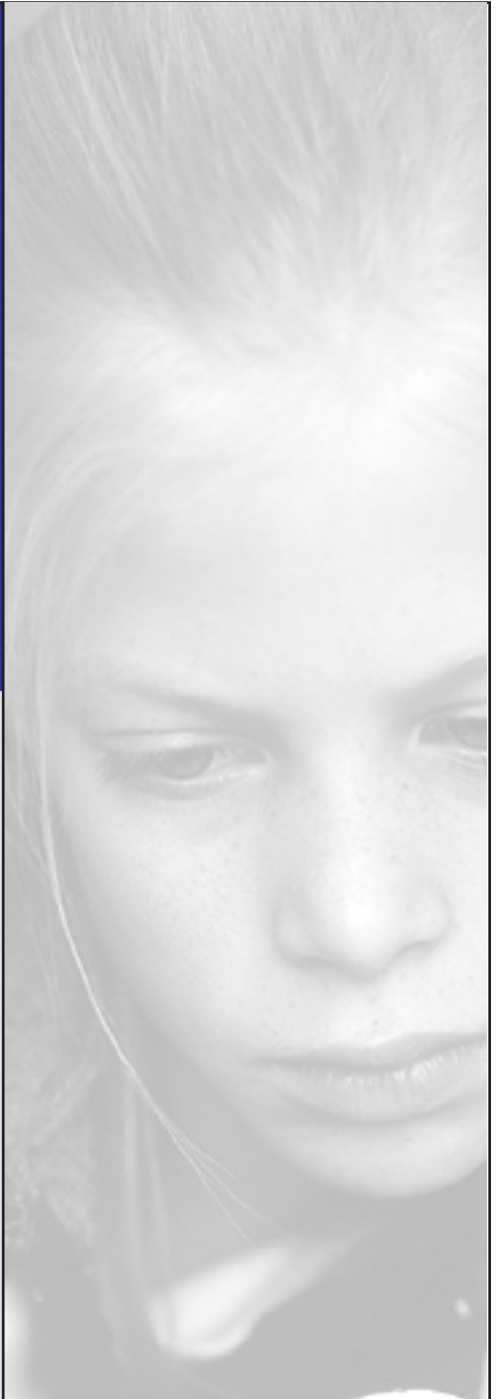


## Conclusion

This document is intended to guide and inform the provision of high quality mental health services in partnership with early care and education in Alameda County. It is part of an overall effort among early care and education programs, mental health service providers, policymakers and funders to develop a continuum of prevention and early intervention services, and ultimately to enhance the social and emotional well-being of our County's youngest children.

## Acknowledgements

This document was compiled with the assistance of Mingyew Leung, members of the Alameda County Early Childhood Mental Health Systems Group, members of the Safe Passages' Early Childhood Policy Committee, and members of the Alameda County Child Care Planning Council. Funding was provided by Safe Passages. Portions of this document were adapted from *Working Towards a Good Start in Life: Mental Health Approaches in Early Childhood Settings*, published in 1996 by the Miriam and Peter Haas Fund. We thank all participants for their helpful feedback and assistance.



### The Early Childhood Mental Health Systems Development Group

In response to requests from the early care and education community to develop and identify resources for children's mental health services, a group of individuals began meeting on a regular basis in early 2000. The group, now known as the Early Childhood Mental Health Systems Group, is sponsored by Alameda County Behavioral Health Care Services, Alameda County First Five, and the Alameda County Child Care Planning Council. Its mission is to advocate for, develop and facilitate the implementation of a community-based, county-wide system of preventive mental health and treatment services for all young children (prenatal

to age five) and their families within the home, early care and education, and the community. The group consists of early care and education providers, various early childhood and early care and education mental health services providers and other interested individuals.

For more information, please contact Margie Gutierrez-Padilla at (510) 777-2103, or Angie Garling at (510) 208-9675, or go to [www.acgov.org/childcare](http://www.acgov.org/childcare).

### Safe Passages' Oakland Early Childhood Initiative

Safe Passages is a partnership of the City of Oakland, Alameda County, the Oakland Unified School District, and other community agencies,

working to better coordinate resources and make policies that help improve the quality of life for Oakland's youth. The Safe Passages Early Childhood Policy Committee has been meeting regularly and has made recommendations to improve identification and service delivery to young children exposed to violence. The Initiative includes four areas: 1) coordination of services, 2) identification of children exposed to violence, 3) a violence prevention curriculum for early care and education sites, and 4) mental health services, which include assessment, mental health consultations at early education sites, and infant/child-parent psychotherapy. For more information, please contact Dana Inman at (510) 238-4910 or go to: [www.safepassages.org](http://www.safepassages.org).

# Standards of Practice

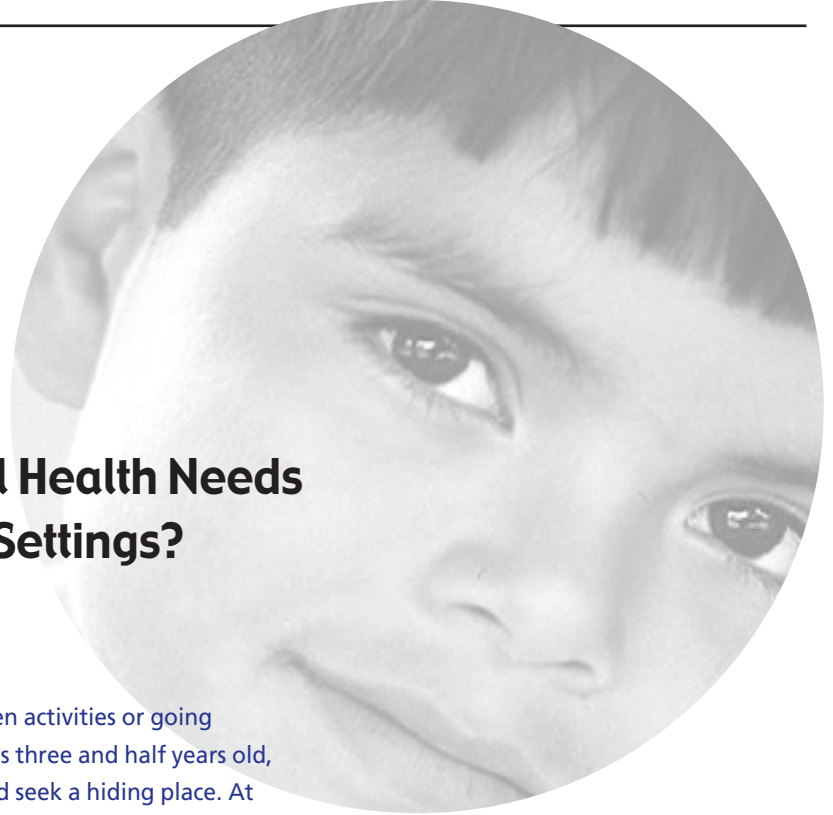
for **Mental Health Services** *in Partnership with* **Early Care and Education** *in* **Alameda County**



*Alameda County recognizes  
the important contribution that a  
partnership with mental health services  
and early care and education makes  
to the environment and to the  
overall development and  
education of the young child.*

# Standards of Practice

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## What are Some of the Mental Health Needs In Early Care and Education Settings?

### Jack:

When moving between activities or going outside, Jack, who was three and half years old, would run outside and seek a hiding place. At times, he got so agitated that he would hit or shove a playmate who approached him.

### Julia:

Julia's parents had received several warnings from her preschool because she hit other children, and often had screaming and crying fits.

### Fatima:

Fatima's mother recently died in an unexpected accident. Fatima's father was concerned about how she was coping with her mother's death, and spoke with Fatima's teacher about his concerns. The early care and education teacher, however, had not seen any behavioral changes or symptoms.

### Garden Street Child Care:

The majority of the teachers at Garden Street Child Care are African-American. The director observed that these teachers felt that Elva, a Latina teacher, was aligning with Latino families and not communicating the families' needs to the remainder of the staff. Elva often translated for monolingual Spanish-speaking families and discussed child rearing practices that were culturally based. Her co-workers felt that she was showing "favoritism" towards Latino families and excluding other children. They also felt that their working relationship with her was suffering with some growing resentment and alienation. ■

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\* For ease of reading this document and to promote professionalism of the early care and education field, we will be using the term "teacher" to describe all individuals caring for children in a center-based program or family child care program.



### **SOCIOCULTURALLY COMPETENT**

*Mental health services acknowledge and address the diversity among children, teachers, families and mental health providers.* It's imperative to pay attention to diversity at all levels. Every person's experience of the early care and education setting is unique, depending upon their cultural and social background, which spans ethnicity, culture, migration experiences, disability and socioeconomic status. Awareness and attention to such differences creates a context for shared concerns about the child, and supports effective and mutually beneficial relationships.

### **STRENGTH-BASED**

*Strength-based services promote and affirm assets in the child, in the family and in the early care and education program.* This orientation enables families and caregivers to develop their resources and abilities to more effectively respond to a child and the child's environment.

### **BEGIN EARLY**

*Services should focus on the promotion of mental health through prevention and early intervention.* Services should stress training for teachers with a focus on early warning signs and systems to identify vulnerabilities and problem areas, as well as consultation to establish preventative interventions in the early care and education program environment. Services should be made available until the mental health issue or concern has been effectively addressed.

### **DEVELOP AND SUPPORT A NETWORK OF WELL-TRAINED, COMPETENT MENTAL HEALTH SERVICE PROVIDERS**

*Providers should operate based on a strong foundation of existing research and training in child development theory, early care and education practices, and early childhood mental health.* The mental health service organization should have adequate resources to provide ongoing training and supervision to mental health providers with varying levels of experience.

# Standards of Practice

**The following seven standards of practice are essential to quality early care and education mental health services**

## **ENGAGE FAMILIES AND PROVIDERS**

*at all levels of the organization serving the child: Of critical importance is cooperation, interaction and collaboration among all parties involved, including full parental knowledge of, and consent for, mental health services.*

No one can do the job alone, everyone faces pressures and obstacles, and solutions come if there is teamwork, mutual respect and goodwill. The full endorsement and support from top management staff, including adequate release time for teachers, is essential to the success of early care and education mental health services. Mental health can help teachers support the families' primary role in their child's development.

## **RELATIONSHIP-BASED**

*The promotion of stable, nurturing relationships is a basic prerequisite for mental health.* Mental health services, whether they focus on child-specific concerns, general consultation, or programmatic concerns, are centered on and implemented through relationships. Relationships between teachers, directors, families, children and the mental health provider form the basis for the provision of mental health services. While short term interventions may be effective, frequently considerable time is needed to build the relationships that support change for children and programs.

## **BE FLEXIBLE AND RESPONSIVE**

*Creativity and innovation help develop solutions to respond to particular needs, cultures and settings.* Inventive solutions among families, teachers and mental health consultants are a prerequisite for success and should be encouraged. If the solution requires a change to the established patterns and procedures, the mental health provider will work with the teacher and families to maximize the success of that innovative solution, both in the home and the classroom. The emotional wellness of children is the primary goal.

## Introduction

The Alameda County Early Childhood Mental Health Systems Group created this document with support from Safe Passages to outline standards of practice for mental health services in early care and education. We recognize the important contribution that a partnership with mental health services and early care and education makes to the environment and to the overall development and education of the young child. This partnership includes collaboration with families with their full knowledge of, and consent for, mental health services. Substantial research shows that quality early care and education has long-term benefits to children's social and emotional wellness, prepares them for future school success and supports healthy families.

The scenarios above illustrate typical situations that regularly confront early care and education teachers, families and children. Collaborative solutions to such situations, along with early identification and intervention, are critical to maintaining healthy children, healthy families, healthy teachers and a healthy program. **Our hope is that this document will:**

- **Identify** how mental health providers, teachers and families can work together to enhance children's emotional wellness;
- **Illustrate** the benefits of mental health services when partnering with early care and education;
- **Provide** consistent guidelines for early care and education mental health services throughout Alameda County for use by practitioners, families, providers and policy makers.

Ultimately, our goal is to build a County-wide system of prevention and early intervention services for young children and their families, in coordination with early care and education programs and resource and referral agencies in Alameda County. Mental health services and the focus on the social and emotional development of young children can be an integral component of early care and education programs, as well as professional training institutions in Alameda County.

There is no single way to provide mental health services in a early care and education setting. At a minimum, these services are based on sound knowledge of child development and the culture of early care and education, delivered with flexibility and responsiveness. Therefore, we use the term **mental health services** throughout this document to refer to the full range of services provided within an early care and education setting, including consultation to early care and education teachers and directors as well as direct services, such as child and/or group therapy. ■



*Our hope is that this document will:*

- **IDENTIFY** how mental health providers, teachers and families can work together to enhance children's emotional wellness;
- **ILLUSTRATE** the benefits of mental health services when partnering with early care and education;
- **PROVIDE** consistent guidelines for early care and education mental health services throughout Alameda County for use by practitioners, families, providers and policy makers.

## Purpose and Benefits of Mental Health Services in Partnership with Early Care and Education

A recent report, *Preventative Mental Health Services for Young Children in Alameda County: An Action Plan to Meet the Urgent Needs of Children Caregivers and Families*, makes the case for mental health services in early care and education, describes current challenges faced by early care and education, and notes the significant diversity of teachers, families and children in Alameda County. The report's findings indicate that many caregivers of young children in Alameda County, families as well as early care and education teachers, feel inadequately prepared to successfully address children's social and emotional needs. Mental health services can enhance the ability of caregivers to meet these needs, if the mental health consultant is knowledgeable about the classroom curriculum, and has established trusting relationships with the early care and education teachers. Service providers observe, provide suggestions and feedback, and encourage caregivers to build upon their skills as nurturers and teachers of young children.

### Early care and education mental health services are essential to:

- **Promote** high quality early care and education. Disruptive, challenging behavior in group care settings creates a chaotic, stressful classroom, which is not conducive to learning. In working with the teachers, the mental health provider addresses the child's needs, reduces anxiety, helps the child to develop the coping skills to manage his/her behavior, and helps the family support the child. The mental health consultant also

consults with the teachers to better manage the child in the classroom setting, and to improve and foster positive experiences for all children in the classroom.

- **Minimize** negative effects associated with children's challenging behaviors or other mental health needs, particularly when such needs have gone previously unidentified;
- **Optimize** children's social, emotional and physical health by providing early identification and intervention, such as making referrals for developmental assessments or more intensive mental health services;
- **Establish** school readiness and successful learning. Children who are worried, distressed or are experiencing social/emotional difficulties are unable to focus on learning. Once the child's needs are met through the mental health provider and teacher's interventions, the child is free to

focus on developing social skills, as well as academics. Mental health providers can offer complementary or ongoing services once a child enters school, as needed;

- **Enhance** relationships among the child and the child's teachers, peers and family members;
- **Provide** ongoing professional development and training for early care and education providers to support the social, emotional and physical health of all children and to support the families' role in the life of their child;
- **Increase** teacher capacity to address the multiple and varied needs of children in their care by combining knowledge and experience from the field of mental health with the field of early care and education;
- **Ensure** that a child's special needs or disabilities are addressed according to Americans with Disabilities Act (ADA) guidelines. ■

Mental health providers observe, provide suggestions and feedback, and encourage caregivers to build upon their skills as nurturers and teachers of young children.

# What Do Mental Health Services in Partnership with Early Care and Education Look Like?



## Julia:

Julia's teachers, with the support of the center's director, called in a mental health consultant. Ann, the consultant, observed Julia in her classroom. In particular, Ann noticed Julia's high level of frustration and suspected that there may be speech and language delays. Ann also talked with Julia's teacher who shared invaluable observations and insight regarding Julia's behavior and her relationships with both peers and adults. Later, the mental health consultant learned from Julia's mother that she had a history of ear infections. Ann encouraged Julia's family to follow up with the pediatrician about putting tubes in Julia's ears to address her chronic ear infections. The mental health consultant also worked with the early care and education program staff regarding the protocol they use when they feel overwhelmed by the children in their care. This included consultation with Julia's family, who felt frustrated with the early care and education program's initial response to Julia's behavior.

## Jack:

Jack's teachers requested mental health consultation to address Jack's disruptive behaviors. The consultant worked with Jack's parents, his teachers and the center director to develop a shared understanding of the meaning of Jack's behaviors. Together, they concluded that his behaviors were related to his parent's recent separation, as well as an unusually high teacher turnover at the early care and education program site. Early care and education staff assigned one "buddy" teacher to Jack to provide consistency and reassurance on a daily basis. The mental health consultant, Jack's teacher and his parents continue to work together to ensure that Jack feels secure in his adult relationships, both at home and at school.

## Fatima:

Fatima's teacher relayed the father's concerns to the center's mental health services provider. On one of her regular visits to the early care and education center, she assessed Fatima and saw a need for play therapy. She used this opportunity to provide training to the early care and education staff about asymptomatic behaviors that children may exhibit. In addition to play therapy, the mental health services provider offered counseling to Fatima's father.

## Garden Street Child Care Center:

The director requested a mental health consultant's services to address this conflict among her staff. With the help of the consultant and the site director, staff meetings to improve the lines of communication were held. Initially, Elva felt that she could "handle" the Latino families' needs without problems. Her co-workers clarified that they felt that parental concerns should be discussed among all staff, not addressed by one teacher exclusively. A plan to have a "feedback loop" among director, staff and families was then formed. The mental health consultant continues to work with staff on this format and to promote empathy, respect, and understanding of cultural values in early care and education practices and communication styles. ■

**W**hile the previous scenarios illustrate some of the mental health services provided in early care and education settings, the following list demonstrates the wide range of services that could be provided if agreed upon by the mental health provider, early care and education program and families:

- Assessment and early identification of children's mental health needs. This includes coordinating services or planning for next steps, such as making referrals for additional or complementary services;
- Consultation with early care and education teachers and families about a child's specific developmental or behavioral concern within the context of early care and education and family dynamics;
- Consultation with teachers and families about general issues related to child development and related mental health needs;
- Consultation to early care and education settings to address program-wide issues that may affect the child's experience, the interaction of families and teachers as well as the interaction between teachers, if requested by those working with young children.
- Direct mental health services such as therapy for the child or the family, direct therapy to support the relationship between the parent and child, or therapeutic play groups, and
- Training and support of early care and education providers to enhance their ability to identify and respond to a child's behaviors and to understand child development processes. ■