



Foundations for Success

*Improving early childhood mental health
to support successful families and communities in Ramsey County*

Outcome Assessment results October 2008

Foundations for Success is a five-year initiative designed to develop and implement a county-wide system for early childhood mental health services in Ramsey County. Funded by the John S. and James L. Knight Foundation and coordinated by the Community Action Partnership of Ramsey and Washington Counties, the initiative promotes culturally competent and family friendly services. Services are developed and implemented by a collaboration of more than 100 community agencies, representing local foundations, government, parents, school districts, health, mental health, early childhood professionals, and the University of Minnesota.

The initiative is evaluated by Wilder Research, including an annual analysis of outcome data collected through the project. Outcome data is collected for children participating in the funded programs using two different measures (the Strengths and Difficulties Questionnaire and the Infant Toddler Social Emotional Assessment), as well as for parents participating in the Incredible Years Parent Group (using the Parent Practices Interview). This report presents findings from each of the three components of the outcome evaluation.

Overview of completed SDQs

One component of the outcome evaluation is an analysis of the Strengths and Difficulties Questionnaire (SDQ). SDQs are to be completed for children in all five funded programs. A total of 1,067 SDQs completed at intake and 690 SDQs completed at discharge were submitted to Wilder Research. This report summarizes the results of 587 matched SDQs completed between May 2005 and August 2008. Most of the SDQs completed at intake (86%) and discharge (87%) submitted to Wilder Research through

August 2008 were from the Incredible Years Dina Curriculum program. Nineteen Incredible Years Dina Curriculum sites submitted completed questionnaires; of these, most were from Swede Hollow Head Start (19%-20%), Wheelock Early Childhood Special Education (15%-20%), and Normandy Park (14%-18%). Intake and discharge SDQs were also received from Project KEEP, Incredible Years Parent Group, Beginnings, and Fraser.

Three-quarters of the questionnaires completed at intake were completed by teachers, while one-quarter were completed by parents, primarily mothers (83% of all parent-completed forms). Most SDQs completed at intake were in English (98%); the remaining forms were completed in Spanish. Questionnaires were completed for slightly more males (61%) than females. At the time the SDQs were completed, children ranged in age from 2 to 8, with a mean age of 3.8 years at intake and 3.9 years at discharge.

Results of the SDQ

The SDQ is comprised of five subscales: emotional symptoms, conduct problems, hyperactivity-inattention, peer problems, and prosocial behavior. In addition to subscale scores, a total difficulties score (sum of scores on all scales except prosocial behavior) was calculated for each child.

All scores can further be classified into one of three clinical categories: normal, borderline, or abnormal. An abnormal total difficulties score can be used to identify children who may have mental health concerns.

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Changes in scores from intake to discharge are based on individually matched cases (n=587). The major SDQ findings are as follows:

- Overall, children showed statistically significant improvements in all five domains of behavior assessed by the SDQ, including an improvement in their total difficulties score.
- Most children (51% to 83%) who were in the “normal” category on the subscales at intake maintained that status at discharge.
- Between 8 percent and 26 percent of children demonstrated clinical improvements from intake to discharge (i.e., they improved from “abnormal” to “normal” or “borderline”, or from “borderline” to “normal”).
- The largest clinical improvement was on the prosocial scale, in which 26 percent of children improved by at least one clinical category between intake and discharge.
- One-quarter of the children demonstrated improvement in their total difficulties scores, improving by at least one clinical category.
- Fifty-nine percent of children’s total difficulties scores were “normal” at intake, compared to 73 percent at discharge.
- Parents and teachers reported that fewer children had difficulties with emotions, concentration, behavior, or getting along with others at discharge (45%) compared to intake (58%).

Overview of completed ITSEAs

A second component of the outcome evaluation involves the Infant Toddler Social Emotional Assessment (ITSEA), which is administered to parents of children ages birth to 3 at intake, every six months following intake, and at discharge. The ITSEA is used by the Beginning’s Infant-Toddler Home Visiting program only. This report summarizes the results of 20 matched ITSEAs (intake and most recent posttest) completed between September 2005 and August 2008.

Of these 20 children, English was at least one of the primary languages spoken at home for every family (100%). Most of the children were male (85%), and they represented diverse racial and ethnic groups,

including Caucasian (30%), Multi-racial (30%), African American (28%), Hispanic (4%), Native American (4%), and African born (2%). Children’s mean age at intake was 27 months, and 36 months at discharge.

Results of the ITSEA

The ITSEA is comprised of four domains of behavior: externalizing problems, internalizing problems, dysregulation, and competence, each of which includes 3 to 6 subscales. Scores identified as being “of concern” identify children who are at risk for delayed, deficient, or deviant behavior relative to their same age and sex peers in their development of the capacity to regulate behaviors and emotions, and their development of social-emotional competencies.

Changes in scores from intake to discharge are based on individually matched cases (n=8-20, depending on the subscale). The major ITSEA findings are as follows:

- There was no significant change in children’s scores from intake to most recent posttest in any domain with the exception of competence, which declined over time and fell into the “of concern” range at discharge. It should be noted that the finding is based on a small N and may be due to an increased awareness among parents, following their child’s participation in the program, of what actually constitutes socially appropriate, “competent” behavior.
- Children’s average scores on the externalizing domain fell into the “clinical” range at both intake and discharge, while scores on the dysregulation domain were in the “of concern” range at both intake and discharge.
- Most children (88%) had at least three subscale scores that fell into the “of concern” range, which is indicative of emotional and/or behavioral difficulties in these children.
- About one-quarter of children moved out of the “of concern” range by their most recent posttest on the internalizing domain.
- Parental concern about their child’s behavior, emotions, or relationships significantly decreased between pretest and posttest.

Overview of completed PPIs

The final component of the outcome evaluation is an analysis of the results of the Parent Practices Interview (PPI), which is completed by parents participating in the Incredible Years Parent Group at intake and discharge. This report summarizes the results of 37 matched PPIs (intake and discharge only) completed between March 2005 and August 2008.

Most of the parents who participated in the Parent Group were female (81%), Caucasian (88%), between the ages of 30 and 49 (72%), and married (63%). Almost half (45%) were single parents.

Results of the PPI

The PPI is comprised of seven domains that assess parenting in the following areas: appropriate discipline, harsh and inconsistent discipline, positive verbal discipline, monitoring, physical punishment, praise and incentives, and clear expectations. Parents' scores in each domain can also be classified as "clinical" or problematic/high-risk if above established cut-offs.

Changes in scores from intake to discharge are based on individually matched cases (n=37). The major findings of the PPI are as follows:

- Parents demonstrated significant improvement from pretest to posttest in five parenting skill areas: harsh and inconsistent discipline, positive verbal discipline, praise and incentives, physical discipline, and clear expectations.
- The most significant improvement was the decline in self-reported use of harsh and inconsistent discipline between pretest and posttest.

- More than one-third of parents (38%) moved out of the "clinical" range on the harsh and inconsistent discipline domain by posttest, which was highly significant.
- Although not statistically significant, between 9 percent and 32 percent of parents moved out of the "clinical" range on the remaining six domains by posttest.

Conclusions and recommendations

- In general, the results of the outcome assessments suggest that children and parents are showing improvements in their social-emotional behavior and parenting skills, respectively, as a result of participating in the funded programs.
- Some programs continue to submit few SDQs to Wilder Research. Program staff should ensure that SDQs are completed for all children enrolled in the program at intake, every six months subsequent to intake (where relevant), and at discharge, and submit these forms to Wilder Research on a monthly basis.
- Given that most SDQs (98%) were completed in English, programs should make certain that parent-report SDQs are being completed in the language that is most comfortable for the parent.
- Although the ITSEA results suggest few improvements in children's scores, only a small number of forms were included in the analysis at this time, which restricts the ability to detect significant changes. If more forms are submitted, future analyses will be able to highlight potential improvements.

For more information

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