

Elevating Prevention and Promotion in Early Childhood Mental Health: A Case Study Series

This case study is part of a series that describes evidence-based, innovative, and exemplary practices that support positive mental health for children. The case studies of five organizations highlight key elements of prevention and promotion efforts in early childhood mental health as well as the contextual factors that support implementation. Case study sites were selected from an environmental scan that identified innovative and exemplary practices and approaches to prevention and promotion in early childhood mental health.

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Rooted in Relationships

Supporting Child Care Providers in Promoting Mental Health in Early Childhood Through High-Quality Relationships

What is this initiative?

[Rooted in Relationships](#) (RiR) is a comprehensive early childhood initiative that is part of a larger prevention portfolio at [the Nebraska Children and Families Foundation](#).

RiR's principal goal is to strengthen the early childhood system of care through tailored collaboration across systems and partnerships at the state and local levels to support implementation, expansion, and sustainability of evidence-based, social-emotional programs in early childhood (from birth through age 8).

RiR emphasizes the idea that children's mental health is intricately linked to the quality of their relationships with adults. The initiative supports communities as they implement the [Pyramid Model](#), a framework of evidence-based, prevention-focused approaches to promote young children's social-emotional development through positive relationships. RiR provides training and long-term support to coaches who work closely with early child care providers

Key terms

Promotion and prevention. Strategies and services to strengthen skills, support resilience, reduce risk factors, and establish supportive environments for healthy mental well-being.¹

Social-emotional development. How children learn to understand, express, and manage their feelings and create and sustain relationships.²

Reflective consultation. A relationship-based supervisory practice designed for providers to reflect on how their life, beliefs, experiences, and values impact their work with children and families.³

Infant and early childhood mental health (IECMH). The social and emotional development of infants and young children (up to age 5) in the context of relationships.⁴

¹ Saxena S, P.K. Maulik, and World Health Organization. "Prevention and Promotion in Mental Health." World Health Organization, 2002.

² Malti, T., and G.G. Noam. "Social-Emotional Development: From Theory to Practice." *European Journal of Developmental Psychology*, vol. 13, no. 6, 2016, pp. 652–665.

³ Watson, C., and S.N. Gatti. "Professional Development Through Reflective Consultation in Early Intervention." *Infants & Young Children*, vol. 25, no. 2, 2012, pp. 109–121.

⁴ Zero to Three. "Infant and Early Childhood Mental Health." n.d. <https://www.zerotothree.org/issue-areas/infant-and-early-childhood-mental-health/>.

(for example, teachers and home visitors) to implement the Pyramid Model. Coaches are technical assistance (TA) providers who are trained in the Pyramid Model and who have relevant experience in childhood development. Some coaches are former mental health providers or early childhood specialists. Through peer learning, TA, and reflective consultation, RiR's long-term focus is on helping child care providers implement evidence-based prevention frameworks that support children in building strong relationships with adults, which in turn promote healthy early childhood mental health outcomes.

Who does RiR serve?

RiR serves child care providers through coaching support. RiR is inclusive, aiming to support all types of child care providers—from licensed providers to home-based providers regardless of their licensure status. The coaching model extends the reach and impact of this approach to prevention. In 2022, a total of 49 coaches supported 286 child care providers, who worked with over 2,700 children across Nebraska.

RiR honors and further professionalizes the role of child care providers by acknowledging their expertise and compensating them for their time and engagement in the initiative. The program also provides tiered technical and infrastructure support to communities with greater needs, such as those serving children from low socioeconomic communities and those who have historically been less likely to access services.

How does RiR use prevention and promotion to support mental health in early childhood?

RiR highlights the importance of relationships between child care providers, children, and parents as well as relationships among child care providers themselves. RiR equips child care providers with evidence-based tools, including social-emotional skills (for example, problem-solving, emotional regulation and awareness), so they can help children develop strong, positive relationships and promote healthy early childhood mental health outcomes. These skills also help child care providers model skills to the families they work with, which helps families foster healthy relationships as well.

RiR recognizes child care providers as key investors in supporting children's mental health early in life.

What is RiR's approach to IECMH?

Prioritizing healthy relationships. The strong relational focus in the Pyramid Model allows RiR to provide long-term coaching and training to child care providers on early childhood mental health supports, including social-emotional practices to promote healthy early childhood mental health outcomes.

Collaboration focused on the community. RiR believes that meaningful collaborations can sustain positive relationships. One of RiR's priorities is to bring together various child and family service systems to explore opportunities for collaboration and service integration. RiR builds upon successful initiatives already in place within a given community and aligns these efforts to create a seamless network of implementation supports.

Statewide capacity-building. RiR operates at both the community and state levels. At the community level, the initiative focuses on building provider capacity for promoting social-emotional development in early childhood settings across Nebraska's 93 counties. At the state level, RiR's goal is to strengthen the early childhood system of care through collaboration.

The initiative provides ongoing training and support through long-term coaching and reflective consultation to enhance providers' capacity to foster children's social-emotional development effectively.

For example, RiR provides training and booster sessions for coaches on topics related to early childhood mental health supports (including, healthy attachment and the impact of adversity and trauma); holds monthly meetings for coaches to troubleshoot issues with the communities they are supporting (reflective consultation); and assigns a lead TA staff member in each community where RiR is being implemented.

TA staff are available for ongoing communication with those working in RiR communities to ensure fidelity to the Pyramid Model and provide community-specific guidance. RiR also creates support networks for child care providers to nurture positive relationships and address their emotional and professional needs, so they are better equipped to support the social and emotional development of the children they serve. Providers meet virtually at a minimum every other month.

A story of success: Normalizing social-emotional learning



"When I was young, no one taught me how to problem-solve. Nobody taught me that feelings are okay and that we can identify them and express them and cope with them.... And those are all things that kids are learning now [through initiatives like RiR]."

—RiR former trainee and coach

Collaboration across systems and with local communities enhances the integration of IECMH in early childhood settings

Collaboration aligns with the initiative's goal of supporting the implementation, expansion, and sustainability of evidence-based, social-emotional programs for early childhood. For example, RiR (1) integrates local knowledge and responds to the community's needs and priorities, (2) empowers communities to co-create a work plan for social-emotional supports, and (3) secures buy-in by allowing communities to participate actively in the planning process.

Depending upon a community's focus, priorities, and needs, RiR tailors its efforts to engage nontraditional child- and family-serving systems, including local businesses and community spaces such as local libraries. These spaces are critical in supporting early childhood mental health for the community because they enable social connections to form and serve as safe spaces where families can access related resources. RiR also provides technical support for completing a comprehensive community assessment, [the Early Childhood Systems of Care Community Assessment](#), so communities can identify their strengths and gaps in early childhood mental health, determine what they need, and create a plan for coordinated supports that align with their assets and values.



"We don't come in and say this is what you look like. We ask them to gather the data and tell us the story of their community.... We give them a sort of framework, and we let them fill in the pieces."

—RiR leadership member

To optimize planning and resources, RiR collaborates closely with other Nebraska [Children and Families Foundation initiatives](#) that support the social-emotional development of young children and their families. RiR strategically coordinates its efforts to avoid duplication of services and maximize community impact.

RiR's approach to collaboration also involves partnering with community organizations, for example, [Growing Community Connections \(GCC\)](#). GCC is a network that focuses on community organizing and ensures that a broad range of systems that interact with early childhood providers and families are well represented. Local RiR collaborations include engagement with schools, child care providers, mental health professionals, government agencies, nonprofits, foundations, law enforcement, legal professionals, medical providers, and early intervention services.

As an example, RiR and GCC launched a Prescription for Reading program through which medical professionals are encouraged to talk to families about the importance of high-quality relationships and engaging with their children through reading to promote healthy social-emotional development. Through this partnership, RiR provided books to clinics so they could be delivered at well-child checks along with a doctor's prescription for parents to spend a certain amount of time reading to their child.



What is a barrier to RiR implementation?

Significant TA is needed to get a community started with RiR implementation and maintain the work. Only a limited number of communities can be supported at a given time, which can hinder expansion. RiR leverages connections and partnerships to optimize its TA capacity through coaching networks and Pyramid Model networks.

How does RiR leverage resources to sustain the initiative?

RiR invests in capacity-building by training coaches so they can provide support to child care providers, who can then become coaches themselves. This creates a sustainable infrastructure for delivering services and long-term supports for children and families. RiR also leverages its relationships with various entities, including the Early Childhood Training Center, the University of Nebraska's Resource Project for Vulnerable Young Children, and local mental health providers, to sustain the initiative and increase its reach. In addition, RiR invests in several collaborative efforts to support TA capacity. For example, RiR has supported the creation of a coaching network by fostering collaboration among other coaching initiatives in the state. This has reduced service duplication and improved its ability to support communities with RiR implementation.



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