

# using mental health consultation

## Supporting teachers, children, and families

by Lenore Rubin

### Jeremiah's story

Four-year-old Jeremiah is climbing the bookshelves for the third time in an hour. His teachers are worn out and feeling helpless after trying 'everything' to stop his unsafe climbing. Jeremiah presents a constant stream of challenges. Sometimes it seems that Jeremiah requires one-on-one attention. He doesn't seem to be able to get along with peers for more than a few minutes before the play erupts into an angry exchange. Teachers are also concerned about Jeremiah's language skills. Often he does not seem to understand what others are saying and he doesn't talk very much. When he is absent the class seems to go much better. Teachers find themselves wondering if Jeremiah would do better in another smaller or



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therapeutic program. Parents report that Jeremiah "has no problem at home." Further, they say that at home he talks a lot, seems to understand everything, and is able to comply with their requests. Jeremiah's teachers have worked hard to establish a positive relationship with his parents. Because they have been successful, his parents are agreeable when the teachers suggest a mental health consultation.

### The role of mental health consultation

In May 2005, Gilliam published national data on expulsion rates for pre-kindergarten children as part of the National Pre-Kindergarten Study (NPS). The study found that pre-k children are expelled at a rate more than 3 times that of their older peers in K-12 grades. Further, the likelihood of expulsion decreased significantly with "access to a classroom-based behavioral consultant." Policymakers began looking at the value of classroom-based behavioral/mental health consultation as a means for identifying and intervening for children with behavioral/mental health issues. Subsequent studies have supported the value of MH consultation.

In my role on the Public Health Seattle-King County Child Care Health Team, I

provide consultation to licensed programs throughout King County. Most of my work is classroom-based: conducting on-site observation of infants/children referred by teachers because of a variety of concerns. Following my observations, I meet with teachers to develop an individual plan to support the child's development and diminish the behavior of concern. Often I meet with parents and teachers together to develop a cohesive plan, to facilitate home-school communication, and perhaps to make an outside referral.

Mental health consultation can be very valuable in supporting children with behavioral difficulties and mental health issues in the classroom. Research has shown that consultation improves teacher efficacy — an important ingredient for teacher success (Cohen & Kaufman, 2005).

Consultants vary in the roles they play in child care programs. Most behavioral consultants conduct classroom observation followed by recommendations for accommodating a child of concern. Consultants can also offer programmatic consultation by supporting teachers in creating classrooms that best facilitate children's social-emotional development. Consultants may also be asked to meet with parents and to

make referrals for children and families.

## The teachers try to help Jeremiah

By the time Jeremiah's teachers requested mental health consultation, they were feeling hopeless about accommodating his needs in their program. Yet they were concerned about his well being and were reluctant to ask him to leave the program without providing a supportive plan. Although they felt they had tried most everything to help this young child, they were willing to use consultation and were open to suggestions. They let the consultant know that their child care program valued logical consequences as a disciplinary method, emphasized social-emotional behavior, and used 'time-outs' as a last resort. The teachers also provided the consultant with a log of observations of Jeremiah's behavior including time of day, description of incident, and the outcome. This information was very valuable in maximizing the consultation, as many times the consultant may not observe the behavior of concern.

## A typical day for Jeremiah

Jeremiah was described as having many challenging behaviors. Foremost was 'not listening,' especially when safety became an issue. Jeremiah did well at circle time especially if he had a 'job.' A review of teacher observations indicated that most of Jeremiah's difficulties came during transitions and free-play time. He did not often play with his peers. When he did the play was brief and ended with aggressive action on his part. Jeremiah preferred to play with sensory materials, and his attention span was fairly short. When Jeremiah did something dangerous, teachers removed him from the activity and reminded him of the classroom rules. He seemed to listen, could state the rules, but often repeated the dangerous

activity within 15 minutes of being reminded. Jeremiah had started to run away from teachers after he broke the rules. Most recently teachers had been removing him from the classroom and sending him to the director's office. Though teachers felt that Jeremiah did not appear to be paying attention to class activities, he knew everyone's name, letters, numbers, and songs.

## The mental health consultant's classroom observations

The mental health consultant observed Jeremiah during a morning free-play time with a transition to outside time. The consultant observed a classroom of children actively engaged in a variety of interesting activities. Most of the children were working in small groups, some engaged in independent activity. Jeremiah chose water play, working with his own basin full of water. Though other children were playing nearby, he made no attempt to engage anyone in conversation. At one point another child took a toy from Jeremiah's bucket. Jeremiah screamed, stamped his feet, and pushed the other child to the ground, reclaiming the toy. The teacher intervened, reminding him not to push friends, and to use words to solve problems. The other child reported what had occurred, and he was reminded to ask for something rather than grabbing from his friends. By this time Jeremiah was back playing alone in his water bucket.

## The teachers and the mental health consultant review the observations

After reviewing teacher observations, the consultant met with Jeremiah's teachers to discuss making an individual plan to accommodate him. Individual planning for children allows teachers to develop a program to support a child's development within

the child care setting. The child's strengths are considered along with the challenges presented. Hypotheses are generated about the child's difficulties and plans made to test the hypotheses and design a program to meet the child's needs.

## Teachers and consultant develop a plan

In Jeremiah's case, teachers and consultant felt that Jeremiah was lacking in social connections and that his capacity to be involved in play seemed limited. Hypotheses were generated about factors impacting Jeremiah's difficulties:

- It appeared that Jeremiah had few social engagement skills and limited play skills.
- He did best when given structure and during teacher-mediated activity.
- He liked to be a helper and was able to follow through on teacher-directed tasks.
- He seemed to have difficulty when the room was especially busy and there was full attendance.
- Jeremiah was likely feeling lonely and disconnected throughout his day.

Together teachers and consultant looked at Jeremiah's day. Jeremiah did well entering the program and transitioning to play in the morning. He loved circle time; but he began to have difficulties transitioning from circle to free play, setting off a downhill course for the remainder of school.

**Accommodation for Transitions:** To help make a smooth transition, Jeremiah would have an end of circle activity (a job for example) to help ease the transition to free play.

- Before free play the teacher would meet with Jeremiah to map out a free-play plan.
- On an index card teacher and

Jeremiah wrote down (drew pictures) three activities that he would take part in during free-play time. This would help provide structure.

- Jeremiah would then take the card with him as he moved about the classroom.
- When he began to “wander aimlessly,” teachers would ask to see his plan and re-direct him to an activity.
- Teachers helped Jeremiah make a ‘book’ about his class. The book included a daily schedule as well as a review of “how we stay safe at school.” It also had pictures of the class involved in a variety of activities. Jeremiah’s parents also had a copy of the book and could read it to him at home. It was hoped that a visual representation of Jeremiah’s day might be beneficial instead of relying on verbal information.
- Further, Jeremiah’s teachers would work with him to help expand his play and increase his on-task behavior. For example, when Jeremiah seemed about to abruptly leave an area, teachers would re-engage him by suggesting another possible play: “I see you built a tower. How about building a road to the tower? I can work with you.”

Jeremiah’s teachers also would help him expand his social skills.

#### **Accommodation for Social Skill**

**Development:** During free-play time, Jeremiah’s teachers would help him become engaged with his peers.

- The teacher would role model how to join a group.
- The teacher would shadow Jeremiah to help him maintain participation.
- A number of small group projects would be introduced to the entire group and Jeremiah would be partnered with a child who had especially good social skills.

Since Jeremiah seemed to have particular difficulty when the classroom was noisy and busy, a number of accommodations were developed to help him with this.

**Accommodations for Aggressive and Unsafe Behaviors:** Jeremiah’s teachers arranged for him to take some scheduled breaks from the classroom.

- For example, mid-morning before the transition to outdoor time could be problematic for Jeremiah. At this time Jeremiah would be offered a ‘job’ in the director’s office or a walk around the center. This gave both Jeremiah and his teachers a break.
- When Jeremiah did an unsafe activity, the teacher would help him stop and then ask him to practice his activity in a safer way (e.g., use a bean bag toss rather than throw things).
- During outside time Jeremiah’s teachers would help him play Tag. After playing Tag outside, when Jeremiah began to run inside teachers would let him know that they would gladly play Tag with him when it was outside time.
- When problems with peers arose, Jeremiah and his peers would be helped to practice the desired behavior. For example, if Jeremiah took someone’s toy, he would practice saying, “Can I use that toy now?” Teachers would provide the language until Jeremiah was able to use language on his own.
- These modifications had the added benefit of furthering a positive alliance between Jeremiah and his teachers. Teachers were frequently checking in with Jeremiah in positive ways, and this likely made him feel better. Children who feel connected are less likely to have behavior problems.

## **Jeremiah’s parents are part of the plan**

Jeremiah’s parents were included in the plan and felt very positive about the teachers’ willingness to support their son with these accommodations. They were also relieved to have the book to read with their son, as they had felt helpless in impacting his school behavior. The team of teachers, consultant, and parents decided to reconvene after one month’s time to review how things were going.

## **Changes benefit everyone**

Mental health consultation can benefit everyone involved. In this case, consultation:

- Allowed the teachers to consolidate their thoughts about Jeremiah into a program that provided remediation and improved his capacity to function well in a classroom setting
- Increased the teachers’ skill in addressing children’s challenging behaviors
- Expanded the teachers’ capacity to accommodate children with behavioral challenges
- Positively impacted the classroom environment as teachers began to think of changes they might make to support all children who would benefit from small group participation and increased opportunities for social-emotional support
- Facilitated the introduction of a social skills curriculum at circle time, since the teachers noted that all children could benefit from a focus in this area.

## **Ongoing consultation helps improve outcomes**

Optimally, programs will have on-going consultation with a mental health provider with whom they can establish a long-term working alliance. In this

case, the consultant and child care staff were able to work together to generate a plan for accommodating Jeremiah in their program. Through this consultation the relationship with the child's parents was also improved. Though Jeremiah evidenced significant improvement in one month's time, concerns remained about his capacity to use language. Jeremiah's parents agreed to a speech and language evaluation.

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The vignette about Jeremiah is an example of classroom-based consultation and intervention that help teachers meet children's needs. In this case, his teachers gained competence and felt able to better address other problems that might arise in the classroom. The child and his parents did not have to leave his school in defeat. The teachers' willingness to make changes on this child's behalf allowed his parents to feel supported and understood. The positive alliance between school and home allowed the child's parents to seek further advice about his development because they felt supported.

Some guidelines for the effective use of mental health consultation in early childhood programs include:

- Identify children at risk early
- Keep observation records
- Share information with the Mental Health Consultant
- Involve the parents in finding solutions
- Provide resources to the family
- Review the plan's progress at regular intervals
- Keep in mind the importance of warm and nurturing relationships for both children and their families

## References

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Cohen, E., & Kaufman, R. (2005). *Promotion of mental health and prevention of behavioral disorders: Early childhood mental health consultation*. Washington, DC: U.S. Department of Health and Human Services, Volume 1.

Gilliam, W. (2005, May). *Prekindergartners left behind: Expulsion rates in state prekindergarten programs*. Foundation for Child Development Policy Brief, Series #3.

## Resources

Local community mental health agencies that serve young children can be valuable resources to you as you explore mental health consultation for your program. Call and inquire about their services and the possibility of establishing consultation at your site. In addition, the following organizations can provide information on consultation.

### Family Support America

*Information on implementing various family support programs and advocacy efforts in your state.*

[www.familysupportamerica.org](http://www.familysupportamerica.org)

NAEYC has a project that may be helpful to you: Supporting Teachers — Strengthening Families.

[www.naeyc.org/profdev/support\\_teachers/default.asp](http://www.naeyc.org/profdev/support_teachers/default.asp)

The National Technical Assistance Center for Children's Mental Health, Georgetown University  
[http://gucchd.georgetown.edu/programs/ta\\_center](http://gucchd.georgetown.edu/programs/ta_center)

### Parent Services Project

*National effort to promote the well being of children and families by expanding quality family support and family involvement in early care settings.*

[www.parentservices.org](http://www.parentservices.org)