



Foundations for Success

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

Outcome Assessment results: Overall findings September 2009

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 is the final report presenting findings from each of the three components of the outcome evaluation, collected over the course of the initiative (2005-2009).

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. This report summarizes the 835 total matched pretest/posttest SDQs that were submitted to Wilder Research. The SDQs were completed between May 2005 and June 2009.

Most of the SDQs submitted to Wilder Research through June 2009 (89%) were from the Incredible Years Dina Curriculum program. Eighteen Incredible Years Dina Curriculum sites submitted completed questionnaires; of these, most were from Wheelock Early Childhood Special Education (20%), followed by Normandy Park (17%), Swede Hollow Head Start (14%), and Wilder's Child Development Center (13%). Intake and discharge SDQs were also received from Project KEEP, Incredible Years Parent Group, and Beginnings.

Most of the questionnaires (89%) completed at intake were completed by teachers, while 11 percent were completed by parents, primarily mothers (82% of all parent-completed forms). Most SDQs completed at intake were in English (99%); 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 4.4 years at discharge. Children also represented diverse racial/ethnic backgrounds, including: Caucasian/White (33%), African American/Black (28%), Multi-racial (12%), Asian (12%), Hispanic (10%), and African-born (4%).

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.

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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.

Changes in scores from intake to discharge are based on individually matched cases (n=835). 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 (50% to 84%) who were in the “normal” category on the subscales at intake maintained that status at discharge.
- Between 7 percent and 27 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 27 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 72 percent at discharge.
- The effect size for the peer problems, hyperactivity, and prosocial scales is moderate (.31 to .42), indicating the programs are most effective at improving these areas of behavior.
- Parents and teachers reported that fewer children had difficulties with emotions, concentration, behavior, or getting along with others at discharge (42%) compared to intake (54%).

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 31 matched ITSEAs (intake and most recent posttest) completed between September 2005 and June 2009.

Most of the children were male (70%), and they represented diverse racial and ethnic groups, including: African American (38%), Caucasian (28%), Multi-racial (18%), African born (6%), Hispanic (5%), and Native American (2%). Children’s mean age at intake was 26 months, and 34 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=17-31, 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; competence levels fell into the “of concern” range at both intake and 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” or “clinical” range at both intake and discharge.
- Most children (82%) 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 in five 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, as well as language development, significantly decreased between pretest and posttest.
- Parents demonstrated significant improvement from pretest to posttest in six of the seven parenting skill areas: appropriate discipline, 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; the increase in parental use of praise and incentives and positive verbal discipline was also highly significant.

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 48 matched PPIs (intake and discharge only) completed between March 2005 and June 2009.

Most of the parents who participated in the Parent Group were female (83%), Caucasian (89%), between the ages of 30 and 49 (71%), and married (68%). Almost half (43%) 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=45 to 48, depending on the subscale). The major findings of the PPI are as follows:

- Nearly one-third of parents (29%) moved out of the “clinical” range on the harsh and inconsistent discipline domain by posttest, which was highly significant.
- About one in five parents (19%) moved out of the “clinical” range on the physical punishment scale, which was also significant.

Conclusions and recommendations

- Overall, the results of the outcome assessments suggest that children are showing improvements in their social-emotional well-being, particularly in regards to their prosocial behaviors, as a result of their participation in the funded programs.
- Parents who participate in the Incredible Years Parent Group demonstrate an improvement in a wide array of parenting skills.
- ITSEA results suggest few improvements in children’s scores, although parental concern about children’s social-emotional behavior and language did significantly decrease following their child’s involvement in the Infant-Toddler home visiting program.

For more information

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