

## **Episode 3 Transcript**

[Audio Link](#)

Narrator ([00:11](#)):

Welcome to Early Childhood Policy Matters. A podcast for early childhood professionals and strategic partners. Open to use research, to inform policy and better serve children, families, and their communities. Today, we look at some common approaches to implementing mental health services and supports at the state level. We'll talk with two of the nation's leading experts in two of these common approaches, early childhood mental health consultation, and the Pyramid Model. Later we'll hear from Vanderbilt University's Mary Louise Hemmeter, who spoke about the Pyramid Model with SRI Education's Todd Grindal. But we begin with Nikki Edge, professor and associate director of the research and evaluation division in the Department of Family and Preventative Medicine with University of Arkansas for medical science. She sat down with Georgetown University's Neal Horen, to discuss early childhood mental health consultation. Let's listen in.

Neal Horen ([01:20](#)):

Nikki, thanks so much for joining us today.

Nikki Edge ([01:23](#)):

Thanks for having me. I'm excited to have this conversation.

Neal Horen ([01:27](#)):

From your perspective, what are some of the key components that folks need to think about in terms of infant early childhood mental health consultation?

Nikki Edge ([01:36](#)):

Well, when I was thinking about that question, I was going back in time to when here in Arkansas, maybe about 10 years ago, we were transitioning from series of pilots of different approaches to consultation and trying to come up with a consistent statewide model. And I remember picking up what works document that you guys out of Georgetown had developed. And in it, I really hung onto what you guys described as the key components. And those were a solid program infrastructure. So your leadership, having a clear model design, your partnerships, your evaluation, and then that second component was having highly qualified mental health consultants. How are you going to hire the right people? What kind of skills and attributes are you looking for? What kind of training and supervision and support are they going to need? And then the third component being that the high quality services that get delivered, and what are your processes for ensuring that consultants are consistently providing the scope of services that's laid out in your model.

Nikki Edge ([02:39](#)):

And to me, that that infrastructure piece, that first piece is the piece from which all the rest flows. If you can nail that piece, then some of the other components will fall into place. And so I think that it benefits programs that are developing to really spend some time really thinking through their model. Who's your target population? Really thinking about what's in and out of your scope of services, so that consultants are going to know their role and then know what they have to hand off to other partners. What are your expectations for caseloads and frequency of visits and the length of your consultative relationships?

How do your paperwork and processes help consultants stick to your model? And then some level of evaluation in place to know when you're deviating from your plan.

Neal Horen ([03:33](#)):

So what kind of resources does the state need to implement infant early childhood mental health consultation?

Nikki Edge ([03:39](#)):

I think when you're first getting started. You need both resources internal to your state, and then you're going to need a lot of external support. To me, the very beginning of the process are some of your internal resources, particularly I think about the importance of some kind of group of engaged stakeholders that are coming together to say, we want mental health consultation because we want it to solve a particular problem. What's your common goal? Is the need in your state around... And finding another avenue to improve quality of services and early care and education, for example, or are you more interested in teacher and home visitor stress or supporting that workforce? Or do you have some goals around something more specific, like reducing expulsion? And I think you need that group of stakeholders to define your purpose, because then you can develop your model around that. And in many ways, our program drew from multiple examples.

Nikki Edge ([04:36](#)):

So for example, we looked around at all the successful programs with positive outcomes, and we said, who's got a shorter model because our workforce just isn't vast enough to spend long periods of time partnering with one program. So you put these pieces of information together and match them to your state needs and your state priorities. And then within the bounds of what we know works, craft what you think is going to best meet the needs with the limited resources that you have. I think one of the biggest lessons that I've learned is that different things can work and you can be flexible and you can change over time to meet changing needs and changing priorities in your state. So that's part of the beauty of mental health consultation, is that it's proven effective as a strategy that can get you to many different outcomes.

Nikki Edge ([05:29](#)):

So in the history of our program, there have been times when the priority of our key stakeholders and our priority was really about programmatic consultation, improving overall classroom quality and social emotional supports, and some of the places that needed it the most in our state. And then there were opportunities to change and shift and morph over time as different priorities rose to the surface. And in particular here in Arkansas, a key priority where a lot of energy has been in our state, is reducing suspension and expulsion from early care and education settings. And so we chose to get on board with that and that meant giving up some of our programmatic consultation and seeing what we could do to help a broader system succeed in reducing expulsions at being part of that mission of our state.

Neal Horen ([06:21](#)):

I'm wondering, are there any of those lessons that you're like, any state should be thinking about this? This is what we learned. It took us a little bit, and boy, if I could tell a state do this, don't do this. This is probably common for most states.

Nikki Edge ([06:35](#)):

I think that there are some universal things that we can't let go of. And those are just staying true to again, what the research says works. And so we want to use licensed or licensed eligible mental health professionals to do this work for example. I think most of us would agree that that's a non-negotiable, that's a universal. There are services that are definitely consultative services and services that we would think of as not consultation. So I think those kinds of things are universal. And then so much else is flexible. How are you going to staff it? So for years, we were married to our staffing model, that we staffed through contracts with community mental health centers, because we thought there's such value in having people be a part of their community. People who know their community, who know how to get families connected to other supports if they need it. And that worked until it didn't fully meet our need. And we finally had to hire some little traveling crew, we called them. Our traveling consultants.

Neal Horen ([07:39](#)):

Can you talk a little bit about how you've collaborated with universities and state partners?

Nikki Edge ([07:45](#)):

This is something that I have grown extremely passionate about because of the benefits that has brought to our work here in Arkansas. In my opinion, it's critical that we remember that infant and early childhood mental health consultation is not the system of social emotional supports, in any state. It's an important and in my opinion, a necessary component, of a system of supports, but it's just not the only component. And so we're part of a system that involves trainers of social, emotional curricula and technical assistance providers that support developmentally appropriate practice, coaches in approaches like the Pyramid Model or conscious discipline. And I just think we have to do more work to learn about what our colleagues are doing to cross train, to seek, to understand their work, value their work, champion their work, and see how we can maximize our collective resources by working in close partnership with each other.

Nikki Edge ([08:44](#)):

So in Arkansas, that's been a huge focus for us in recent years because we wanted to pull together our community of professionals that work in any way in the social emotional arena to create a continuum of supports that could function together as part of an expulsion prevention initiatives. So we have partners at universities who have hold one expertise, and we have our mental health consultants. Our community mental health centers are the university that supports them. We have our state team and by working together as a true team, we have been able to serve well over a thousand children in the last three years that were identified as at risk for expulsion. And we never could have done that if we were relying solely on the consultation program in our capacity. So that collaboration is essential.

Neal Horen ([09:34](#)):

It almost sounds like what you're saying is that maybe if everybody who's trying to build those social-emotional learning supports in a system aren't competitive, but actually see themselves as all working towards a similar goal. He said, sarcastically, that part of this is we're all trying to build a system. There's one particular part that folks around mental health consultation might be trying to build. That should be in collaboration and partnership with the folks who are working on implementing the Pyramid Model, the folks who are trying to bring in evidence-based treatment interventions and things.

Nikki Edge ([10:09](#)):

That's exactly right. I think we have to say to ourselves, there will always be more need than we can collectively address. So let's don't worry about ideas of turf or competition. If we all work together, each of us contributing the best we can in our area of specialization, then there is more than enough work to go around. None of us are going to run out of work to do, and we'll be more successful and feel more successful and productive when we're working within our area of expertise.

Neal Horen ([10:45](#)):

I really appreciate your time and your insights today. It's super helpful.

Nikki Edge ([10:50](#)):

I'm happy to be with you and happy to give back to the field. I feel like we've learned so much from our colleagues at the Center of Excellence and our colleagues all around the nation. So it's fun to have these conversations together.

Narrator ([11:02](#)):

Now we turn to the Pyramid Model and noted early childhood mental health expert, Mary Louise Hemmeter. SRI Education senior researcher, Todd Grindal, recently spoke with Dr. Hemmeter about her work, her research, and what she's learned about successful implementation of the Pyramid Model at the state level. Let's listen in.

Todd Grindal ([11:35](#)):

Hi, my name is Todd Grindal. I'm here today with Dr. Mary Louise Hemmeter. Dr. Hemmeter is a professor of special education at Vanderbilt University, through her work on the national center on social-emotional foundations for early learning and other funded projects. She was involved in the development of the Pyramid Model for supporting social-emotional competence in young children. She's also been involved in work in developing practices for coaching teachers and implementing practices known as practice-based coaching. M.L, thank you for joining us today.

Mary Louise Hemmeter ([12:06](#)):

Sure thing. I'm glad to be here, thank you for having me.

Todd Grindal ([12:09](#)):

I'd like to start by hearing more about the key components of the Pyramid Model. What's involved and what does make up the Pyramid Model?

Mary Louise Hemmeter ([12:18](#)):

So the Pyramid Model is a framework of evidence-based practices that is designed to address the needs of all children in an early childhood classroom. So we know in most early childhood classrooms, you're going to have children who are doing well developmentally. You're going to have children who need a little bit of support developmentally, and then you're going to have some children who need more levels of support, specifically around social-emotional development. And so the Pyramid Model was designed to address all of those needs. So the Pyramid Model has practices that are considered universal in nature. What do we do for all children around building relationships and designing high quality, early childhood contexts and interactions, all children need that. How do we do good social-emotional teaching for all children. And then the Pyramid Model also includes targeted social-emotional

interventions for children who need a little bit more support around their social skills, emotional competencies, and as a prevention for problem behavior. And then we also recognize that even when you do all those things well, you're going to have a few children who need more intensive supports around social-emotional development.

Mary Louise Hemmeter ([13:39](#)):

And so the Pyramid Model has a approach that is designed to develop individualized interventions for those children who need that extra support.

Todd Grindal ([13:51](#)):

For a state that's interested in implementing the Pyramid Model on a larger scale, what kind of resources do they need and what do they need to be thinking about as they get started?

Mary Louise Hemmeter ([14:01](#)):

So I think one of the things that we've learned through our work with the Pyramid Model is that teachers, caregivers, providers, who are going to implement the Pyramid Model practices really need support to do that. It's a complex set of practices and teachers and other practitioners need support learning to implement those practices in an individualized way. So one of the main things we think that states need to do is create a system of professional development or embed into their existing professional development system supports for programs around implementing the Pyramid Model.

Mary Louise Hemmeter ([14:44](#)):

We know that it takes more than one shot training. We know that it's not going to be efficient to train one at a time, but rather we need to be really thoughtful about how we get supports to programs, to school systems, to head start programs, to childcare programs, wherever our children are spending their time, that helps them build the capacity of that program to address the social-emotional needs of all children. And I think one of the challenges for states is that they're often working across systems. So they're working across headstart and childcare and public schools and the kinds of resources and supports that will be needed in those various systems really vary. And so we believe it's really important for states to have teams that cut across service delivery systems that consider what professional development resources they have in this state, how they can train those systems, both in Pyramid Model implementation, in program-wide supports, in practice-based coaching, such that we can get support out to the ground level where people actually need to be using the practices.

Todd Grindal ([16:02](#)):

Can you say a little bit about how the Pyramid Model and the implementation of the Pyramid Model, interacts with other statewide efforts to support the mental health and social emotional development of young children?

Mary Louise Hemmeter ([16:16](#)):

I think the Pyramid Model practices are designed to support the social-emotional development of all children. They connect to a trauma informed approach to supporting children's social-emotional development. And I think that our work around the Pyramid Model can be supported by a range of people. So it can be supported by early childhood mental health consultants who are out in programs, trying to support young children. It can be supported by some type of educational coach who's out there working in early childhood systems. But I think that the most important thing is that we think about

social emotional development as something that all children need support around. And that we try to think about what systems do we have in our states that are already doing that.

Mary Louise Hemmeter ([17:08](#)):

So maybe our childcare resource and referral systems are doing that. Maybe we have a statewide infant and early childhood mental health consultation system that's doing that. Maybe we have educational resource centers that have coaches in it. We don't see this as something that all of those groups should be competing to. Do we see this as being such a important and critical need that there's a place for all of those systems and it's about... And that's one of the reasons we think there should be a state team because it should be their job to say what systems exist within our state that can support young children's emotional development. And how do we make sure we're allocating those resources in a way that's efficient that's meeting individual programs needs, and that aren't competing with each other.

Todd Grindal ([18:03](#)):

For states that are considering a wide scale implementation of the Pyramid Model, what sorts of data do they need to collect to make sure that things are going as planned?

Mary Louise Hemmeter ([18:15](#)):

I'd say there's three kinds of data states need to be collecting. So one is, are we supporting programs in a way that we would expect programs to be implementing the Pyramid Model? And so those are really what we would consider fidelity of state support. So that's one piece, but I'm going to talk more specifically about what we always say is that we want to ask ourselves, are we doing it the way it was designed to be done? And if we are, is it working? So the, are we doing it question is, are teachers implementing the Pyramid Model with fidelity? And we have a standardized observational tool called the Teaching Pyramid Observation Tool, that allows programs to both look at individual teachers, but also look at groups of teachers. So our teachers in the programs that are receiving supports around implementing Pyramid Model practices with fidelity, because we wouldn't really expect to see changes in children if teachers aren't implementing those practices.

Mary Louise Hemmeter ([19:24](#)):

So assuming we're doing that data collection, the next piece of data that will be important to collect is the impact that that's having on children's social skills and challenging behaviors. And those can be measured through a variety of means. They can be measured through what programs are already collecting related to social skills. So can programs use whatever ongoing assessment tools they're already using to document whether it's having an impact on children's social skills? We have a tool called the Behavior Incident Reporting System, that programs can use to see if incidences of children's challenging behavior actually go down as a result of implementing the Pyramid Model. And all of those tools can be aggregated up, meaning we can look at what's the impact on a classroom of children. What's the impact on a program, all of the children in a program. And you could also aggregate those and look at those on a state level in terms of the programs that you're working with.

Todd Grindal ([20:34](#)):

Thank you so much M.L for taking the time to talk with us today. We really appreciate it.

Mary Louise Hemmeter ([20:40](#)):

Well, thank you so much for having me.

Narrator ([20:48](#)):

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