Preschool Wellness Consultation: Whole Body Solution to Whole Body Problem

Cohort: 2017-2020

Team Members:
- Lara Sando, PhD
- Matthew Ruderman, M.Ed, PhD
- Maya Lindemann, RN, BSN

Location:
Los Angeles, California

Focus Areas:
- Behavioral and Mental Health
- Early Childhood
- School-based Health Care

Background

Social-emotional deficits in early childhood and Adverse Childhood Experiences (ACEs) have lasting effects and are strongly associated with negative social-emotional and health outcomes later in life, as well as risk on school readiness measures. Over 20% of children entering kindergarten in Santa Monica have been identified as “at-risk” or “vulnerable” in social-emotional development. This data also shows a discrepancy in access to services in communities of lower socio-economic status and racial and ethnic minorities. The trend is highly concerning, given that a young child’s social-emotional development is the foundation on which they learn to navigate the world and is critical to their ability to adapt in school, form successful relationships, and later maintain a job and become a contributing member of society.

A lack of public awareness, political support, and funding for needed early childhood mental health intervention leads policymakers to focus primarily on academic performance markers and to neglect providing adequate universal funding to support
social-emotional health and development. Moreover, fragmented funding sources and requirements of various early childhood programs create inconsistencies in availability of interventions. While programs like Head Start mandate and allocate funds for social-emotional curriculum and identification of children with wellness needs, other programs have no such requirements or funds, despite serving children with similar high-risk and low-resource profiles. Further, the current zeitgeist contributes to policymakers’ neglect of mental health concerns for young children in general and low-income, diverse populations in particular, creating health disparities across diverse neighborhoods in Santa Monica.

**Wicked Problem Description**

“If the police find me, I’ll get to be with my dad in prison.” At four years old, this boy had already internalized and verbalized a future of delinquent behavior in his first months in a Santa Monica preschool. Unfortunately, there are too many children experiencing similar circumstances in the Santa Monica preschools, which ultimately lead to negative health, academic, and social-emotional outcomes. The wicked problem we target is the long-term societal and personal impact of unaddressed psycho-neurobiological health concerns in early childhood related to lack of awareness, public funding, and political support, and further compounded by siloed approaches and fragmented programming. We believe this is most evident in the lack of school readiness for children entering kindergarten.

**Project Strategies**

Our program, termed Preschool Wellness Consultation (PWC), focuses on prevention and early intervention through utilization of an interdisciplinary and ecological approach. PWC integrates the domains of psychology, social work, nursing, nutrition, psychiatry, and occupational therapy to create a whole-body approach to a whole-body problem.

Providence Saint John’s Child and Family Development Center (CFDC) will act as the lead agency of PWC, coordinating with the Santa Monica-Malibu Unified School District (SMMUSD) to provide mental health, nutrition, and occupational therapy consultants for preschool classrooms. The foundation of PWC includes mental health consultants (MHC’s), who are assigned to preschool classrooms within SMMUSD. MHC’s are responsible for coordinating services among interdisciplinary providers with a particular focus on helping parents and teachers support children more effectively. Using a tiered approach, consultants provide universal (i.e., class-wide), targeted, and individualized interventions to address social-emotional, occupational, and/or physical risk factors for students.

Additional components of PWC include screeners and other evidence-based instruments to identify at-risk children, parenting groups and trainings for preschool educators on behavioral and social-emotional health, and holistic health and nutrition workshops to address nutrition, movement, and behavioral strategies for healthy parenting. Furthermore, CFDC is responsible for ongoing support and
supervision to consultants as well as coordination with outside service providers. Lastly, an advisory committee comprised of parents, community partners, and administrators will help ensure effective outreach and targeting of community needs.

Outcomes

There is one overarching goal for PWC in SMMUSD: fostering healthy social and emotional development in young children. This goal can be broken down into three objectives: 1) to increase public awareness about strategies to address holistic wellness for the preschool population; 2) to universally increase access to preschool wellness services; 3) to create a sustainable, ecological, and interdisciplinary consultation program that addresses the various needs of developing children and their families.

Immediate goals include interdisciplinary service provision and increased identification of at-risk children. Intermediate goals include increased access to wellness service providers, improved communication between systems of care and community partners, and increased parent and teacher understanding of holistic wellness in early childhood. Long-term goals include increased teacher competency in social-emotional interactions and improvement across child wellness indicators.

Timeline

- **Year 1** – Initiate consultation program in each classroom in SMMUSD. Gather initial data to inform research program. Link with community partners to begin developing interdisciplinary, interagency collaboration.
- **Year 2** – Continue consultation and further refine approach. Begin interdisciplinary consultation. Strengthen collaborative approach. Develop research program.
- **Year 3** – Draw conclusions based on research. Develop sustainability plan. Further strengthen collaboration and consultation.

Partnerships

- City of Santa Monica representative
- Laura Kainsinger, MPH: UCLA, Science and Food Program Manager
- Mental Health and Occupational Therapy Consultants: Providence Saint John’s CFDC, Staff
- Additional Potential Community Service Providers and Partners

Evaluation Strategies

In order to evaluate whether the outcomes of PWC are met, CFDC staff will work closely with city officials and school administrators to collect baseline wellness information on individual children, through administration of developmental
screeners and related measures to identify at-risk children. For children identified as needing a higher level of intervention, teachers and mental health consultants will utilize appropriate ancillary measures to inform intervention. To assess the impact of PWC on the teacher and classroom environment, a research-based analysis and coaching method designed to improve teaching in the areas of instructional support, classroom organization, and emotional support in preschools will be used.

To assess the process of interdisciplinary collaboration, identification of children, and access to needed services, quarterly review meetings will be held in which all consultants and team members will gather to discuss and assess details of the program. Additionally, parent and teacher training and competencies will be assessed through distribution of an annual survey. Based on the information collected, CFDC and SMMUSD will make adjustments to the project, ensuring that the project changes to reflect the feedback received. At the end of the project, data will be analyzed to determine the effectiveness of PWC in addressing the goal and outcomes listed above.