2023

Project PLAY

Annual Evaluation Report FY22-FY23

About Us

Project PLAY is an Early Childhood Mental Health Consultation (ECMHC) program, funded by the Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Early Childhood (OEC). 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 positive mental health 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.

Project PLAY
Positive Learning for Arkansas' Youngest

Reaching the State

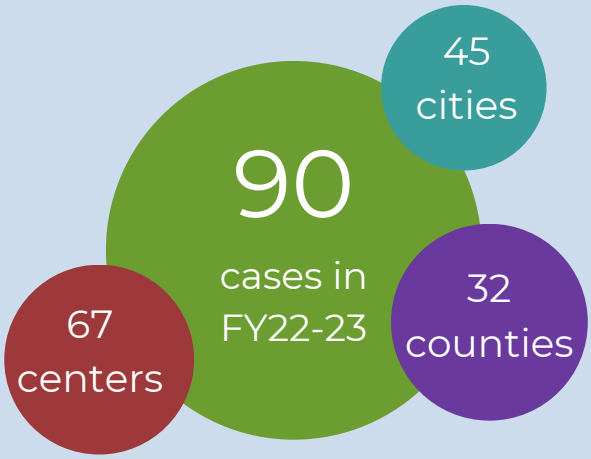
This year, the primary focus of Project PLAY was to continue our partnership with the OCE's statewide, centralized suspension and expulsion prevention system called BehaviorHelp. BehaviorHelp provides a single point of entry when support is needed to address behavioral challenges in the early care and education classroom. The BehaviorHelp system coordinates key training, technical assistance, and mental health consultation resources in the state with the goal of helping early care and education providers quickly and easily access the support that is likely to best match their needs. 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 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 the capacity of teachers and staff to support the positive mental health of young children and decrease challenging behaviors. 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 the development of individualized plans to support caregivers in managing challenging behaviors and strengthening positive mental health 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.

Numbers Served

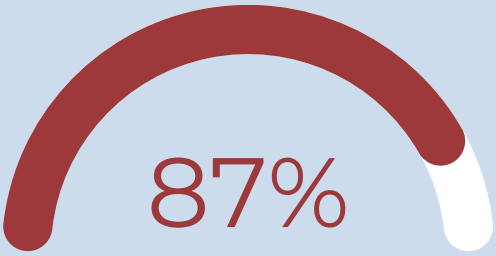
Since 2016, Project PLAY has provided consultation on **665 cases**.



Since the beginning of the BehaviorHelp partnership, Project PLAY has provided consultation on 665 cases. Centers receiving assistance from BehaviorHelp were mostly Level 3 Better Beginnings sites (57%). Often, the center director made the initial contact to request help (48%). Initial reports indicated children often harmed others, had difficulty following routines, and playing attention (see chart on next page for details). Other reported challenging behaviors included: crying frequently (37%), hurts self (35%), acts younger than his/her age (34%), does not interact with other children (24%), and does not interact with staff (15%).

Those requesting assistance indicated experiencing a multitude of challenging child behaviors, and teacher frustration was high.

Reports often indicated children harmed others, had difficulty following routines, and paying attention (N=665)



87% of teachers reported that their level of **frustration with child behaviors was moderate to severe**. The majority considered frustration severe (67%). Only 13% found behaviors to be "mildly" frustrating.

(N=628).

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.

Child Demographics

Children served by Project PLAY consultants since the beginning of BehaviorHelp ranged in age from 1 to 12 years of age and on **average almost 4 years old** (M=3.95, SD=1.14). Most were **male (80%)**, and the majority referred to Project PLAY through BehaviorHelp were **Caucasian** (65%).

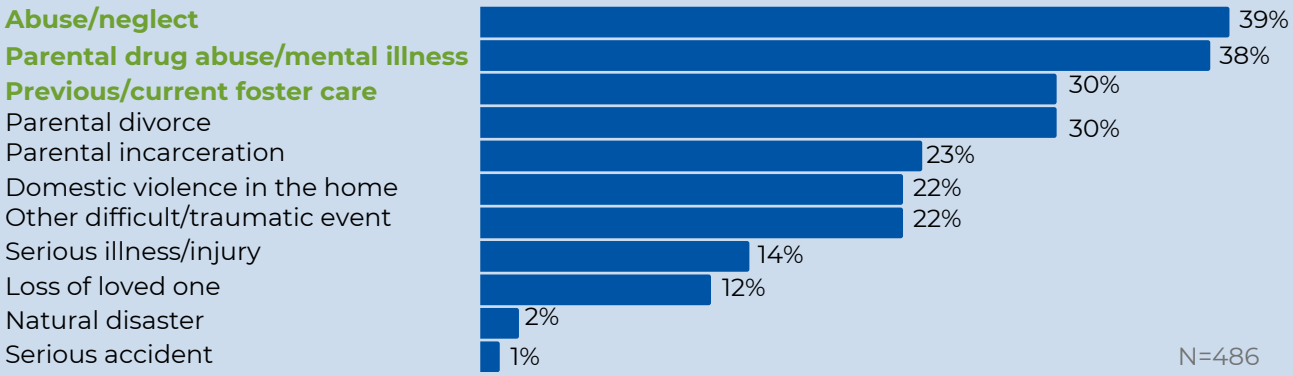
Sources of support

Families received support from a variety of sources, including ABC (33%), CCDF or Foster Care Voucher (29%), Head Start/Early Head Start (9%), and other sources (29%), including private pay and Medicaid, etc.

At the time the referral was made, reports indicated that 16% of children referred were in foster care. Referral sources reported that about two-thirds (64%) of children referred had gone through recent changes in their life, and many (73%) had experienced difficult or traumatic events, such as abuse or neglect, parental incarceration, witnessing domestic violence, and parent deployment. 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 75%.

Among children whose history of experiencing a traumatic event was known at intake, they had been exposed to the following 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 other staff within their program (76%), although many were also seeking help from the child's parent(s) (70%) or the local special education cooperative (18%).

Child Development Screenings

For each BehaviorHelp case assigned to Project PLAY, consultants are asked to gather information about the child's development. If the child has had recent developmental screenings completed, consultants request permission from the child's guardian to acquire those testing results. For those children who have not yet been screened, the Project PLAY consultant will ensure that the Ages & Stages Questionnaires, Third Edition (ASQ-3) is completed.

The ASQ-3 is a valid and reliable developmental screening tool used to determine the child's developmental progress in five key areas: communication, gross motor, fine motor, problem-solving, and personal-social skills. Information may be gathered from the child's guardian or teacher and through direct testing by the consultant. Consultants use these screening results to determine if further testing is needed for the child and to assist the childcare center and family in acquiring necessary referrals and supports.

72% of children referred to PLAY were borderline, at risk, or delayed in at least 1 ASQ-3 Domain.

At intake, 25% of children referred to Project PLAY had an Individualized Education Plan (IEP), 18% were receiving support from the local educational co-op, and 55% were currently receiving services such as speech, occupational, or physical therapy. Through use of the ASQ-3 and other screenings, however, it is possible that Project PLAY uncovered potential delays throughout the course of consultation. As seen below, more than half of children (54%) showed potential or confirmed delays in the personal-social domain, and many were also at risk or delayed in their fine motor and problem-solving skills (42% and 41%, respectively). These results indicate the importance of developmental screenings and the intensive supports provided by Project PLAY that allow connections to be made between the family, childcare center, and community resources needed to provide early intervention services.

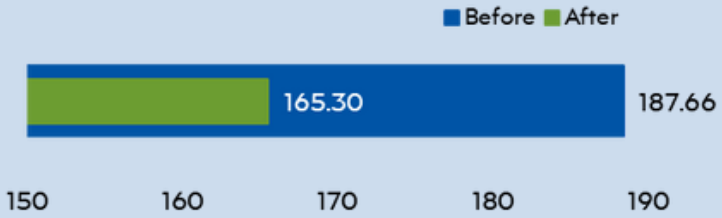
ASQ-3 results show potential delays in several key areas, including personal-social skills.

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

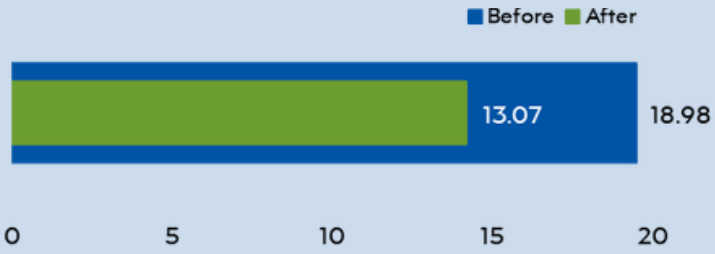
For each child receiving services from Project PLAY, teachers were asked to complete the Sutter-Eyberg Student Behavior Inventory (SESBI)—Revised, a standardized tool used to evaluate externalizing (or 'acting-out') behavior problems in young children. Items on the SESBI help pinpoint concerns about specific behaviors such as non-compliance, impulsiveness, hyperactivity, aggression, and defiance. **At the beginning of the BehaviorHelp case, 83% of children referred to Project PLAY scored above the clinical cutoff on the SESBI for either the frequency or problem scale (or both).** At case closure, this number had significantly decreased to 61% (p<.001).



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

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 above, from pre- to post-assessment, **the frequency of children's disruptive behaviors significantly decreased** [Pre (M=187.66, SD=36.02), Post (M=165.30, SD=45.08), p<0.001, N=382]. 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=66.31, SD=6.54), Post (M=62.26, SD=8.19), p<0.001, N=382].

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=18.98, SD=9.53), Post (M=13.07, SD=10.85), p<0.001, N=354]. T-scores for this scale were below the cut-off at pre and post assessment, and showed a significant decrease after consultation [Pre (M=59.96, SD=8.65), Post (M=54.64, SD=9.80), p<.001, N=354].



Post-consultation, teachers indicate a **decrease in behavior concerns** rated 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 significant decline in the impact children's challenging behaviors had upon both the classroom and the children themselves.**

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:

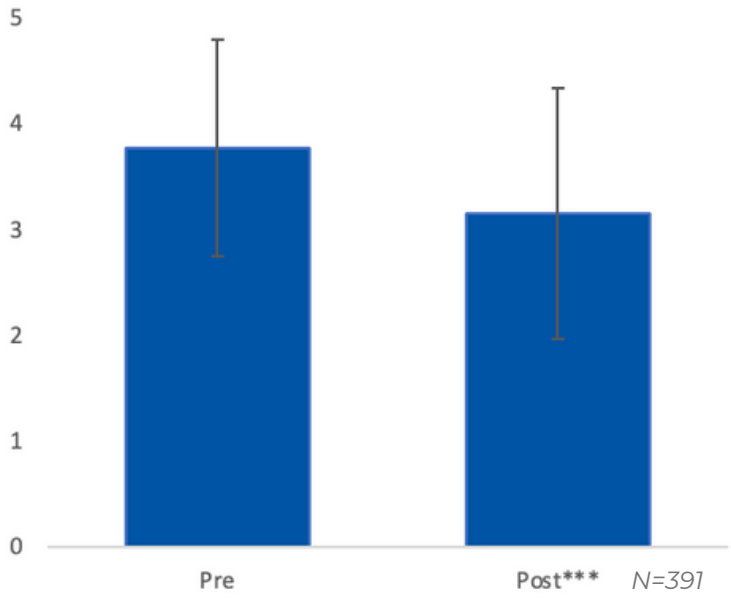
- Considerate of other people's feelings.
- Shares readily with other children.
- Often offers to help others.

Reducing Risk for Future Suspension & Expulsion

There are a variety of factors that can lead to stress in the early childhood environment and increase the risk of suspension or expulsion. Teachers experience stressors, such as low pay, long hours, and demanding work environments. Children may face difficult or traumatic events that lead to challenging classroom behaviors. Access to supports and strategies such as those provided through Project PLAY can increase positive teacher-child relationships and decrease the likelihood of expulsion, both now and in the future.

To evaluate the extent to which we are able to reduce risk factors for future expulsion, Project PLAY consultants invite teachers to complete a survey that includes a subset of questions from the Preschool Expulsion Risk Measure (PERM; Gilliam & Reyes, 2018). The PERM is designed to assess teacher hopelessness, stress, and fear of accountability, all of which are risk factors for expulsion. These items allow the teacher to rate the extent to which they feel hopeless about the child's behavior, are stressed by the behavior, and are worried that someone in the class will get hurt as a result of the child's behavior. As seen below, there were significant decreases in these risk factors, with teachers reporting less hopelessness and stress by the end of consultation.

Teacher feelings of hopelessness and stress decreased by time of case closure.

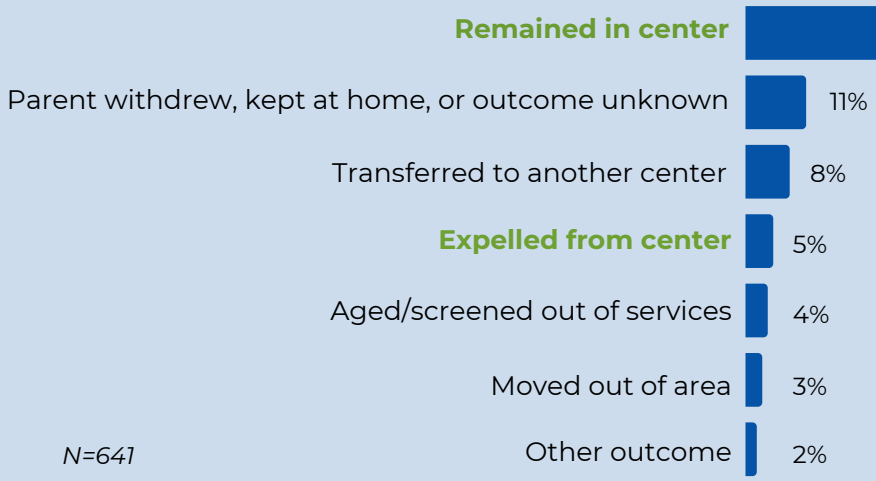


Post-consultation, 90% of teachers stated that they felt better equipped to manage the target child's challenging behaviors. They also reported significant improvements in the child's ability to seek help from adults and peers and respond positively to adult comfort.

These positive changes could have occurred because the consultant has helped the teacher feel more confident in managing challenging behaviors.

Case Closure Outcomes

The key goal of the BehaviorHelp system is to prevent suspension and expulsion within the early childhood system. Of the 641 cases that Project PLAY closed out since BehaviorHelp began, **only 30 children (5%) were expelled.**



68% 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.

Conclusion

Children receiving mental health consultation services through Project PLAY this year showed a 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 Education, Division of Elementary and Secondary Education, Office of Early Childhood.

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