

THE PROMOTION OF MENTAL HEALTH IN EARLY CHILDHOOD INSTITUTIONS (ECI) UNDER A PERSON-CENTRED PERSPECTIVE

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Abstract: The following article presents the theoretical background, methods and evaluation results of a practice research project. The project “Avoiding exclusion by reinforcing prevention - Promotion of mental health in early childhood institutions (ECI) in deprived areas”, financed by the German Ministry for Education and Research (BMBF 2008 - 2010) takes a holistic and multidimensional approach by including professionals, children, parents and networks of early childhood institutions. The project is based on the intervention programme “Empowering Children!” (ZfKJ, 2005 - 2007; Rönnau, Kraus-Grüner, & Engel, 2008) and addresses ECI situated in areas with a high level of diversity (e.g., high percentage of immigrant families, high poverty levels, etc.). The project’s goal is to empower these institutions to develop as target-group-oriented centres for mental health promotion from the resilience perspective. A person-centred approach formed an essential part of the project. The results of the evaluation show positive effects on self-esteem, behavioural-stability and cognitive development of children who participated in the project (intervention group), in contrast to those identified in a comparison group. The project shows in which way the concept of resilience and the person-centred view fit together and which relevant connections arise from this.

Key words: Early Childhood Education, Prevention, Resilience

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INTRODUCTION

Mental health promotion and the perspective of resilience¹

Research and theory building of mental health and its promotion changed within the last 20 years from a deficit-orientated view to the analysis of the importance of resources and protective factors (e.g., Cicchetti & Cohen, 2006; Lösel & Bender, 2007; Luthar & Cicchetti, 2000; Opp & Fingerle, 2007; Petermann, Niebank, & Scheithauer, 2004; Werner, 2007). Influenced by long-term studies, especially the Kauai-longitudinal study (Werner, 1997, 2007), the concept of resilience - the ability to manage crises, difficult situations and developmental tasks - gains more attention in the international discussion (Luthar, 2006; Wustmann, 2004).

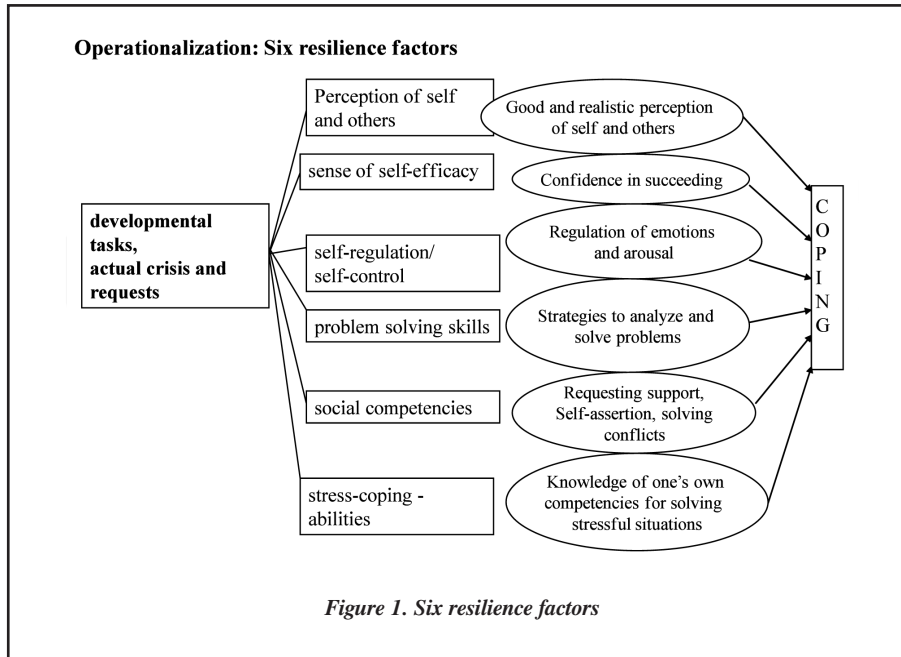
Research on resilience has identified several factors that strengthen the power and resources of children as well as promote their abilities to cope successfully with crises and internal and external problems: The most important protective factor is the stable, secure attachment to a significant adult, and its internal, intrapsychic representations. A base for the establishment of a secure attachment is the positive regard of the child and an empathic, structured educational behaviour of parents/other adults. Further, children need opportunities to build up a good self-esteem and a sense of self-efficacy and a fine support in the development of the ability to regulate one's emotions (self-regulation) (see Lösel & Bender, 2007; Luthar, 2006; Masten, 2001; Petermann et al., 2004; Walsh, 2003; Werner, 2007; Wustmann, 2004).

Resilience is developing in the course of life, the early childhood years being of special importance. Resilience is a dynamic characteristic. Its development depends on experiences made whilst managing difficulties in real life, developmental tasks and overcoming crises. The successful coping or handling of these challenges has a positive effect on the power of resilience. Summing up the results of resilience research, six central factors which promote coping with developmental tasks (see Figure 1), actual crisis and expectations can be distinguished (Bengel, Meinders-Lücking, & Rottmann, 2009; Fröhlich-Gildhoff, Dörner, & Rönnau, 2012):

The concept of resilience fits well into the person-centred approach:

- Both approaches support the paradigm that the child actively manages and designs his / her life. Both of them also assume that children have specific skills and resources that they can activate and that can be developed further.

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- The activation of these resources is an important aspect within both concepts. Grawe and colleagues (Grawe, Donati, & Bernauer, 1994) identified the activation of resources as one of “four central ‘effective factors’, which, independent from the different psychotherapy ‘schools’ and in addition to the therapeutic relationship, are highly responsible for the therapeutic process” (Fröhlich-Gildhoff, 2008, p. 29).
- The concept of resilience integrates a holistic view of the child. The person-centred approach is related to that view. Gaining experiences is also seen as a holistic process (Gendlin, 1981; Rogers, 1974); every apperception and every experience has an influence on a person’s self-perception and is seen as a holistic learning process.
- Resilience research revealed that a stable, emotional relationship is one of the most important protective factors that have the ability to balance or at least reduce risks (Bengel et al., 2009; Luthar, 2006). The person-centred approach shows that there are basic ‘conditions’ within a relationship between two people that may lead to a healthy, congruent development of the self-concept. If a child is offered a secure, empathic and authentic relationship, he/she gathers important experiences on self-efficacy (see Weinberger, 2001) which has been identified as one of the elementary factors of resilience.

- According to Rogers, the development of the concept of self and the subsequent tendency to self-actualisation depend on the development taking place through gaining various experiences (Weinberger, 2001, p. 26). Resilience research supports this assumption.
- Most of the empirically supported factors which are important for resilience (see above) have also been identified as important for the development of a congruent concept of self in the person-centred approach. In particular, a realistic perception of self and others is closely connected to the undistorted symbolisation of experiences.

Also, the concept of resilience is similar to the concept of life skills (UNICEF, 2011; WHO, 1994, a comparison was made by Fröhlich-Gildhoff & Rönnau-Böse, 2011).

The importance of prevention

Current research results in developmental psychology, educational research, developmental sciences and (neurobiological) learning research (e.g., Dornes, 2000; Hüther, 2005; Petermann et al., 2004) impressively document the importance of early childhood years for the cognitive, emotional and social development of children. This leads to the necessity to promote the mental health's protective factors on a personal level in early years.

Meta analysis of prevention studies show:

- Preventive programmes are more successful in a multi, systemic approach (reaching children *and* parents *and* professionals; setting-approach)
- Long-term programmes (> 6 months) are more successful than short-term projects or isolated trainings
- Well structured programmes with behaviour-oriented strategies are more successful than “open” programmes
- The promotion of general developmental abilities has better long-term effects than the prevention of isolated behavioural problems (e.g., aggressive behaviour) (summarized from Beelmann, 2006; Bengel et al., 2009; Durlak & Wells, 1997; Durlak, 2003; Heinrichs, Saßmann, Hahlweg, & Perrez, 2002).

In several countries children are offered relatively complex programmes that focus on prevention for different target groups, for example ‘high-risk-families’, or focus on the promotion of special (part-) skills (like the stress-reduction programme of Klein-Heßling & Lohaus, 2000) or the prevention of specific behavioural disorders (e.g., the “Faustlos programme”, Cierpka, 2005, for the prevention of violent behaviour). One problem is that most of the programmes are created (and evaluated) for school

children. The other problem is that these programmes are often not involved in a setting approach, especially for early childhood institutions.

Early childhood institutions have a great influence on a child's development, because they are instances of central socialisation - they are often the first institutions where professionals are involved in education besides the family (e.g., Fthenakis 2003; Kasüschke & Fröhlich-Gildhoff, 2008; Sylva, Melhuish, Sammons, Siraj-Blatchford, Taggart, & Elliot, 2003). They address young children - and in modern form (e.g., Early Excellence Centres in the UK) the parents as well.

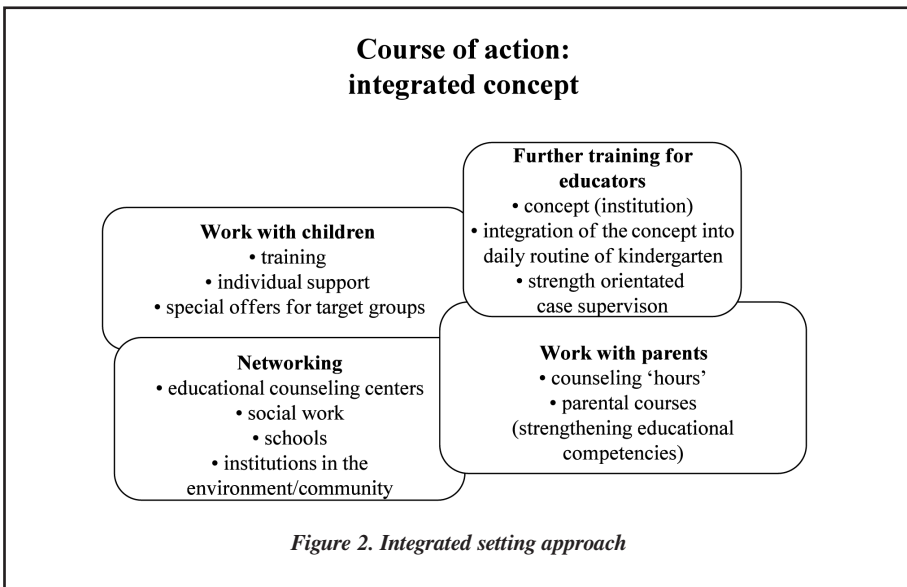
These institutions provide good opportunities for the implementation of prevention programmes in a setting approach. They are usually well-established and embedded in the local area and can easily identify the needs of children and their families. The early childhood teachers could have an elementary influence on the development of children as well as their families. The professionals must be prepared/trained for these (new) tasks and they need practicable guidance (handbook/manual, process descriptions, etc.) in order to act systematically. A prevention programme has to use the institutions' professional resources.

The promotion of resilience and the implementation of prevention programmes to foster mental health and emotional well-being, especially among young children is even more important in deprived areas as these are characterized, for example, by high unemployment and poverty rates, a high level of diversity, bad public infrastructure and so on. Research has shown that the socio-economic status of families has an alarmingly high impact on readiness for school and school achievement, due to differences in speech development, social skills, self-regulation-abilities, motivation, cognitive development and self-efficacy-experiences (e.g., Duncan & Brooks-Gunn, 1997; Smith, Brooks-Gunn, & Klevanov, 1997; Bengel et al., 2009). For young children growing up in such adverse conditions, acquiring skills as early as possible to cope positively with those strains is imperative.

THE PROJECT "PROMOTION OF MENTAL HEALTH IN EARLY CHILDHOOD INSTITUTIONS IN DEPRIVED AREAS"

The research project "Prevention of Exclusion" was based on these theoretical findings and aimed at realising a concept for the promotion of resilience for pre-school children in disadvantaged areas and evaluating its effects. The project, which was financed by the German Ministry for Education and Research (BMBF 2008 - 2010), was conducted in three German regions (Südbaden, Frankfurt, Berlin) in five kindergartens in areas with high levels of poverty among families (mostly with migrant background).

A programme that wants to promote sustainable resilience in children needs to consider the personal, social and environmental factors that influence the development of a child. All resources with positive effects had to be used in such a programme. Therefore, the concept of promoting resilience was preventative in nature and followed a 'setting approach' (WHO, 2011) focussing on four different levels:



Early childhood educators' level

The early childhood teachers in participating kindergartens (early childhood institutions) were involved in the work right from the beginning; this was necessary to ensure the sustainability of the project. Working on the educators' attitude formed the basis of the implementation of the concept for children and parents: the resource-orientated view, which refers to orientation to children's strengths, skills and self-competences, were fundamental to a holistic promotion of mental health and resilience. Here, relationships and attitudes which needed to be characterized by empathy, congruence and unconditional positive regard were of great importance. The realization of these variables aimed at helping children to build up a positive concept of self and to perceive themselves as an autonomous person (cf. Biermann-Ratjen, 2002).

During the two-year term of the project, the early childhood teachers received six further training sessions, covering topics such as the concept of resilience, methods for

working with children and parents (resilience courses for children and parental courses - see subsequent method descriptions at child level and at parental level) and networking. Supervision meetings, where different “cases studies” were discussed from the perspective of promoting resilience, took place on a monthly basis.

Children’s level

All children attending the institutions at the beginning of the project took part in a structured child-training-course, aimed at prevention as well as promotion of resilience (programme ‘PRiK’: *Prevention and Resilience-promotion in Kindergarten*, Fröhlich-Gildhoff et al., 2012). The theoretical basis of this course were the six protective factors (see above) which promote the resilience of children against stress and strains and improve their coping competences in crisis situations.

The children’s course consisted of a ten-week-programme based on a training manual with six different modules. Each of the six modules comprised three or four units in which the topics were adequately modified for children. Altogether the children’s course comprised 20 units. The concept of these modules was to help children gain positive experiences that are conducive to their further development. It was therefore fundamental that they underwent these experiences on their own (see Schmidtchen, 2001, p. 95). “Learning by making own experiences implicates personal engagement; the whole person with his or her feelings, as well as his or her cognitive aspects participates in the learning process” (Rogers 1974, p. 13).

For example the first module, its topic being self-perception, was about getting to know oneself better on the one hand and on the other hand about integrating others’ perception of oneself into one’s concept of self. The child should become “aware of his or her own experiences and of him- or herself as an experiencing person and should develop a self-concept through these experiences” (Biermann-Ratjen, 2002, p. 16).

Parental level

Parents were given two offers during the project: A weekly family consultation hour was established where parents could take advantage of educational counselling on a non-committal basis. Parental courses were also established. The manual’s structure and its various elements, comparable to relatively well evaluated programmes (cf., e.g., Heinrichs et al, 2002; Heinrichs, Krüger, & Gruse, 2006), aimed at strengthening the parents in their parenting and relationship building skills (e.g., “Starke Eltern - Starke Kinder”, Honkanen-Schoberth 2003; Tschöpe-Scheffler, 2003, 2006). The parental courses offered in the project (concept and evaluation data: Fröhlich-Gildhoff,

Rönnau, & Dörner, 2008) focused even more consistently on the parents' resources and provided links to the promotion of the children's resilience. A parental course comprised six units and took place once a week for 1 1/2 hours. The courses were held in the early childhood institution, always attended by one of the early childhood teachers. Participation was free of charge, which lowered the threshold for accessing the course. However, parents that were "difficult to reach" could only be reached when other parents who had already attended the course started talking positively about it. Motivated by their reports and helpful experiences, parents who normally would not make use of such an offer, dared to participate in a course.

Network level

Another element of the project was to develop the cooperation and networking between the early childhood institutions and other institutions. In a first step, network maps for each institution were drafted to describe the current situation: The kind of cooperation they had, the institutions that were involved and how the kindergarten was located in the area. During the project a close cooperation with the responsible educational guidance institutions was built which led to "short cuts" in the way families approached these institutions.

Research questions

The following *research questions* had to be answered by the evaluation:

- Is it possible to reach children and parents, living in high risk areas, through a multi-level approach carried out by the early childhood institutions and its professionals?
- Are there effects on the children's concept of self, especially self-esteem, their problem solving skills, their social-emotional skills and (perhaps) other developmental factors?
- Are there variations in the children's behaviour during the project and in the pre/post comparison?
- Are there changes in the attitudes and behaviour of the participating professionals (early childhood teachers)?
- In which way did the parents participate in the project and are there detectable effects on the parents' development?

To evaluate the complex programme a combination of process and outcome evaluation with quantitative and qualitative methods was chosen; the evaluation was realised in a control-group design (with intervention group IG and control group CG).

There were three measuring points: At the beginning of the project (t0), after 6 months, when a proportion of children left the kindergarten (“kindergarten-kids”, t1) and after 18 months, at the end of the project (t2), see Figure 3.

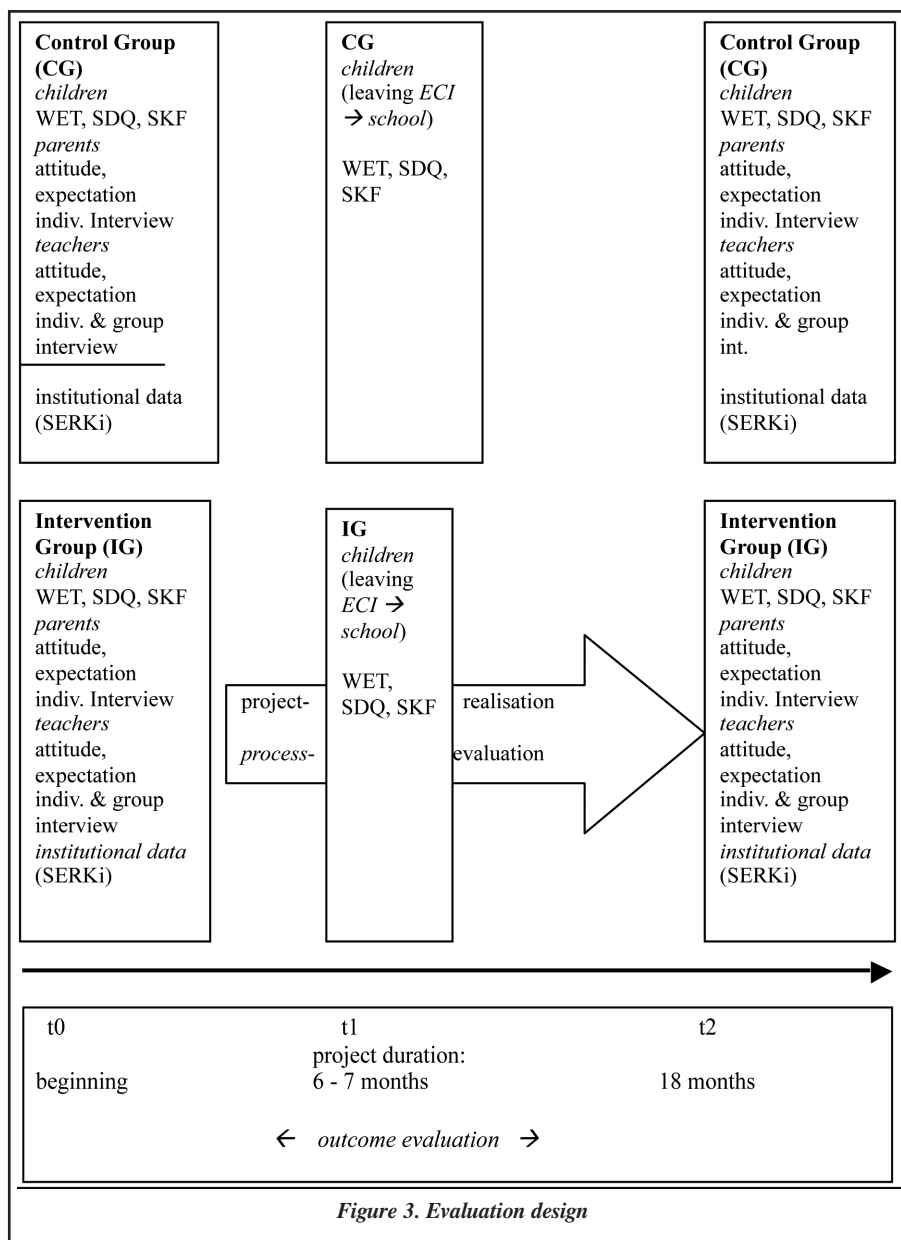


Figure 3. Evaluation design

METHOD

Participants

Five early childhood institutions participated in the Intervention Group (IG), with 349 children; in the Control Group (CG) five kindergartens also participated with 367 children. All early childhood institutions were located in areas with a high percentage of poor families. The quotient of families with immigrant background in the IG was between 100% and 28.1% (Mean 57,1%), and between 90.9% and 4.9% (Mean 60.6%) in the CG, $\chi^2(1, N = 716) = 0,455, p = .486$. There were no significant differences between the groups in the pre data in all quantitative instruments at t0.

Table 1 shows the number of participants and complete data versions at the different testing points. The return of complete data between t0 and t2 differs between 50.7% (data from parents) and 64.2% (data from the pedagogues); the children's data return is 62%. There was no difference in the contingent of missing data between CG and IG. The main reasons for the lost data were: relocation of families, change of professionals, illness of the young children at the testing points and lack of capacity to motivate the parents to fill out the questionnaires.

Table 1. Number of participants and complete data (in brackets: percentage of return of questionnaires)

	Children	Parents	Early childhood teachers	
Participating	<i>N</i> = 716 (349 IG, 367 CG)	<i>N</i> = 515	<i>N</i> = 139	
Testing t0 (complete data, all children)	<i>N</i> = 424	<i>N</i> = 436	<i>N</i> = 564	Data reported about children by the teachers(SDQ)
Testing t1 (only the children going to school)	<i>N</i> = 150	<i>N</i> = 99	<i>N</i> = 179	Data reported about children by the teachers(SDQ)
Testing t2 (complete data, all children)	<i>N</i> = 170 (62%)	<i>N</i> = 171 (50.7%)	<i>N</i> = 247 (64.2%)	Data reported about children by the teachers(SDQ)

Instruments

The evaluation instruments were selected according to the factors of resilience to be identified, i.e., they were chosen according to which methods would be most suitable for recording and documenting a development, especially changes in self-perception, self-efficacy, self-control, social competency, coping with stress and problem solving:

The following *quantitative instruments* were chosen pre and post for both groups (Intervention Group IG and CG):

- *Wiener Entwicklungstest* (WET, Wiener development test; Kastner-Koller & Deimann, 2002) to measure the cognitive and social-emotional development of the children. The WET is a well advanced, standardized and normed instrument for measuring cognitive, linguistic and social- emotional development in a wide range. The 13 subtests show Cronbach-alpha data between $\alpha = .66$ und $\alpha = .92$. In the evaluation 6 subtests were chosen, which measured social-emotional development, problem solving skills and logical thinking. In some cases it was not possible to apply the whole test.
- *Selbstkonzeptfragebogen für Kinder im Vorschulalter* (SKF, Self concept questionnaire for preschool children, Engel, Rönnau-Böse, Beuter, Wünsche, & Fröhlich-Gildhoff, 2010) to measure the development in self-perception and self-concept of the children. The SKF is a standardized instrument (questionnaire) for measuring the concept of self in children aged 4-6 years by self report. The three scales anxiety/expectation of disappointment, physical (body) self concept and abilities show Cronbach-alpha data between $\alpha = .79$ und $\alpha = .83$.
- *Strengths and Difficulties Questionnaire* (SDQ, Goodman, 2005) to measure the development in children's behaviour. The SDQ is an internationally used, standardized and normed instrument (questionnaire); it is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educators. The 25 items are answered by teachers or parents; the 5 scales (emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour) shows a Cronbach alpha mean of $\alpha = .73$ (Goodman, 2001).

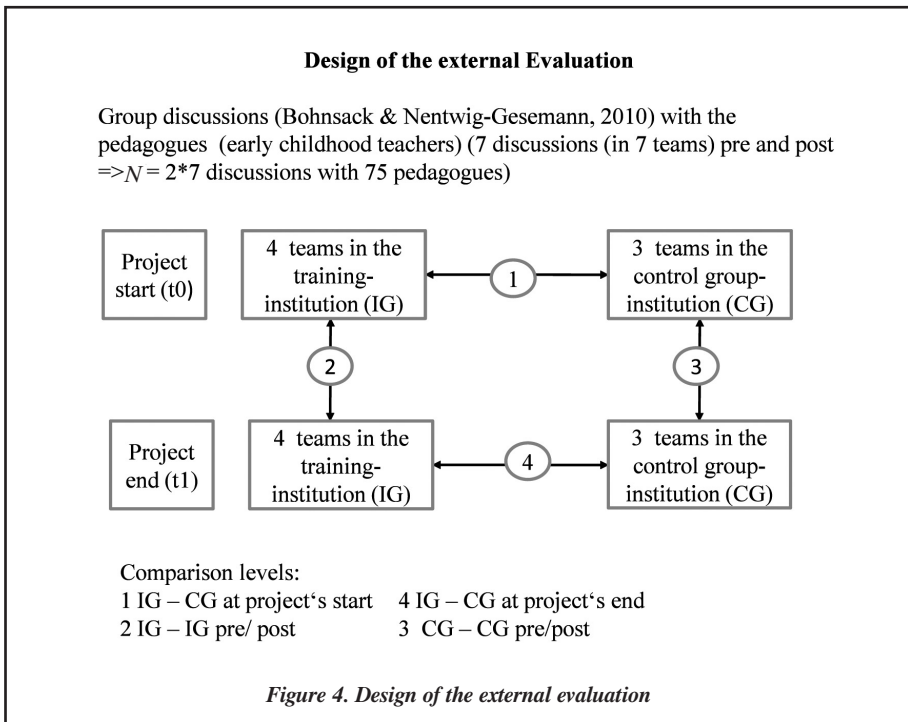
The possible effects of the project on parents and early childhood teachers are covered by qualitative research methods. A possible change in attitudes and approaches could better be detected with qualitative methods than with questionnaires. For the *qualitative evaluation*, there were individual interviews (with parents and preschool teachers) conducted pre and post. The interpretation followed the principles of content analysis (e.g., Mayring, 2003²).

As an external evaluation, group interviews/discussions (e.g., Bohnsack & Nentwig-Gesemann, 2010) with the early childhood teachers were conducted pre and post in IG

² In the content analysis, categories were defined from the empirical material (transcripts of the interviews). These categories were developed in an inductive and a deductive way (Mayring, 2003). The rating (classification of the empirical material) was assured in inter-rater workshops.

and CG, too (Nentwig-Gesemann, 2011; see Figure 4). The interpretation followed the principles of the “documentaric method” (Bohnsack & Nentwig-Gesemann, 2010).

Additionally all steps and elements of the process were documented in detail with standardised instruments, and records were kept during the project. They included children’s training, parental courses, supervision, family consulting hours and conferences as well as reflection with the project leaders in their institutions.



Procedure

The study was approved by the research ethics committee of the Protestant University of Applied Sciences, Freiburg. The project’s target groups were early childhood institutions (kindergarten/preschools) in socially deprived areas. First, the research team identified several types of such areas in rural and urban environments across different parts of Germany (Southern, Central, and Eastern parts of Germany). Second, the social welfare organisations - as ‘owners’ of the early childhood institutions - in these regions were informed about the project and the teams of the early childhood teachers decided to participate. Third, parents were informed and asked to provide

consent for their children to participate. The project started in the five Intervention Groups (IG). The Control Group institutions were recruited in the same way as the IG; as an incentive they got the same trainings as the IG after the completion of the project. The trainers were social pedagogues who were experienced in the resilience concept and had also completed further professional developmental programmes as well. Trainers were independent from the research team.

RESULTS

In the following section, we will present a selection of the study's main results. A detailed description can be found in the final report (Fröhlich-Gildhoff, Beuter, Lindenberg, & Rönnau-Böse, 2011).

The children's development

The people working in the project, the pedagogues/early childhood teachers, and the parents reported positive development among the children in the treatment-group. This could be identified by the process-documentation-instruments that were evaluated by means of content analysis by the pedagogues and parents.

The standardised instruments were analysed by statistical methods, especially multivariate variance analysis and further significance tests.

Table 2. Analysis of variance results (time effects)

	IG		CG		Effects of time						
	Pre <i>M</i>	Post <i>(SD)</i>	Pre <i>M</i>	Post <i>(SD)</i>	<i>F</i>	<i>df</i>	<i>p</i>				
Schatzkästchen (‘treasure box’)	4.35	(2.00)	4.59	(2.39)	5.09	(1.75)	5.09	(2.20)	0.365	155	.547
Zahlen Merken (‘remembering numbers’)	4.84	(2.14)	4.92	(2.13)	4.34	(2.57)	5.48	(2.37)	9.789	152	.002
Gegensätze (‘contrasts’)	3.01	(2.36)	4.36	(2.66)	3.27	(2.54)	4.58	(2.30)	66.669	153	< .001
Bunte Formen (‘coloured forms’)	4.42	(2.14)	5.58	(2.44)	5.10	(2.21)	5.53	(2.97)	8.875	116	< .004
Quiz	3.21	(2.14)	3.43	(2.29)	3.10	(2.33)	4.38	(2.73)	14.663	138	< .001
Fotoalbum (photo, measuring emotional development)	4.43	(2.13)	5.51	(2.30)	5.04	(2.24)	5.53	(2.39)	12.931	158	< .001
Total Test-Score	4.04	(1.36)	4.75	(1.68)	4.28	(1.50)	4.91	(1.57)	34.615	163	< .001

Development in cognitive and emotional skills. All in all, there was a development in the subtests of the WET (Wiener Entwicklungstest [Wiener development test], Kastner-Koller & Deimann, 2002) from t0 to t2:

In the field of logical thinking (subtests “Quiz” and “Contrasts”) and emotional development (subtest “Fotoalbum”) the pre/post differences were significant. Even the total score of the WET showed a significant positive modification. Further statistic analysis showed significant developments (difference pre - post) in the IG, but not in the CG in the subtests Fotoalbum (measuring emotional development), IG: $t(81) = 3.764, p < .001, d = 0.49$; CG: $t(77) = 1.457, p = .144, d = 0.21$] and “Bunte Formen” (measuring inductive thinking), IG: $t(58) = 3.079, p = .003; d = 0.51$; CG: $t(58) = 1.133, p = .262; d = 0.17$]

Development of the self-concept. At child level, the self-concept questionnaire (SKF; Engel et al., 2010) was applied. The results showed a significant positive development in the scale anxiety/ expectation of disappointment in the IG, but not in the CG. This means that the children who took part in the project developed better self confidence and stronger self esteem (see Table 3). The effects in the variance analysis were proven by post hoc significance tests. These showed a significant positive development only in the IG.

Table 3. Scale anxiety/ expectation of disappointment - post hoc tests (Higher scores mean lower anxiety)

	IG		t-Test			CG		t-Test		
	t(0)	t(2)	<i>t</i>	<i>df</i>	<i>p</i>	t(0)	t(2)	<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)				<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)			
Anxiety/ expectation of disappointment	25.79 (6.61)	29.27 (5.17)	3.540	55	.001	28.21 (5.55)	29.36 (5.88)	1.200	55	.235

Development of behaviour. The analysis of the Strengths and Difficulties Questionnaire (Goodman, 2005) showed in the parents’ version that the parents of the IG assessed significant changes in the scales behaviour problems (decreasing), social problems with peers (decreasing), and prosocial behaviour (increasing; see Table 4). In the CG there was only a comparable change in the scale behaviour problems.

Interviews with educators and parents (mostly mothers) revealed that they recognised changes in the behaviour of their children due to the project. For example, some of the children showed:

Table 4. Means, standard deviation and analysis of variance results of the Strengths and Difficulties Questionnaires in the two groups (IG and CG)

	Time effects						
	Pre		Post		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	(<i>SD</i>)	<i>M</i>	(<i>SD</i>)			
IG							
Emotional Problems	2.05	(1.89)	2.88	(6.87)	1.108	85	.271
Externalising	2.52	(1.79)	1.79	(1.63)	3.369	84	.001
Behaviour Problems							
Hyperactivity	3.39	(2.41)	3.56	(2.48)	0.771	83	.443
Problems with peers	2.12	(1.75)	1.73	(1.59)	2.058	83	.043
Prosocial behaviour	7.69	(1.69)	8.27	(1.65)	2.820	82	.006
CG							
Emotional Problems	1.75	(1.60)	1.84	(1.99)	0.297	43	.768
Externalising	2.28	(1.53)	1.80	(1.63)	2.139	45	.038
Behaviour Problems							
Hyperactivity	4.19	(2.55)	3.81	(2.22)	1.597	42	.118
Problems with peers	1.64	(1.59)	1.49	(1.59)	0.673	44	.505
Prosocial behaviour	7.82	(1.54)	7.82	(1.70)	0.000	43	.999

- Application of simple practical methods in everyday life in kindergarten, e.g., children using the 'emotion clock' to express their mood (The 'emotion clock' shows several faces which express different states of mood. By means of a clock's hands the children can show their feelings)
- More independence and self-confidence
- Advanced ability to communicate feelings and limits.

Development of the early childhood teachers

Compared to the situation at the beginning of the project, cooperation within the teams of the early childhood institutions improved. The concept of the trainings was to give new impetus to the subject of resilience, to provide a forum to exchange opinions with colleagues as well as to provide an opportunity to reflect on typical work days. In the qualitative evaluation most of the preschool teachers of the IG (68% identified in the pre/post group discussions) showed changes in their attitudes: they more often recognised the children's resources and strengths and they had more empathy with individuals.

Cooperation with parents improved (results of the analysis of the process documentation). Professionals could focus on families' specific situations and could give them more tailored support (e.g., in questions concerning educational skills development). In most of the teams the atmosphere improved, grew more positive. The pedagogues discovered the extent of their own competencies and the teams' resources

and competencies; they reported for example, an increase in skills for purposes of communication and child-orientated interventions (results of the group discussions and the single interviews).

The professionals in the kindergartens in the disadvantaged quarters felt a greater emotional burden, and needed specific support to protect their own mental health (interview data).

Development of parents

The parents felt supported by the training courses and the individual counselling sessions (results from the analysis of the qualitative data/interviews). Course attendance was approximately 47%, while another group of parents (29%) benefited from individual counselling, which also made the access to these parents easier.

Parents in the interviews described how they were now more capable of recognising their own competencies and that they felt more confident in educational tasks in daily situations - this was a new experience for them. In comparison with the control-group the parents from the institutions involved felt more secure in their educational competencies at the end of the project.

DISCUSSION

The project showed in general, that it was possible to implement a strategy for the promotion of mental health, oriented at specific resilience factors, in a multimodal setting approach in early childhood institutions in disadvantaged areas. The professionals - early childhood teachers - could be involved systematically in the preventive programme; they were enabled to implement measures to strengthen the children's resources and resilience-competencies. They developed their competencies in the cooperation with the families as well and continued the programme independently. This strategy leads to sustainability beyond the project's duration.

In addition to the previous project (Rönnau et al., 2008), the instruments and methods needed to be adapted to the specific situation of the families, and there was a need for more practical methods.

The project's integrated, multimodal intervention approach was evaluated by an combination of quantitative and qualitative methods. The evaluation showed positive results on a qualitative and quantitative level. These results are in line with the results of other studies, i.e., Lösel Beelmann, Stemmler, and Jaurisch (2006, see also Beelmann & Lösel, 2004). In detail, the results of the children (in the intervention group) showed -

compared with the control-group and over time - a couple of positive changes, especially concerning the development of self-esteem. Positive effects were also seen in the children's behaviour (especially assessed by their parents).

The positive effects in cognitive developmental factors - measured with the quantitative instruments - were not so distinct as they were in the previous project (Rönnau et al., 2008). One reason might be, that the development of the children (and their parents) in the disadvantaged situations is 'slower' and needs more resources. Nevertheless, the project showed a lot of ways, possibilities and methods to reach the specific target group and to involve them in this systematic project. Another reason was that the quantitative instrument WET was not adapted to the specific situation, especially language problems, of children with migrant background. There exists a lack of evaluation-instruments for this group of children: The instruments were a challenge for the children and the parents of the specific target groups, for some of them the phrasing or style of the items was hard to understand. There is a desideratum for culture-adapted research instruments (other research teams had similar experiences, e.g., Fuhrer & Uslucan, 2005; Leyendecker, 2003).

The project showed - beside the measurable results - some important general experiences that promote the development of children:

- The early childhood institutions have the opportunity of reaching the parents in a successful way, to contact and to motivate them to cooperate. For example, parents can be addressed when bringing and picking up their children. A high degree of transparency in all steps of the intervention has had a positive effect on the parents' motivation.
- The parents appreciate the combination of group offers (parental courses) and the possibility of one-to-one consultation - those parents who did not attend the parental courses could be addressed in the counselling sessions. This illustrates the necessity of a diverse range of services in order to reach as many parents (groups) as possible and confirms likewise the results of other studies (BMFSFJ/DJI, 2006; Fröhlich-Gildhoff, Kraus-Gruner, & Rönnau, 2006).
- Close co-operation between the early childhood institutions and the educational guidance institutions had a positive effect. The early childhood teachers felt well supported and for the parents it became easier to get in contact with the educational guidance.
- A change in the perspective regarding the resources and strengths of the children had the effect that both educators and parents had a more positive perception of the children and of their own skills. This led to a more relaxed atmosphere, other courses of action and increased confidence on both sides.

Research in developmental psychology (e.g., Stern, 1992), psychotherapy (e.g., Grawe, 2004; Norcross, 2002) and resilience (Luthar, 2006) confirmed the central influence of the relationship between (professional) adults and children on children's mental health. In the last years, Pianta and colleagues (Pianta, Stuhlman, & Hamre, 2007) gave hints regarding which key roles professional staff can play in early childhood institutions and schools for the children's development - provided that they meet the children's needs and attachment-styles. Then the children can create new experiences, reflect on these experiences and integrate them into their self-image. These effects were supported by the qualitative results of the project: The trainers in the children's *and* in the parental courses were questioned about their authenticity, their sensibility and their empathy. The course programmes and its manuals had been a frame for the processes in the children's and parental groups. It gave some kind of structure, but the person-to-person interaction between the trainer and the group members (and among the group members) had a stronger impact. This was shown in the behaviour of the children during the group-sessions (proved by the records) and by the data of the parents' interviews.

All in all, the results show a good opportunity for early childhood institutions in high-risk areas and their professionals to reach young children (and their parents) to promote resilience and to strengthen coping abilities. In this way the prevention programme can boost protective factors and avoid developmental problems later on. The project's findings document the necessity of a multi-level approach to promote mental health and social emotional wellbeing of children by the professionals in early childhood institutions - this knowledge should be a relevant part of educational strategies and professional training, too.

These results also demonstrate the importance of the (professional) relationship and coherence of the person-centred approach: It is possible to support people's self-actualisation by offering a coherent, authentic, considerate and empathic person-to-person relationship.

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