

# PEARL: Promoting the social-emotional well-being of children and families through partnerships with parents and early learning centers

Mary Grimmer (mgrimmer@mhcd.com), Antonio Olmos (aolmos@mhcd.com)



## Mental Health Corporation of Denver

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### PEARL's Goals

- To promote the social and emotional development of children in child care
- To build upon and support the competencies of parents and child care providers
- To foster positive relationships between child care providers, families and children
- To improve the overall quality of child care

### PEARL's Philosophy

- Prevention and early intervention
- Community-based, child-centered, family-focused and strengths-based services
- Collaborative approach to service delivery through partnerships with Child Care Centers, Early Head Start Programs, Head Start Programs and Schools
- Continuous quality improvement driven by qualitative and quantitative evaluation

### PEARL as a best-practice program for healthy emotional development

Knitzer, J. *Promoting the Emotional Well-Being of Children and Families, Building Services and Systems to Support the Healthy Emotional Development of Young Children. An Action Guide for Policy Makers* (2001)

"Interventions that can be considered best-practice in a system to support the healthy emotional development of young children should address the following elements:"

- Be grounded on developmental knowledge and encourage the development of supports designed to foster healthy relationships among children and those who care for them (like parents, non-custodial caregivers, teachers and child care providers)

- Collaboration with early childhood staff
- Early childhood staff development
- Administration

During 2002-2003, consultation was provided to 1102 teachers and providers. More than 245 of this group elected to participate in 25 professional development workshops dealing with positive skill development that enhances children's social, emotional and behavioral development.

- Family supportive by helping to strengthen the family's ability to meet the child's emotional needs.

During 2002-2003, parent education programs covered topics ranging from raising healthy children to managing difficult child behaviors. Approximately 137 parents participated in 10 parent information and support groups. PEARL also helps caregivers access additional community services.

- Provided in settings that are more comfortable to children and the people they trust

- Classroom observation/assessment
- Social, emotional and behavioral screenings
- Socialization and anti-violence groups
- Individual, group or family therapy
- Classroom milieu intervention

During 2000-2001, approximately 690 children participated in social skill building and anti-violence groups. PEARL staff work together with families and caregivers to formulate an individual intervention strategy. Strategies may include play therapy, family therapy, individualized classroom services, and coaching towards the development of specialized skills appropriate to the child's individual needs.

- Responsive to the ethnic and cultural strengths and customs of the community where children live

- Community Outreach
- All services provided in English and Spanish
- Assisting in special education process
- Recommend and link with medical and further mental health resources

All of PEARL clinicians are trained in cultural competency, and the PEARL team has a bilingual specialist trained to provide services in Spanish for those children and families that are Spanish monolingual.

### 5. Attentive to outcomes, especially those related to school readiness

- Quantitative evaluation
- Qualitative evaluation

## Results

### Population

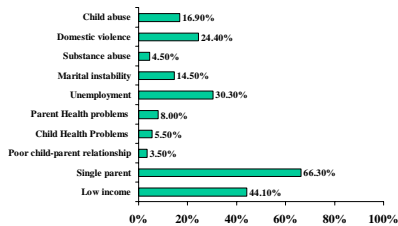
- The data presented includes children tracked for the last 3 years of service (N = 202). However, due to the mobility of our population, some of the analyses have lower numbers (168).
- For the Regression Discontinuity analysis, we also collected data from 158 children that served as control group

Age Range (percent)	Gender (percent)
Between 1 and 3: 16.129	Male: 60.645
Between 3 and 5: 67.097	Female: 39.355
Between 5 and 6: 9.032	
Between 6 and 8: 5.161	
8 and older: 1.935	

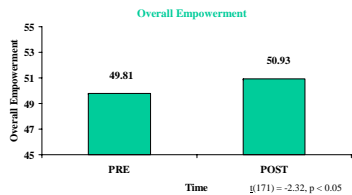
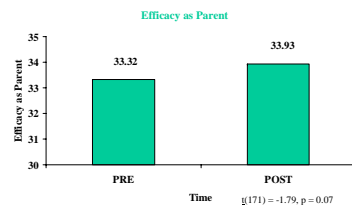
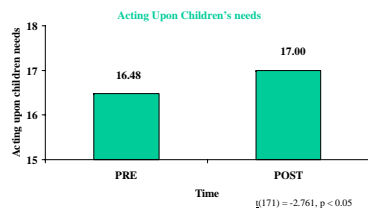
  

Ethnicity/Race (percent)	Family Income (percent)
American Indian: 0.645	0 - \$4,999.99: 51.61
White non-Hispanic: 20.645	\$5,000.00 - \$9,999.00: 2.581
African American: 29.032	\$10,000.00 - \$14,999.00: 9.032
Hispanic: 39.355	\$15,000.00 - \$19,999.00: 5.806
Multi-racial: 10.323	\$10,000.00 - \$24,999.00: 9.677
	More than \$25,000.00: 21.29

### Risk Factors reported



### Family Empowerment

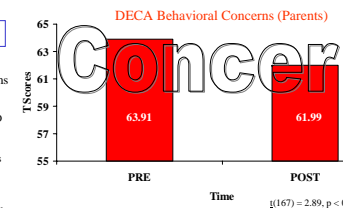
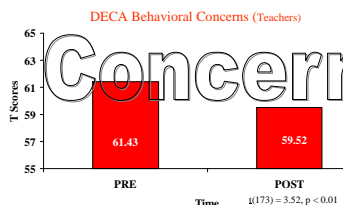
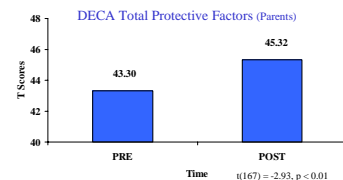
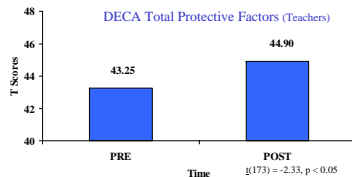


### Behavior Improvement

- Colorado Client Assessment Record (CCAR): Clinician-rated Behavioral checklist designed to document cognitive and behavioral functioning, symptoms and strengths at various points of service delivery

- Using an algorithm developed by Colorado Mental Health Services to identify SED (Serious Emotional Disturbance) children, over nine percent (9.3%) of the PEARL children with CCARs warranted the SED designation
- Comparisons against this case-mix sample showed that PEARL has better outcomes after one year than children receiving services at MHC across the State and in Denver

- The Devereux Early Childhood Assessment (DECA): Parents/Teachers-rated Behavioral checklist used to evaluate the children's social, emotional and behavioral adjustment.
- Designed for children 2-5, organized into 2 major categories: 1) Total Protective Factors (TPF) and 2) Behavioral Concerns (BC).



### Measure of Improvement

- All things being equal, children with higher BC are more protected if they also have high TPF than if they don't.
- Development of a system that combines BC and TPF and assigns degree of risk for behavioral problems according to 5 possible levels: 1) Minimal Risk, 2) Low Risk, 3) Moderate Risk, 4) High Risk, and 5) Extreme Risk.
- Analysis of change in degree of risk for behavioral problems PRE to POST

### Improvement Parents

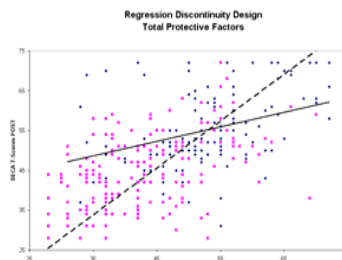
Improvement	No Change	Worsen
38.10%	39.88%	17.86%

### Improvement Teachers

Improvement	No Change	Worsen
35.12%	52.38%	13.69%

### Regression Discontinuity

- In a basic RD design, children are measured in some criteria that will allow an evaluation of their severity. Those with a low severity score-at baseline- are assigned to a control group; those with a high severity score are assigned to the treatment group.
- Thus, using DECA scores, we can assign children to a "control group" and compare them to a "treatment group"



### Impact on Teachers

- Based on in-depth interviews and focus groups with teachers and administrators, we have found that through their interaction with PEARL, teachers have gained support in the following areas:
  - Feel more competent in addressing a range of children's social and emotional needs.
  - Felt less stressed-out thus reducing burnout and turnover

### Lessons learned

- Through our work with PEARL sites, their children and families, we have learned several important lessons.
  - Early intervention services delivered on site at childcare and Head-Start centers can foster social, emotional and behavioral improvement for many children.
  - Staff and parent child development training and consultation leads to an increase in behavior management knowledge and skills, and increased feelings of empowerment.
  - PEARL services have proven to be most effective at supporting children who are most at-risk.
  - When early intervention and prevention services are delivered in collaboration with early childhood education and childcare centers, families have easier access and are more likely to respond to treatment resources. In addition, at-risk behaviors are more likely to be identified early when the child is in its natural environment.