

LESSONS FROM THE FIELD

*Head Start Mental Health
Strategies to Meet Changing Needs*

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Addressing Mental Health Needs in Head Start: Special Challenges

The programs profiled in the previous sections illustrate three central (often overlapping) approaches to improving the integration of services and mental health services in Head Start: child focused, family focused and community focused strategies. There remain, however, many specific mental health-related challenges that have not been discussed. This section considers four: (1) identifying children with, or at risk of developing, emotional and behavioral problems; (2) using research to improve mental health in Head Start; (3) financing mental health services and strategies; and (4) developing national training and technical assistance strategies.

Identifying Children with Emotional and Behavioral Problems

The Early Screening Project

Recently promulgated Head Start Performance Standards place strong emphasis on Head Start's obligation to provide appropriate developmental, sensory, and behavioral screenings of Head Start children. This means that now, more than ever, Head Start needs tools to help programs provide accurate, valid assessments for emotional development and mental health-related problems.

Such tools are also necessary to help Head Start address a long standing problem; the under identification of children with emotional and behavioral disabilities. Data from the 1994/1995 year, revealed that 12.9 percent of children enrolled in the program were professionally diagnosed as disabled (105,877 out of 818,769 children enrolled).⁵⁵ Of these children, 5,430, or about two-thirds of one percent of the total Head Start population, were diagnosed with an emotional or behavioral problem, making up about five percent of the Head Start children diagnosed with disabilities. In contrast, a recent study carried out by Sinclair and her colleagues in California, using careful assessment procedures for emotional and behavioral problems, found that emotional and behavioral disorders were the most commonly diagnosed type of disability, comprising 29 percent of all children diagnosed.⁵⁶ (As noted in Chapter 2, Webster-Stratton and her colleagues found that 16 percent of all children in a sample of Head Start centers showed behavior that was clinically problematic.) Other estimates, focused not just on the Head Start population suggest that anywhere from seven to 25 percent of preschool children meet the diagnostic criteria for conduct disorders.⁵⁷ Sinclair also found a significant proportion of the children who had emotional and behavioral disorders as

Head Start Screening Requirements

(Excerpted from the Federal Register, Vol. 61, No. 215, p. 57212; See Appendix C 1304.20 Child health and developmental services)

(b) *Developmental, sensory, and behavioral screening.*

Requires:

- Within 45 days of each child's entering the program, and in collaboration with parents, agencies must perform linguistically, culturally, and age appropriate developmental, sensory, and behavioral screenings of motor, language, social, cognitive, perceptual, and emotional skills.
- Agencies must obtain guidance from a mental health or child development professional on how to use the findings to address identified needs.
- Agencies must include multiple sources of information on all aspects of each child's development and behavior, such as input from family members, teachers, and relevant staff.

their primary problem had in fact been identified as having speech and language impairments.

These findings, which are consistent with reports that we heard, are troubling for several reasons. First, if children are misidentified, or not identified as in need of help, they will either not get any help, or they will not get appropriate help. Since early onset problematic behavior, particularly aggressive behavior, is predictive of long term and often high cost problems, this has fiscal implications as well as implications for child and family functioning.⁵⁸ Second, when teachers have several children who are at high risk of developing, or already showing signs of problems, it affects the quality of classroom interactions, sometimes eliciting responses from teachers that may only make the situation worse. Thus it is important to pay attention to signs of emotional and behavioral problems in children both to get the right kind of help to the children and families (See Chapter 4) and to help teachers be more effective working with such children, either in the context of special help for them, or interventions targeted to all children and families in Head Start. (See Chapter 1 for examples of the latter.)

One initiative tackling the problem of helping teachers identify children at risk of developing emotional and behavioral problems is the Early Screening Project (ESP), which over the last five years has developed a validated and easy-to-use strategy for assessing existing emotional and behavioral problems among preschool children. Edward Feil of the Oregon Research Institute, together with Hill Walker, Herbert Severson, and Wesley Becker, has modified an instrument originally developed for use by teachers of elementary-school-age children for use with preschool children.⁵⁹ That instrument, the Systematic Screening for Behavioral Disorders (SSBD), is comprehensive: it screens not only for the acting-out behaviors that represent the most intrusive mental health problems for teachers, but also for withdrawn behaviors.

The Early Screening Project instrument is very much like the SSBD. It is made up of three parts, two involving the teacher, one, another observer. In the first part, the teacher ranks the five children in his or her class who exhibit the most acting-out behaviors, and the five who exhibit the most withdrawn behaviors. In the second part, the teacher fills out a questionnaire on specific

Head Start Criteria for Identifying Children with Emotional and Behavioral Disorders

On January 21, 1993, Head Start published regulations outlining the criteria for identifying children with emotional or behavioral disorders. They state:

A child is classified as having an emotional/behavioral disorder who exhibits one or more of the following characteristics with such frequency, intensity, or duration as to require intervention:

- Seriously delayed social development, including an inability to build or maintain satisfactory (age appropriate) interpersonal relationships with peers or adults (e.g., avoids playing with peers);
- Inappropriate behavior (e.g., dangerously aggressive towards others, self-destructive, severely withdrawn, noncommunicative);
- A general pervasive mood of unhappiness or depression, or evidence of excessive anxiety or fears (e.g., frequent crying episodes, constant need for reassurance); or
- Has a professional diagnosis of serious emotional disturbance.

In addition, the rule requires that "the eligibility decision be based on multiple sources of data, including assessment of the child's behavior or emotional functioning in multiple settings," and that it "include a review of the child's regular Head Start physical examination to eliminate the possibility of misdiagnosis due to an underlying physical condition" (*Federal Register*, 58, 12, 21 January 1993: 5506).

behaviors of those ten children. The third part requires observation of the ten children both on the playground and in the classroom; this observation may be most appropriately completed by the mental health coordinator or a mental health consultant.⁶⁰ Thus, the assessment is comprehensive and includes information from two different sources: the teacher and an independent observer.

The screening was designed so that the teacher's assessment (the first two of the three parts) of his or her entire classroom could be completed within an hour. Children identified through the assessment as having particularly severe problems may then be assessed for diagnosis individually by the program's mental health consultant. The screening tool has been used at Head Start centers in California and Texas, and has been found to be valid, not only when compared with other established assessments (most of which take longer to administer) but in predicting which children teachers identify as requiring help for behavior problems.

Staff also find it user-friendly.⁶¹ One Head Start director of a program in rural Minnesota which is receiving training to use the ESP, reports that her staff have been positive about the length and simplicity of the measure. At this site, the ESP will be used to supplement the anecdotal observations of the mental health consultants who have been contracted to do classroom observation. The director expects that the tool will increase the credibility of Head Start staff when they make referrals to the local school-based early childhood special education programs for children showing behavior problems (in some cases, referrals from Head Start had been greeted with skepticism about the ability of Head Start teachers to assess children). The ESP thus may make a difference in obtaining timely referrals, diagnoses, and follow-through for Head Start children showing behavioral and emotional

Other Assessment Tools

Another assessment tool being tested on the Head Start population is the Preschool Symptom Checklist. This short checklist, which has been developed by Dr. J. Michael Murphy is also easy to administer; and is currently being field tested in Ventura County, California. Evaluators are studying its efficacy as a tool that can be used for EPSDT (The Early Periodic Screening, Diagnosis and Treatment Medicaid program for children) to help screen children with emotional and behavioral problems. (Although this measure is not yet widely available, for more information contact: J. Michael Murphy, Ed.D., Massachusetts General Hospital, Child Psychiatry Service, ACC 725, Boston, MA 02114). The Preschool Socioaffective Profile has also been validated on a Head Start population, but that measure takes substantially longer to complete than either the ESP⁶² or the Preschool Symptom Checklist.

problems, a group that staff agree is growing every year. The ESP also serves as a training tool for teachers, helping to fine tune their observational skills, and thus benefitting a larger group of children.

For information on the development of the measure:

Oregon Research Institute

1715 Franklin Blvd.

Eugene, OR 97403-1983

Contact: Edward Feil, Ph.D., Research Associate

A Head Start program currently undergoing training to use the measure:

Western Community Action Head Start

Box 246

Marshall, MN 56258

(507) 537-1416

Contact: Beverly Wilson, Director

Early Preschool Screening materials are available from:

Sopris West

1140 Boston Avenue

Longmont, CO 80501

(800) 547-6747

Using Research to Improve Mental Health in Head Start

Research-based attention to the emotional and behavioral status of the children and families served by Head Start is limited. In fact, the history of research in Head Start, as outlined by Edward Zigler and Sally Styfco in *Head Start and Beyond: A National Plan for Extended Childhood Intervention* (Yale University Press, 1993), was for decades dominated by one variable: IQ. Despite the broader aims of the architects of Head Start, two factors—a scientific interest in the malleability of intelligence and policymakers' interests in IQ gains among children in poverty—conspired to limit the evaluation of the impact of Head Start to changes in the IQ. The societal and scientific focus on intelligence as the only outcome of early childhood programs left a glaring