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Training Recommendations from Early Childhood Education Providers

Teresa Gallanti, Brooke Hachey, Dawn Johnson

University of Maine in Machias

SSC 420 Research Methods

Lois-Ann Kuntz & Marianne Thibodeau

December 18, 2018

Author note

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Author Bios

Teresa Gallanti is a junior in the Psychology and Community Studies program at the University of Maine in Machias. She is also working toward minors in counseling, substance abuse, and cultural anthropology, in addition to the Mental Health Rehabilitation Technician Certification. Over the three years Gallanti has attended UMM, she has been an active member for the 100% Society, Student Senate, and pledged to the fraternity Omicron Delta Pi. She is currently working her second semester as a Supplemental Instructor. She has worked as a teaching assistant for two psychology professors and a general tutor in the study center focusing on psychology and math. She was awarded the Outstanding Achievement for First Year Psychology and Community Studies Student award and the Alumni Association Scholarship in 2017.

Brooke Hachey is a senior in the Psychology and Community Studies program at the University of Maine at Machias. She is also working toward her minor in substance use services. She has interned at the Department of Health and Human Services in Children Services. Post graduation she plans to continuing in the field as a case manager for DHHS, before going into a graduate program. Hachey has worked for her family's lobster wharf for more than 10 years and as a care provider for a local elderly women. During the winter she fosters dogs that are in need from areas that have suffered natural disasters. She has lived in Jonesport her whole life where she currently owns a home and lives with her fiancé.

Dawn Johnson is a junior in the Psychology and Community Studies Program at the University of Maine at Machias. She is working towards a minor in counseling and the Mental Health Rehabilitation Technician Certification. Over Johnson's past three years, she has been an active member of Student Senate and UMM's Women's Soccer team. She is currently working as a teaching assistant for one of her psychology professors. She was awarded UMM's Female Newcomer of the Year in 2016, and Female Scholar Athlete of the Year in 2017. Johnson was accepted for the USCAA Academic All-American Team and the YSCC Academic Team in 2017. In Spring of 2018, she was awarded the Jack Armstrong Behavioral Science scholarship. Dawn was also awarded the 2018 USCAA Division 2 Student-Athlete of the Year for Women's Soccer.

Abstract

Early childcare education providers are seen as having many training needs. Training needs concur with the challenges most providers face, but not always. A series of focus groups conducted in Hancock County by Hanson (2017) provided an estimation of the resources present; the challenges early childcare providers faced; and the trainings that individuals would like to see. The school districts in the neighboring county, Washington County, were asked if the county was interested in having a similar audit. Washington County school districts declined suggesting that the county had all the services they needed. Instead this research was conducted to see if Washington County has all the resources it was preserved to have. When the research was conducted it was observed that there was striking similarities between the Hancock and Washington County studies in training and resource needs. Similar responses were collected about the perceived barriers and trainings recommendations that early childcare education providers would like to attend or have.

Keywords: early childcare education providers, training recommendations, early childcare education providers' barriers, rural county services

Training Recommendations from Early Childhood Education Providers

“Don't handicap your children by making their lives easy.” — Robert A. Heinlein

Early childcare education providers usually cater to children ages from 0 to 5 who typically are not ages included within school systems. Children at these ages are usually taught speech, motor skills, social skills and other vital skills. Early childcare education providers take care of children while their parents attend work during the day. Home based centers are facilities that are run out of an early childcare providers home. Center based facilities are locations, such as headstart programs, that are usually government run and/or assisted programs. They focus on preparing children for school. Early childcare education providers are required to get training. These providers are required to attend these trainings for a certain number of hours. The number of hours vary for each provider depending on whether they were center based or home based. Some training includes challenging behaviors in children, anxiety, brain development and etc. Many early child care providers face several difficulties depending on the population they served and the area they service. Early childhood educators are faced with many demands involving children with challenging behaviors. Gebbie, Glugoski and Taylor (2011) describe challenging behaviors as “persistent noncompliance; problems regulating emotions; inability to form relationships with adults or peers; and difficulty engaging in learning activities” (p. 36). Being in a rural area makes finding resources and accessibility challenging (Vuyk, Sprague - Jones, &

Reed, 2016). Here are specific challenges that small community education professionals may face:

- mood disorders, anxiety disorders and aggression from child
- parental acceptance of child's additional needs
- impact of substance use in family homes
- poverty of the family which includes lack of or multiple jobs for parents, transportation issues, and healthcare
- stigma surrounding Department of Health and Human Services (DHHS)

Gloeckler, L., & Cassell, J. (2012) describes the outcomes of working with preschool age children and discusses the question of the benefits of working with the young children on problem solving or solve the problem for them. Providers begin engaging problem solving behaviors at an early age, which makes transitions easier and alleviates negative behavioral actions. Children are not only taught by their providers, but also by their parents, and the multi-education can pose challenges for providers. Lakind & Atkins (2018) discuss how parenting programs can be effective, raising a child takes more than one person. Some negative behavioral actions that providers may have to intervene on were aggressive behaviors and other conceived negative behaviors. Fleckman., Taylor, Storer,, Andrinopoulos, Weil., Rubin-Miller, & Theall (2018) state “children that endure corporal punishment (CP) are more likely to experience mood disorders, anxiety disorders, aggression, and substance abuse issues, as well as obesity, arthritis, and cardiovascular disease”. Aggressive behaviors and other perceived negative behaviors can be linked to physical punishment or other aggressive physical behaviors that could have been observed by the child. Ma, Shen, Krenn, Hu, & Yuan (2015) state “There

is little doubt that parental involvement is important to educational success.” The factors in childhood behavior is not solely on the parent nor the provider; it is both.

In 2017 Healthy Acadia’s Early Childhood Consultation and Outreach (ECCO) Consultant reached out to Hancock County schools and childcare providers. Hanson (2017) asked early childcare providers a series of questions about their mental health protocols (social, emotional, behavioral), challenges and needs. The Mental Assessment focused primarily on the needs of children ages 0 to 8 (Hanson, 2017). This study reached out to 29 elementary schools and 19 child care providers in Hancock County. For the research of this paper, the information from the child care providers was the focus.

“The majority of the daycare centers and home based centers with whom the ECCO Consultant met do not have mental health counselors or social workers. There seemed to be a division of daycare facilities with either high turnover of staff or those with owners/directors and staff who had years of experience and education. Their knowledge on developmental delays, atypical social/emotional and behavioral challenges and interventions comes from years of education and experience as owners, directors and staff” (Hanson, U., 2017). There was a focus group for each of the centers/providers with a series of questions and answers found in Appendix A.

There were four general areas of questions for these groups. The first was mental health protocols/policies set in place in their centers. From the nineteen early childhood educational providers contacted only thirteen responded to their questions. All thirteen had a referral system set in place with Child Developmental Services (CDS) and also recommended referrals to family practitioners. Conversations with parents about concerns and establishing and maintaining strong

and trusting relationships with parents were essential. In all facilities, they had effective and consistent staff to support the child and staff meeting policies. In addition to these protocols and policies the three Head Start programs had referrals for mental health consultations and a family advocate for support on their staff.

The next area of discussion was challenges providers faced in their facilities. Providers from all facilities agreed that the CDS has a lengthy wait list for services as well as staff issues such as being understaffed. Other issues were few mental health providers for the age group (0-5) in the area and issuance problems in general. A majority of the facilities expressed that parents had a hard time accepting that their child had an identified challenge and was in need of services, and once accepted, it was then the parents who were hesitant to accept the need for services. This hesitation was due to the process at DHHS being lengthy and the long wait list, in addition to the stigma surrounding working with DHHS in general. Only a low number of facilities reported challenges of poverty and the impact of substance use on the family. Only one facility reported no challenges at this time.

The third area the focus groups talked about were the needs of the facilities. Over half of the providers expressed a need for workshops to support staff on how to respond effectively to challenging situations with children. Most wanted workshops for specific trainings to be more effective in their profession. Some examples were Mindfulness Skills; Anxiety; Creating a Structured and Nurturing Home; The Importance of Play for Parents; and Brain Development. The Head Start program providers also wanted training in the Effects of Substance Use on the Family.

Finally all facilities were asked whether or not they were interested in participating with ECCO. Healthy Acadia reached out to the Washington Counties school districts to see if they would like a similar study done. Washington County school districts addressed Al May and stated that the county did not need a survey because they had all the services they need.

The purpose of this current study is to determine if there are services in place in Washington County school districts to satisfy the concerned department and if there are any barriers to these services. Questions to be addressed included: What services do early childcare education providers use? What are the challenges of being an early childhood education provider in Washington County? What trainings could be provided to overcome these challenges?

Methods

Participants

Two focus groups were held with providers from early childhood care facilities in the Calais and Machias area at their monthly group meetings. The Calais focus group meeting had eight childcare providers in attendance. Out of those eight there were seven center based providers and one home based provider. The Machias focus group had three representatives in attendance, two were from home based providers and one was from a center based provider. In the Machias group, the scheduled guest presenter stayed to observe the focus group as she works within the field to train early childhood care providers and was able to add some interesting knowledge.

Materials

When formulating the focus group questions the research team used the trainings suggested by the Hancock report (Hanson, U., 2017) and used them as examples for the Washington County care providers. Those examples were:

- Anxiety
- Brain Development
- Creating a Structured and Peaceful Home
- The Importance of Play
- Connecting with your kids-curiosity, attunement, empathy,play and respect
- Mindful Movement

The materials used in addition to the questions for both focused groups included a portable presentation easel with the questions written out for the group to be able to reflect on as discussed each question. The researchers had the questions written on large sheets of paper with sticky backs in case they needed to change from a open discussion to a carousel style group discussion. Two copies were brought of the consent form for each participant, one for them to sign and give back for research records and one for them to keep for their records.

For the facilitator, they had all of the questions on one sheet for paper for them to read. The two recorders had each question on a seperate sheet of paper for them to be able to take notes easily. A box of markers were brought for the carousel group, but were not used, and ink pens with the UMM logo were provided for the participants to use and keep.

For each of the focus groups, given out was one \$15.00 Dunkin Donuts gift card randomly as a thank you for their participation. On the second consent form passed out the team

had marked the back randomly with a star. At the end of the presentation the researchers had the participants look at the back of their consent form to win the gift card.

Procedure

The first step in this research was to meet with the community partner, Al May from the Maine Center for Disease Control (CDC). The researchers discussed the information he wanted to obtain from this research. At first, he wanted to question early childhood educators as well as kindergarten through third grade educators, as was done in the focused groups from Hancock County. He wanted to obtain whether or not there was sufficient training available to these professionals and if they were being accessed. Also, Al May wanted to know if there were barriers to these trainings and how his department could address them. After talking about the time constraints as well as the accessibility of school personnel, it was decided to limit the focus to the early childhood providers.

At this point Al May put the research team in contact with Theresa Fisk from Maine Roads to Equality to gain access to the monthly meeting that early childhood providers have in the Calais and Machias areas. Once the research team got confirmation that they would be able to attend the two meetings within the time limits, they started to develop focus group/survey questions. Al May met with the research team for a second time to work through the limited questions that would be used for the two focus groups and the more extensive questions for the survey.

Once the researchers had the questions for the focus group they were tested with classmates and professor by conducting a mock focus group. This was challenging as the students did not know how to answer the questions for the focus group. It was helpful for the research team as they were able to get a good feel about how the procedure of a focus group worked and what to expect when they facilitated their own.

Before facilitating the focus groups and releasing the survey the team needed to get the approval of the Institutional Review Board (IRB) team. The research team met with the IRB team and presented their research question, their consent form, the questions they intended to ask at the focus groups and the survey they wanted to send out to the early childhood providers in Washington County. The team consisted of four of the professors from the psychology department at the university. For the committee on this project there was also a professor from the education department, specifically from special education.

A result of the IRB team discussion, the researchers needed to make some changes to the survey and have one psychology professor and the one education professor look it over for further assessment. This was then to be sent to the IRB team chair for approval.

Researchers facilitated two thirty minute focus groups, one with the Machias group and one with the Calais group. The researchers had one person facilitating the questions and two people recording the answers. It was estimated that they could get through five questions within the thirty minute time frame. Of the five questions, both groups answered four due to the time constraints. In both focus groups the research team omitted the same question.

Results

Question 1 Responses. The focus group conducted in Calais had a mix of center and home based providers in attendance as did Machias so each had varying perspectives on each question asked. The first question for participants was, “Whether or not their facilities, center or home based, had resources for developmental services for the needs of their children”. The centers in Calais stated that they had a in-house process that include examining patterns of behavior prior to reaching out to CDS (Child Development Services). Participants also were using CDS, and provided examples of occupational, physical and speech therapy. The center based provider in the Machias group stated that they have specific people come in and provide the specific services for each child’s needs. Calais home based providers stated that they used services when a child needed them and/or they had space to provide those service, such as the summer months where children could play outside while another child was receiving services. Both the Calais and the Machias home based providers usually refer out to the CDS, as well, and bring in video conferencing with speech therapists when needed. Speech therapists for the Machias home based centers use a speech therapist for the children they serve and the speech therapists are from Georgia. It was noted that these Georgian speech therapists oftentimes correct children’s perfect Maine accents.

Question 2 Responses. When both groups were asked, “What kind of services they already have in place?” the center based providers stated that they “have had a lot of their training through on the job training and services provided in the center”. During the Calais focus group the Head Start providers stated that they had someone that they call and had come in to do evaluations, but they also have the ECCO program or extended care health option, and they make observations themselves and keep documentations of it for when a provider comes in. For

home based centers they can refer out to physicians and talk with parents but their are few options for mental health professions for home based providers. Both the Machias and the Calais providers explained that most of their trainings have been on the job training. The hours of “training” required to run or work at any of the businesses varies from 12-40 hours of trainings needed. This includes CPR and first aid trainings. Machias home based providers stated they have no other services other than to refer parents to the primary care provider because there are not a lot of mental health services in this area for young children. Even through much of the training is done on the job it was clear that many of the providers do wish to have further trainings but time and availability makes it hard. Many of the trainings happen when providers are working and there is no one to cover them so they can attend. The Machias home based providers expressed in person training where most that were available were on line.

Question 3 Responses. When asked, “What are the primary challenges” in regards to the children, all center and home based providers from both groups concluded that the barriers for children accessing services included: (1) the parents would have to take time off from work to make sure a child receives services, (2) the distance it takes to travel to a professional for a child to receive services is too great, (3) expenses associated with traveling long distances for a child to receive services, (4) the reliability of a parent’s transportation, and that (5) there are little services in Washington County to begin with for child to receive services. In addition, the Calais focus group discussed problems with aggression from their children, where as the Machias group did not. The Machias focus group had a collective concern regarding the difficulty of paperwork for parents and the difficulty to navigate services due to the nature of the services and the fear of accessing services due to the services location at the DHHS. Fears in working with and accessing

services from DHHS included: (1) parent's difficulty in reading would result in the removal of their children by DHHS, (2) working with DHHS in general is scary or may result in the removal of children, (3) DHHS is hard to navigate when afraid of their services. Providers from the Machias area also addressed difficulties in parents possible acceptance of a child's need for help, or that something may be wrong with their child, or even accepting the diagnosis of their child's need.

Question 5 Responses. When asked, "If you were to request trainings to support your understanding of mental health, what would be of interest for your staff, parents, students? Examples: (1) anxiety-what is it? how to stay calm?, (2) brain development, (3) creating a structured and peaceful home, (4) the importance of play, (5) connecting with our kids - curiosity, attunement, empathy, play, respect, (6) mindful movement." Both groups found all the suggested topics interesting but also had specific topic for their particular needs. The Calais group was interested in overall parenting information including: (1) importance of parent involvement, (2) general parenting information, (3) parents who are struggling with substance use. The Machias focus group was interested in similar trainings including: (1) co-parenting through divorce/how to parent when spouses are separated or separating, (2) addiction parenting/how to parent while recovering from addiction.

Other emerging information that was discovered while conducting the focus groups.

It was stated by the Calais group that their largest barrier was children with aggressive behaviors, but when the facilitator inquired to the Machias group about if their facilities had aggressive behavior with their children, they stated no. Both focus groups, Calais and Machias, were genuinely amazed, but not shocked, when it was disclosed that Washington Counties school

districts declined having research done that was similar to the Hancock County study.

Washington County school districts stated something to the effects of, “we do not need that study, we have the resources needed”.

Discussion

Once the information from the focus groups was compiled, the research team compared it to the results from similar focus groups held in Hancock County last year (Hanson, U., 2017). Even though the questions were different the answers expressed similar concerns. For both Hancock and Washington County, the childcare facilities, both home based and center based, referred out to CDS and referred parents to their family pediatricians. It was expressed from all areas that some of the barriers for getting services for the children within their facilities were that the CDS has long wait lists and a problem with being understaffed. Another similar barrier was with the parents themselves. Either with not accepting to the knowledge that their child needed services or being reluctant to accept services because the process is long and complicated. From both countries the stigma of working with DHHS was mentioned.

When asked about the impact of substance abuse on the families, it was a concern with a majority of the facilities in Hancock County and the Head Start centers in Washington County. Both counties expressed that they received on the job training but still had a great need for workshops relating to specific training needs.

There were some differences between the countries when compared. Some of the concerns from Hancock County was insurance did not cover all the children if they needed more or different assistance and this was not a problem in Washington County. When asked about insurance issues both groups expressed it was not a problem because most of their families received MaineCare. When asked about aggressive behaviors from the children, the Calais area expressed it as one of their top concerns. While the Machias area stated that it was not a concern at all and from the Hancock report it was only mentioned from a few facilities.

Conclusion

This research is important in Washington County because resources are scarce in this community. From the research gathered it is evident that more resources for families and in person trainings need to be available to early childhood care providers for them to be more effective and safe in their fields. This research is particularly interesting in Washington County because it was stated by the school districts that this county did not need any more trainings or supports. From there, researchers conducted this research to discover if that was accurate. From the research gathered early childhood care providers would be interested in attending more and new training if they were available. The research between Washington County and Hancock County, (neighboring counties) was similar, both showing that more trainings need to be available.

A survey was distributed to Washington County early childcare education providers to gather more information from others that were unable to attend the focus group. The responses are limited at this time, it is hoped that more respondents participate before the survey is closed.

The survey questions are available in Appendix B. These questions related to the focus group questions but were not limited to them.

It has been made evident that more trainings are wanted and needed in Washington County. It was discussed during the focus groups that more resources need to be made available to provide more understanding of how to deal with the impact of substance use on the family. Many of the early childcare education providers stated that they do not know nor had they been trained on how to assist children that have parents that addicted to substances and/or born with neonatal abstinence syndrome.

Though there was sufficient data collected for the early childcare education providers of Washington County, there is still more information to be collected from the remaining early childcare education providers and K-3 educators in the area. There is another population that was unable to be accessed due to time constraints of this research paper and still need to be assessed, such as K-3 educators. In the future, there will hopefully be more data collected throughout the county to have a complete summary of the services, challenges and needs of these educators in Washington County.

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Appendix A

Hancock County Report

**EARLY CHILDHOOD
CONSULTATION AND OUTREACH**

Mental Health Practice Assessment

Name of School: _____

Address: _____

Contact Person: _____

Phone Number: _____

Date: _____

1) What Mental Health supports/services/programs/policies do you currently have in place at your school/center?

2) What supports/programs/policies are effective and why?

3) Who do you refer to for Mental Health services (private practitioners, agencies, pediatricians)? What type?

4) Who do you refer to for other developmental needs/services i.e. OT/PT/Speech, etc



5) What are your biggest challenges in the area of Mental Health? e.g - making referrals or accessing MH services? Are there services / programs / policies that would be helpful?

6) If you were to request presentation topics would be of interest for your staff, parents, students? Examples:

Anxiety - What is it? How to Stay Calm

Brain Development

Creating a Structured and Peaceful Home

The Importance of Play

Connecting with our Kids - Curiosity, Attunement, Empathy, Play, Respect

Mindful Movement

7) In assessing mental health services, it is important to understand if the basic needs of a child/student are being met i.e. food, housing, health insurance, etc. Can you speak to these needs within your school/center?

8) Is there an urgent or pressing issue presently?



RE: Hancock County Schools & Early Childhood Care Mental Health Assessment
Date: June 2017
By: Healthy Acadia
 Ursula Hanson, LCSW

OVERVIEW:

From April 2017 through June 2017 Ursula Hanson, Healthy Acadia's Early Childhood Consultation and Outreach Consultant, reached out to Hancock County Schools and Daycare Facilities serving students in Pre - K through 8th grade. In her outreach, she informed them about the new Hancock County Early Childhood Consultation and Outreach (ECCO) program, and she asked a series of questions about their Mental Health (social, emotional, behavioral) protocols, challenges and needs. The Mental Assessment focused primarily on the needs of children ages 0 to 8.

Initially Ursula emailed, called and/or dropped off information outlining the purpose of ECCO, and she requested to meet with the Childcare Facility Director, Principal, School Counselor and/or primary teachers.

Following are statistics on outreach in Hancock County:

- **Hancock County Elementary Schools:**
 - 29 were contacted
 - 19 provided meetings to discuss ECCO and MH Assessments
 - The remaining 10 did not respond
 - All public schools were contacted, along with two private schools

- **Hancock County Daycares:**
 - 19 were contacted
 - 13 provided meetings to discuss ECCO and MH Assessments
 - The remaining: 1 scheduled to meet in the Fall (YMCA Blue Hill); 1 number was disconnected; 1 stated they were not in need of support, but would reach out if they needed to. 3 did not respond (Just4Kids, Dirigo, Skip to My Lou). It is uncertain how many daycare facilities there are in Hancock County though there are many more that were not contacted due to time constraints. These will be important to contact in the Fall.

Detailed Breakdown of Mental Health Assessment Information

HANCOCK COUNTY SCHOOLS

1) Connors Emerson School (CES)

# of Students:	K through 8th Grade - 374 Students
School Counselors:	1 Full Time School Counselor
District Social Worker:	2 days a week at CES for consultation, therapy sessions, safety assessments, case management, triage (2017-2018 social worker will be at CES 4 days a week)

Mental Health Protocols/Policies:

When a mental health concern arises with a student, the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, school counselor, Principal, Assistant Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to District Social Worker for sessions or consultation
- Refer to RTI - Response to Intervention
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs
- Refer to Officer Tim (on site police officer)
- Make referrals to community therapists or school-contracted therapists who might meet with student(s) in the school or at their office
 - Counseling Collaborative
 - Acadia Family Center
 - Private Practitioners
 - MDI Behavioral Health
 - Doctors/Pediatricians

Challenges:

- Concerns about unstructured environments over vacations for various students
- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Increase in devastating impact of Opioid Addiction on Families
- Bridging connections between school and community agencies
- Lack of therapists (wait lists)

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression, Impact of Opioid Use

Interest in Participating with ECCO: YES

2) Pemetic Elementary School

# of Students:	K through 8th Grade - 146 Students
School Counselors:	1 Full Time School Counselor
District Social Worker:	As needed for consultation, safety assessments, case management, triage

Mental Health Protocols/Policies:

When a mental health concern arises with a student the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to School District Social Worker for consultation
- Refer to RTI - Response to Intervention
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs
- Make referrals to community therapists or school-contracted therapists who might meet with student(s) in the school or at their office
 - Acadia Family Center
 - Private Practitioners
 - Doctors

Challenges:

- Concerns about unstructured environments over vacations for various students
- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Lack of therapists (wait lists)
- Insurance Coverage

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression

Interest in Participating with ECCO: YES

3) Tremont Elementary School

of Students: K through 8th Grade - 115 Students
School Counselors: 1 Full Time School Counselor
District Social Worker: As needed for consultation, safety assessments, case management, triage

Mental Health Protocols/Policies:

When a mental health concern arises with a student, the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents

- Refer to School Counselor for sessions or consultation
- Refer to School District Social Worker for consultation
- Refer to RTI - Response to Intervention
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs

- Make referrals to community therapists or school contracted therapists who might meet with student(s) in the school or at their office
 - Acadia Family Center
 - Private Practitioners
 - Doctors

Challenges:

- Concerns about unstructured environments over vacations for various students
- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Behavioral Issues
- Lack of therapists (wait lists)
- Insurance Coverage

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression
- Discussions on the importance of accepting failure and how to cope/ Resiliency Skills

Interest in Participating with ECCO: YES

4) Trenton Elementary School

# of Students:	K through 8th Grade - 122 Students
School Counselors:	1 Full Time School Counselor
District Social Worker:	As needed for consultation, safety assessments, case management, triage

Mental Health Protocols/Policies:

When a mental health concern arises with a student the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- All of school staff have a role in positively supporting and engaging with students: front desk, custodians, etc....
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to School District Social Worker for consultation

- Refer to RTI - Response to Intervention
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs
- Make referrals to community therapists or school contracted therapists who might meet with student(s) in the school or at their office
 - AMHC
 - CHCS - Community Health and Counseling Services
 - Wings
 - Catholic Charities
 - Pathways
 - Private Practitioners
 - Doctors

Challenges:

- Concerns about unstructured environments over vacations for various students
- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Behavioral Issues
- Lack of therapists (wait lists)
- Insurance Coverage

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression
- Specialized Interventions: Cognitive Behavioral Therapy (CBT)
-

Interest in Participating with ECCO: YES

5) Mount Desert Elementary School

# of Students:	K through 8th Grade - 190 Students
School Counselors:	1 Full Time School Counselor
District Social Worker:	As needed for consultation, safety assessments, case management, triage

Mental Health Protocols/Policies:

When a mental health concern arises with a student the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Positive relationships with parents
- Refer to School Counselor for sessions or consultation

- Refer to School District Social Worker for consultation
- Refer to RTI - Response to Intervention
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs
- Make referrals to community therapists or school contracted therapists who might meet with student(s) in the school or at their office
 - Counseling Collaborative
 - Private Practitioners
 - Doctors

Challenges:

- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Behavioral Issues
- Lack of therapists (wait lists)
- Insurance Coverage

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression
- Workshops on ways to manage challenging behaviors
- Therapists/Counselors
- Insurance

Interest in Participating with ECCO: YES

6) Swans Island Elementary School

# of Students:	K through 8th Grade - 35 Students
School Counselors:	0
District Social Worker:	As needed for consultation, safety assessments, case management, triage
Psychologist:	1x monthly

Mental Health Protocols/Policies:

When a mental health concern arises with a student the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School District Social Worker for consultation
- Refer to RTI - Response to Intervention
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs

- Make referrals to community therapists or school contracted therapists who might meet with student(s) in the school or at their office
 - Sunbeam
 - Acadia Family Center
 - Private Practitioners
- Doctors

Challenges:

- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Behavioral Issues
- Impact of Substance Abuse on Families
- Remote Island so community resources are challenging to access

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression, Substance Abuse

Interest in Participating with ECCO: YES

7) The Longfellow School

of Students: K through 8th Grade - 11 Students
School Counselor(s): Part - Time: 2x monthly (6 hours) and as needed
District Social Worker: As needed for consultation, safety assessments, case management, triage

Mental Health Protocols/Policies:

When a mental health concern arises with a student the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to District Social Worker for sessions or consultation
- Refer to RTI - Response to Intervention
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs
- Make referrals to community therapists or school contracted therapists who might meet with student(s) in the school or at their office
 - Private Practitioners
 - mental health agencies
 - Doctors

Challenges:

- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Insurance
- Island

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression

Interest in Participating with ECCO: YES

8) The Frenchboro Elementary School

# of Students:	K through 8th Grade - 3 Students
School Counselor(s):	Part - Time: 1x monthly (5 hours) and as needed
District Social Worker:	As needed for consultation, safety assessments, case management, triage

Mental Health Protocols/Policies:

When a mental health concern arises with a student the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to District Social Worker for sessions or consultation
- Refer to RTI - Response to Intervention
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs
- Make referrals to community therapists or school contracted therapists who might meet with student(s) in the school or at their office
 - Private Practitioners
 - Sunbeam
 - Doctors

Challenges:

- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Community Relationships
- Substance Abuse
- Privacy of Families

- Insurance
- Remote Island

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression, Substance Abuse
- Structures to facilitate challenging conversations

Interest in Participating with ECCO: YES

9) Blue Hill Consolidated School

of Students: Pre K through 8th Grade - 257 Students
School Counselor: 1 Full Time School Counselor
School Programs: SUN: Students with Unique Needs
School Behavioral Program: PBIS: Positive Behavioral Intervention System

Mental Health Protocols/Policies:

When a mental health concern arises with a student the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs
- Make referrals to community therapists, doctors as needed

Challenges:

- Anxiety
- Depression
- PTSD
- Behavioral Challenges: hitting, throwing
- Poor Impulse Control and emotional regulation
- Increase in devastating impact of Opioid Addiction on Families

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression, Impact of Opioid Use
- Mindfulness Skills
- Considering a Behavioral Room

Interest in Participating with ECCO: YES

10) Deer Isle Stonington Elementary School

of Students: Pre K through 8th Grade - 203 Students
School Counselors: 1 Full Time School Counselor
Sweetser Clinician: 1 Full Time Sweetser Clinician provides therapy

Mental Health Protocols/Policies:

When a mental health concern arises with a student, the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. clinician, school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to Sweetser Clinician
- Refer to RTI - Response to Intervention
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs

Challenges:

- Anxiety
- Depression
- Substance Use
- Poor Impulse Control and emotional regulation
- Lack of therapists (wait lists)

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression, Impact of Substance Use

Interest in Participating with ECCO: YES

11) Sedgewick Elementary School

of Students: Pre K through 8th Grade - 93 Students
School Counselors: Part Time School Counselor 3 x weekly

Mental Health Protocols/Policies:

When a mental health concern arises with a student, the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)

- Connecting with parents/trusting relationship with parents
- Refer to School Counselor for sessions or consultation
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs

Challenges:

- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Permission, "buy in" from parents to support mental health needs

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression
- Workshops on common language in school community and responsive communication by staff with students and parents
- Mindfulness Skills

Interest in Participating with ECCO: YES

12) The Cave Hill School

of Students: Pre K through 8th Grade - 85 Students
School Counselors: Part Time School Counselor 2x Weekly

Mental Health Protocols/Policies:

When a mental health concern arises with a student, the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs

Challenges:

- Not as many needs for intensive Mental Health interventions
- Anxiety
- Support to parents with creating structured and consistent homes

Needs:

- Not as many needs for Mental Health Interventions
- Workshops on Anxiety
- Workshops for parents on structured and consistent homes

Interest in Participating with ECCO: YES

13) Mountain View School

of Students: Pre K through 8th Grade - 237 Students
School Counselors: Part Time School Counselor 3x weekly
Pathways Clinician: 2 Days a week (Maine Care Insurance Only)
District Social Worker: For Special Education Students Only
School Program: JUMP START; Behavioral Program

Mental Health Protocols/Policies:

When a mental health concern arises with a student, the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, school counselor, clinician, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to Pathways for counseling (Maine Care Only)
- Refer to District Social Worker for sessions/consultation for Special Education Students Only
- Refer to Special Education for Educational and/or Mental Health Evaluations to determine eligibility for 504 Plan or IEP; use of Educational Technicians; Occupational Therapy, Speech Therapy

Challenges:

- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Increase in devastating impact of Opioid Addiction on Families
- Poor Parenting - Children unsupervised
- Impacts of Divorce
- Impacts of Poverty
- Impacts of Single Parenting
- Homelessness
- Lack of therapists (wait lists), mental health support
- 75% of Families receive Free and Reduced Lunch

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression, Impact of Opioid Use
- Importance of Creating Connections with our Children
- Mindfulness Skills

Interest in Participating with ECCO: YES

14) The Peninsula School

of Students: Pre - K through 8th Grade - 194 Students
School Counselors: Part Time School Counselor 4x Weekly

Mental Health Protocols/Policies:

When a mental health concern arises with a student the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to RTI - Response to Intervention
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs

Challenges:

- Concerns about unstructured environments over vacations for various students
- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Increase in devastating impact of Opioid Addiction on Families
- Poverty
- Lack of therapists (wait lists)

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression, Impact of Opioid Use
- Connecting with our Children
- Mindfulness Skills

Interest in Participating with ECCO: YES

15) The Adams School

of Students: Pre K through 8th Grade - 48 Students
School Counselors: Part Time School Counselor 2x Weekly

Mental Health Protocols/Policies:

When a mental health concern arises with a student, the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)

- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs

Challenges:

- Anxiety
- Depression
- Poor Impulse Control and emotional regulation

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression
- Mindfulness Skills
- Connecting with our Children

Interest in Participating with ECCO: YES

16) Miles Lane School

# of Students:	1st through 4th grades - 305 Students
Sweetser Clinicians:	2 Full Time Sweetser Clinicians
District Social Worker:	Full Time District Social Worker

Mental Health Protocols/Policies:

When a mental health concern arises with a student, the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, clinicians, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to Sweetser Clinicians for sessions or consultation
- Refer to District Social Worker for sessions or consultation
- Refer to Special Education for Evaluations and Recommendations: 504 Plan; IEP, Speech Therapy; Occupational Therapy; Mental Health Needs

Challenges:

- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Poor Sleeping Patterns
- Issues with Executive Functioning
- Lack of therapists (wait lists)

Needs:

- Support to parents on creating structured, consistent and nurturing homes

- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression
- Workshops on Connecting with Our Children
- Executive Functioning
- Mindfulness Skills

Interest in Participating with ECCO: YES

17) Hancock Grammar School

of Students: K through 8th Grade - 211 Students
School Counselor: 1 Full Time School Counselor

Mental Health Protocols/Policies:

When a mental health concern arises with a student the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. school counselor, Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Refer to School Counselor for sessions or consultation
- Refer to RTI - Response to Intervention
- Refer to Special Education for Educational and/or Mental Health Evaluations to determine eligibility for 504 Plan or IEP; use of Educational Technicians; Occupational Therapy, Speech Therapy
- Make referrals to community therapists or school contracted therapists who might meet with student(s) in the school or at their office
 - Doctors
 - Community Therapists

Challenges:

- Anxiety
- Depression
- Trauma
- Poor Impulse Control and emotional regulation
- Increase in devastating impact of Opioid Addiction on Families

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression, Impact of Opioid Use
- Working with children "on the spectrum"
- Interventions by teachers to manage challenging behaviors

Interest in Participating with ECCO: YES

18) The Bay School

of Students: Pre K through 8th Grade - ? Students
Educational Support Coordinator: Full Time - Support to Students with Special Needs

Mental Health Protocols/Policies:

When a mental health concern arises with a student, the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. teachers, caregivers, Director, Coordinator
- Connecting with parents
- Refer to Educational Support Coordinator
- Make referrals to community therapists or Pediatrician/Doctors
- Refer to Child Development Services (CDS)

Challenges:

- Anxiety
- Depression
- Poor Impulse Control and emotional regulation
- Overuse of media in homes
- Challenges with structure and consistency in homes
- Challenges setting boundaries in homes
- Stressful home environments

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety, Depression
- Workshops with parents about realistic expectations - what you can expect from your child/ what is unrealistic
- Appropriate language with limit settings and transitions

Interest in Participating with ECCO: YES

19) The Community School

of Students: K through 6th Grade - 17 Students
School Counselors: 0

Mental Health Protocols/Policies:

When a mental health concern arises with a student the school has the following options (not necessarily in this order):

- Team Meetings to discuss concerns with appropriate staff, e.g. social worker, school counselor, Principal, Assistant Principal, teacher(s), Special Education staff and Caregiver(s)
- Connecting with parents
- Make referrals to community therapists

Challenges:

- Anxiety
- Poor Impulse control and emotional regulation

Needs:

- Support to parents on creating structured, consistent and nurturing homes
- Support to parents on restrictions with screen time and information on the negative impact
- Workshops to parents, students and teachers on Anxiety

Interest in Participating with ECCO: YES

HANCOCK COUNTY DAYCARES

The majority of the daycare centers and home based centers with whom the ECCO Consultant met do not have mental health counselors or social workers. There seemed to be a division of daycare facilities with either high turnover of staff or those with owners/directors and staff who had years of experience and education. Their knowledge on developmental delays, atypical social/emotional and behavioral challenges and interventions comes from years of education and experience as owners, directors and staff.

1) Harbor House Children's Center**Mental Health Protocols/Policies:**

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concerns
- Team Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- Parents accepting that their child has an identified challenge and is in need of services
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc
- Poverty

- High energy children in the toddler room and knowing how to manage them effectively

Needs:

- Workshops to support staff on how to respond effectively to challenging situations with children
- Workshops to support staff to help understand the challenges parents face daily and “where they are coming from” as well as choices they make (accepting the core belief that parents are doing the best that they can).

Interest in Participating with ECCO: Yes

2) Mount Desert Nursery School

Mental Health Protocols/Policies:

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concerns
- Team Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Refer to an independent therapist for Speech/Occupational Therapy
- Recommend a referral to family pediatrician
- Predicting/discussions with parents prior to entry of role and responsibilities of center to support children and have the child’s best interest in mind for optimal development and growth

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- Parents accepting that their child has an identified challenge and is in need of services
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc
- Poverty
- High energy children in the toddler room and knowing how to manage them effectively

Needs:

- Workshops to support staff on how to respond effectively to challenging situations/behaviors with children
- Mindfulness Skills
- Creating a Structured and Nurturing Home
- Brain Development

Interest in Participating with ECCO: Yes

Requested a general observation of center in the Fall for suggestions

3) Island Montessori School**Mental Health Protocols/Policies:**

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concern
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Recommend a referral to family pediatrician

Challenges:

- NA

Needs:

- Workshops to support staff on how to respond effectively to challenging situations with children
- Workshops on Creating a Structured and Nurturing Home for parents
- Workshops on The Importance of Play for parents

Interest in Participating with ECCO: Yes

Requested a general observation of her class environment in the Fall

4) Island Childcare**Mental Health Protocols/Policies:**

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concern
- Team Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- Parents accepting that their child has an identified challenge and is in need of services
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc
- Poverty

Needs:

- Workshops to support staff on how to respond effectively to challenging situations with children
- Workshops on Anxiety
- Workshops on Brain Development and Executive Functioning
- Workshops on Creating a Structured and Nurturing Home
- Workshops on The Importance of Play
- Workshops on Mindfulness Skills
- Workshops on Connecting with our Children

Interest in Participating with ECCO: Yes

5) Rising Sun Pre School**Mental Health Protocols/Policies:**

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concern
- Staff Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc

Needs:

- Workshops to support staff on how to respond effectively to challenging situations with children
- Mindfulness Skills

Interest in Participating with ECCO: Yes, if a need arises

6) Downeast Family YMCA, Ellsworth**Mental Health Protocols/Policies:**

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concern
- Team Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician
- Haley Fenton - Section 28 - Sensational Learning
- Volunteer - A retired child psychologist who is a member provides consultations
- Referred a child to Kidspace for intensive interventions and services due to social/emotional and behavioral challenges

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc
- Poverty: 35% of families on state support

Needs:

- Workshops to support staff on how to respond effectively to challenging situations with children
- Workshops on Anxiety
- Workshops on Brain Development and Executive Functioning
- Workshops on Creating a Structured and Nurturing Home
- Workshops on The Importance of Play
- Workshops on Mindfulness Skills
- Workshops on Connecting with our Children
- Do teachers in Pre K and K understand the needs of incoming children
- Does the YMCA effectively prepare children for Pre K and K

Interest in Participating with ECCO: Yes

Requested trainings on Mindfulness Skills for staff in the Fall

7) Kids Corner

Mental Health Protocols/Policies:

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concern
- Team Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective, professional, experienced and consistent staff to support child and parents
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician
- Private referrals for interventions and services through Pediatricians

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- The struggle for parents to accept that child in need of services
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc

Needs:

- Workshops on Anxiety
- Workshops on Creating a Structured and Nurturing Home
- Workshops on Mindfulness Skills

Interest in Participating with ECCO: Yes, if a need arises
Interested in trainings on Mindfulness Skills for staff in the Fall

8) MDI YMCA**Mental Health Protocols/Policies:**

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concern
- Staff Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc
- Has had to ask one child to leave center due to consistently unsafe behaviors to self, other children and staff

Needs:

- Workshops to support staff on how to respond effectively to challenging situations with children
- Workshops on Anxiety
- Workshops on Brain Development and Executive Functioning
- Workshops on Creating a Structured and Nurturing Home
- Workshops on The Importance of Play
- Workshops on Mindfulness Skills

- Workshops on Connecting with our Children

Interest in Participating with ECCO: Yes, if a need arises

9) Sweet Beginnings (telephone call)

Mental Health Protocols/Policies:

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concern
- Staff Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc

Needs:

- Workshops to support staff on how to respond effectively to challenging situations with children
- Workshops on Anxiety
- Workshops on Brain Development and Executive Functioning
- Workshops on Creating a Structured and Nurturing Home
- Workshops on The Importance of Play
- Workshops on Mindfulness Skills
- Workshops on Connecting with our Children

Interest in Participating with ECCO: Yes. Asked to be contacted in the Fall to meet. Currently they are renovating their space.

10) Child and Family Opportunities:Ellsworth Early Care and Education Center/Head Start

Mental Health Protocols/Policies:

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concern
- Staff Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential

- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician
- Refer to Family Advocate for support (on staff)
- Refer to Mental Health Consultants (contracted mental health consultants)
- Use of consistent curriculum for all childcare staff to adhere to for consistent use of language, interventions, communication throughout center

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- Parents accepting that their child is in need of support services
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc
- Impact of substance abuse on families

Needs:

- Workshops on Creating a Structured and Nurturing Home
- Workshops on The Importance of Play
- Workshops on Mindfulness Skills
- Workshops for staff for team building
- Support with transitions from the Center to Pre K or K in elementary school

Interest in Participating with ECCO: Yes, if a need arises with transitioning to elementary schools and workshops. Head Start has MH Consultants.

11) Mountain View Pre K - Head Start

Mental Health Protocols/Policies:

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concern
- Staff Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician
- Refer to Family Advocate for support (on staff)
- Refer to Mental Health Consultants (contracted mental health consultants)

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- Parents accepting that their child is in need of support services

- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc
- Impact of substance abuse on families

Needs:

- Workshops on Creating a Structured and Nurturing Home
- Workshops on The Importance of Play
- Workshops on Mindfulness Skills
- Workshops for staff for team building
- Workshops on impact of substance abuse on families

Interest in Participating with ECCO: Yes, if a need arises. Head Start has MH Consultants.

12) Deer Isle Stonington Early Care and Education Center - Head Start

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

Mental Health Protocols/Policies:

- Conversations with parents to discuss concern
- Staff Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician
- Refer to Family Advocate for support (on staff)
- Refer to Mental Health Consultants (contracted mental health consultants)

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- Parents accepting that their child is in need of support services
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc
- Impact of substance abuse on families

Needs:

- Workshops on Creating a Structured and Nurturing Home
- Workshops on The Importance of Play
- Workshops on Mindfulness Skills
- Workshops on impact of substance abuse on families

Interest in Participating with ECCO: Yes, if a need arises. Head Start has contracted MH Consultants.

13) Bucksport Pre K Head Start**Mental Health Protocols/Policies:**

When a behavioral/emotional or social concern arises the following interventions were identified though not necessarily in this order:

- Conversations with parents to discuss concern
- Staff Meetings
- Establishing and maintaining strong and trusting relationships with parents as essential
- Effective and consistent staff to support child
- Refer to Child Development Services (CDS) for observations, assessments and interventions
- Recommend a referral to family pediatrician
- Refer to Family Advocate for support (on staff)
- Refer to Mental Health Consultants (contracted mental health consultants)

Challenges:

- CDS has a lengthy waiting list for services as well as staffing issues (understaffed)
- Minimal mental health counselors/therapists who work with children 0-5 in this area
- Insurance issues
- Parents accepting that their child is in need of support services
- If a parent is initially hesitant to accept the need for services, once they do, the process is lengthy and has a waiting list, etc
- Impact of substance abuse on families

Needs:

- Workshops on Creating a Structured and Nurturing Home
- Workshops on The Importance of Play
- Workshops on Mindfulness Skills
- Workshops on impact of substance abuse on families
-

Interest in Participating with ECCO: Yes

Appendix B

Survey

12/15/2018

Resources, Barriers and Training Needs of Early Child Care Providers for Washington County

Resources, Barriers and Training Needs of Early Child Care Providers for Washington County

Hello! This research project is being conducted by Brooke Hachey, Dawn Johnson, and Teresa Gallanti from a Research Methods Course at the University of Maine at Machias. We are working in conjunction with the District Early Childhood and Youth Coordinator and the Maine CDC, Downeast Public Health District. The purpose of the survey is to obtain information on the resources, barriers and possible training needs of early child care providers in Washington County. The survey should take approximately 10-15 minutes to complete.

Your participation in this research survey is completely voluntary and confidential. You may leave or exit the survey at any time without penalty. You may and are free to decline to answer any of the following questions you do not wish to answer for any reason.

There are no direct benefits from entering this survey, however the information gathered will influence training activities and other services that early child care providers in your area may need.

* Required

1. **By clicking yes, you consent to taking this survey and acknowledge that you are 18 or older. By clicking no, you do not consent to taking this survey and/or you are younger than 18. ***

Mark only one oval.

Yes

No *Stop filling out this form.*

General Information

2. **Did you participate in one of the two focus group discussions held in November in either Calais or Machias? ***

Mark only one oval.

Yes

No

12/15/2018

Resources, Barriers and Training Needs of Early Child Care Providers for Washington County

3. Are you serving children with the following? Please check all that apply.

Check all that apply.

- Children with IEP's (Individualized Education Program)
- Children with IFSP's (Individualized Family Service Plans)
- I don't know

4. Where do you work? *

Mark only one oval.

- Center based *Skip to question 5.*
- Home based *Skip to question 12.*

Services Your Facility Offers

5. Do you have behavioral health, mental health, or developmental health supports and/or services in your organization? *

Mark only one oval.

- Yes
- No *After the last question in this section, skip to question 12.*

6. If yes, please tell us what behavioral health, mental health, or developmental health supports and/or service programs do you currently have in place at your center?

7. Do you find these services sufficient?

Mark only one oval.

- Yes
- No
- Other: _____

12/15/2018

Resources, Barriers and Training Needs of Early Child Care Providers for Washington County

8. Please explain why or why not?

9. What are some services/programs that you, as an early childhood care provider, would recommend as helpful? These could be ones that you already have or wish to have.

Services You Cannot Access

10. Do you do referrals for services that you cannot access?

Mark only one oval.

Yes

No

11. What referrals do you suggest the most frequently?

Additional Referrals

12/15/2018

Resources, Barriers and Training Needs of Early Child Care Providers for Washington County

12. Do you refer parents to behavioral health, mental health, or developmental health supports and/or services if the child has more needs than your facility has in place and/or can handle?

Mark only one oval.

- Yes
- No

13. If yes, please tell us where you refer your parents to go for behavioral health, mental health, or developmental health supports and/or services (private practitioner, agencies, pediatricians)?

14. If yes, about how many children do you have to refer each year?

Barriers for Providers and Parents

15. Do you think there are barriers for early childhood care providers when accessing services and/or programs providing behavioral health, mental health, and developmental health needs for children?

Mark only one oval.

- Yes
- No

12/15/2018

Resources, Barriers and Training Needs of Early Child Care Providers for Washington County

16. If yes, what do you think are the barriers?

17. What are the barriers early childcare providers face in terms of referring kids to other programs?

18. Do you think there are barriers for parents trying to access services and/or programs dealing with behavioral health, mental health, and developmental health needs of children?

Mark only one oval.

Yes

No

19. If yes, please tell us what you think the barriers are?

Professional Development Needs

12/15/2018

Resources, Barriers and Training Needs of Early Child Care Providers for Washington County

20. If you were to request professional development topics what would be of interest for you, your staff and/or parents? Check all that apply.

Check all that apply.

- Anxiety (What is? How to stay calm.)
- Brain development
- Creating a structured and peaceful home
- The importance of play
- Connecting with our kids (curiosity, empathy, play, respect)
- Mindful movement
- Co-parenting through divorce
- Addiction through parenting
- General parenting information
- Importance of Parent Involvement
- Seasonal Activities for Children
- Other: _____

21. Now that you've taken the survey, is there anything we haven't asked about that is going to be useful feedback for understanding the needs of early childcare providers in Washington County?



Appendix C

This will be the initial email:

Here's the survey link

https://docs.google.com/forms/d/e/1FAIpQLSdE-fBMs1NVG-eYXT63yHZxtoGpfg_NGLCFUPXdzZCcSfB-4g/viewform

and the message we'd like to send out with it.

"Dear Child Care Providers,

We are UMM students working on a research project that will help us get a better idea of the barriers, resources, and potential training needs. We are working with Mrs. Fisk and Mr. May to gather your information. We hope you take 10-15 minutes of your time to complete this survey. We very much appreciate anyone willing to take time out of your busy day to help with gathering this important information for our Washington County children.

If the link above doesn't work, please copy and paste this website to your browser.

https://docs.google.com/forms/d/e/1FAIpQLSdE-fBMs1NVG-eYXT63yHZxtoGpfg_NGLCFUPXdzZCcSfB-4g/viewform

Thank you so much!"

And this will be our follow up for after:

"Thank you everyone that took part in our survey! It means so much to us. As stated before, if you have the time, this survey information will really help us get a better understanding of barriers, resources, and potential training needs for Child Care Providers in Washington County. We are UMM students working on this research project. We are working with Mrs. Fisk and Mr. May to gather your information. We hope you take 10-15 minutes of your time to complete this survey. We very much appreciate anyone willing to take time out of your busy day to help with gathering this important information for our Washington County children.

If the link above doesn't work, please copy and paste this website to your browser.

https://docs.google.com/forms/d/e/1FAIpQLSdE-fBMs1NVG-eYXT63yHZxtoGpfg_NGLCFUPXdzZCcSfB-4g/viewform

Thank you so much!"

Appendix D

Focus Group Open-ended Question Answers

Machias Focus Group Responses			
Questions	Center	Both	Home
<p>Do you provide resources for developmental services for the needs of your children? For Example: Occupational, Physical or Speech Therapy.</p> <p>a. If yes, who do you refer to for other developmental needs/services.</p> <p>b. If no, what are the barriers you see to being able to use these services.</p>	<ul style="list-style-type: none"> • Yes, others come in and do specific assessments/information 		<ul style="list-style-type: none"> • CDS comes if a child needs it • CDS performs an observation • Speech therapists are hard to come by <ul style="list-style-type: none"> ○ Connect via video conference and have video conferences with specialist from Georgia ○ Specialist tries to correct Maine accent rather than the real speak component
<p>What Mental Health support/services/programs do you currently have in place at your center? Follow up: Did you institute these based on training that you took?</p>	<ul style="list-style-type: none"> • On the job experience 		<ul style="list-style-type: none"> • Refer to the health center • Parents check with the health center • Referral to physician • General statement: few mental health for young children in this area • No knowledge of the ECCO program
<p>What organization or healthcare provider do you refer your parents to for mental health services? Follow up 1: Is there a formal type of referral process that these organizations use? Follow up 2: Once referred, are you kept in the loop as far as the child's care and</p>	No response	No response	No response

<p>anything you need to take care of at your center around the child's health?</p>			
<p>What are the biggest challenges in behavioral and mental health in regards to the children that you take care of? For example: aggressive behaviors; making referrals accessing mental health services?</p>	<ul style="list-style-type: none"> ● Lack of providers 	<p>*shared discussion between both</p> <ul style="list-style-type: none"> ● Parent not understand the paperwork ● Navigation of services ● Paperwork is very complicated ● Language is confusing ● Fear of getting paperwork ● Fear of working with DHHS ● Its is hard to navigate do to fear ● If trouble reading fear of kids being taken away ● Parents themselves <ul style="list-style-type: none"> ○ Accepting something is wrong with their child ○ Accepting diagnosis ○ Accepting help ○ Getting parents to accept that there is something wrong ● No overly aggressive children (asked because there was concern about 	<p>*Response to why their kids are not aggressive</p> <ul style="list-style-type: none"> ● Children come in very young or until they get to school ● Adjusting long term, more consistent ● Consistency of environment

		aggression in Calais)	
<p>If you were to request trainings to support your understanding of mental health, what would be of interest for your staff, parents, students? Examples:</p> <ol style="list-style-type: none"> Anxiety-What is? How to stay calm Brain Development Creating a Structured and Peaceful Home The Importance of Play Connecting with our kids - curiosity, attunement, empathy, play, respect Mindful Movement 	<ul style="list-style-type: none"> Co-parenting Parenting through addiction 		<ul style="list-style-type: none"> So little training in Washington County Call for trainings Pay professionals out of own pockets come and give trainings Sought out on their own Not making new trainings isolated

Calais Focus Group Responses

Questions	Center	Both	Home
<p>Do you provide resources for developmental services for the needs of your children? For Example: Occupational, Physical or Speech Therapy.</p> <ol style="list-style-type: none"> If yes, who do you refer to for other developmental needs/services. If no, what are the barriers you see to being able to use these services. 	<ul style="list-style-type: none"> Services for headstarts and daycares are “there” but might not be accessible. 	<ul style="list-style-type: none"> All childhood care providers answered that they DO provide those services as needed. (medical Model) 	<ul style="list-style-type: none"> Home centered, CDS-child developmental services; child has screening done, followed by needed referrals. Home based barriers is that there are is not enough space to do the necessary services. Home based child care has a

TRAINING RECOMMENDATIONS

<p>What Mental Health support/services/programs do you currently have in place at your center? Follow up: Did you institute these based on training that you took?</p>		<ul style="list-style-type: none"> Someone from Ellsworth travels to the head start to observe behaviors of children and composes the next steps. Play therapy ECO program Providers use scatter plots and observe children's behaviors for about two weeks so that when behavioral professionals do come they have a case of observations for them. Most of the training is on the job training 20 hours per year training direct supervision Experience 		<ul style="list-style-type: none"> Training hours include CPR and first aid hours Not enough time for the trainings Most of the training is done online, late at night 	<p>choice if they offer services or not.</p> <ul style="list-style-type: none"> 12 hours of training a year Reach out to others for help and questions
<p>What organization or healthcare provider do you refer your parents to for mental health services? Follow up 1: Is there a formal type of referral process that these organizations use? Follow up 2: Once referred, are you kept in the loop as far as</p>					

<p>the child's care and anything you need to take care of at your center around the child's health?</p>			
<p>What are the biggest challenges in behavioral and mental health in regards to the children that you take care of? For example: aggressive behaviors; making referrals accessing mental health services?</p>		<ul style="list-style-type: none"> • All reported having children with very aggressive behaviors towards both other children and staff. • Safety for other students and staff is a strong concern • Two month wait list for AMHC counseling • Parents have difficulty accessing services do to lack of transportation, gas, time, it is too far to take the child for services. • Teachers do not have subs that can come in, so they can attend training. • All children in care have health insurance. 	
<p>If you were to request trainings to support your understanding of mental health, what would be of interest for your staff, parents, students? Examples:</p>		<ul style="list-style-type: none"> • General Parenting information <ul style="list-style-type: none"> ○ Parental involvement 	<ul style="list-style-type: none"> • It would be beneficial if parents would come but they won't due to lack of time, ect

<ul style="list-style-type: none"> a. Anxiety-What is? How to stay calm b. Brain Development c. Creating a Structured and Peaceful Home d. The Importance of Play e. Connecting with our kids - curiosity, attunement, empathy, play, respect f. Mindful Movement 		<ul style="list-style-type: none"> • Controlling activities, things to do inside/outside depending on season • Consistency between what happens at school and at home • Parents would do in center training if dinner and child care was provided. • Finding the right time for them • BHP waitlists are to long • Difficulty accessing services <p>****How do deal with substance abuse whether it be a recovering or addicted parent or a child that was born addicted.</p>	
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Appendix E

Consent Form for Focus Group**University of Maine at Machias Resources, Barriers and Training Needs of Early
Child Care Providers in Washington County****Participant Consent Form**

I, _____, freely give my consent to participate in focus group on the "Resources, Barriers and Training Needs of Early Child Care Providers in Washington County". I understand that this study is part of an effort by the UMM research methods class and the public health liaison to expand its knowledge of the resources, barriers and training needs of early childhood care providers in Washington County.

I understand that my participation in this activity is voluntary, and I have the right to terminate my participation in the activity at any time without penalty.

While we are asking you to maintain confidentiality, we cannot guarantee that other members will do so.

If I have questions about this project and its activities and/or personnel, I understand I may contact: Lois Ann Kuntz at lkuntz@maine.edu.

Date:

Printed Participant Name

Date:

Participant Signature