



# Strategies to Support the Emotional Wellness of Children, Families, and Staff:

Findings from a Head Start Mental Health Task Force

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The New England RAP for Disabilities (RAP), the New England Head Start Disabilities Services Quality Improvement Center, is pleased to present *Strategies to Support the Emotional Wellness of Children, Families, and Staff: Findings from a Head Start Mental Health Task Force*.

In this document, you will discover answers for many of the questions you have regarding how New England Head Start programs are creatively implementing strategies to support the emotional wellness of everyone involved in the program. For example, you will read about the social and emotional screening tools that programs are currently utilizing to identify children with mental health concerns, and be able to gather ideas for infusing social and emotional health into the classroom curricula. You will explore how programs are creating a positive working environment for staff, as well as providing additional supports during crises. In addition, you will find many ideas for supporting families, helping them feel welcome in the program, and linking them to other community resources. The goal of this document is to be helpful in guiding Head Start and other early childhood programs as they refine their practices and systems in the area of mental health. This document is a first step in sharing ideas and practices in the area of mental health, and will hopefully serve as a springboard for further conversation and strategizing of new ways to strengthen programs and services.

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	ZERO TO THREE	

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## A. History

During the past several years, the RAP has received an increasing number of requests for technical assistance and training from Head Start programs in the area of mental health, which it has responded to in several ways: by providing direct training and technical assistance to programs about systems, prevention, and challenging behaviors; by organizing meetings of mental health managers; and by developing and teaching a college-level course entitled “The Challenges of Exploring and Responding to Children’s Troubling and Troubled Behaviors.”

Through this work, the RAP has recognized a need to explore mental health issues facing Head Start programs in more depth as a separate content area that is related to, but distinct from, disabilities. For this work, RAP enlisted the assistance of Martha Irwin, director of the Preschool Outreach Program of the Home for Little Wanderers. The RAP and Ms. Irwin laid plans to create opportunities to share mental health systems, practices, challenges, and successes among Head Start programs in Region I. The first step was to convene the Mental Health Task Force on Tuesday, November 6, 2001, and the second step was a meeting of the Head Start-State Collaboration Officers, held on Tuesday, February 5, 2002.

## B. Purpose

The purpose of the Mental Health Task Force meeting was to share quality practices and ideas of how individual Head Start programs are implementing mental health systems to support the social, behavioral, and emotional health of children, families, and staff. The RAP invited all New England Head Start Directors and mental health managers; Head Start-State Collaboration Officers; representatives of state agencies, including departments of mental health, education, and public health; and the federal Administration for Children and Families. In all, 35 individuals participated in the event, sharing a breadth and depth of knowledge from each of these different perspectives, through expertise developed over many years of experiences.

During the meeting, participants first shared the systems they have created to support mental health services in their individual programs. The group then divided into several discussion groups to share information on practices, successes, and the challenges of



supporting both children’s social and emotional development and wellness of families and staff in Head Start and Early Head Start programs. The questions discussed are included as Appendix A.

This technical assistance paper provides summaries of the information shared during the meetings of the Mental Health Task Force and the Head Start-State Collaboration Officers, reinforced by values guiding promising mental health practices, as stated in Early Childhood Mental Health Consultation (Cohen & Kaufmann, 2000). Participants’ successes are discussed in Section III, and Section IV details specific strategies for supporting the social and emotional health of children, families, and staff. The self-identified challenges, or “next steps” are described in Section V, followed by the Conclusion in Section VI. The final sections of the paper are the Bibliography (Section VII), and the Focus Group Questions, Resources from the Head Start Publication Center, and Additional Resources are attached as Appendices A, B, and C, respectively.

While the Head Start Performance Standards provide a foundation on which all Head Start programs build supportive mental health practices, each program has the flexibility and the responsibility to decide how to implement the standards in ways that respond to the unique characteristics of its community. This document reflects a continuum of practices that Head Start programs have developed to be flexible and responsive to the families and children whom they serve. Guiding this document is the recognition that mental health is a content area that requires technical assistance apart from the other content areas “such as disabilities”, but is woven into the fabric of each program. Issues and recommendations presented pertain to both Head Start and Early Head Start.

## II. Mental Health Models

During the Mental Health Task Force meeting, programs shared the systems they use to support the mental health of children, families, and staff. These descriptions detailed the relationship of the mental health professional to the program, and how mental health services are supported throughout the program. Participants voiced a desire to learn how other programs are supporting mental health. Some programs are satisfied with how they have designed their systems, while others are looking for advice on how to completely redesign services. The discussions were lively, with everyone seeking to learn from, and share with, one another.

As could be expected, programs are providing mental health service in a variety of ways. Some programs have mental health professionals hired as full-time staff. They may also collaborate with mental health service providers who provide clinical supervision to staff and/or individual therapy for children. Others contract with individuals or an agency to provide mental health services. In comparing these models, the time spent on-site with the program varies from 8 hours to 37.5 hours per week.

Accordingly, the actual tasks of the mental health professional (staff member or consultant) vary greatly from program to program. In many programs, the services they provide include behavioral and emotional screening to identify children in need of further evaluation, classroom observations, training and technical assistance to teaching staff, crisis support, case review, individual and group play therapy for identified children, facilitation of parent groups, and/or support to staff. A few programs have clearly outlined responsibilities related to prevention—or to the promotion of social and emotional health, such as taking a strong role in designing the curriculum to include social and emotional approaches and supports. In comparing the different models, there is a correspondence between the amount of time spent on-site and the types of supports provided. In cases where the mental health professional's time is more limited, the time seems to focus more directly on working with individual children or families in crisis. Conversely, where there is an ongoing relationship with a mental health professional over time, either as a staff member or a consultant, the role is expanded to include prevention and mental health promotion activities.

### III.

## What Does “Success” Mean?

During the Task Force meeting, program staff were asked to describe their successes in implementing mental health systems. Staff report success when management and staff understand and strongly embrace the importance of healthy social and emotional development and wellness of young children, families, and staff. A strong commitment to mental health results in a paradigm shift from a crisis response system in managing challenging social and emotional issues to a system that embraces mental health wellness throughout the program.

In the classroom, program staff stated that they are successful when they can identify a trend, over time, of a decrease in children’s challenging behaviors. This decrease results in increased staff confidence in responding effectively to issues that arise.

Staff named several specific factors that contribute to success:

- The Head Start Performance Standards lay a foundation for services and are closely followed. For example, a program obtains “direct guidance from a mental health professional or child development professional on how to use the findings [of a screening] to address identified needs.” (PS 1304.20(b)(2))
- The mental health professional is able to have a strong presence on-site at the program. Through this relationship, mental health staff are able to provide a wide range of services, including training, technical assistance, ongoing supervision of staff, children’s groups, parent groups, and on-site and home-based direct therapeutic services for children and families.
- The program has developed a culture that is strength-based, family-centered, and collaborative. Major contributors to success include positive relationships among staff and families, and community partnerships.
- The cultural context of the family and child is recognized, acknowledged, and respected by the program. Family strengths are recognized and developed.
- Mental health wellness activities for all staff, families, and children are provided throughout the program.





- ▶ Strong collaborative partnerships exist with community agencies and systems, including pediatric and adult health, judicial, school, child and adult mental health, child protective, and social service agencies and systems.
- ▶ Low staff turnover enables staff to form stable relationships with children, which makes it possible for staff to support children's social and emotional development through consistent nurturing relationships.
- ▶ Mental health professionals play a role in developing curricula to foster social and emotional health and resilience. The curricula used include those with a strong social and emotional foundation, such as the *As I Am* curriculum (Chalufour, Bell, Weil, Dyer, & Peppey, 1988) and various non-violence/conflict resolution curricula. These materials focus on developing social and emotional competence, and encourage children to learn about feelings and to use words to express their feelings.
- ▶ The mental health professional has been trained in early childhood, family, and community work, and considers her or himself to be culturally sensitive, culturally competent, and aware of considerations for children with special needs.
- ▶ In utilizing mental health interns, the program ensures that the services are used to supplement and support mental health services. The interns are well-supervised by qualified mental health professionals.
- ▶ The mental health professional is connected to other mental health professionals for consultation, collaboration, and ongoing supervision, which can be accomplished through collaboration with community partners and reinforced with interagency agreements detailing the collaborative relationships.
- ▶ There is a program plan that supports the social and emotional health of children. This plan begins with positive guidance strategies for the age served and includes a contingency plan for working with children who are in crisis. The plan includes staff training in de-escalation practices, maintaining the physical and emotional safety of all children, and

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timely involvement of families and mental health specialists. The plan may also include knowledge of community resources, such as crisis response teams and other therapeutic child care settings. Three *Head Start Training Guides* can be particularly useful in creating an overall program plan: *Promoting Mental Health, Enhancing Children's Growth and Development*, and *Supporting Children with Challenging Behaviors: Relationships Are Key*.

# IV.

## Program Elements that Support Social and Emotional Health

### A. Promoting and Supporting Children's Social and Emotional Development

*All young children deserve to spend their days in a safe, stable, caring, nurturing environment.*

—Cohen and Kaufmann, 2000

*Practices build upon, promote, and enhance individual, family and child care staff strengths, rather than focus solely on weaknesses or problems.*

—Cohen and Kaufmann, 2000

There is a growing interest in researching quality practices in the area of mental health. A first step is to define what is meant by early childhood mental health. The healthy social and emotional development of young children is synonymous with early childhood mental health. The Massachusetts Infant Toddler Services Summit Mental Health Subcommittee, of the Head Start-State Collaboration Project, Executive Office of Health and Human Services, developed the following definition of early childhood mental health:

Early childhood mental health is the developing capacity of children birth through age five to: experience, regulate, and express emotion; form close, secure, interpersonal relationships; and explore the environment and learn—all in the cultural context of family and community. Early childhood mental health is synonymous with general health and well-being, and healthy social, emotional, and behavioral development. It is affected by a child's biological predisposition, the child's environment, including access to adequate food, clothing and safe shelter and the continuity of nurturing relationships.

Supporting early childhood mental health requires the promotion of emotionally supportive environments for parents and other significant caregivers and early identification of biological, sociological or environmental factors that may affect a child's healthy growth and development.\*

Members of the Mental Health Task Force provided many specific details on how they promote and support children's social and emotional development. They discussed classroom environments and the ways that children's healthy social and emotional development is promoted and supported in their programs. The following summary synthesizes key points expressed by many, and pulls together practices from many different programs.

The classroom/home-visiting curriculum is based on developmentally appropriate practices, and focuses on promoting growth in all developmental domains. The curriculum enhances the creation of

\*Portions of the definition attributed to the ZERO TO THREE Infant Mental Health Task Force working definition, 2001

*In early child care settings, the caregiving environment plays a crucial role in promoting health social and emotional growth and resiliency, protecting young children from psychological harm, and creating conditions conducive to appropriate social and emotional well-being.*  
 —Cohen and Kaufmann, 2000

an environment that is safe, stable, caring, and nurturing. Parents play an integral role in the development of the curriculum. For infants and toddlers, the curriculum is responsive, and fosters secure attachments with caregivers, supported by the ability to remain with one caregiver over a long period of time. For pre-school-age children, the curriculum is emotion-based and focused on enhancing attachment and self-esteem, collaborative social interactions, self-regulation, and resilience. Specific curricula can be created or adapted to further enhance the quality of the environment with a focus on (1) the language of feelings or emotional competence, (2) conflict resolution and other positive social skills, (3) resilience, including increased self-esteem, and (4) the use of humor. Task Force Members suggested the following curricula and materials:

- *As I Am* (Chalufour, Bell, Weil, Dyer, & Peppay, 1988)
- *Before Push Comes to Shove* (Carlsson-Paige & Levin, 1998) with *Best Day of the Week* (Carlsson-Paige, 1998)
- *Second Step: A Violence Prevention Curriculum. Preschool—Kindergarten (Ages 4–6)* (Committee for Children, 1997)
- *Talking About Touching* (Committee for Children, 1996)
- *Teaching Young Children in Violent Times—Building a Peaceable Classroom* (Levin, 1994)
- *The Safe Havens Training Project: Helping Teachers and Child Care Providers Support Children and Families Who Witness Violence in Their Communities* (Family Communications, Inc., 1998)
- *Young Exceptional Children Monograph Series: Practical Ideas for Addressing Challenging Behaviors* (Sandall & Ostrosky, 2000)

The learning environment is based on a process in which teachers seek to understand themselves and the children in their care. Examples of this understanding include their own temperaments, nurturing and learning styles, and emotional needs. When conflict arises, teachers are part of the solution; they facilitate children to be part of the problem-solving process.

## B. Identifying Children in Need of Additional Support

Whole-classroom assessments are done through general classroom observations by the mental health professional and through the use of an assessment tool, such as *The Devereux Early Childhood Assessment* (LeBuffe & Naglieri, 1998). The results of the assessments can indicate the direction or focus of curriculum innovation for a particular group of children or a classroom.

Mental health consultation is used to strategize managing troubling behaviors of children through consultation with the entire team, particularly the teachers, and with the parents. The mental health professional also works directly with the children in the learning environment to model specific techniques for the teacher—for example, a demonstration of activities suggested in the curricula listed above—or to model interventions with a specific child. The mental health professional also leads social skills groups, or works individually with identified children in the classroom. In some cases, there may be a need for a clinical assessment and an on-site play therapy model. The mental health professional works directly with families of identified children to build on family strengths and to support the growth and development of the entire family.

There is a system to screen children in the area of social and emotional health in order to identify children in need of an evaluation, following the Head Start Performance Standards. The Standards require programs to perform or obtain screenings to identify concerns regarding a child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills within each child's first 45 calendar days of entering the program (PS 1304.20(b)(1)). Programs may utilize a developmental screening tool and system that includes behavioral and emotional skills, or may utilize specifically created social and emotional screening tools. Members of the Task Force identified two tools they use for this purpose: the *Child Behavior Checklist/11/2-5* (Achenbach & Rescoria, 1997) and *The AIMS: Developmental Indicators of Emotional Health (Attachment, Interaction, Mastery, Social Support)* (Project AIMS, 1998). Standardized screening tools are paired with observations by the mental health professional, the families, and the Head Start teaching staff.

## C. Intervention for Identified Children

Children are also identified through concerns expressed by parents, staff, and consulting specialists. The mental health consultant may identify children through general classroom observations and through team or case management discussions with Head Start staff. Parents may request, or staff (including the mental health professional) may recommend, that a child be observed through a parent-authorized focused observation of the child. The mental health consultant may recommend a mental health assessment or evaluation and/or a full evaluation through the local public school system, following the focused observation of the child in the classroom. Referrals for intervention for identified children are made through collaboration with the parents, the Head Start team members, and the mental health professional.

A licensed mental health professional is a member of the Head Start team, either as a staff member or as a consultant, and provides a range of intervention services. The mental health professional provides support, technical assistance, and consultation, including recommendations about curriculum. Curricula with a strong social and emotional focus benefit children identified as needing additional support, as well as the other children.

The mental health professional provides ongoing play therapy groups, individual therapy, family therapy, and parent consultation on-site. The same mental health professional may also see children and families in home-based services, if necessary and desired. Alternatively, direct therapeutic services can be obtained through the local mental health clinic or family service agency. Parents are actively involved in supporting their children, and staff and families work together to build on the child's and the family's strengths.

The local mental health clinic may also collaborate in providing additional clinical services, including more specialized services, such as neuropsychological evaluations, occupational therapy, psychiatric or medication evaluations, and adult psychotherapy.

Head Start programs actively seek partnerships with key players in the community. Interventions are strengthened through information sharing and collaboration among the child's family, the child's pediatrician, the Head Start team, and other community agencies,

*Crisis Planning Process*

such as the local mental health clinic, the courts, physicians, the Child Protective Agency, and the local public schools. Specifically, interventions are strengthened when the child therapist (if different from the Head Start mental health professional), the mental health professional, parents, and Head Start staff work as a team in setting individual goals for the child, family, and learning environment.

Collaborative partnerships are outlined in interagency agreements between Head Start and the partnering agencies.

There is a contingency plan in place for responding to a child experiencing a crisis, detailing hierarchical steps for providing increasing levels of support, as needed. Staff are trained in non-physical de-escalation practices and in staying focused on the physical and emotional safety of all the children. Timely involvement of the family and the mental health specialist is specified in the plan. The level of involvement of the mental health professional(s) may be increased in order to work with the education staff to support the child in the Head Start program.

In extreme circumstances, a child may need to be referred to a more intensively therapeutic program in the community. Collaboration with community agencies, supported by interagency agreements, can help facilitate such referrals.

**D. Family Involvement and Support**

Members of the Mental Health Task Force provided many specific details on how they promote and support both the role of parents in the lives of their children, and the mental health of families. Again, the following summary synthesizes key points made by several members.

Head Start programs are family-centered; they respect families as decision-makers for their children and themselves. Programs support families in their role of raising and educating their children, and in their own natural growth and the development of the family as a whole. This philosophy is reflected throughout the program, from the mission statement to all aspects of programming. “Family” is broadly defined to include anyone seen by the family as a family member, such as parents, guardians, caretakers, and extended relatives.

*To meet the mental health needs of very young children, it is necessary not only to consider the young child and his or her parents and caregivers as individuals; it is also critical to consider the quality of the child's many relationships: the relationship between the child and his or her parents, the relationship between the child and other important people in his or her life, and the relationships among adults within and beyond the family.*

—Cohen and Kaufmann, 2000

New England's Early Head Start and Head Start programs support the role of families in a variety of ways. For example:

- ▶ Families and staff together review the goals and progress of the family partnership agreement on an ongoing basis. Strong partnerships with families are seen as essential in order to identify family strengths and to set goals in the family partnership agreement. The identified strengths and goals then guide supports and services.
- ▶ Families are invited to participate in wellness activities. Newsletters, bulletin boards, parent support groups, and workshops all help support families. Activities and topics are arranged after surveying parents' needs and interests, and cover a wide range of topics, from résumé writing to weight loss or nutrition groups, to sewing or craft groups.
- ▶ Parents are invited to parent education activities and to staff training events on social and emotional development across the lifespan, with an emphasis on early childhood. Parents are involved in developing the curriculum and selecting materials to support healthy social and emotional development, and they have the opportunity to use the materials themselves in workshops.
- ▶ Families and staff collaborate to broaden their base of knowledge of their own and others' cultures. In order to serve the families well, cultural contexts are taken into account at all levels of service delivery.
- ▶ Families have the opportunity to learn how to observe their children and to use this information to support the children's development.
- ▶ Parents are kept abreast of their children's Head Start activities through parent/team meetings.
- ▶ Parents are acquainted with the mental health professional and the professional's role at Head Start. Parents are actively involved in the identification, referral, and intervention process of receiving mental health services for their children and themselves. Parents and staff work together with the

## E. Staff Involvement and Support

mental health professional to develop and carry out intervention plans, including innovative adaptations to the curriculum, schedule, and learning environment.

- Parents are tied into local advocacy community resources, such as parent and legislative advocacy groups.
- Families are connected with community resources to provide support and assistance in a variety of ways. A family's mental health needs are supported through active community partnerships between Head Start and local mental health agencies. Families with social service or child protective needs are supported through active community partnerships between Head Start and the Department of Social Services or the Child Protective Agency. Families enrolled in Early Intervention or special education are supported through collaboration with the Early Intervention partner or local public schools.
- The specific needs of children with disabilities and their families are recognized, and strong emotional support is provided. Parents of children without disabilities are helped to understand the importance of inclusion.

Members of the Mental Health Task Force provided many specific details on how they promote the mental health of staff members. Staff support is critical in creating and maintaining a stable environment in which children's social and emotional development is supported through consistent, nurturing teacher/child relationships. Staff are nurtured emotionally and intellectually so that they are able to give emotional and intellectual support to children and families. Staff strengths are built, promoted, and enhanced through practices that support coping strategies, develop intervention skills, expand staff self-esteem, and provide peer and supervisory support.

Head Start programs are supporting staff with the following practices:

- The program supports staff participation in ongoing continuing education training at workshops, conferences, and college-level courses. These training opportunities include mental health and related topics such as sensory integration,

*Families are considered to be full participants in all aspects of the design, implementation, and evaluation of programs and services for their young children.*

—Cohen and Kaufmann, 2000

*Early childhood mental health services are responsive to the cultural, racial, and ethnic differences of the populations they serve.*

—Cohen and Kaufmann, 2000

disabilities, child abuse and neglect, child development, emotion-based curricula, resilience, conflict resolution, communication skills, and de-escalation. Training is also done through a range of modalities, such as in-classroom modeling, ongoing small discussion groups, and formal and informal consultation. Parents and teachers are brought together in parent/teacher workshops.

- ▶ New staff members are supported by being paired with more experienced staff who serve as coaches and offer strategic support.
- ▶ Staff are part of the planning team at all levels. Examples of this planning include the development of curriculum, the review of individual children, classroom assignments, the content and process of staff-focused staff meetings, and recruitment and orientation of new staff.
- ▶ Staff and families collaborate in broadening their knowledge base about their own and others' cultures.
- ▶ Staff and their supervisors meet regularly for scheduled reflective supervision sessions, both individually and in groups. Their supervisors also have the support of their managers through regularly scheduled reflective supervision meetings.
- ▶ Staff are supported through regularly scheduled ongoing consultation with the mental health professional and the behavior specialist.
- ▶ Families, staff members, and the mental health professional, collaborate to identify, refer, and support a child and family in need of mental health services. Staff and parents are brought together to review and plan for individual children.
- ▶ Staff are supported by receiving professionally facilitated debriefings when there is a site and/or community crisis, such as severe illness, injury, death, or other severe trauma to a staff member or a child.
- ▶ Staff are supported in developing community partnerships and interagency agreements with mental health agencies, local pediatric clinics, organizations that provide related

services (physical therapy, occupational therapy, speech and language therapy), Early Intervention programs, the Department of Social Services, local public schools, and others as needed.

- ▶ Programs offer wellness activities, such as exercise classes, yoga, increased vacation time, and dance therapy. The working environment is supportive and often festive, including, for example, staff breakfasts or lunches, birthday celebrations, and other activities generated by staff ideas.
- ▶ The agency has an agreement with an Employee Assistance Program to support staff whenever a need arises.



## V. Next Steps

Members of the Mental Health Task Force identified the challenges they are facing as they support the social and emotional health of children, families, and staff:

**A needed shift in thinking.** In order to build programs with an emphasis on consistent, caring, nurturing relationships to support social competence and resilience, a philosophical paradigm shift must take place. Training in a nurturing curriculum approach with an emphasis on emotional and social competence within an educationally appropriate setting is an essential part of this process. The challenge is to bring all program directors and managers into “promotion and prevention” thinking and to support them in shifting the thinking of their staff. This process takes time and commitment.

**Seeking collaboration.** Connecting the vast network of providers, services, and agencies within a community is essential to supporting the mental health of children, families, and staff. Directors and managerial staff may need support to manage some of the challenges in establishing and strengthening relationships with community service providers, particularly pediatricians, but also social service and mental health providers, local public schools, and the courts. They also need support in establishing relationships with community providers who promote healthy family life, such as the YMCA and YWCA, community parenting classes, parent/child playrooms, libraries, and children’s museums.

**Changing times.** Many of the societal and economic changes of the past few years demand changes in the way that Head Start programs operate. Families are working more and are under greater financial stress and other pressures. It is increasingly difficult to meet with, support, and involve families in different aspects of the program, due to busy working schedules. There is a growing need for children to be in care for longer days, and it is a challenge to provide consistent, quality care while minimizing the child’s transitions from one program to another.

**Finding mental health professionals with expertise in working with young children.** Another challenge is recruiting, retaining, and/or obtaining the services of culturally sensitive, culturally competent mental health professionals who have been

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trained in early childhood, disabilities, family, and community work. A particular challenge is finding professionals who are bilingual and bicultural.

**Funding.** Salary levels are seen as a barrier to recruiting and retaining program staff. In addition, stretched funds may limit a program's ability to accommodate the individual needs of some children, for example, to be able to reduce the number of children in a classroom.

**Need for supervision.** A system of ongoing, regularly scheduled reflective supervision at all levels in a site is crucial, but can be challenging to create and continue.

**The challenge of transition.** The leap from Head Start to kindergarten is an important one. It can be a challenge to help children prepare for this transition by understanding changes in classroom and academic expectations.

**Limited research on models of promising practice.**

Programs are searching for guidance on how to create quality mental health systems but there is limited evidence-based research on quality models of mental health systems currently in place in Head Start programs.

## VI. Conclusion



There was a wealth of information shared during the meetings of the Mental Health Task Force and the Head Start-State Collaborators. Throughout both meetings, it was clear that there is a lot of interest in finding ways to create quality systems and practices to support the social and emotional health of children, families, and staff. Participants shared their experiences and expertise eagerly, and wanted to learn from others. It is our hope that this document captures these ideas and will be useful to other programs. As stated earlier, however, this is just a beginning. The next steps are yet to be determined, but will hopefully be generated from further discussion, group problem solving, and steps along the path toward defining quality mental health practices in early childhood programs.

# VII.

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## Appendix A: Focus Group Questions

Focus Group Questions • Mental Health Task Force  
New England RAP for Disabilities • November 6, 2001

### Promoting children's social and emotional development

- How is social and emotional development of children promoted in the Early Head Start/Head Start program
- What is the general program philosophy about social and emotional development?
  - As it relates to this age group?
  - As it relates to school readiness?
- What is the program philosophy, and what are the guidelines about guidance and discipline?
- How are emotions related to in the program? How are social skills promoted?
- How is the teacher/student relationship considered and supported?
- Are there particular curricula and other written resources that are used to support the promotion of social and emotional development?
- For participants who work with a state/non-Head Start agency: In what ways does your agency's mission/purpose support children's social and emotional development? How do you partner with Head Start programs?

### *Identifying Children in Need of Additional Support*

- What systems are in place to identify children in the Early Head Start/Head Start program who are in need of mental health services?
- At what point is the parent/guardian brought into the picture? By whom?
- What is the referral system?
  - At what point is the mental health consultant brought into the picture?
  - At what point is the child referred to Early Intervention or the local public schools?
- How are cultural issues considered in this process?
- Do you use a system for multidisciplinary meetings to review children?
  - Who attends?
  - Do parents/guardians attend?
  - What is the frequency of these meetings? How long is each child discussed?
  - How are concerns about social/emotional/behavioral difficulties addressed?
  - How are tasks assigned and reviewed/monitored?

- For participants who work with a state/non-Head Start agency: In what ways does your agency's mission/purpose support children's social and emotional development? How do you partner with Head Start programs?

### *Intervention for Identified Children*

- When typical supports and plans are not enough, what systems are used for individualizing children's social and emotional development?
- How are parents and staff brought together around individualized interventions for children?
- How does the program coordinate with mental health professionals (Early Intervention, the local public schools, mental health consultants, etc.)?
- Do you have Crisis Plans for when there is a crisis in the classroom?
- When is the mental health consultant included in the Crisis Plan?
- When is the parent included in the Crisis Plan?
- What system does the program use to assist in providing special help for children with atypical behavior or development?
- How are other community resources utilized?
- How is the community resource(s) integrated into Head Start?
- Where are services for children delivered?
- What is the range of types and modalities of services?
- How are staff involved in the services?
- For participants who work with a state/non-Head Start agency: In what ways does your agency's mission/purpose support children's social and emotional development? How do you partner with Head Start programs?

### **Mental health supports for staff**

- What systems are in place for helping staff better understand mental health issues?
- What systems are in place to support staff in promoting social and emotional development?
- How are staff trained in guidance and discipline, developing social skills, considering emotions, developing their relationships with the children?
- What is the program philosophy that informs the approach to these topics?
- What wellness activities are in place for staff?
- What resource materials, such as curriculum materials are used in training staff?
- How are teachers and parents brought together?



- How are staff and parents brought together around mental health issues?
- How does the mental health consultant facilitate parent/teacher relationships?
- For participants who work with a state/non-Head Start agency: In what ways does your agency's mission/purpose support the social and emotional health of staff? How do you partner with Head Start programs?

### Mental health supports for families

- What systems are in place for helping parents better understand mental health issues?
- What mental health issues are pregnant women in your program facing?
- What mental health issues are families of infants and toddlers facing?
- What mental health issues are families of preschoolers facing?
- What additional issues are families of children with special needs facing?
- What systems are in place to support parents in understanding early childhood development, guidance and discipline, developing social skills, considering emotions, and strengthening their relationships with their children?
- What is the program philosophy that informs the approach to these topics?
- What resource materials, such as curricula, are used in supporting families?
- What wellness activities are in place for families?
- How are teachers and parents brought together?
- How are staff and parents brought together around mental health issues?
- How does the mental health consultant facilitate parent/teacher relationships?
- For participants who work with a state/non-Head Start agency: In what ways does your agency's mission/purpose support the social and emotional health of families? How do you partner with Head Start programs?

## Appendix B: Head Start Publication Center

The Head Start Publication Center offers the following information online:

**Family Information and Support**

[www.headstartinfo.org/infocenter/mentalhealth/mh\\_family.htm](http://www.headstartinfo.org/infocenter/mentalhealth/mh_family.htm)

**Federal Agencies Addressing Mental Health**

[www.headstartinfo.org/infocenter/mentalhealth/mh\\_fedagencies.htm](http://www.headstartinfo.org/infocenter/mentalhealth/mh_fedagencies.htm)

**Mental Health Advocacy and Policy Organizations**

[www.headstartinfo.org/infocenter/mentalhealth/mh\\_policy.htm](http://www.headstartinfo.org/infocenter/mentalhealth/mh_policy.htm)

**Mental Health Library**

[www.headstartinfo.org/infocenter/mentalhealth/mh\\_library.htm](http://www.headstartinfo.org/infocenter/mentalhealth/mh_library.htm)

**Organizations of Mental Health Professionals**

[www.headstartinfo.org/infocenter/mentalhealth/mh\\_proorgs.htm](http://www.headstartinfo.org/infocenter/mentalhealth/mh_proorgs.htm)

**Promising Practices for Early Childhood Mental Health**

[www.headstartinfo.org/infocenter/mentalhealth/mh\\_earlychildhood.htm](http://www.headstartinfo.org/infocenter/mentalhealth/mh_earlychildhood.htm)

**State-Level Contacts for Mental Health**

[www.headstartinfo.org/infocenter/mentalhealth/mh\\_policy.htm](http://www.headstartinfo.org/infocenter/mentalhealth/mh_policy.htm)

**Workplace Mental Health**

[www.headstartinfo.org/infocenter/mentalhealth/mh\\_workplace.htm](http://www.headstartinfo.org/infocenter/mentalhealth/mh_workplace.htm)

Head Start Information and Publication Center

1133 15th Street, NW, Suite 450

Washington, DC 20005

Toll-Free: 866-763-6481

Phone: 202-737-1030

Fax: 202-737-1151

Web: [www.headstartinfo.org](http://www.headstartinfo.org)

## Appendix C. Additional Resources

### Web Sites

Early Head Start National Resource Center at ZERO TO THREE  
[www.ehsnrc.org](http://www.ehsnrc.org)

National Technical Assistance Center for Children's Mental Health,  
Georgetown University Center for Child and Human Development  
[www.georgetown.edu/research/gucdc/cassp.html](http://www.georgetown.edu/research/gucdc/cassp.html)

ZERO TO THREE, the National Center for Infants, Toddlers and Families  
[www.zerotothree.org](http://www.zerotothree.org)

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