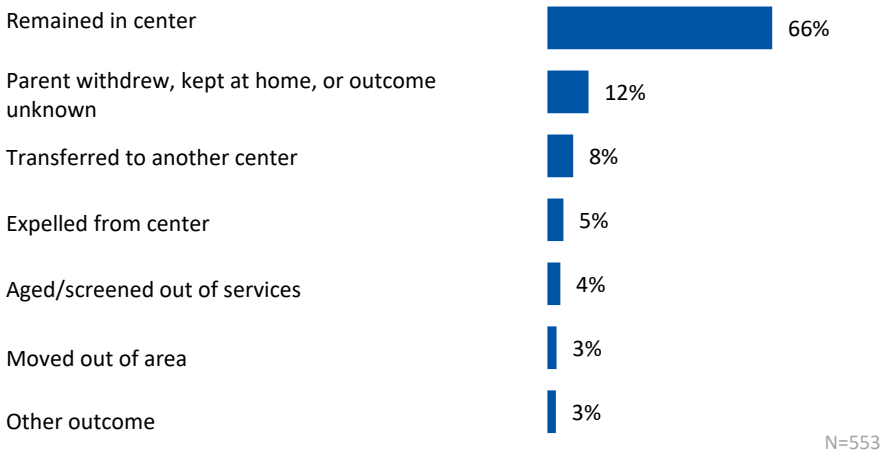
Significant increase in prosocial behaviors such as:

- Considerate of other people's feelings.
- Shares readily with other children.
- Often offers to help others.

PREVENTING SUSPENSION & EXPULSION

The key goal of the BehaviorHelp system is to prevent suspension and expulsion within the early childhood system. Of the 553 cases that Project PLAY *closed out* since BehaviorHelp began, only 26 children (5%) were expelled, 66% 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 (see chart below for details).

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



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. 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 staffed through a combination of UAMS team members and partnerships with the community mental health centers listed below. The UAMS team is grateful for the support of these key partners!

- Arisa Health
  - Ozark Guidance Center
  - Mid-South Health Systems, Inc.
  - Counseling Associates Inc.
- Ouachita Behavioral Health & Wellness

This report was funded by the Arkansas Department of Human Services, Division of Child Care & Early Childhood Education. For more information, contact Dr. Nikki Edge (naedge@uams.edu) or Angie Kyzer (alkyzer@uams.edu).

UAMS

COLLEGE OF MEDICINE
DEPARTMENT OF
FAMILY AND PREVENTIVE MEDICINE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

RED
Research and Evaluation Division
Department of Family and Preventive Medicine