

EVALUATING THE INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION PROGRAM

IN THE SOUTH CAROLINA
INFANT MENTAL HEALTH ASSOCIATION

REPORT PREPARED BY INDIGO CULTURAL CENTER

Jayley Janssen
PhD

Tyler Choate
MS, CCC-SLP, IECMH-E®

Janna Hack
LCSW, IMH-E®

Eva Marie Shivers
JD, PHD

IN PARTNERSHIP WITH



This report was prepared by Indigo Cultural Center as part of an independent evaluation of SCIMHA's PEAR program, an infant and early childhood mental health consultation program. The perspectives and interpretations presented here are those of the evaluators and are not intended to represent the official views of SCIMHA.

Detailed information about SCIMHA and Indigo Cultural Center is available at the beginning of this report in the section, Preliminary Information.

Suggested Citation:

Janssen, J. A., Choate, T. P., Hack, J., Shivers, E.M.. Evaluation Findings from the PEAR Network's Infant and Early Childhood Mental Health Consultation Program. With funding from the South Carolina Department of Social Services.



SOUTH CAROLINA INFANT MENTAL HEALTH ASSOCIATION

The South Carolina Infant Mental Health Association (SCIMHA) is a collaborative, multidisciplinary membership association for all infant-, early childhood-, and family-serving professionals in South Carolina. As a hub for healthy social and emotional development resources, SCIMHA's mission is to promote nurturing relationships for infants, young children, and their families through resources, policies, and practices to foster healthy social-emotional development and well-being. All of SCIMHA's services, supports, and infant and early childhood mental health professional development programs promote healthy growth for young children, prevent mental health problems, and provide opportunities to treat mental health disorders early.

SCIMHA IS A HUB FOR HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT

Offer professional IECMH endorsement, certifications and training across all infant-serving disciplines and systems.

Provide embedded access to highly trained specialists who mentor infant and early childhood professionals.

Connect caregivers to the resources and professional services critical to babies' well-being.

Advocate for a connected system of care across the state to improve quality of life outcomes for infants.

A cornerstone of SCIMHA's initiatives is the Partners for Early Attuned Relationships (PEAR) program which provides infant and early childhood mental health consultation (IECMHC) to early care and education settings. This prevention-based program pairs highly specialized infant mental health consultants with adults who care for young children (ages 0 to 5), including parents, teachers, and social workers. The primary goal of PEAR is to support these adults in helping children form secure relationships, manage emotions, and explore their environment. Through integrated consultation, the PEAR mental health consultants work collaboratively with caregivers and professionals to promote awareness of social and emotional development, prevent mental health crises, and manage challenging child behaviors. PEAR operates as a free service accessible statewide in South Carolina. Individuals can request services through Help Me Grow SC, a centralized access point for early childhood resources. The program is designed to be inclusive, welcoming referrals from any early childhood professional or caregiver. For individual child cases, guardian consent is required prior to a consultant's involvement. By focusing on the adults who influence a child's daily experiences, PEAR exemplifies SCIMHA's commitment to strengthening early relationships and promoting equitable, inclusive early learning environments.

Beyond the PEAR program, SCIMHA engages in advocacy efforts and collaborates with local and state agencies to influence policies that affect infant and early childhood mental health. Their training offerings, including the Infant Mental Health Endorsement® credential, contribute to workforce professionalization and improved quality of care throughout the state. By blending direct services, capacity-building, and systemic advocacy, SCIMHA plays a vital role in strengthening early relational health and promoting resilience among South Carolina's youngest and most vulnerable populations.

EVALUATION PARTNERSHIP WITH INDIGO CULTURAL CENTER

A Note About the Agency and People Conducting this Evaluation

SCIMHA partnered with the evaluation firm, Indigo Cultural Center, to conduct an evaluation of the program. Indigo Cultural Center is a national non-profit organization that is BIPOC-led and primarily BIPOC-staffed and is led by executive director, Dr. Eva Marie Shivers. Indigo Cultural Center houses the Institute of Child Development Research and Social Change (the Institute), an action research firm that specializes in infant and early childhood research and evaluation conducted with an anti-racist lens. Dr. Jayley Janssen directs the Institute. The Institute's mission is to conduct rigorous policy-relevant research on infant and early childhood mental health (IECMHC), education, and development by partnering with community agencies and public agencies dedicated to improving children's lives, especially those from low-income and historically marginalized communities. Together, Dr. Eva Marie Shivers, who identifies as a bi-racial Black woman, and Dr. Jayley Janssen, who identifies as a white woman, led this evaluation of SCIMHA's PEAR program.

The Indigo Cultural Center team is considered a national thought leader in the IECMH field demonstrated by numerous evaluations and research studies; training and keynotes throughout the country; organizational technical assistance; policy consultation; and advocacy efforts. The predominant theoretical lenses influencing all research at Indigo Cultural Center include attachment and infant mental health lenses. Our research and evaluation work is also highly influenced by community mental health, socio-cultural, anti-racist, and racial equity frameworks.



EVALUATING THE INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION PROGRAM IN THE SOUTH CAROLINA INFANT MENTAL HEALTH ASSOCIATION

The South Carolina Infant Mental Health Association (SCIMHA) PEAR Program provides Infant & Early Childhood Mental Health Consultation (IECMHC). IECMHC supports teachers and caregivers in promoting children's social-emotional well-being, reducing exclusionary discipline, and improving classroom climates. This evaluation was conducted by Indigo Cultural Center using a community-based participatory action research approach. Early care and education sites engaging in the PEAR program participated in this evaluation.

KEY FINDINGS

Key Finding #1: The PEAR IECMHC Program decreased both program- and child-level expulsion and suspension risk.

At the program level, the frequency of suspension practices at ECE sites decreased due to receiving PEAR's IECMHC services:

- * Reduction in the number of children considered for suspension
- * Reduction in the number of children actually suspended

Importantly, we found sites serving **predominantly Black children experienced larger reductions in both risk for suspension and risk for expulsion.**

Additionally, we find that the PEAR IECMHC program reduces the risk of expulsion for children (PERM; Gilliam, 2010).

- * Reduction in children's overall risk for expulsion
- * Reduction in the frequency of children's classroom disruptions
- * Reduction in teachers' fear of accountability for children's misbehavior
- * Reduction in teachers' stress due to the child's misbehavior

Key Finding #2: The PEAR Program both reduces behaviors and emotions that teachers find challenging, while also promoting positive, prosocial behaviors and interactions among young children in the classroom.

Due to receiving PEAR's IECMHC services, teachers' perceptions of children's behaviors and emotions improved (SDQ, Goodman, 1997).

- * Reduction in children's overall emotional and behavioral difficulties
- * Reduction in children's conduct problems
- * Reduction in children's peer problems
- * Increases in children's prosocial behavior

Importantly, we found that **improvements in teachers' perceptions of these challenging behaviors and emotions were greater when the child was Black** than when the child was White.

Key Finding #3: Relationships sit at the core of the PEAR model and are the primary mechanism by which change occurs.

Our findings suggest that consultation works through relationships at multiple levels: the supportive partnership between consultant and teacher builds teacher confidence, which in turn fosters more attuned and positive relationships between teachers and children.

- * Teachers showed greater improvements in self-efficacy when they had stronger relationships with their consultant.
- * At the same time, teachers reported stronger relationships with children, marked by increased closeness and reduced conflict.

IMPLICATIONS

The SCIMHA's PEAR program creates safer, more supportive early learning environments by strengthening relationships, reducing challenging behaviors, and minimizing exclusionary discipline. Further, the PEAR Program addresses racial inequities in early learning. Together, these changes lay the groundwork for long-term resilience and success for South Carolina's youngest learners.



SOUTH CAROLINA
Infant Mental Health
 ASSOCIATION

TABLE OF CONTENTS

1. Introduction

- 1.1 Purpose of this Report
- 1.2 What is IECMHC?
- 1.3 Outcomes Related to IECMHC
- 1.4 Establishing the PEAR Program
- 1.5 Current Context of ECE and IECMHC in South Carolina
- 1.6 Present Evaluation

2. Methods

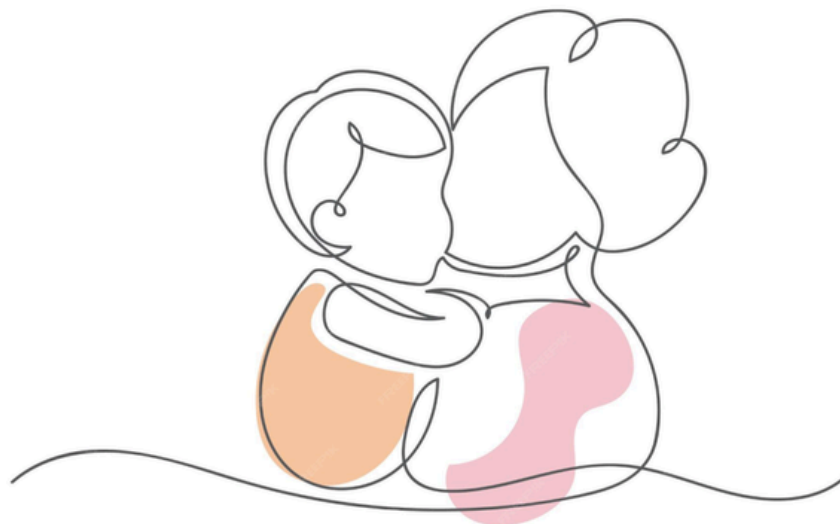
- 2.1 Our Participatory Process
- 2.2 Evaluation Design
- 2.3 Analyzing the Data

3. Results

- 3.1 Research Question 1: Who is Served by the PEAR Program?
- 3.2 Research Question 2: What is the Impact of the PEAR Program?
- 3.3 Research Question 3: What is the Role of Race-Ethnicity in the Impact of the PEAR Program?
- 3.4 Research Question 4: What Feedback Exists for the PEAR Program?

4. Discussion

- 4.1 Implications
- 4.2 Conclusions



PURPOSE OF THIS REPORT

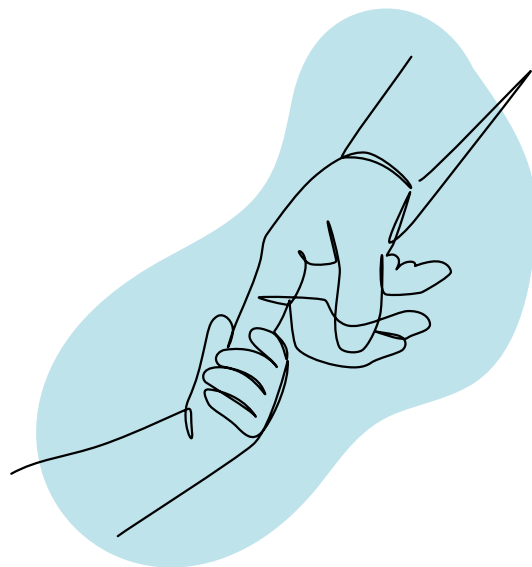
This evaluation explores the impact of Infant and Early Childhood Mental Health Consultation (IECMHC) provided by the Partners for Early Attuned Relationships (PEAR) program, part of the South Carolina Infant Mental Health Association (SCIMHA). This report aims to understand both who is currently being served by SCIMHA's PEAR program and the growth and change that has resulted from their provision of IECMHC. Ultimately, this report is meant to support learning, reflection, and quality improvement to ensure that SCIMHA's PEAR program continues to meet the needs of the communities it serves.

WHAT IS IECMHC?

IECMHC is a preventive, strengths-based approach that helps early childhood educators and other adults in child care settings create supportive environments for young children. In this model, a mental health consultant with expertise in infant and early childhood development partners with adults, often referred to as consultees (e.g., teachers, administrators, social workers, and family support specialists), to build their skills and capacity to foster children's healthy development before formal intervention.

Importantly, IECMHC focuses on the adults in a child's life, not on providing therapy directly to children or families. By strengthening relationships and interactions among educators, program leaders, and families, consultants help adults understand their powerful influence on children's well-being. Through observation, individualized strategies, and early identification of developmental challenges, consultants work to prevent expulsion, suspension, and other exclusionary practices while improving provider-child relationships.

IECMHC may focus on an individual child's needs (child-focused), the dynamics and functioning of a classroom (classroom-focused), or program-level leadership and quality improvement (program-focused) (Center of Excellence for IECMHC, 2020; Brennan et al., 2008).



OUTCOMES RELATED TO IECMHC

In the vast majority of states, counties, territories, and cities around the country, IECMHC mostly takes place in early education settings, which include: community child care, Head Start, public pre-K, and homebased child care (e.g., Family Child Care and Family, Friend, and Neighbor Care). The body of evidence to date suggests that IECMHC has a positive impact on many program, staff, and child outcomes (e.g., Brennen et al., 2008; Center of Excellence for IECMHC, 2020; Hepburn et al., 2013). To date, the strongest domains of outcomes in IECMHC are 1) children's social and emotional well-being and 2) teachers' social-emotional support for young children (Center of Excellence for IECMHC, 2020). Namely, many evaluations of statewide IECMHC programs have found increases in children's emotional competency (e.g., self-regulation; social skills; adaptive behaviors; and other protective factors) and a reduction in children's challenging behaviors (e.g., hyperactivity, defiance, aggression; Brennan et al., 2008; Connors-Burrow et al., 2012; Crusto et al., 2013; Hepburn et al., 2013; Gilliam et al., 2016; Perry et al., 2008; Shivers, 2016; Van Egeren et al., 2011; Williford et al., 2008).

The federal government and national policy leaders have issued several policy briefs highlighting IECMHC as an effective strategy for reducing child expulsion in general, and expulsion for boys of color specifically (e.g., Children's Equity Project, 2020; U.S. Department of Education, 2014).

The emerging evidence for the effectiveness of IECMHC in promoting positive social and emotional outcomes for young children and in reducing racialized discipline disparities (Davis, Perry, & Rabinowitz, 2020; Davis, Shivers & Perry, 2018; Shivers, Farago, & Gal-Szabo, 2021) has been the impetus for many states to invest in IECMHC initiatives.

ESTABLISHING THE PEAR PROGRAM

In 2019, the South Carolina Infant Mental Health Association (SCIMHA) received funding and established the Partners for Early Attuned Relationships (PEAR) program to provide IECMHC in South Carolina. The PEAR program is a prevention-based program housed within SCIMHA that pairs a highly specialized infant and early childhood mental health consultant with the adults who work with children (ages birth to 5) to support them as they learn to form secure relationships, manage emotions, and explore their environment. Through an immersive experience, PEAR mental health consultants work hand-in-hand with all the adults caring for a young child – including early child care providers, teachers, assistant teachers, directors, social workers, technical assistance providers, family members and caregivers, and others. PEAR mental health consultants use Facilitating Attuned Interactions (FAN) and reflective practices to elevate the expertise of these adults to:

- Promote awareness of social and emotional development.
- Prevent mental health crises.
- Manage challenging child behaviors.

By building the capacity and confidence of caregivers and early childhood professionals, PEAR mental health consultants can more effectively support child development. Services are accessible through the centralized Help Me Grow system, ensuring statewide reach and support.

CURRENT CONTEXT IN SOUTH CAROLINA

South Carolina’s Joint Citizens and Legislative Committee on Children (JCLCC) delivers some startling statistics about South Carolina preschool suspensions and expulsions.

In 2023, JCLCC named South Carolina as having the highest rate of preschool expulsion in the US. JCLCC’s 2025 report notes that in South Carolina:

- 658 students received at least one out-of-school suspension in the 2023-2024 school year.
- 77% of children being suspended or expelled are male.
- 66% of children suspended or expelled are Black.

JCLCC also describes children experiencing long-term consequences from expulsion, such as:

- Poor self-image
- Difficulty adjusting to future educational settings
- Continued challenging behaviors
- An overall distrust of the educational system and teachers
- Lost academic, social, and emotional learning opportunities

Lack of professional development is a key contributor to SC’s high preschool suspension and expulsion rates (JCLCC, 2025 Annual Report). With the prioritization of professional development, such as IECMHC, by key state leaders, PEAR is well-positioned to play a key role in addressing this issue in our state.

THE PRESENT EVALUATION

The present report explores the PEAR IECMHC program. This report is part of a larger, multi-year evaluation effort. The present report explores four research questions presented in the list below.

Research Questions

Who participates in the PEAR program?

What is the impact of the PEAR program for children and the adults who care for them?

What is the role of race-ethnicity in the impact of PEAR?

What feedback exists for the PEAR program?

OUR PARTICIPATORY EVALUATION PROCESS

Since 2007, Indigo Cultural Center has been committed to engaging in Community-Based Participatory Research (CBPR) rooted in community, culture, and racial equity. Our evaluation design, implementation, and dissemination activities are aligned with our partners' goals of establishing and maintaining continuous quality improvement across their programs. The SCIMHA leadership and the PEAR IECMHC team collaborated with us on evaluation design, survey development, data collection, participant outreach, interpretation of findings, and the drafting of this report.

EVALUATION DESIGN

Evaluation data collection is ongoing. This report represents data collected from 2023 through June 2025. The PEAR mental health consultants implement the data collection. The data collection includes reports by the mental health consultants, site directors and administrators, and teachers/child care providers.

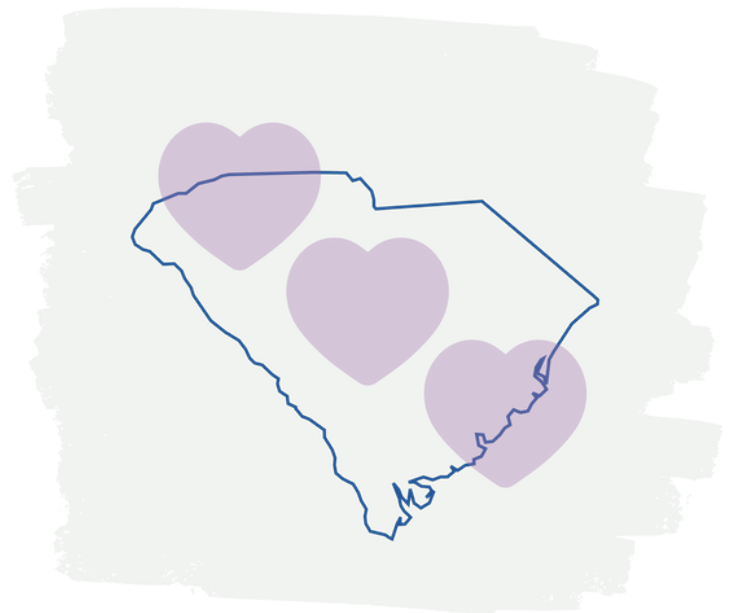
Upon partnering with a new ECE site (baseline or 'time one'), the PEAR mental health consultant obtains evaluation consent from the site director or administrator. After which, the PEAR mental health consultant facilitates a guided interview with the director about the site to document both the site demographics and to elicit the site suspension and expulsion policies and frequency. Following this interview, the director of the ECE program completes a self-report survey where they report on their personal demographic information, professional information, and sense of self-efficacy. This survey is repeated after six months of service from the PEAR program (referred to in this report at 'time two').

In addition to center directors, the PEAR mental health consultant obtains evaluation consent from teachers at the start of participating in the IECMHC services. Teachers then complete a self-report survey where they report their demographic

information (Shivers, 2016), Teachers' Sense of Self-Efficacy (Gellar & Lynch, 1999), and classroom demographic information (Shivers, 2016). Next, the teacher participates in a guided 'interview' with the PEAR mental health consultant where the teacher reflects on two focus children in their class. These children are those who are receiving IECMHC services or were identified by the teacher as exhibiting behavioral or emotional challenges in the classroom. This guided interview includes the facilitation of several evaluation instruments: the child's demographic information (Shivers, 2016), the Preschool Expulsion Risk Measure (Gilliam, 2010), the Teacher-Child Closeness Sub-Scale (Pianta, Hamre, & Allen, 2012), and the Strengths and Difficulties Questionnaire (Goodman, 1997). After six months of PEAR's IECMHC services, both the teacher self-report survey and the guided interview are repeated (time two).

ANALYZING THE DATA

To analyze the data, we used SPSS and Mplus statistical software. SPSS was used to explore descriptive statistics to describe the sites and consultees served. Mplus was used to examine changes that occurred from the PEAR IECMHC program. Specifically, we used latent growth curve models to examine change in scores from the start of services to after six months of services ('time one' to 'time two').

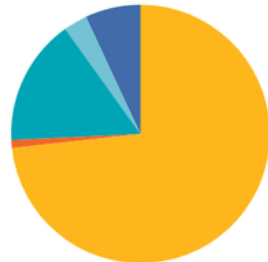


RESEARCH QUESTION #1 WHO IS SERVED BY THE PEAR PROGRAM?

Early Care and Education Sites

A total of 129 early care and education sites have participated in the evaluation. The graphs below display the demographic characteristics of these sites.

ECE Site Type



- Center-based (73%)
- Home-based (1%)
- 4K (15.8%)
- Head Start/Early Head Start (3%)
- Other (6.9%)

Predominant Race of Children at the Site



- Pred Black (35.2%)
- Pred White (37.7%)
- 50/50 racial diversity (21.3%)
- Wide racial diversity (4.1%)
- Pred Multiracial (1.6%)

Predominant Income of Families at the Site



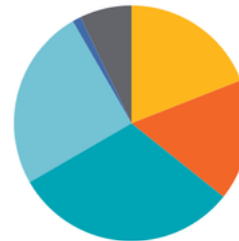
- Pred low income (36.3%)
- Pred middle income (31.9%)
- 50/50 income diversity (28.3%)
- Wide income diversity (3.5%)

We also asked about staff turnover at sites. On average, directors remained in their position for at least a year. However, some sites reported as many as 2 new directors in the past 12 months. We found that sites had an average of 5 staff leave their position in the past 12 months.

Site Directors and Administrators

A total of 84 site directors and administrators have participated in the evaluation. On average, site directors had an average of 12 years of experience, with a range of 1 to 60 years. Directors reported an average of 6.5 years at their current site, with a range of just starting at the site to over 39 years in their current position. The graphs below display the demographic characteristics of these directors and administrators.

Director Education Level



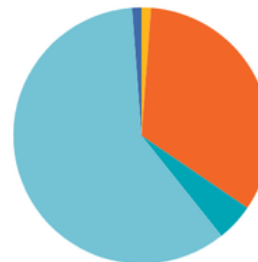
- High school or GED (19%)
- Associates (16.7%)
- Bachelors (31%)
- Masters (25%)
- Doctorate (1.2%)
- Other degree (7.1%)

Director Gender Identity



- Male (4.8%)
- Female (95.2%)

Director Racial Identity



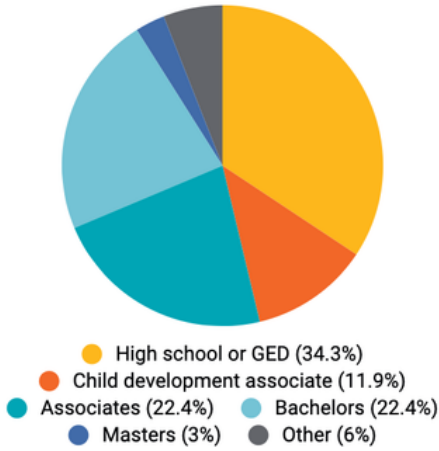
- Asian (1.2%)
- Black (33.3%)
- Latine (4.8%)
- White (59.5%)
- Other (1.2%)

Teachers and Child Care Providers

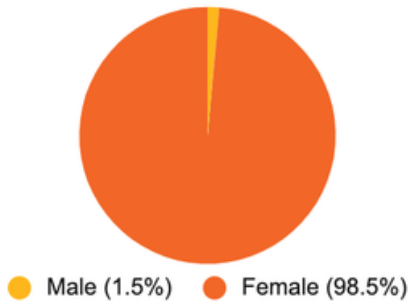
A total of 78 teachers and child care providers participated in the evaluation. On average, teachers had 10 years of experience providing care in any program, with a range of one to 36

years. Teachers reported an average of 2.75 years at their current site, with a range of just starting at the site to 11 years in their current position. The majority of teachers had never worked with a mental health consultant (67.2%). The graphs below display the demographic characteristics of these teachers.

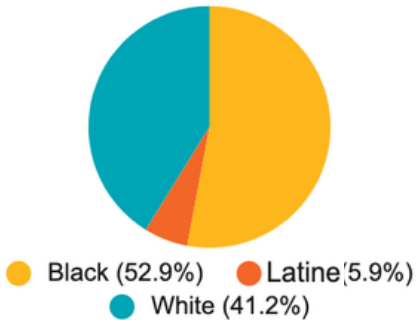
Teacher Education Level



Teacher Gender Identity

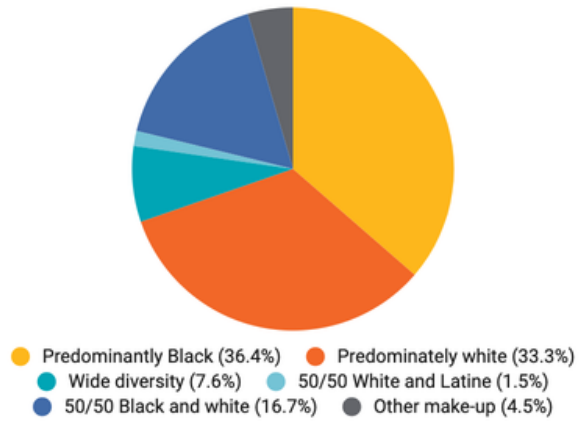


Teacher Ethnic-Racial Identity



Teachers also reported on their classrooms. Teachers had, on average, 14 children in their classroom, with a range of 5 to 30 or more children. About two children in each classroom had a primary language other than English, though it ranged from 0 to more than 20 children. The graphs below display the predominant race of the children in the classrooms.

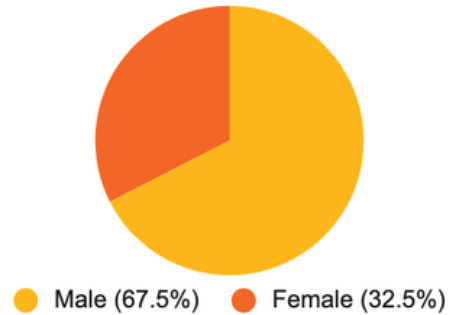
Predominant Race of the Children in the Classroom



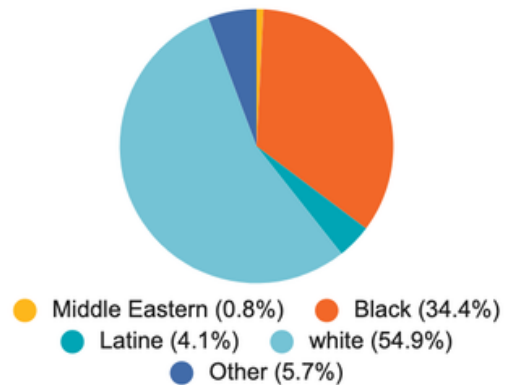
‘Focus’ Children

Finally, there were a total of 127 focus children included in this evaluation. With family permission, teachers worked with their mental health consultant to report on two children in their classroom. Often, these children were receiving child-focused IECMHC services from PEAR. The graphs below display the demographic characteristics of these children.

Child Gender Identity



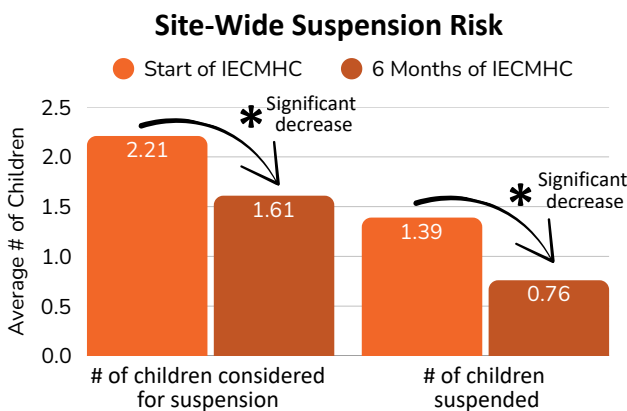
Child Ethnic-Racial Identity



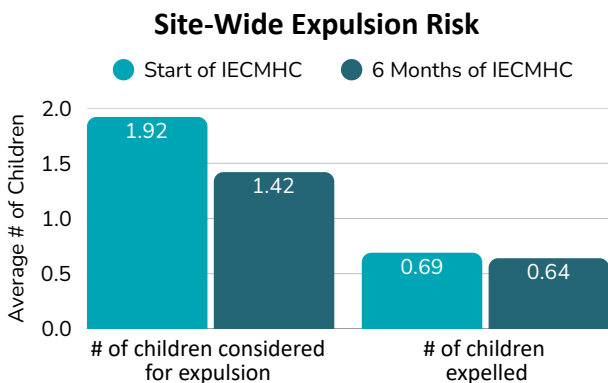
RESEARCH QUESTION 2: WHAT IS THE IMPACT OF THE PEAR PROGRAM?

The PEAR Program Reduces Expulsion and Exclusion Risk at Both the Program-level and at the Child-level.

At the program level, directors and administrators reported on their site’s suspension and expulsion frequency at the beginning of consultation (baseline or Time One) and after six months of receiving services (Time Two). We found that both the number of children being considered for suspension and the actual number of children suspended were significantly lower after the site had been participating in the PEAR IECMHC program. That is, the PEAR program decreased the overall frequency of children being suspended across all sites.



Though it wasn’t statistically significant, mean scores still indicate that the number of children being considered for expulsion and the actual number of children expelled were decreased due to the PEAR program.

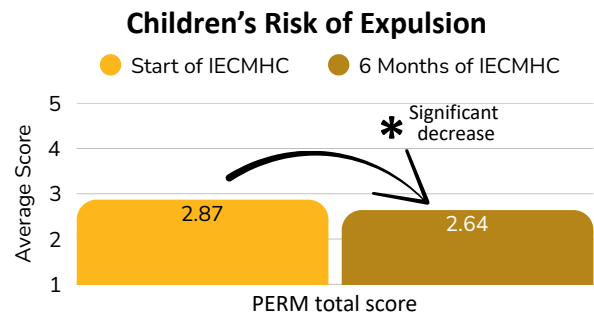


Additionally, we find that the PEAR IECMHC program reduces children’s risk of expulsion. The PEAR mental health consultants worked with teachers to complete the Preschool Expulsion Risk Measure (PERM; Gilliam & Reyes, 2018) for one to two focus children in their classrooms. Teachers reported on each child’s expulsion risk across 14 questions answered on a response scale of 1=strongly disagree to 5=strongly agree. A higher score on the PERM indicates a greater likelihood of a child being suspended and/or expelled from their child care program (Gilliam, 2010).

The PERM produces a total score and four subscales that categorize expulsion risk. Those bolded and marked with an “*” significantly decreased (improved).

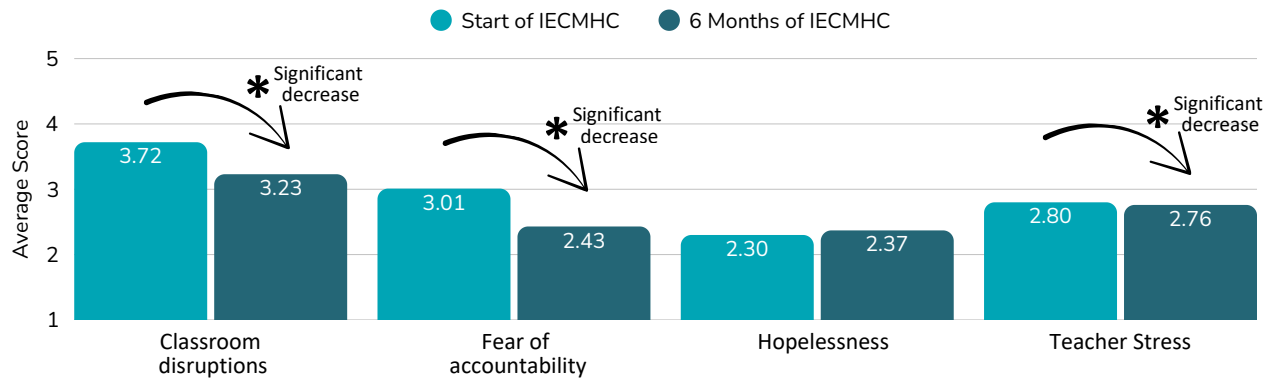
- **PERM total score ***
- **Classroom disruptions ***
- **Fear of accountability ***
- Hopelessness
- **Teacher stress ***

For the **total score**, we found a significant decrease after six months of receiving PEAR services. In other words, the PEAR IECMHC program decreased children’s overall risk of expulsion in the classroom.



When we explored changes over time for the subscales of the Preschool Expulsion Risk Measure, we found significant decreases for **classroom disruptions, fear of accountability, and teacher stress**. That is, because of the PEAR services, children exhibited fewer disruptive behaviors in the classroom. In addition, teachers felt less at fault for children’s misbehavior, and reported the children’s behaviors had less of an impact on their stress levels and emotional reactions in the classroom (see the graph on the following page).

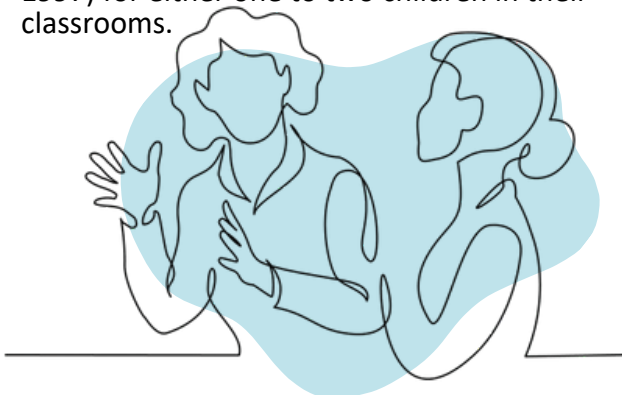
Children’s Risk of Expulsion (Continued)



The reduction in suspension and expulsion rates associated with the PEAR IECMHC program reflects meaningful improvements in both teacher-child dynamics and broader program-level practices. These findings highlight that PEAR IECMHC services not only promote more positive behavioral outcomes for children but also foster a supportive environment for educators, ultimately contributing to more equitable and inclusive early learning settings.

The PEAR Program Decreases Behaviors and Emotions that Challenge Adults.

We find that the PEAR IECMHC program increases teacher perceptions of children’s prosocial behavior (e.g., ‘strengths’) and decreases perceptions of children’s challenging behaviors (e.g., ‘difficulties’) in the classroom. The PEAR mental health consultants worked with teachers to complete the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) for either one to two children in their classrooms.



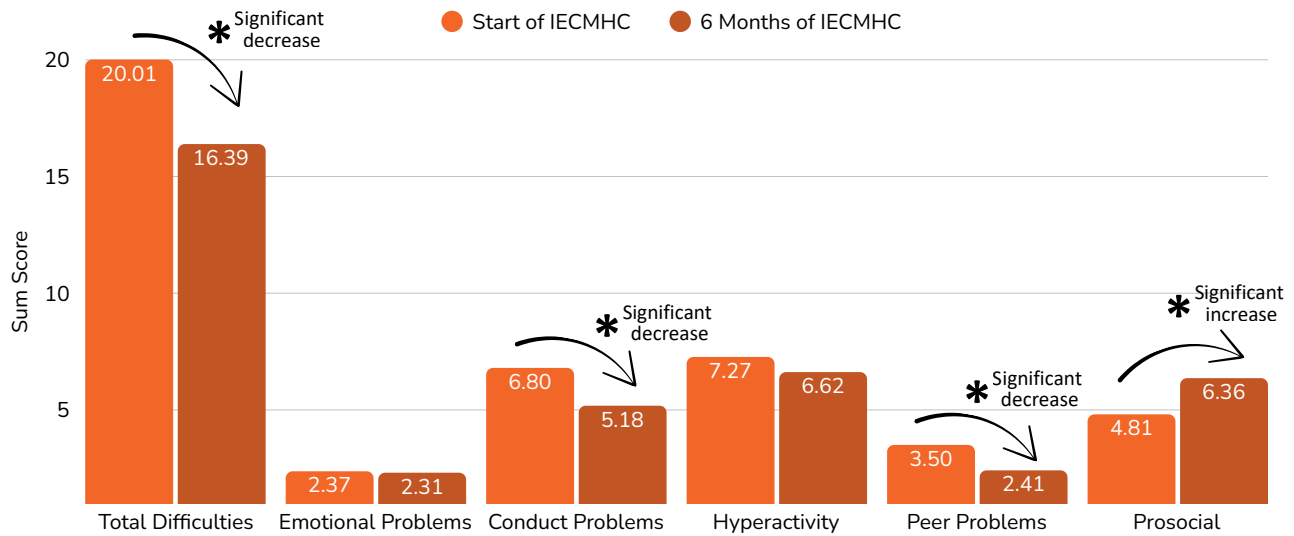
Teachers reported on the child’s behavior across 25 questions answered on a response scale of 0=not true to 2=certainly true. The SDQ produces five subscales and a ‘total difficulties’ score is calculated by totalling the four deficit focused subscales (i.e. all except for prosocial behavior). Those bolded and marked with an “*” significantly decreased (improved).

- **Total difficulties***
- **Conduct problems***
- Hyperactivity
- Emotional symptoms
- **Peer problems***
- **Prosocial behavior***

First, we found that teacher-reports the total difficulties decreased over a period of six months (i.e., from time one to time two). This indicates that those behaviors and emotions that challenged the teacher decreased because of PEAR.

When we explored changes over time for the subscales of the SDQ we found also found significant differences. **Peer problems** and **conduct problems** significantly decreased across time. In addition, we find a statistically significant increase in for the **prosocial** subscale, the only positive subscale of the questionnaire. This indicates that not only does the PEAR program decrease difficulties, but it also promotes positive, prosocial behaviors and interactions for young children in the classroom.

Children’s Strengths and Challenges



By increasing teachers’ perceptions of children’s strengths while simultaneously decreasing their perceptions of difficulties, the PEAR IECMHC program supports a more balanced and positive view of children’s behavior. This shift not only reflects reductions in problematic behaviors but also highlights an increase in prosocial skills, which are critical for successful social interactions and emotional development. Collectively, these changes indicate that the PEAR program fosters healthier classroom environments where children are more likely to engage positively with peers, supporting both their individual growth and inclusive learning communities.

The PEAR Program Increases Teachers’ Sense of Self-Efficacy

We find that the PEAR program increases teacher self-efficacy over time. Teachers responded to the Teacher Opinion Survey (Geller & Lynch, 1999) at the beginning of receiving PEAR’s IECMHC services and again after six months. The scale has 12 questions across two subscales: ‘self-efficacy’ and ‘hopelessness’. Educators responded to the 12 questions using a response scale of 1 = strongly disagree to 5 = strongly agree. Though the comparison of mean scores alone did not yield significant results, when we examined changes

in teacher self-efficacy by factoring in the strength of the Consultative Alliance – that is, the strong relationship between the PEAR mental health consultant and the consultee – and in the context of teachers’ own well-being, we did find significant increases. We provide a detailed description of this analysis in the paragraphs below.

First, we found that the consultative alliance had a significant impact on teacher self-efficacy. The consultant-teacher relationship is measured using the Early Childhood Consultative Alliance Questionnaire (ECCAQ; Mathis et al., 2019). Teachers reported on their relationship with their PEAR mental health consultant across 17 questions answered on a response scale of 1=strongly disagree to 5=strongly agree. Teachers who shared a strong, positive consultative alliance with their consultant were more likely to experience an increase in their sense of self-efficacy after six months of receiving IECMHC from PEAR. Meaning, they felt more efficacious in their role supporting children. Importantly, we did not see the same pattern with the consultative alliance for the ‘hopelessness’ subscale.

In addition, we found that well-being had a significant impact on teacher self-efficacy. Teacher well-being was measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (Warwick-Edinburgh, 2006).

The scale has seven questions that can be calculated to a total score. Educators responded to the seven questions using a response scale of 1 = none of the time to 5 = all of the time. We found that for teachers with higher levels of well-being, there was not only an increase in their sense of self-efficacy, but also a decrease in their sense of ‘hopelessness’ after six months of the PEAR IECMHC services.

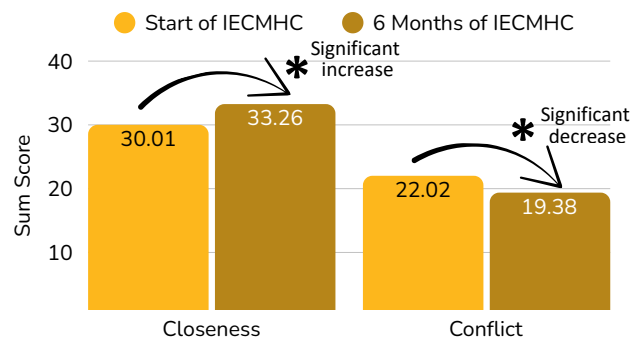
These findings highlight the critical role of strong, supportive relationships between teachers and mental health consultants in enhancing teacher self-efficacy. Indeed, previous research demonstrates that the teacher-consultant relationship is at the heart of IECMHC (Davis et al., 2019). Specifically, when teachers develop a positive consultative alliance through the PEAR IECMHC program, they report feeling more capable and confident in their ability to support children’s development. This increase in self-efficacy is particularly meaningful as it suggests that the program strengthens teachers’ professional competence and resilience, which can positively influence classroom quality and child outcomes. Moreover, the interplay between teacher wellbeing and self-efficacy underscores the importance of addressing educators’ mental health as part of comprehensive support efforts, emphasizing that boosting teacher confidence is most effective when teachers themselves are supported holistically and continuously through ongoing professional relationships.

The PEAR Program Creates More Attuned Early Relationships

Finally, this report supports the assertion that SCIMHA’s IECMHC program creates stronger relationships between teachers and children. The PEAR mental health consultants worked with teachers to complete the Student-Teacher Relationship Scale (Pianta, 1992) about one to two children in their classrooms. Teachers reported on the relationship across 15 questions answered on a response scale of 1=definitely does not apply to 5=definitely applies. The Student-Teacher Relationship Scale produces two subscales: ‘closeness’ and ‘conflict’.

First, we find that teacher-child closeness statistically increased over a six-month period of receiving PEAR’s IECMHC services. In addition, teacher-child conflict statistically decreased in those same relationships over a six-month period. This indicates that teacher relationships with the children in their classrooms are becoming more attuned over time.

Attuned Teacher-Child Relationships



These findings underscore the PEAR program’s significant impact in fostering more attuned and positive early relationships between teachers and children. By increasing feelings of closeness and reducing conflict within teacher-child interactions, the program helps create nurturing classroom environments that support children’s emotional security and social development. Strengthened relational attunement not only benefits individual children—especially those facing behavioral challenges—but also contributes to a more supportive and responsive early learning setting overall, laying a foundation for improved developmental and educational outcomes.



RESEARCH QUESTION 3: WHAT IS THE ROLE OF RACE-ETHNICITY IN THE IMPACT OF THE PEAR PROGRAM?

Race plays a critical role in how preschool discipline is experienced and administered, and this has direct implications for the work of mental health consultants. Research consistently shows that Black children are more likely to be perceived as disruptive, disciplined more harshly, and expelled at higher rates than their white peers, even when exhibiting similar behaviors (Gilliam, 2005). These disparities highlight the importance of understanding how teacher perceptions and disciplinary decision-making are shaped by race, and how supports like IECMHC can help address these inequities (Shivers et al., 2022).

In our study, we found that shifts and changes were greater for Black children, suggesting that IECMHC services had a stronger impact for them compared to white children. This finding underscores both the promise of IECMHC in mitigating racial disparities in discipline and the need to interpret outcomes through a racial equity lens. The sections below provide nuanced descriptions of the findings for Black children in the PEAR program.

Racial-Ethnic Differences in Site-Wide Expulsion and Exclusion Risk Reduction

We examined whether the racial-ethnic composition of a site influenced the degree of site-wide reductions in expulsion and exclusion risk (which, as shown in research question 2, decreased overall through participation in PEAR). Given sample size constraints, we compared sites serving predominantly Black children to sites serving predominantly White children.

Our findings show that sites with higher proportions of Black children demonstrated greater site-wide improvements. Specifically, these sites experienced larger reductions across all measures of expulsion and suspension risk:

- The number of children being considered for suspension
- The number of children suspended
- The number of children being considered for expulsion
- The number of children expelled

In contrast, these effects were not observed in sites serving predominantly White children. This suggests that the PEAR IECMHC Program may be particularly effective in reducing exclusionary discipline practices in contexts where Black children are most at risk.



Racial-Ethnic Differences in the Reduction of Child Behaviors and Emotions that Challenge Adults.

We also examined whether the race-ethnicity of the focus child influenced changes in teacher perceptions of children's strengths and difficulties in the classroom, as measured by the SDQ (see Research Question 2). While the SDQ includes five subscales and a total score, race-ethnicity was significantly related to outcomes on two subscales: **hyperactivity** and **prosocial behavior**.

For **hyperactivity**, we found that for focus children who were Black, teacher perceptions of hyperactivity showed a significantly greater reduction over time when compared with focus children who were white. Notably, our earlier overall analysis did not find significant changes in hyperactivity across the full sample, which suggests that this improvement was specific to Black children. White children did not show comparable reductions when examined separately.

For teacher perceptions of **prosocial behavior**, we also found a significantly greater increase in prosocial behaviors when the focus child was Black. Although we did find increases in perceptions of prosocial behavior when focus children were white, the rate of improvement was lower.

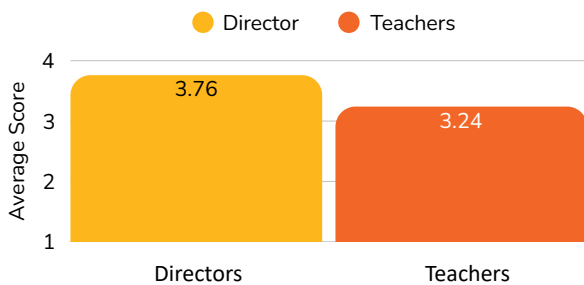
Taken together, these findings suggest that IECMHC may be especially impactful for Black children and the sites that serve them. These results suggest that IECMHC not only supports systemic changes in discipline practices but also shapes teacher perceptions of individual Black children in ways that may reduce bias and improve their classroom experiences. This points to the potential of IECMHC to help disrupt racial disparities in early childhood discipline by working simultaneously at both the structural and relational levels.

RESEARCH QUESTION 4: WHAT FEEDBACK EXISTS FOR THE PEAR PROGRAM?

We find that both teachers and directors overwhelmingly reported they were satisfied with SCIMHA’s IECMHC program. Satisfaction was assessed using the Satisfaction Survey (Shivers adapted from Green et al., 2006). The Satisfaction Survey includes 12 questions that are answered on a response scale of 1=strongly disagree to 4=strongly agree. A higher score on this survey indicates greater satisfaction with service. Child care directors and teachers responded to the Satisfaction Survey.

Satisfaction mean scores were high for both directors and teachers. Though both teachers and directors rated satisfaction high, we find that directors may be particularly satisfied with the PEAR program, as their scores were slightly higher than those of teachers, on average.

Satisfaction with the PEAR Program



In addition to mean scores on the Satisfaction Survey, we provide direct quotes from both directors and teachers to uplift their voices and experiences with the PEAR program and to add more context to the survey scores.

DIRECTOR QUOTES

“ [Our consultant] helps everyone understand and regulate their feelings and help cope during stressful times. She was so encouraging and uplifting to us all. ”

“ [Our consultant] helps us by asking questions and having us talk through solutions, not giving us the answers. ”

“ I believe strongly that uplifting and building of the teacher helps her do same for child. The consultant we had did that for us. ”

TEACHER QUOTES

“ [Our consultant] provided me with the tools I needed to help with my difficult children. They are so helpful and are like the least judgy person I have ever met. ”

“ [Our consultant] gave us a voice and outlet when we were frustrated and didn't know what to do or how to help a child. ”

“ [Our consultant] supports our families and guides them to outside resources for help. ”

Finally, both teachers and directors were given the chance to provide feedback or areas of improvement for the PEAR program. Specifically, the consultees responded to the question, “What suggestions do you have to improve the quality of mental health consultation that your program currently receives?” For directors and teachers alike, the number one request for changes to the PEAR program was a request for more hours with their consultant. This included specific requests for more hours that their mental health consultant could be on site, in classrooms, and supporting teachers. In addition, there were requests for expansion of the PEAR program, specifically to rural areas, so that consultation could occur more often in person, as opposed to relying on virtual meetings.

“Being in person more often. The majority of our services were virtual via Zoom due to the lack of IECMHC providers in the area. Our mental health consultant was 2 hours+ away.”

“We absolutely need PEAR in our community. [Our consultant] is an incredible resource. If there is a way to expand PEAR to have more consultants available in the community, I know that every center would benefit.”

DISCUSSION

This evaluation of SCIMHA’s Infant and Early Childhood Mental Health Consultation (IECMHC) program demonstrates measurable and meaningful impacts on early learning environments in South Carolina. Three key findings stand out.

First, the PEAR program reduces suspension, expulsion, and exclusion risk for young children. Both program-level and child-level data show significant decreases in the number of children considered for or experiencing exclusionary discipline. Notably, teachers reported reduced perceptions of children as disruptive and a decreased fear of being held personally accountable for challenging behaviors—two factors strongly linked to the likelihood of expulsion. Importantly, our racialized analyses revealed that these improvements were greatest in sites serving predominantly Black children, where expulsion and suspension risk declined more sharply than in sites serving predominantly White children. This suggests that IECMHC may be particularly effective in reducing exclusionary practices in the very contexts where children of color face the greatest risk.

Second, the program strengthens children’s social-emotional development while reducing behavioral difficulties. Teachers reported fewer peer problems and lower total difficulties, alongside increases in prosocial behaviors. These gains suggest that IECMHC services are not only mitigating challenges but also fostering positive, adaptive skills that support children’s long-term success. Racialized analyses again highlight a critical equity dimension: Black focus children demonstrated greater reductions in hyperactivity and greater increases in prosocial behaviors compared to their White peers. These findings indicate that the program may help shift teacher perceptions in ways that directly counter common biases against Black children, fostering stronger recognition of their strengths and reducing misinterpretations of their behavior as disruptive.

Third, the PEAR program enhances the capacity and confidence of the adults who care for children. Increases in teacher self-efficacy—particularly among those with strong consultative alliances and higher well-being—highlight the central role of trusting, supportive relationships between consultants and consultees. Improvements in teacher–child closeness and reductions in conflict further underscore the relational nature of these changes.

Taken together, these findings affirm that IECMHC, as implemented through the PEAR program, is an effective, relationship-based strategy for promoting equitable, supportive early learning environments. By simultaneously addressing adult capacity, child outcomes, and systemic drivers of exclusion, the program is well-positioned to advance both immediate and long-term benefits for children, families, and educators across South Carolina. Moreover, the stronger impacts observed for Black children and in sites serving predominantly Black children suggest that IECMHC holds particular promise for reducing racial disparities in early childhood discipline. In this way, PEAR not only improves overall outcomes but also contributes to dismantling inequities that have long shaped the experiences of children of color in early learning settings.



IMPLICATIONS

Based on the summarized findings from this report, there are several implications for both policy and practice.

First, the findings underscore that IECMHC reduces exclusionary discipline by building adult capacity and confidence. Findings show that decreases in suspension, expulsion, and teacher-reported fear of accountability are paired with increases in teacher self-efficacy, particularly when a strong consultative alliance exists and when teachers report a sense of well-being. This reinforces that IECMHC’s impact on equity and discipline disparities stems from its adult-focused, relationship-based approach. By equipping educators and caregivers with the skills, confidence, and reflective capacity to manage challenging behaviors, IECMHC addresses systemic discipline drivers while creating more supportive and inclusive early learning environments.

Second, our findings of both positive changes in children’s prosocial skills and reduced behavioral difficulties highlight IECMHC’s dual focus on strengths and risk factors. By boosting children’s prosocial behaviors alongside reducing their peer problems and total difficulties, IECMHC offers a holistic approach that builds protective factors, not just mitigates risks. IECMHC should be seen as a core component of promoting resilience and social-emotional competence by both policymakers and ECE site leaders.

Finally, our findings indicate that expanded access to mental health consultants could amplify the statewide impact of SCIMHA’s IECMHC program. Participant feedback highlighted the importance of the mental health consultant’s presence, especially on-site, in-person presence, in strengthening relationships and providing timely, hands-on support. Addressing geographic barriers, such as rural access, and growing the consultant workforce could enhance consistency and reach. Expanded and sustained investment in these efforts would position SCIMHA’s PEAR model for comprehensive, equitable implementation

across South Carolina, maximizing its potential to improve child outcomes, build adult capacity, and reduce exclusionary discipline statewide. Current funding for SCIMHA's IECMH Consultation program restricts services to early education programs that are not affiliated with the public school system. Additional funding is needed to support the needs of private early childhood education programs that serve most of the young children in our state. But the need for IECMH Consultation also extends into the public school setting where preschool children ages 3-5 are expelled at a rate higher than in any other state in the country. According to a 2024 article, "South Carolina leads the nation in the number of preschool children, ages 2½ to 5 years old, who are suspended from school one or more times (Frazier, 2024). Currently there is no funding support in place to bring SCIMHA's IECMH Consultation services to public schools.

CONCLUSION

Preschool suspensions and expulsions harm children, disrupt families, and drive up long-term costs for the state. They strip away learning time, force parents out of work, and fuel the school-to-prison pipeline—especially for Black and Latine boys. This evaluation of SCIMHA's IECMH program aligns with numerous national studies of IECMH Consultation establishing the intervention is a proven solution, giving teachers the tools to address challenges, keep children in class, and break this harmful cycle before it starts (Frazier, 2024; JCLCC, 2023, 2024).

SCIMHA's Infant and Early Childhood Mental Health Consultation (IECMHC) program, PEAR, exemplifies the outcomes achievable through investment in relationship-based, capacity-building supports. By concentrating on the adults who directly influence children's daily experiences, PEAR consultants enhance teachers' self-efficacy, sense of support, and connectedness, which in turn transforms classroom dynamics. This approach is associated with reductions in suspension and expulsion rates and improvements in children's capacity to form secure relationships and acquire essential social-emotional skills. These findings underscore the critical importance of prioritizing IECMH in efforts to foster equitable and inclusive early learning environments.

Expanding access to IECMH—including in public school settings and particularly in rural and under-resourced communities—holds potential for widespread impact throughout South Carolina and offers a scalable model for broader application nationally.

REFERENCES

- Brennan, E. M., Bradley, J. R., Allen, M. D., & Perry, D. F. (2008). The evidence base for mental health consultation in early childhood settings: Research synthesis addressing staff and program outcomes. *Early Education and Development, 19*(6), 982–1022.
<https://doi.org/10.1080/10409280801975834>
- Center of Excellence for Infant and Early Childhood Mental Health Consultation (2020). *Annotated Bibliography: The evidence base for infant and early childhood mental health consultation (IECMHC)*.
<http://www.iecmhc.org/documents/CoE-Annotated-Bibliography.pdf>
- Children's Equity Project. (2020). The preschool exclusionary discipline study: Exclusionary discipline in U.S. public pre-K programs: An initial look at the 2017-2018 CRDC Data
<https://childandfamilysuccess.asu.edu/sites/default/files/202101/PEDS%20RESEARCH%20BRIEF%201.pdf>
- Conners-Burrow, N. A., Whiteside-Mansell, L., Mckelvey, L., Virmani, E. A., & Sockwell, L. (2012). Improved classroom quality and child behavior in an Arkansas early childhood mental health consultation pilot project. *Infant Mental Health Journal, 33*(3), 256–264.
- Davis, A.E., Perry, D.F., & Rabinovitz, L. (2020). Expulsion prevention: Framework for the role of infant and mental health consultation in addressing implicit biases. *Infant Mental Health Journal 41*(3), 327- 339.
<https://doi.org/10.1002/imhj.21847>
- Davis, A. E., Shivers, E. M., & Perry, D. F. (2018). Exploring culture, race and ethnicity in early childhood mental health consultation: The role of the consultative alliance. *Perspectives on Early Childhood Psychology and Education, 3*, 51-73.

Frazier, H. (2024, March 21). South Carolina leads the nation in preschool suspensions. Charleston City Paper. <https://charlestoncitypaper.com/2024/03/15/south-carolina-leads-the-nation-in-preschool-suspensions/>

Gilliam, W.S., Maupin, A.N., & Reyes, C.R. (2016). Early childhood mental health consultation: Results of a statewide random-controlled evaluation. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55(9), 754-761.

Gilliam, W. S., & Reyes, C. R. (2018). Teacher decision factors that lead to preschool expulsion: Scale development and preliminary validation of the preschool expulsion risk measure. *Infants & Young Children*, 31(2), 93-108.

Gilliam, W. S., & Reyes, C. R. (2010). Preschool Expulsion Risk measure. *Infants & Young Children*.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry*, 38(5), 581-586.

Green, B. L., Everhart, M., Gordon, L., & Garcia-Gettman, M. (2006). Characteristics of effective mental health consultation in early childhood settings: Multi-level analysis of a national survey. *Topics in Early Childhood Special Education* (26:3), 142-152.

Hepburn, K., Perry, D. F., Shivers, E. M., and Gilliam, W. S. (2013). Early childhood mental health consultation as an evidence-based practice. *Journal of Zero to Three: National Center for Infants, Toddlers, and Families*, 33, 5-12.

Joint Citizens and Legislative Committee on Children (JCLCC). (2024). Statewide Suspension Data for 3K/4K, 2016-17 to 2023-24. Retrieved <https://www.sccommitteeonchildren.org/data>

Joint Citizens and Legislative Committee on Children. (n.d.). 2023 Data Reference Book. SC Committee on Children. Retrieved https://www.sccommitteeonchildren.org/_files/ugd/587cb7_ad56685d9806442facc90f71aec8af65.

Perry, D. F., Dunne, M. C., McFadden, L., & Campbell, D. (2008). Reducing the risk for preschool expulsion: Mental health consultation for young children with challenging behaviors. *Journal of Child and Family Studies*, 17, 44-54.

Pianta, R. C., & Nimetz, S. (2001). Student-teacher relationship scale. *Journal of Psychoeducational Assessment*.

Shivers, E. M. (2016). Arizona's smart support evaluation: The first four years. Prepared for Southwest human development, with support from First Things First.

Shivers, E. M., Farago, F., & Gal-Szabo, D. E. (2021). The role of infant and early childhood mental health consultation in reducing racial and gender relational and discipline disparities between Black and white preschoolers. *Psychology in the Schools*, 2021, 1-19.

U.S. Department of Education, Office for Civil Rights. (2014). Civil rights data collection: Data snapshot: School discipline. <https://ocrdata.ed.gov/downloads/crdc-school-discipline-snapshot.pdf>

Van Egeren, L. A., Kirk, R. H., Brophy-Herb, H. E., Carlson, J. S., Tableman, B., & Bender, S. L. (2011). An interdisciplinary evaluation report of Michigan's Childcare Expulsion Prevention (CCEP) initiative.

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., ... & Stewart-Brown, S. (2007). The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 63.

Williford, A. P., & Shelton, T. L. (2008). Using mental health consultation to decrease disruptive behaviors in preschoolers: Adapting an empirically-supported intervention. *Journal of Child Psychology and Psychiatry*, 49(2), 191-200.

EVALUATING THE INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION PROGRAM IN THE SOUTH CAROLINA INFANT MENTAL HEALTH ASSOCIATION

The South Carolina Infant Mental Health Association (SCIMHA) PEAR Program provides Infant & Early Childhood Mental Health Consultation (IECMHC). IECMHC supports teachers and caregivers in promoting children's social-emotional well-being, reducing exclusionary discipline, and improving classroom climates. This evaluation was conducted by Indigo Cultural Center using a community-based participatory action research approach. Early care and education sites engaging in the PEAR program participated in this evaluation.

KEY FINDINGS

Key Finding #1: The PEAR IECMHC Program decreased both program- and child-level expulsion and suspension risk.

At the program level, the frequency of ECE site suspension practices decreased due to receiving PEAR's IECMHC services:

- * Reduction in the number of children considered for suspension
- * Reduction in the number of children actually suspended

Importantly, we found sites serving **predominantly Black children experienced larger reductions in both risk for suspension and risk for expulsion.**

Additionally, we find that the PEAR IECMHC program reduces the risk of expulsion for children (PERM; Gilliam, 2010).

- * Reduction in children's overall risk for expulsion
- * Reduction in the frequency of children's classroom disruptions
- * Reduction in teachers' fear of accountability for children's misbehavior
- * Reduction in teachers' stress due to the child's misbehavior

Key Finding #2: The PEAR Program both reduces behaviors and emotions that teachers find challenging, while also promoting positive, prosocial behaviors and interactions among young children in the classroom.

Due to receiving PEAR's IECMHC services, teachers' perceptions of children's behaviors and emotions improved (SDQ, Goodman, 1997).

- * Reduction in children's overall emotional and behavioral difficulties
- * Reduction in children's conduct problems
- * Reduction in children's peer problems
- * Increases in children's prosocial behavior

Importantly, we found that **improvements in teachers' perceptions of these challenging behaviors and emotions were greater when the child was Black** than when the child was White.

Key Finding #3: Relationships sit at the core of the PEAR model and are the primary mechanism by which change occurs.

Our findings suggest that consultation works through relationships at multiple levels: the supportive partnership between consultant and teacher builds teacher confidence, which in turn fosters more attuned and positive relationships between teachers and children.

- * Teachers showed greater improvements in self-efficacy when they had stronger relationships with their consultant.
- * At the same time, teachers reported stronger relationships with children, marked by increased closeness and reduced conflict.

IMPLICATIONS

The SCIMHA's PEAR program creates safer, more supportive early learning environments by strengthening relationships, reducing challenging behaviors, and minimizing exclusionary discipline. Further, the PEAR Program addresses racial inequities in early learning. Together, these changes lay the groundwork for long-term resilience and success for South Carolina's youngest learners.



SOUTH CAROLINA
Infant Mental Health
ASSOCIATION