

# Safe Schools Healthy Students

Evaluation Report #207-9

## Evaluation of the Early Childhood Consultation Services & Partnership Programs



**Safe Schools  
Healthy Students**

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This publication was produced by

## **Pinellas County Schools Safe Schools/Healthy Students Initiative**

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Louis de la Parte Florida Mental Health Institute Publication #207-9,  
Tampa, Florida

### **Recommended citation:**

Henson, K., McCash, L., Massey, O. (2003). *Evaluation of the Early Childhood Consultation Services and Partnership Programs*. Tampa, FL: The Louis de la Parte Florida Mental Health Institute, University of South Florida. FMHI Publication #207-9. Ninth in the Series "Evaluation of the Pinellas County Safe Schools/Healthy Students Initiative".

### **A special thanks**

A special thanks to the staff and faculty of the Pinellas County School System for their assistance and support in the completion of evaluation activities associated with the Safe Schools/Healthy Students Initiative.

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# Evaluation of the Early Childhood Consultation Services & Partnership Programs

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## **Executive Summary**

### **Evaluation of the Early Childhood Consultation Services and Partnership Programs**

The Early Childhood Consultation Services and Partnership Programs provide mental health and educative services for children from birth to fifth grade and their families in Pinellas County, Florida. Early Childhood Consultation Services focuses on educating parents, school staff, and community services staff about the issues of young children. The program is based on a philosophy of supporting healthy child and family development through empowerment and encouraging positive values, social competence, positive identity, and dedication to learning. The Home Observation for Measurement of the Environment Inventory (Caldwell & Bradley, 1984) and the Preschool and Kindergarten Behavior Scales (Merrell, 1996) were completed before and after services to assess the success of the eight-week intervention. The sample size consisted of 232 participants, sub-divided into two groups of parents based on their child's age. Participants in this study had children aged 0-6 years, with an average age of 2½ years old. Data was collected from parents who participated in the Early Childhood Consultation Program during a year period beginning in 2001 and ending in 2002. Significant differences were found between paired group means on each of the measures before and after intervention. At the end of the program, parents rated their child's behavior and social skills as significantly improved compared to program entry. Similarly, child educators rated parenting skills as improved compared to pre intervention. These preliminary findings suggest that the brief Early Childhood Program intervention was effective in increasing children's social skills, decreasing children's problem behaviors and improving parent and child interactions in the home environment.

The Partnership program was designed to strengthen the connections among families, community, and schools, as well as the mental health of the participants. The program was located in five Pinellas County elementary schools that were chosen for participation because of high percentages of students receiving free and reduced lunches. The Behavioral and Emotional Rating Scale (BERS) (Epstein & Sharma, 1998) was used as a pre and post measure to assess the effectiveness of the program. The pre-treatment and post-treatment BERS results were compared to

determine if changes had occurred in students' behavioral and emotional strengths in the five domains:

1. Interpersonal Strengths,
2. Family Involvement,
3. Intrapersonal Strengths,
4. School Functioning, and
5. Affective Strength.

Data was collected from 202 participants between October of 2000 and August of 2002. Analyses were conducted using only information from participants for which both pre and post data was available.

Results of paired-samples t-tests indicated significantly higher post-treatment BERS results for each of the five domains. Participants reported increased behavioral and emotional strengths. Chi square analyses of each of the BERS scales and ethnicity revealed no significant differences related to student ethnicity. In addition, no significant differences were found across grade levels or school attended.

In each of these two studies, the evaluation was limited by small sample sizes, the lack of comparison groups, and the lack of randomization in deciding participation in the programs. Given these limitations, these studies provide some evidence of the effectiveness of the programs in meeting the needs of children and their families.

## **Evaluation of the Early Childhood Consultation Services and Partnership Programs**

The Early Childhood Consultation Services and Partnership Programs were partially funded by the Safe Schools/Healthy Students Initiative grant to Pinellas County, Florida to provide mental health and educative services for children from birth to fifth grade and their families. Early Childhood Consultation Services focuses on educating parents, school staff, and community services staff about the issues of families with children from birth to age five. The Partnership program is intended to strengthen the connections among families, community, and schools by providing mental health services for elementary school students and their families. These programs were designed to offer education and mental health services to those who would not otherwise receive services in the community or schools.

### **Program 1: Early Childhood Consultation Services**

The Early Childhood Consultation Services was designed to provide early intervention education through collaboration among Directions for Mental Health, Pinellas County Preschools, Florida Diagnostic Learning Resources System, and other community agencies. This program is in its fifteenth year of encouraging family, community, and school connections. Early Childhood Consultation Services focuses on educating parents, school staff, and community services staff about the issues of young children. The program is based on a philosophy of supporting healthy child and family development through empowerment and encouraging positive values, social competence, positive identity, and dedication to learning.

Early Childhood Consultation Services serves families in Pinellas County with children who neither have been found eligible for special education services nor diagnosed with a behavior disorder. Eighty percent of the program's clients are referred by Pinellas County Schools. Other referral sources include county screenings, relatives, religious leaders, and the families themselves. The Early Childhood Specialists (ECS) are trained educators who serve as a support system for the referred families and assist with basic problems. Typical problems include children not listening to adults, refusal to go to bed, difficulty getting children to eat, and misbehavior in public. The program includes eight home visits that last about two hours each and usually occur once a week for eight weeks. An individual case plan is developed for each family based on the problems that are presented and homework is given to the families at each visit. The curriculum for the program consists of numerous informational handouts with a concentration on positive

parenting and family communication. ECS encourage positive discipline and redirection and help families establish daily routines. During a typical home visit, the ECS will spend about an hour demonstrating skills to the parents through play with the child. The family and the ECS spend the remainder of the visit discussing the play session, problems that the family is having, and homework activities.

ECS also provide informational training sessions each month for childcare professionals covering a variety of topics including abuse and neglect and encouraging reading. Training sessions are also available to other groups upon request. Pediatric offices, daycare centers, elementary parent teacher associations, and Mom's clubs are among the groups that have requested training. According to staff, over 1,600 people attended informational training sessions. In addition to home visits with clients and trainings, each Early Childhood Specialist spends an additional six hours per week offering assistance to families as part of a community outreach effort. Specialists visit community centers, WIC program offices, and libraries to answer questions and offer assistance to families. The ECS also are members of a multi-disciplinary screening team for young children in Pinellas County.

## **Method**

### ***Participants***

The sample size consisted of 232 participants, sub-divided into two groups of parents based on their child's age. Participants in this study had children aged 0-6 years, with an average age of 2 ½ years old. The pre-school and kindergarten group was composed of 142 children (aged 3-6 years). The toddler group was composed of 90 children (aged 0-3 years). Identifying information and demographics of the sample were not reported.

### ***Measures***

The quality and quantity of stimulation and support available to a child in the home environment is measured by the Home Observation for Measurement of the Environment (HOME) Inventory (Caldwell & Bradley, 1984). Parent educators providing in-home parenting education rated participants on parenting skills using one of two versions of the HOME inventory while observing the parent and child interact.

The Infant/Toddler (IT) HOME Inventory was used to measure parenting skills of participants with children during infancy (birth to age three). It is composed of 45 items clustered into six subscales:

1. Parental Responsivity,
2. Acceptance of Child,
3. Organization of the environment,
4. Learning Materials,

5. Parental Involvement, and
6. Variety in Experience.

The Early Childhood (EC) HOME Inventory (Caldwell & Bradley, 1984) is used to measure parenting skills of participants with children between 3 and 6 years of age. It contains 55 items clustered into 8 subscales:

1. Learning Material,
2. Language Stimulation,
3. Physical Environment,
4. Parental Responsivity,
5. Learning Stimulation,
6. Modeling of Social Maturity,
7. Variety in Experience, and
8. Acceptance of Child.

Problem behavior and social skills of pre-school and kindergarten children were measured by the Preschool and Kindergarten Behavior Scales (PKBS) (Merrell, 1996).

The PKBS is a rating scale designed to measure both problem behaviors and social skills of children ages 3-6. It contains 76 items clustered into two subscales:

1. the Problem Behavior Scale that measures problem behaviors with young children who are experiencing adjustment problems, and
2. the Social Skills Scale that measures positive social skill characteristics of well-adjusted children.

Parents in the pre-school and kindergarten group (children ages 3-6) rated their child's behavior and social skills by completing the surveys at program entry (pre) and at the time of program completion (post). Participants in the toddler group did not complete the PKBS because the survey was not designed to measure behavior or social skills of children aged 0-3 years of age.

### **Procedure**

Data was collected from parents who participated in the Early Childhood Consultation Program in Pinellas County Florida during a year period beginning in 2001 and ending in 2002. The in-home intervention was eight weeks in length and survey measures were completed by parents at program entry (pre) and at the time of program completion (post). A paired samples t-test analysis was completed in order to assess the differences between three paired group means. The first group consisted of 232 participants and pre and post parent educator rated group means on the HOME Inventory were compared. The second group consisted of 142 participants and pre and post parent rated group means on the PKBS Problem Behavior Scale were compared. The third group consisted of 143 participants and pre and post parent rated group means on the PKBS Social Skills Scale were compared.



## Results

Significant differences were found between paired group means on each of the three measures before and after intervention. At the end of the program, parents rated their child's behavior and social skills as significantly improved compared to program entry. Similarly, child educators rated parenting skills as improved compared to pre intervention. These preliminary findings suggest that the brief Early Childhood Program intervention was effective in increasing children's social skills, decreasing children's problem behaviors and improving parent and child interactions in the home environment. There was a significant difference between the pre and post-test scores on each of the measures (Table 1). The large effect sizes found for all three measures indicate that these findings have practical significance (Table 1). No control group was available in this study to ensure that changes in rated performance were the result of program activities. Given this limitation, results indicate that parents reported significant improvements in parenting skills, problem behaviors, and positive social skills.

**Table 1**  
**Pretest and posttest comparisons**

Measure	N	Mean Difference	t	df	Significance	Cohen's d'
HOME Inventory	232	7.655	22.590	231	p< .001	1.483
PKBS Problem Behavior Scale	142	20.007	15.585	141	p< .001	1.308
PKBS Social Skills Scale	143	10.930	13.888	142	p< .001	1.161

## Program 2: Partnership Program

The Partnership program was designed as collaboration between a community mental health organization and Pinellas County Schools to provide mental health services for prevention and short-term intervention in elementary schools. One goal of the program was to strengthen the connections among families, community, and schools. The Partnership program is located in five Pinellas County Elementary schools that were chosen for participation because of high percentages of students receiving free and reduced lunches. Each of the participating schools was assigned a Family Specialist with a master's degree in mental health counseling. The clients of the Partnership Program are referred families with children in participating elementary schools. Students and families can be referred by the parents themselves, camp counselors, teachers, principals, or other school personnel. Typical reasons for referral to the program include student behavior problems such as non-compliance or acting-out in class, learning difficulties, low academic achievement, low self-esteem, new school adjustment difficulties, and problems stemming from parental separation and divorce. The Partnership Family Specialists typically treat families with children that have not been previously found eligible for special education services or

diagnosed with a long-term psychiatric disorder. Partnership was designed to provide services in cases where no other mental health services are being provided. Referrals based on issues that are outside the scope of the program were referred to other appropriate providers.

After obtaining parental permission, Family Specialists work with the referred students in school and with the families in their homes or other convenient locations. An individual service plan is developed with specified goals and objectives for treatment. Family Specialists supplement counseling with materials such as videos, books, and games. Meetings occur an average one per week over a three to four month period as required by the individual treatment plan.

## Method

### Participants

The 202 participants included 66 females, 133 males, and three participants of unreported gender from five Pinellas county elementary schools (Table 2). The racial make-up of the participants included 67.8 percent White participants, 15 percent Black (non-Hispanic), 4 percent Multi-Ethnic, 3 percent Hispanic, and less than one percent Asian, and American Indian. No information about ethnicity was provided for the remaining 8.9 percent of participants. Participants represented grades pre-kindergarten through fifth. Participants were fairly well distributed among grade levels except for the low number of pre-school participants. Table 3 displays the percentage of participants at each grade level.

### Measures

The Behavioral and Emotional Rating Scale (BERS) (Epstein & Sharma, 1998) was used as a pre and post measure to assess the effectiveness of the program. The BERS is a strength-based assessment approach to identify the behavioral and emotional strengths of children across five domains and is intended for use with children ages 5 to 18. The instrument consists of 52 items on a 4-point likert scale ranging from 0 to 3 with 0 being “not at all like my child” and 4 being “very much like my child.” The instrument includes five subscales:

1. Interpersonal Strengths,
2. Family Involvement,

**Table 2**  
**Percentage of Participants**  
**from Each School in the Total Sample**

School	N	Percent of Total Sample
Azalea	41	20.3
Blanton	55	27.2
Highpoint	29	14.4
San Jose	28	13.9
Skycrest	49	24.3

**Table 3**  
**Percentage of Participants**  
**from Each Grade Level in the Total Sample**

Grade	N	Percent of Total Sample
Pre-Kindergarten	3	1.5
Kindergarten	39	19.3
First Grade	46	22.8
Second Grade	22	10.9
Third Grade	32	15.8
Fourth Grade	30	14.9

3. Intrapersonal Strengths,
4. School Functioning, and
5. Affective Strength.

The Interpersonal Strengths subscale measures the child's capability to regulate emotions and behaviors in social situations. Example items include "Accepts criticism" and "Respects the rights of others." The Family Involvement scale measures family relationships and participation in family activities and includes items such as "Interacts positively with siblings" and "Demonstrates a sense of belonging to family." Intrapersonal Strengths is a broad measure of the child's view of his or her competencies and capabilities. This scale includes items such as "Demonstrates a sense of humor" and "Identifies own feelings." The School Functioning subscale assesses classroom skills and competency in school-related tasks with items such as "Completes homework regularly" and "Pays attention in class." Affective Strength focuses on the capacity to express feelings and receive affection from others. Example items comprising this scale include "Accepts the closeness and intimacy of others" and "Asks for help."

### **Procedure**

One or both parents completed a Behavioral and Emotional Rating Scale at the first meeting with the Family Specialist. Parents were asked to complete another BERS upon completion of treatment. Data collection was conducted between October of 2000 and August of 2002. The pre-treatment and post-treatment BERS results were compared to determine if changes had occurred in students' behavioral and emotional strengths in the five domains.

Analyses were conducted using only information from participants for which both pre and post data was available. The demographic data for the total sample and the sample used for analysis were comparable across grade, gender, and ethnicity. Missing information for any item on the BERS was replaced with the median score of participants for the item.

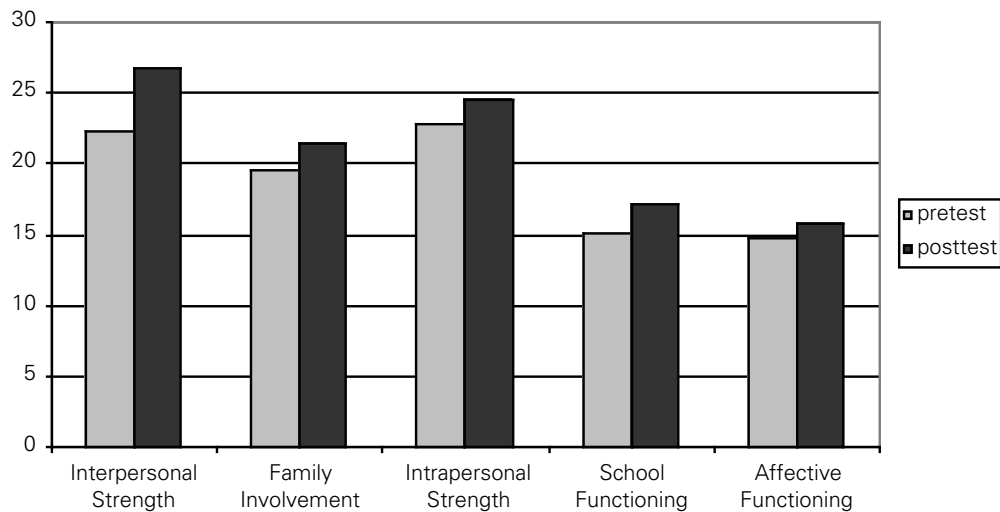
### **Results**

Paired-samples t-tests were conducted to determine if there were significant differences between the BERS results before treatment and after treatment. The analyses were limited to the 110 participants for whom a completed pre and post BERS was available at the time of analysis. Results indicated significantly higher post-treatment BERS results for each of the five scales (Table 4). Figure 1 displays the increase in BERS average scores from pretest to posttest for each of the scales. Moderate effect sizes were found for Interpersonal Strengths and School Functioning as evidenced by the Cohen's *d*' statistic. Affective Strength, Family Involvement, and Intrapersonal Strengths displayed smaller effect sizes.

**Table 4**  
**BERS pretest and posttest comparison**

BERS Subscale	N	Mean Difference	t	df	Significance	Cohen's d'
Interpersonal Strengths	110	4.445	7.009	109	$p < .001$	.668
Family Involvement	110	1.868	4.677	109	$p < .001$	.446
Intrapersonal Strengths	110	1.814	3.564	109	$p < .001$	.340
School Functioning	110	2.023	5.533	109	$p < .001$	.528
Affective Strength	110	1.114	3.485	109	$p < .001$	.332

**Figure 1**  
**Mean raw score differences for BERS scales**



A chi square analysis was used to identify the significance of association between two variables. Chi square analyses of each of the BERS scales and ethnicity revealed no significant differences related to student ethnicity. In addition, no significant differences were found across grade levels or school attended.

## Discussion

In each of these two studies, the evaluation was limited by small sample sizes, the lack of comparison groups, and the lack of randomization in deciding participation in the programs. Given these limitations, these studies provide some evidence of the effectiveness of the programs in meeting the needs of children and their families.

Early Childhood Consultation Services focused on educating parents, school staff, and community services staff about the issues of children from birth to age five and their families. Early Childhood Specialists served as a support system for referred families. They educated families through in-home parenting skills training, empowerment and encouragement of positive values, social competence, positive

identity, and dedication to learning. Based on the sample of 232 participants, parents rated their child's behavior and social skills as improved, and child educators rated parenting skills as improved following intervention. The findings of this study indicate the brief Early Childhood Program intervention increased children's social skills, decreased children's problem behaviors and improved parent and child interactions in the home environment.

The Partnership program was intended to strengthen the connections among families, community, and schools. Family Specialists provided mental health services according to individual treatment plans for elementary school students and their families. The study was limited to 110 participants for whom data was available. Results indicated significantly higher post-treatment BERS results for each of the five scales. No significant differences were found across race, gender, grade level, or school attended. Overall, low to moderate increases in the emotional and behavioral strengths of the participants as reported by their parents were found following treatment.

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