

Infant/Early Childhood Mental Health Consultation (I/ECMHC) and the Devereux Early Childhood Assessment (DECA) Program Alignment Paper

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The Devereux Early Childhood Assessment (DECA) Program is an assessment and planning system to promote children’s social and emotional development and was designed with the specific intent to bridge e worlds of early childhood development and mental health, providing a common language that is strength-based, family friendly and developmentally appropriate. The DECA Program is a valuable complement to any Infant/Early Childhood Mental Health Consultation (I/ECMHC) service because it helps all the adults in a child’s life focus on social and emotional health and resilience.

Table of contents:

1. Alignment Overview -----	1
o Infant/Early Childhood Mental Health Consultation Overview	
o The Devereux Early Childhood Assessment (DECA) Program Overview	
2. Devereux Assessments Overview -----	2
3. The DECA Program 5 Steps Approach can Support the I/ECMH Process -----	3
4. The DECA Program Levels of Intervention can Support the I/ECMH Process ---	4
5. The I/ECMH Key Elements can be Supported by the DECA Program -----	5-7
6. Other DCRC Resources that Support I/ECMHC work -----	8
7. I/ECMHC Programs using DECA across the Country -----	9-
12	

1. Alignment Overview:

The Devereux Early Childhood Assessment (DECA) Program is an assessment and planning system to promote children's social and emotional development and was designed with the specific intent to bridge the worlds of early childhood development and mental health, providing a common language that is strength-based, family-friendly and developmentally appropriate. The DECA Program is a valuable complement to any Infant and Early Childhood Mental Health Consultation (I/ECMH) service because it helps all the adults in a child's life focus on social and emotional health and resilience. I/ECMH services benefit from utilizing the entire DECA Program suite of resources and strategies, but can also benefit from utilizing the assessments (birth through 5 years) independently, and will find that they are:

- **Easy to Use:** Complete an assessment and use companion strategies to build the critical social and emotional skills children need.
- **Research-based.** Nationally standardized, reliable and valid, the assessments meet or exceed standards for high quality.
- **Comprehensive.** The assessments are completed by caregivers, teachers and families, ensuring a team approach to building social and emotional skills for all children.
- **Strength-based.** The tools help to build on a child's existing competencies and offer a strength-based approach to address areas identified for growth.
- **Positive Outcomes.** The information can contribute to significant, positive change in the life of a child.

The Devereux Center for Resilient Children provides a variety of professional development experiences that are useful for I/ECMH consultants. Many of these trainings can support efforts toward mental health credentials and endorsements. MI-AIMH Competency Guidelines accept training hours on topics related to many of the topics DCRC offers, including topics related to: attachment, infant and toddler development, family relationships and dynamics, separation, trauma, relationship-focused therapeutic practices and many more.

I/ECMH Overview:

Infant/early childhood mental health consultation (I/ECMH) is emerging as an evidence-based intervention for supporting young children's social/emotional development and addressing challenging behaviors. Over the last decade, the following research and practice guided definition has taken shape:

A problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more caregivers, typically an early care and education provider and/or family member. Infant/Early Childhood Mental Health consultation aims to build the capacity (improve the ability) of staff, families, programs, and systems to prevent, identify, treat and reduce the impact of mental health problems among children from birth to age 6 and their families. (Adapted from Cohen & Kaufmann, 2000)

(Source:https://www.I/ECMHc.org/tutorials/defining/mod1_1.html)

DECA Program Overview:

The Devereux Center for Resilient Children (DCRC) provides strength-based, resilience-focused assessments and planning systems to promote healthy social and emotional development in infants, toddlers and preschoolers. The centerpieces of the DECA Program are the DECA for Infants (I), Toddlers (T) Preschoolers (P2) which are standardized, valid and reliable tools that measure within-child protective factors and screen for behavioral concerns. Included with the assessments, the DECA Program provides strength-based planning approaches and strategy resources for caregivers/ teachers and parents. The DECA Clinical tool (DECA-C) can be used by mental health professionals to provide a next level of assessment and support for children with extensive social and emotional needs.

DCRC's model emphasizes promotion, prevention, and intervention. We refer to the supports offered at these three levels as Universal, Targeted, and Expanded. DCRC's strength-based approach to assessment and planning consists of a *five-step system* to promote healthy social and emotional protective factors in children. The program includes assessment, a comprehensive planning framework, and strategies to help the child in both the home and school settings.

2. Devereux Assessments Overview

The Devereux Assessments listed below can be used as part of the comprehensive DECA Program or as stand-alone tools. The DECA I, T and P2 assessments allow an I/ECMHC program to systematically gather information about children’s social and emotional strengths and needs and support the use of that information to guide planning that will support all children (universal interventions) or some children who have needs (targeted intervention). The DECA-Clinical assessment can be used by an I/ECMHC seeking to assess a child with extensive needs (expanded intervention). The DECA assessments meet or exceed the professional standards for validity and reliability and were developed using a robust standardization sample. The assessments can support outcome measurement, research and eligibility if needed. The DECA assessments also create a common language and foster collaboration among early childhood professionals, mental health consultants and parents.

	<u>DECA for Infants</u> (DECA-I)	<u>DECA for Toddlers</u> (DECA-T)	<u>DECA for Preschoolers, Second Edition</u> (DECA-P2)	<u>DECA Clinical Form</u> (DECA-C)
Scales	<ul style="list-style-type: none"> ✓ Initiative ✓ Attachment/ Relationships ✓ Total Protective Factors 	<ul style="list-style-type: none"> ✓ Initiative ✓ Attachment/ Relationships ✓ Self-Regulation ✓ Total Protective Factors 	<ul style="list-style-type: none"> ✓ Initiative ✓ Attachment/ Relationships ✓ Self-Regulation ✓ Total Protective Factors ✓ Behavior Concerns Screener 	<ul style="list-style-type: none"> ✓ Initiative ✓ Attachment ✓ Self-Control ✓ Total Protective Factors ✓ Emotional Control Problems ✓ Attention Problems ✓ Aggression ✓ Withdrawal / Depression ✓ Total Behavior Concerns ✓ Increases Concerns Items
Age-range	1-18 mo.	18-36 mo.	3-5 yrs.	2-5 yrs.
Assess, Screen, or Both	Both	Both	Both	Assess
Parent/Guardian Rater	Yes	Yes	Yes	Yes
Teacher/Caregiver/Provider Rater	Yes	Yes	Yes	Yes
Time to Administer (in minutes)	5-10	5-10	5-10	10-15
Total Number of items	33	36	38	62
Reading level	Sixth	Sixth	Sixth	Sixth
English, Spanish, or Both	Both	Both	Both	Both (Spanish Online)
Culturally Appropriate Items	Yes	Yes	Yes	Yes
Reliability meets/exceeds prof standards	Yes	Yes	Yes	Yes
Validity meets/exceeds prof standards	Yes	Yes	Yes	Yes
National Standardization sample	2,183	2,183	3553	1108-2,000
Standard Scores	%, T-score	%, T-score	%, T-score	%, T-score
Advanced Interpretation Available	Yes	Yes	Yes	Yes
Web-based (Electronic) Version	Yes	Yes	Yes	Yes
Cost per Assessment (paper)	\$1	\$1	\$1	\$2
Accompanying Strategies	Yes	Yes	Yes	Yes
Professional Development	Yes	Yes	Yes	Yes
Meets Professional Standards	Yes	Yes	Yes	Yes

These assessments come in a paper version, but are also available electronically on the e-DECA2.0 web-based platform which also includes access to select strategies.

3. The DECA Program 5 Step Approach can Support the I/ECMH Process

The comprehensive DECA Infant/Toddler Program and DECA Preschool Program are implemented using a 5 step approach. The steps include: Step One: Collect Information, Step Two: Assess Each Child, Step Three: Summarize Results, Step Four: Develop and Implement Plans, Step Five: Evaluate Progress and Adjust. Through each step of the process a wide variety of tools and strategies are provided to support observation, reflection, family partnerships, social-emotional quality improvements, individualization, targeted/prevention focused supports and outcome measurement. An I/ECMHC doing classroom or child-focused consultation can utilize some or all aspects of the comprehensive DECA Program in order to support their work. Through these five steps, the program works to: (1) assess and build resilience in all children; (2) promote the resilience of the important adults in young children's lives; and (3) create environments that support resilience-building behaviors in children and adults.

Quick Guide to the Five-Step Approach to DECA Program Implementation

Step 1: Collect Information

- Get to know each child and family
- Conduct observations
- Complete the Reflective Checklist(s)

Step 2: Assess Each Child

- Complete the DECA-I/T/P2 on every child in the classroom, and encourage families to rate their children as well.
- Score the DECA-I/T/P2 and plot results on the Individual Child Profile

Step 3: Summarize Results

- Complete the Classroom/Group Profile
- Prepare the group planning
- Prepare for individual child planning

Step 4: Plan and Implement Strategies

- Plan for the group
- Plan for each child

Step 5: Review Progress and Adjust

- Monitor the effectiveness of group and individual plans
- Adjust plans as needed

During **Step 1** an I/ECMHC can use the following DECA Program resources to gain valuable information about a child, the child's family, and the quality of the settings where children spend time. The I/ECMHC can determine how to collaborate with teachers and parents in the use of the following tools:

1. Family Questionnaires, 2. Observation Tools
3. Behavior Incident Reports, 4. Devereux Reflective Checklist for Caregiving and Teaching Practices

During **Step 2** an I/ECMHC can support a teacher in administering and scoring the age appropriate DECA assessments. Assessments can be completed on every child in a classroom to learn about all children's social and emotional strengths and needs or on individuals for child-focused consultation. DECA results in the form of Individual Child Profiles indicate each child's strengths and needs related to important within-child protective factors that support resilience. For children with extensive needs, an I/ECMHC doing child-focused consultation may also choose to use the DECA-Clinical assessment during this step.

During **Step 3** an I/ECMHC doing classroom consultation to support all children can utilize the Classroom/Group Profile to create a visual summary of the protective factors and behavior concerns for the class. Also during this step an I/ECMHC can utilize DECA tools to prepare to plan for individual children by using the Individualized Planning Summary to organize planning efforts. Preparing to plan is a key feature of I/ECMHC work.

During **Step 4** an I/ECMHC can work with teachers (and parents) to develop plans and utilize strategies for a group of children or individual children by using the Group Action Plan, the Child Strength Goals Strategies Plan and/or the Positive Guidance Plan. Consultants can also benefit from using the Team Planning Meeting Reflection Questions to support strength-based, family friendly, planning meetings with all the adults in a child's life. The DECA Program Infant/Toddler and Preschool Strategies Guides are full of universal and targeted strategies. The e-DECA2.0 platform also offers a wide variety of easy to access strategies based on the child's DECA results. During **Step 5** an I/ECMHC can use the DECA Program to collect ongoing information and conduct additional DECA assessments to monitor effectiveness and adjust plans as needed. The DECA assessment provides an opportunity to do advanced analysis of pre-post data as well as rater comparisons.

4. The DECA Program Levels of Intervention can Support the I/ECMHC Process

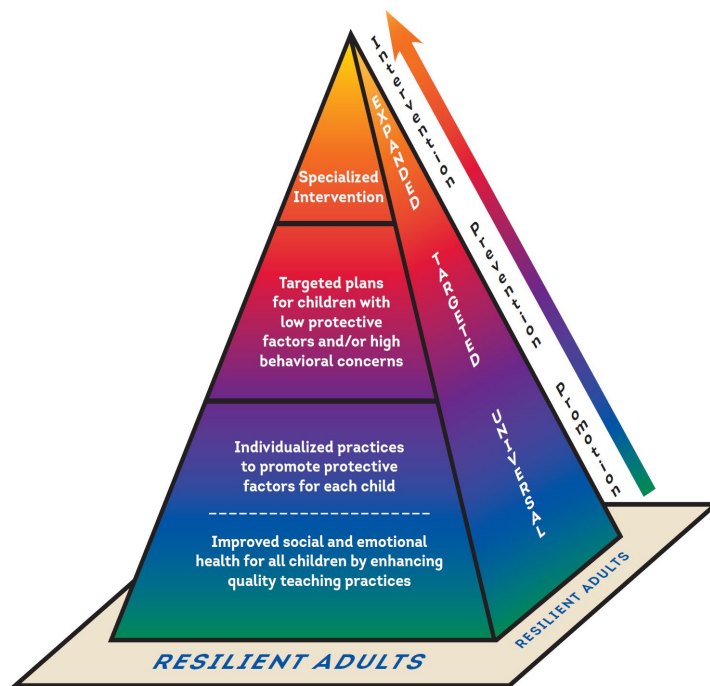
The DECA Program offers support to children and adults who care for them at 3 levels of intervention. An I/ECMHC program often provides services at all 3 levels as well.

Resilient Adults are at the base of supporting healthy protective factors in all children. Adults who are healthy themselves are best prepared to promote children's social and emotional wellness, prevent further risks, and link to expanded intervention when needed. An I/ECMHC seeking to build a supportive relationship with teachers, caregivers and parents could utilize the Devereux Adult Resilience Survey (DARS) and strategies from *Building Your Bounce: Simple Strategies for a Resilient You* to help the important adults in children's lives focus on their own well-being and create plans to build their resilience.

Universal / Promotion refers to services and strategies that all children need for a strong, solid social and emotional foundation. Individualization is used at the universal level to promote the unique strengths and needs of each child. An I/ECMHC seeking to provide support to a program at the promotion/universal level can utilize DECA Program resources (see 5 step approach).

Targeted / Prevention refers to additional supports and strategies that are needed for children who require more focused attention because of areas of need in within-child protective factors or emerging behavioral concerns. These children may be considered at-risk for developing social and emotional difficulties. Targeted prevention strategies are designed to prevent the development of these difficulties in at-risk children. Teachers using targeted prevention strategies may increase the frequency and duration of a strategy or modify a strategy to specifically address a child with an Area of Need in protective factor(s). An I/ECMHC seeking to provide support to a program and/or family at the prevention/intervention level (focusing on supporting an identified child exhibiting needs) could utilize the DECA assessment, planning tools and strategies.

Expanded / Intervention refers to services and strategies that require the additional support of professionals beyond the classroom teaching staff. These additional professionals are involved at the expanded level because the needs of the children exceed what an individual teacher can address. The additional professionals work with the teacher and family to help them better understand the child's behavior, to develop and implement more effective strategies to help the child, and to coordinate the efforts of all of the professionals and parents so that the child receives a consistent planning approach. Children who need expanded intervention may already have a clinical diagnosis or may benefit from further evaluation. It is important to note that children receiving expanded services still benefit from targeted prevention plans and universal promotion to enhance the quality of their care. An I/ECMHC seeking to provide services at an intervention/expanded level can utilize the DECA-C (clinical) assessment. The use of the DECA-C can seamlessly complement a classroom implementing the comprehensive DECA Program, but can also be used independently.



5. The I/ECMH Key Elements can be Supported by the DECA Program

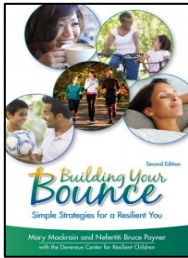
According to leaders in the I/ECMHC field, there are several key elements of the practice. These key elements can be supported by the DECA Program in many ways: (Source https://www.I/ECMHc.org/tutorials/defining/mod1_1.html)

<p>Focused on early care and education settings. I/ECMHC is focused on providing services that benefit infants and young children who are in early care and education settings, including Head Start/Early Head Start programs, child care centers and family child care homes.</p>	<p>The DECA Program was specifically designed to support the adults working in early childhood settings caring for infants, toddlers and preschoolers. It is based on developmentally appropriate practices and has a focus on building the social and emotional health and resilience of children.</p>
<p>Indirect and capacity-building. I/ECMHC seeks to promote positive outcomes for infants and young children by helping <u>caregivers</u> (i.e., family members and early care and education providers) develop the attitudes and skills necessary to effectively support the social and emotional development of the young children in their care. The emphasis on capacity-building also extends to the overall early care and education program, with a focus on strengthening the program's ability to create nurturing environments that foster mental wellness among children, families and staff.</p>	<p>The DECA Program was designed to empower teachers and parents/caregivers and to provide them with the tools needed to promote children's social and emotional health within the context of their daily routines at school and home. The DECA Program's Reflective Checklist for Caregiving and Teaching Practices is a resource that supports early care and education providers to reflect on their own teaching practices. Teachers complete the checklist and gain a better understanding about how their own practices influence (either positively or negatively) children's behaviors. Research-informed strategies that link to the Reflective Checklist items can be implemented to improve the overall quality of teaching practices.</p>
<p>Collaborative and relationship-based. A hallmark of I/ECMHC is the focus on collaboration between the mental health consultant and caregivers (including early care and education providers and family members). This collaboration is critical to developing and implementing feasible and appropriate strategies. Building strong, positive relationships between and among these key stakeholders is an essential component of achieving meaningful collaboration and, ultimately, effective consultation.</p>	<p>The DECA Program has 6 guiding principles. Collaboration between early childhood and mental health providers to optimize child outcomes is one principle and strong partnerships with families is another. All of DCRC's work has a focus on bringing together all of the important adults in children's lives; focusing on the strengths that individuals bring to the table; and working together using a common language to support the overall health and well-being of children.</p>
<p>Delivered by professional consultants with mental health expertise. The ultimate goal of I/ECMHC is to promote optimal mental health among infants and young children in early care and education settings. Thus, consultants delivering I/ECMHC services must have a strong foundation in infant and early childhood mental health.</p>	<p>The DECA Program offers I/ECMHCs a wealth of strength-based and research-informed resources that they can use to build strong relationships with families and early care and education providers. The DECA Program resources support I/ECMHCs in their efforts to build the capacity of the people and programs they serve.</p>

<p>Attentive to prevention, promotion and intervention. I/ECMHC seeks to support optimal mental health for all young children – not just those identified with mental health challenges. This holistic approach requires that consultation activities address the full spectrum of young children's mental health needs, from promotion of healthy social/emotional development to prevention of mental health problems to early intervention for young children demonstrating challenging or troubling behaviors.</p>	<p>The DECA Program emphasizes the importance of promotion, prevention, and intervention and offers resources for children at each of these levels. DCRC's strength-based approach to assessment and planning consists of a <i>five-step system</i> to promote healthy social and emotional protective factors in children. The program includes assessment, a comprehensive planning framework, and strategies to help the child in both the home and school settings.</p>
<p>Based on knowledge of effective early childhood practices. To optimize outcomes for young children and their caregivers, consultants must be well-versed in effective practices focused on a range of early childhood issues (e.g., managing behavior, addressing trauma, fostering attachment).</p>	<p>The DECA Program assessments meet or exceed the professional standards set forth for assessments and all of the DECA Program strategies are research-based. ECHMCs appreciate and value the DECA Program resources because in addition to being research-based, they are practical, parent friendly, and empower parents and early care and education providers to support children's social and emotional development.</p>
<p>Family-centered. Engaging families is an essential component of I/ECMHC, as they know their children best and have a monumental impact on children's mental wellness through their own behaviors. Families are critical partners in developing strategies that are well-attuned to the child and family's strengths, needs and preferences. Using a family-centered approach increases the likelihood that family members will support implementation of strategies at home, thus strengthening the overall impact of consultation.</p>	<p>The DECA Program has 6 guiding principles that are built into every aspect of the program, including a commitment to create resources that support strong family partnerships. Families and providers working together as a team to provide consistent, nurturing, developmentally appropriate care results in more positive outcomes for children. The nationally standardized, reliable and valid assessments can be completed by both parents and educators. Assessment input from all the adults in a child's life fosters better communication and collaboration. ECHMCs appreciate how parents can be included not only in the assessment process, but in the planning and evaluation steps as well.</p>
<p>Culturally and linguistically competent. As noted above, I/ECMHC is inherently collaborative and, as such, requires the formation of strong, positive relationships between and among those who will be involved in consultation efforts. In order to establish these critical relationships – and deliver appropriate services - consultants must explore and gain a firm understanding of consultees' cultures, including ethnic, racial, linguistic, socioeconomic, education and religious aspects. Further, consultants must reflect on how their own culture impacts their approach to service delivery and reconcile this individual perspective with the collective culture of all of those involved in the consultation.</p>	<p>The DECA Program assessments have been thoroughly evaluated for their cultural and linguistic competence and are available in English and Spanish. The assessment can be translated into additional languages through the use of an interpreter, but when translated, should be used for planning purposes only and not scored.</p>

<p>Strengths-based. Another important element of I/ECMHC, which supports relationship-building and the provision of effective services, is the use of a strength-based approach. By developing strategies that build upon the abilities and positive qualities of the children, families and early care and education providers involved in consultation, consultants not only increase the likelihood that recommended strategies will be embraced but they also provide a model for best practice service delivery.</p>	<p>The DECA Program has 6 guiding principles that are built into every aspect of the program including a commitment to creating resources that are strength-based. Research confirms that promoting children’s social and emotional strengths reduces the development and escalation of behavioral concerns. DCRC resources identify and build on children’s strengths first, rather than focusing primarily on deficit-based behaviors. The questions on the assessments are worded positively, with high frequencies of behaviors being desirable. DECA Program strategies are also strength-based and rooted in best practice research.</p>
<p>Reflective. I/ECMHC is unique in its emphasis on reflective practice. Instead of approaching each situation with pre-conceived notions of what to do, consultants constantly reflect on what they are hearing and seeing in order to set an appropriate course for intervention. Consultants also strive to help consultees become reflective by modeling this practice and promoting reflective thinking (for example, encouraging caregivers to consider why a child may be exhibiting a certain behavior).</p>	<p>The DECA Program resources provide a wealth of tools that support reflection. Specifically, the Reflective Checklists for Caregiving and Teaching practices support educators and caregivers in being more reflective about the social and emotional quality of their programs. The DECA Program parent resources called For Now and Forever also offer valuable reflection questions for families.</p>

6. Other DCRC Resources that Support I/ECMHC Work

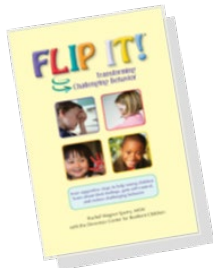


Building Your Bounce: Simple Strategies for a Resilient You

Research confirms the critical connection between the health and well-being of children and the adults caring for them. Because of this important link, it is essential that adults take care of themselves so that they are able to provide high quality care to the children in their lives. This journal is designed to meet adults where they are and take them to a place of greater strength and determination. Through reflective readings, activities, journaling, and written responses, this book will uncover strategies for strengthening four areas related to resilience – Relationships, Initiative, Self-Control and Internal Beliefs.



Your Journey Together: A Curriculum to Build the Resilience of Children and Families Your Journey Together (YJT) is a strength-based curriculum designed to promote the social and emotional well-being and resilience of vulnerable children and their families. The YJT curriculum focuses on empowering parents to promote safe, trusting, and healing environments—all key elements of a trauma-sensitive program. The YJT curriculum is facilitated by a coach, who is typically a social worker, case worker, home visitor, or other family-serving professional. While YJT was specifically designed for families with children up to age 6, many of the concepts apply to families with children of all ages.



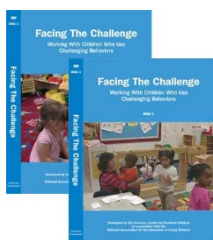
FLIP IT! Transforming Challenging Behavior

Winner of the 2012 National Parenting Publications Award! This informative book by Rachel Wagner Sperry, MSW, with the Devereux Center for Resilient Children, is designed to support all adults who interact with young children. This guide explains FLIP IT's four simple steps to transform challenging behavior in young children. Teachers and parents can help children learn about their feelings and gain self-control by using the mnemonic: Feelings, Limits, Inquiries, Prompts. Learn to FLIP IT with the practice pictures, reflection activities and real life stories inside.



FLIP IT! Online Course, 2nd Edition

Learn to *FLIP IT* at your own pace by choosing the *FLIP IT!* Online Course, 2nd Edition. The entire length of the course is approximately 2.5 hours including interaction, reflection, application of skills learned with *FLIP IT* and a final assessment. Most importantly, this course can be taken module by module and not all in one sitting. Empower yourself and your colleagues by purchasing this course today!



Facing The Challenge and Classroom Moments DVDs

One of NAEYC's best selling teacher resources, Facing the Challenge is an instructional, interactive 2 DVD set includes hours of training and documentary video, providing teachers with strategies for working with preschool children who display challenging behaviors. The Classroom Moments DVD includes 28 video clips of varying lengths captured in actual early childhood classrooms. In addition to the rich video footage, each DVD comes with a comprehensive trainer's guide, filled with activities and guidance around using the videos for providing professional development to staff.



Socially Strong, Emotionally Secure: 50 Activities to Promote Resilience in Young Children

Winner of the 2012 Learning® Magazine Teachers' ChoiceSM Award! Now more than ever, adults must help children develop the skills necessary to navigate successfully through life. By focusing on building social skills for children and emotional strengths, adults increase children's resilience and prepare them to handle the challenges in life. The strategies and activities in *Socially Strong, Emotionally Secure* provide teachers with the tools they need to help children become socially and emotionally healthy for life. Organized into five chapters, the activities support and build resilience in children ages three to eight.

7. I/ECMHC Programs using DECA across the Country

The Devereux Early Childhood Assessment (DECA) Program was created to serve as a bridge between the world of early childhood education and mental health. Collaboration between these two fields required the establishment of a common language that was strength-based, family friendly, and developmentally appropriate. The DECA Program is a valuable complement to any Infant/Early Childhood Mental Health Consultation (I/ECMHC) service because it helps all of the adults in a child's life focus on social/emotional health and resilience. I/ECMHC services benefit from utilizing the entire DECA Program suite of resources and strategies, but can also utilize the DECA assessments (birth through five years) independently. I/ECMHC programs across the country are using the DECA Program assessment and resources in a variety of ways. We are excited to share how programs in the states of Colorado, Michigan, New York, and North Carolina are using the DECA. (If you are an I/ECMHC program and would like share how you are using the DECA, please contact Rachel Wagner at rwagner3@devereux.org).

Colorado



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Colorado's early childhood mental health consultation services began with pilot programs at the community mental health centers in Boulder and Denver counties, funded by the Colorado legislature in 1997. Colorado's state funded system of early childhood mental health consultation began in 2007 when State General Funds were provided to the Colorado Department of Human Services (CDHS) to create the Early Childhood Mental Health Specialists (I/ECMHS) program. The program is currently administered by the CDHS/Office of Early Childhood. In 2016, the I/ECMHS program doubled its capacity to 34 FTEs, through legislative spending authority of Child Care Development Funds. The I/ECMHS program delivers mental health consultation services in child care programs, including centers, homes, preschools, and Head Start/Early Head Start. The focus is on (1) building the capacity and understanding of early care and learning providers and parents to support healthy social/emotional development, (2) the timely provision of early childhood mental health support, especially for those at higher risk because of behavioral difficulties and physical and cognitive disabilities, (3) reducing the risk of suspensions and expulsions, and (4) supporting facilitated referrals for more intensive services. The I/ECMHS programs across the state use the Devereux Early Childhood Assessment Clinical Form (DECA-C) as their evaluation measure for child focused services. They selected this measure because of its ability to focus on children's protective factors while also differentiating specific behavior concerns. Director Jordana Ash says, "I think the DECA provides a strength-based view/perspective on the needs of both individual children and classrooms AND lends itself very well to guiding consultation with providers. And, it also has a lot of utility as a pre/post measure to provide a comparison and to look at progress."

Michigan



Meghan Schmelzer, LMSW, IMH-E (III)
Early Childhood Social & Emotional Health Coordinator
Division of Mental Health Services to Children and Families
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www.greatstarttoquality.org

Michigan's Race to the Top specialized consultation model supports improvement in social and emotional health for children in early care and education settings, encourages and supports staff wellness, offers specific tools and resources and provides training and ongoing coaching. Social and Emotional Consultants can support programs universally (program-wide) or at the targeted level (with individual children who are exhibiting social and emotional needs). At the targeted level, consultants utilize the Devereux Early Childhood Assessment (DECA) and strategies to gather important information about a child's protective factors and to make informed decisions about planning to strengthen them. The DECA is completed by both providers/teachers and caregivers/parents. Results are shared through a collaborative conversation with the important adults in a child's life, resulting in identified goals and strategies selected. Meghan Schmelzer, Early Childhood Social & Emotional Health Coordinator says, "The best part of using DECA is that it really helps to give words to a provider or family about what a child is struggling with. It doesn't necessarily tell us anything we don't already know, but it helps us to organize our thoughts in a better way. It also helps to have strategies at the tip of our fingers." Targeted cases stay open as long as necessary, and support through training and coaching are offered on an ongoing basis. Michigan utilizes a variety of other high-quality social and emotional tools and strategies that blend well with the DECA Program. Meghan also appreciates that the DECA is, "really user-friendly and helps to quantify meaningful information to track change over time."

New York



Kimberly Polstein, LMSW
Social Emotional Specialist
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Social Emotional Services have been offered by the Capital District Child Care Council of NY since 2004. Social Emotional Specialists provide basic and intensive technical assistance to child care programs across the capital district as well as through community partnerships with organizations like Head Start. The children served range in ages birth to five. Specialists use DECA materials in almost every aspect of service with Head Start. Head Start staff receive DECA workshops from their Social Emotional Specialist (SES), who is a Devereux trained Local Program Mentor. Staff are supported in utilizing Reflective Checklists to collect information about their social and emotional teaching practices and universal quality improvement strategies are offered by the specialist. Teaching teams are also supported in completing DECA assessments on all children and the SES is able to review all the individual and classroom results in order to provide support and strategies. The SES also utilizes the DECA results and e-DECA strategies during individual child consultation. During intensive technical assistance with non-Head Start programs, the SES utilizes the DECA assessment for individual children exhibiting challenging behavior. Social Emotional Specialist, Kimberly Polstein says, "The DECA materials are comprehensive and clear, yet simple enough that they're easily used by all staff members. I really

enjoy having a strong framework with research to back it up that aligns with my own personal and professional philosophies on approaching challenging behaviors and childhood resilience. The SES's focus on attachment and relationships aligns well with the DECA tool and all of the trainings and other materials offered through the Devereux Center for Resilient Children. They utilize *Building Your Bounce: Simple Strategies for a Resilience You*, which is a great tool to focus on adult resilience and *Your Journey Together* materials are also being incorporated into services for parents, which they find easy to use and easy to train on."

North Carolina



Smokie Brawley
Statewide Project Manager
Healthy Social Behaviors Initiative
childcarerrnc.org/s.php?subpage=HealthySocialBehaviors

The Healthy Social Behaviors Initiative has provided programmatic mental health consultation within early childhood classrooms serving children ages birth to five since 2005. Funded through the NC Division of Child Development and directed by a Statewide Project Manager, 21 Behavior Specialists with extensive specialized training in early childhood development, social-emotional competencies, resilience and protective factors, and the *Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children* serve all 100 counties across NC. These specialists also facilitate a variety of trainings on social and emotional topics, including Devereux's *Facing the Challenge* training series, to early childhood providers and professionals. Additionally, one Education Specialist develops and facilitates statewide CEU-level trainings related to social and emotional development and managing challenging behavior in young children, including Devereux's FLIP IT® training. Behavior Specialists most commonly work with child care providers and their administrators, shaping policies and teaching practices to support nurturing relationships inside high quality environments, utilizing pro-social teaching strategies. These activities are reducing the incidences of challenging behaviors and suspension/expulsion from child care, as well as improving teaching satisfaction and retention. Only approximately 2.5% of children originally identified by the child care provider as "using challenging behavior" require additional individualized strategies following the implementation of recommended teacher changes to classroom practices. The DECA assessments are often used by Behavior Specialists with children requiring individualized strategies. The information gained from the DECA regarding the child's Initiative, Self-Regulation, and Attachment/Relationships combined with research-based DECA strategies assist specialists in devising individualized behavior plans and in supporting teachers who work with these children. An explanation of a child's DECA scores along with the DECA parent guide is also often helpful when referring the child/family to outside clinical resources. Specialists are trained in the FLIP IT strategy and assist teachers to use this strategy regularly. As a strength-based assessment, use of the DECA keeps specialists, administrators, teachers, and parents focused on a child's positive attributes and often helps bridge communication gaps. Hearing about a child's positive attributes helps parents realize that the teachers do see their child in a positive manner; and hearing that the parents share the same concerns about a child helps teachers feel validated in their behavior management struggles. Bridging this gap helps open the door to productive discussions, using a child's strengths and interests to build improvements. The clear and specific response tools in the strategy guide support teachers, and the information in the family guide promotes understanding at home. This allows all of the important adults in a child's life to work together. As recently shared by Smokie Brawley, "There are a LOT of early childhood assessments available, but few bring the wealth of information and resources to the problem of challenging behavior that are contained in the Devereux assessments. NC's Healthy Social Behaviors Initiative finds these resources are a valuable companion to the Pyramid Model tools we utilize on a daily basis, fitting seamlessly into both our classroom and individual child technical assistance plans."