Risk, Prevention, and Intervention: Getting a Head Start through Therapeutic Day Treatment Services in Head Start Programs

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Head Start Programs

Head Start is a comprehensive service delivery program, serving low-income children

between the ages of three and five years old (Lopez, Tarullo, Forness, & Boyce, 2000).

Staff in Head Start programs work with the nation's poorest children, often minority, who

face serious disadvantages and risk factors such as substance abuse, depression, divorce,

homelessness, and community and domestic violence. Growing up in poverty, Head Start children are at high risk for academic, behavioral, emotional, and psychiatric difficulties, emphasizing the importance of focusing on the socio-emotional development and adjustment of young children (Lopez et al., 2000; Jellinek, Bishop-Josef, Murphy, & Zigler, 2005).

Head Start programs are required to screen for mental health concerns so that identification and intervention can take place as early as possible (Jellinek et al., 2005). However, many mental health consultants who assist in this screening assess children at the beginning of the year, and often times do not follow up unless requested by Head Start staff (Jellinek et al., 2005). Many Head Start programs have limited psychological and socio-emotional support components. This is troubling given that the rate of mental health problems, including moderate to severe psychosocial impairment, among Head Start children has been estimated to be between 16-29% (Jellinek et al., 2005). Thus, "…ignoring or minimizing this aspect of the [Head Start] program fails to meet the needs of a substantial number of children" (Jellinek et al., 2005).

School-Based Therapeutic Day Treatment: An Overview

Schools can be optimal locations for prevention and remediation of behavioral, social, and emotional problems. School-based therapeutic day treatment consists of a team of caring adults who consistently work with identified children to provide support services. These services include behavioral management in the classroom, facilitation of individual and group counseling, consistent modeling of appropriate behaviors and interactions, and

collaboration with the school and family to meet the child's needs, even during time away from school.

Therapeutic Day Treatment Team

The therapeutic day treatment team consists of a therapist and behavioral specialists who provide various therapeutic services within the school. They work closely with the Head Start personnel, including teachers and case managers, to identify children who are at-risk for being removed from the classroom for behavioral, social, and emotional issues. After a referral is made by a Head Start teacher, the therapist makes several observations within the classroom to assess the needs of the identified child. Upon completion of this process, the therapist meets with the parent(s) of the child to conduct a thorough intake interview.

Once a child is admitted into the program, a behavioral specialist is assigned to begin behavioral management in the classroom for six hours a day. One behavioral specialist is assigned up to four children in a classroom. In special cases when a child is a severe threat to self or others, a one-on-one behavioral specialist is assigned. The therapist facilitates individual and group counseling with the children outside of the classroom, with the help of the behavioral specialists. The team also maintains close contact with parents and Head Start personnel who work with the children by conducting weekly case management consultations. The team of behavioral specialists and therapist also provide psychoeducation sessions to parents and teachers throughout the year on topics such as parenting skills and classroom behavioral management.

Additional Services Provided

The therapeutic day treatment team makes referrals to outside sources for psychiatric care when needed and works with the family to secure funding and support for food and medical needs through the local Department of Social Services as needed. The therapist also supports the family during the child's transition from Head Start into elementary school and attends individual education planning sessions when necessary. The therapist and behavioral specialists continue to provide services during out-of-school time such as summer and winter breaks; this out-of-school programming enhances healthy development in young children, even during the time away from school.

Individual Counseling with Head Start Children

Play therapy can be an effective therapeutic tool that takes into consideration a child's unique developmental needs (Harter, 1982; Kottman, 2004). It is developmentally normative that young children have limited ability to verbally express their thoughts and feelings. They generally do not possess the attention span or the ability to sit still and engage in thoughtful discussion as an adult might. In order to engage the child, play therapy employs toys, games, art, sand, books, and stories to facilitate communication. This process allows a child to express his or her emotions through the natural medium of play (Kottman, 2004).

Goals of play therapy. During the implementation of play therapy, the clinician aims to increase the child's self-esteem and self-awareness, as well as foster the exploration and expression of feelings in a safe holding environment. The clinician may use modeling and

play to promote positive decision-making strategies. The child will augment his or her vocabulary of feelings, as well as learn problem-solving and relationship-building skills (Kottman, 2004).

Research-based practice. Syntheses of play therapy research and anecdotal reports in professional literature support play therapy as an effective intervention with youth exhibiting various behavioral and emotional challenges, including aggression and acting-out, attachment disorder, attention deficit-hyperactivity disorder, conduct and other severe behavior disorders, depression, enuresis and/or encopresis, specific fears and phobias (such as separation anxiety), and selective mutism. Literature in the field of professional psychology includes anecdotal and empirical support for use of play therapy for abuse and neglect, adoption, parental divorce, domestic violence, grief, hospitalization, severe illness, and severe trauma such as war, certain natural disasters, and car accidents (Kottman, 2004).

Group Counseling with Head Start Children

Group counseling is another effective way to support young children in their social, emotional and moral development. Group counseling topics typically addressed with the Head Start population include anger management, diversity awareness and social skill development. One topic that is commonly overlooked in group counseling, particularly with this population, is career development education.

Career development education. Career development education is valuable to this

population for many reasons, one being the development of awareness of gender stereotypes. Research indicates that younger children are more likely to provide sex-typed career aspirations than older children (Auger, Blackhurst, & Wahl, 2005). Career development education groups provide a setting for early intervention to take place, allowing the young children involved in Head Start to explore gender-free occupational choices (Sellers, Satcher, & Comas, 1999). Unfortunately, the low SES environments in which many Head Start children are embedded may limit exposure to role models demonstrating a variety of career paths and life choices (Stroeher, 1994). However, introducing career development at a young age may help prevent these young children from prematurely limiting their own vocational identities, hence foreclosing on future career choices (Blackhurst, Auger, & Wahl, 2003). See appendix B for a sample session that specifically addresses gender stereotypes in a manner that is developmentally appropriate to this population.

Goal-setting in group counseling. When implementing group counseling in a Head Start setting, the goals for the session need to be translated into developmentally appropriate terms so the children can fully participate in the session. The group leader must clearly outline group norms in a manner that accommodates the member with the lowest level of verbal skill. Using pictures and providing visual or tactile examples can be helpful. In addition, the group leader must clearly and consistently model the behaviors he or she expects the group members to exhibit.

Out of School Time with Head Start Children

Although preschools have been proven to enhance a child's school readiness, it is the high-quality preschool programs that have a greater impact on a child's social and emotional development, as well as supporting their academic achievement (Ramey, 1999). In particular, high-quality programs are those that have adequately trained staff, comprehensive supports for at-risk youth, parent involvement, low staff-to-child ratios, and those that provide services during more hours of the day (Ramey, 1999). Additionally, preschools that provide services for both parent and child through the entire year, not just during the traditional academic year, are able to address issues that arise during the traditional school breaks (Alexander, Entwisle, & Olson, 2001).

Preventing loss of learning. In addition to time spent in the school, the way a child spends his or her time out of school is critical to academic and social achievement. Educators are becoming increasingly concerned about the loss of learning that occurs during school breaks. They compare our educational system with that of other countries, citing Japan, Germany and France, where students are expected to spend twice as much time as American students on academic instruction. For this reason, the focus has turned to filling those gaps with learning opportunities (Dryfoos, 1999).

Summer programming. Summer programs are needed to fill the void of "lost opportunity in the school calendar" that summer time represents (Maeroff, 2003). Described as "summer loss," many students lose skills and information learned throughout the school year during the summer. This is due to the lack of educationally enriching and stimulating activities (Dryfoos, 1999). Often students regress during summer months,

forgetting much of what was learned before break, as well as requiring a lengthy catch-up period during the fall months (Maeroff, 2003). The transition from summer to the academic year is a high-risk period for low-income students, who often receive fewer services over the summer than youth from communities with higher SES (Dryfoos, 1999).

Research on the value of summer programs considers the potentially negative impact of the long breaks from school, in addition to addressing the attributes of successful programs. In addition to increasing the amount of time children have to learn academically, summer programs address the needs of today's families (Cooper, Valentine, Carlton, & Melson, 2003). As it is common for both parents to work outside of the home, it is important to provide children with safe and enriching opportunities during school breaks, when parents may be unable to spend that time with them (Cooper et al., 1996; Alexander et al., 2001).

Cooper and colleagues reviewed literature addressing the issue of "summer loss" and found evidence that children learn best when provided continuous academic services, explaining that the long summer vacation "breaks the rhythm of learning." This can lead to children forgetting what they had learned and forcing teachers to spend at least a month of the following school year to review (Cooper et al., 1996). The phenomenon of "summer loss" effects students with special needs, minority children and those from lower SES environments. Heyns (1987) found that summer vacation caused the achievement gap between rich and poor to widen and that "summer learning is

considerably more dependent on parental status than is learning during school" (p.1158). Because Head Start programs provide services to some of the most under-served and economically disadvantaged communities, the belief is that by continuing to provide these services throughout the entire year, youth most at risk for "summer loss" will be supported (Frazier & Morrison, 1998).

Academic learning. In addition to decreasing "summer loss", programs offered during school breaks (particularly during the summer break) have been proven to enhance academic achievement and support the development of math and reading skills (Frazier & Morrison, 1998). "Children learn more and learn more efficiently when they are in school" (Alexander et al., 2001, p.177). Providing services to low-income youth, as early as age 3, can serve as a preventative measure, rather than a form of remediation. These youth can learn and are capable of doing as well as their middle- and upper-class counterparts if services provided for them are equal to those offered in more affluent communities (Alexander et al., 2001). Minimizing the achievement gap by the time children enter kindergarten by providing high quality summer programs and services should be a high priority for education policymakers. Preschools can do this by providing extra resources and enrichment opportunities that are generally available to youth in more affluent communities (Alexander et al., 2001).

Psychosocial learning. Programs offered during school breaks should include a strong curriculum focusing on academic subjects (especially math and reading) and addressing psychosocial needs. Skill-building in these areas is addressed through classroom

activities, group work, and hands-on experimentation. Through field trips to local museums, parks, community centers, libraries, athletic fields, theaters, and many more venues, summer programs support learning that can take place outside of the classroom, in addition to offering opportunities for youth to learn from their communities and for community organizations to contribute to the learning experience (Alexander et al., 2001).

Parental support. Additionally these programs consider the needs of the parents. They provide support for those struggling to raise children alone or with minimal resources by offering a safe and enriching environment for their children (Desimone et al., 2004). Parents are able to continue working to support their families without feeling burdened by the financial aspects of providing these services for their children (Heyns, 1987). Research continues to show the academic benefits of services traditionally reserved for middle-class and upper-class families, and it is important that youth from economically disadvantaged communities have equal access to these services (Alexander et al., 2001). These services can help to support the academic needs of these disadvantaged youth. and provide support and build lasting relationships with their parents (Desimone et al., 2004; Alexander et al., 2001).

Risk and Prevention: Other Considerations

Recent educational research and policy reform have directed attention towards the issue of preparing students to enter school (Clothier & Poppe, 2007). Kindergarten can no longer be relied upon to provide adequate academic instruction that children need.

Cognitive and behavioral skills are developed at an early age, and children who enter kindergarten lacking these skills are rarely able to catch up (Clothier & Poppe, 2007; Boots, 2005). Studies have used test-scores and data from early elementary years to predict future failings for students. Lack of academic and social/behavioral skills in the pre-kindergarten years have been linked to later dropout rates, teen pregnancies, criminal activity, unemployment rates and depression (Boots, 2005). In addition, they consider that children who exhibit conduct problems (such as ODD/CD) at young ages are at greater risk for participating in delinquent acts in adolescence (Webster-Stratton & Taylor, 2001). Frequently, these children who fall behind have low-income or minority status (Laosa, 2005).

The Achievement Gap

The aforementioned finding speaks to the issue of the educational achievement gap, which is at the forefront of policy reform discussions. The implementation of test-based accountability and higher curricular standards were meant to address and in time reduce this problem. Unfortunately, the divide between low-income and minority students and higher-income, predominantly white students is one that exists far before these children enter traditional schools (Laosa, 2005; Boots, 2005). To address this issue, the focus has turned towards preschool education. New evidence suggests that there is an urgent need to provide preschool education to more children, particularly those considered at-risk (Ramey, 1999; Jones, 1995). Many states across the nation are placing greater emphasis on preschools and how they can better serve their youth (Clothier & Poppe, 2007).

Evidenced-Based Findings

Evidence shows that high-quality preschools can improve school readiness and academic achievement, particularly among low-income students, although the benefits are seen among all children involved (Laosa, 2005). Preschools provide an opportunity for universal access to education, a proven method of combating the unequal start many children receive (Boots, 2005). The benefits of preschool are far-reaching, going beyond academic successes to other important areas in life, such as healthy decision-making and future life choices (Clothier & Poppe, 2007).

Conclusion

Although focus on mental health services was initially defined as the foundation of Head Start's "whole child" approach, the overall goals have shifted over time to focus more on school readiness and cognitive skill development (Jellinek et al., 2005). In 1994, Edward Zigler, one of the founders of Head Start, led a task force which found that mental health issues in Head Start programs are considered low priority (Jellinek et al., 2005). These findings do not align with the last twenty years of research that have provided strong evidence linking a child's healthy socio-emotional and behavioral development and adjustment to increased chances for early academic success in school (Jellinek et al., 2005). Not only does psychosocial impairment negatively affect a developing child's ability to learn, but it also has adverse implications on the learning of other children (Jellinek et al., 2005).

In addition to continuing to focus on academic achievement and school readiness, serious

consideration must be given regarding the integration of early mental health interventions such as school-based therapeutic day treatment and programmatic support for psychosocial services to Head Start children. Prevention researchers continue to uncover the importance of both early identification and intervention for young children who display signs of either cognitive or behavioral risk. Hence, it must be stressed to local and national policy makers as well as funding organizations of early education programs that school readiness must incorporate multi-service systems to address the needs of at-risk youth and support early school success (Domitrovich & Greenberg, 2004).

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Appendix A

Example Activity

Topic: Anger Management

Modality: Individual play therapy (could also be used for group therapy)

Materials needed: 2 balloons, markers

- "I don't know about you, but there are some times that I get really angry. Are there ever any times that you feel angry?"

- Invite child to share something that makes him or her angry.
    - Draw some representation of that person, thing, or event on the balloon.
    - Ask the child how he/she responds in that situation when he/she gets mad.
    - Blow air into the balloon to represent anger building up in the child's body.
    - Ask child what happened to the balloon when he/she got angry (E.g., "It got bigger.")
    - Repeat the sequence several times, depending on time and age of child (asking what makes child angry, drawing on balloon, asking how he/she responds, and blow more air into the balloon).
    - Invite child to reflect on what might happen if he/she kept getting angry, and you kept blowing air into the balloon (E.g., "It would pop!")
    - Explain that you wonder what that would look like, and pop the balloon (using pen tip, for example)
    - Ask child what happened to the balloon (E.g., "It broke!" or "It's in a bunch of pieces!")

- Invite child to think about things he/she could do instead to keep from "breaking" when he/she gets mad in the future. Child thinks while you blow air into the new balloon.
    - When the balloon is full of air, summarize a situation the child described that makes him/her angry, and draw it on the balloon.
    - Summarize what the child said he/she usually does in that situation, and

invite child to think of replacement behaviors.

- o Provide positive reinforcement for appropriate responses, and provide suggestions as necessary (E.g., use your words; take a break/walk away; count to five; deep breathing, etc).
- o Release a small amount of air from the balloon, and ask the child what happened to the balloon (E.g., "It got smaller.")
- o Reinforce that this positive replacement behavior help him/her not to let anger build up.
- o Repeat the sequence, until all the air has left the balloon.
- o Ask child what happened when replacement behaviors were used instead of the old, maladaptive ways that caused anger to build and got the child into trouble.
- o Summarize the new techniques that the child learned to keep the balloon (and themselves) in one piece instead of bursting from anger.

Appendix B

Sample Session: Career Development Education with 3-5 year-olds

Title: What are hats for?

Goal: To help students understand career/vocations that are available and to dispel some of the gender-role stereotypes of those careers.

Objectives: Students will name at least ten careers/vocations. Students will learn that both males and females can perform the same duties.

Target population: Young children, ages three to six.

Group size: 5-7 children. This activity can also be used in a classroom setting by dividing the children up into small groups.

Time Required: 20 minutes

Materials needed: A copy of *The Cat in the Hat*, by Dr. Seuss. Chalkboard or whiteboard to list ideas students come up with.

Optional: Magazines with pictures of hats, scissors, poster board.

Instructions:

1. Read the story *A Cat in the Hat* by Dr. Seuss, aloud to the group of children.

2. Ask the children if they can think of anyone in the school who wears a hat. Ask why they wear the hat and what their job is. Ask if they are male or female. Ask if someone of the opposite sex can perform the same task. Record the careers on a chalk board or white board. Encourage the children to brainstorm ten or more different careers.

3. Extend the conversation beyond the school to include members of the community who wear hats. Ask why they wear the hats, if they are male or female ("boy" or "girl").

4. Extend the conversation to careers with uniforms (but no hats), or to careers with no uniform at all.

5. Conclude with a short discussion about the stereotypes that exist. Remind the children that they can choose any most occupation they want weather they are male or female.

6. *Optional:* Cut out pictures of women and men wearing hats related to their career (preferably non-stereotypical pictures) and use these to create a poster of career opportunities