



2007-2008

The Children's Aid Society Zero to Five Mental Health Component

The Children's Aid Society's Zero to Five Program is comprised of the Children's Aid Society Home Based Early Head Start Program, providing intensive integrated prevention and intervention services through a relationship based model to pregnant mothers and families living in poverty with children zero to three years old and the Children's Aid Society center based Head Start Program, therefore, establishing a five year commitment for children and families. The Programs are housed in the same Children's Aid Society Community School providing a transition from one program to another that is sensitive to individual family needs, sustains healthy relationships and is developmentally appropriate. The teamwork between the programs ensures a seamless transition from Early Head Start to Head Start, establishing a Zero to Five Program that assists children and families for the five years before they enter Kindergarten within the same Children's Aid Society Community School.

The Children's Aid Society's Home Based Early Head Start Program model is based on a fundamental belief that the loving connection between a parent and child is always ready to be expressed. Parents want what is best for their children and they will participate in a Program that requires a long term commitment when they are treated with respect and understanding and they realize their involvement encourages their child's cognitive, social, emotional and physical development. When parents witness their children experiencing joy, they in turn experience happiness. During playful and spontaneous interactions between parent and child a feeling of connection and pleasure is experienced. Parents and children build on the habits of interaction that occur during their joyful experiences with each other. For families living in poverty and limited resources it is essential that comprehensive and integrated social and educational services begin during pregnancy. Through building and sustaining supportive and trusting relationships within and outside the family during the early years, families experience more stability, are less overwhelmed and are likely to seek consistent support and advocacy. The core elements of the Children's Aid Society Early Head Start program consists of a minimum of 32 yearly ninety minute home visits by home based teachers and a weekly two hour parent child interaction for each family. Continuity of care is established because the same home based teacher teams that visit the respective homes also lead the parent child interaction for that particular family within an infant toddler classroom that is housed in a Children's Aid Society Community School. The support that families experience in Early Head Start is augmented by a staffing pattern that provides a family worker to each home based teacher team, thereby, ensuring that each family receives the social support and advocacy that they need. As well, a Children's Aid Society Early Head Start Special Needs Coordinator, Health Coordinator, Social Worker and Consulting Psychologist provide individualized assistance to families and are fundamentally interconnected within all aspects of the program in order to provide comprehensive and integrated services.



Mental Health services are tied into every aspect of the Zero to Five Program. From the developmental continuum of pregnancy to post partum, new born, infant, toddler, preschool to Kindergarten transition there are temperament, child development, attachment, individuation, separation, identification, family history, values, customs and relationship issues that interact with each other. There are individual behaviors, emotions and interests that define children and parents and contribute to their relationship. There may be violence, anger, loss, despair, and instability as well as love, tenderness, and bonding. Each family has their own history, method of interaction, roles, expectations and child rearing practices. Specific to the population of families living in poverty there is a lack of financial stability and stress that results from social isolation, exposure to violence, lack of education, inadequate health care, decaying housing, and limited resources. Mental Health services within the Zero to Five Program begin during pregnancy and provide crisis intervention and supportive counseling during the first five years of life, reinforcing healthy family interactions and family stability. Mental Health providers individually assist children, parents, families and staff. They also foster the healthy interconnection between children, parents, families and staff through integration of services, supervision and programmatic decisions.

Mental Health staff are called upon to take on the responsibility of counseling in difficult family situations. For example, whenever there is a suspicion of domestic violence a referral is made for a mental health intervention. The Mental Health staff will conduct a home visit and work with the family. Family disputes that are affecting children are referred to Mental Health staff. The Mental Health staff conducts family counseling to assist in mediating the issue and educating the parent on the effect on the child. Parents observed as being depressed are referred to the Mental Health professional. Home visits and individual sessions are conducted to assess the emotional state of the parent and at times referrals are made for medication. The Mental Health professional is called upon to approach parents of children with suspected special needs. This is the first time a parent might learn about these issues and a Mental Health professional assists the teacher in presenting the developmental problems. The Mental Health professional is also available for parents to speak about their social and emotional concerns. The Mental Health professional gets called upon by parents to discuss such issues as discipline, hyperactivity, fears, parenting, television, aggression, temperament, changes in the family, loss, transitions, bonding and behavior.

The Mental Health professional is often requested by parents and staff to observe children in their home and classroom, develop strategies of intervention and consult with the parent and staff to establish effective interventions. The most common referral for observation is a child's behavior. They are often "too active," "too oppositional," "too withdrawn" or "overly stimulated." Children are also referred because the parent and staff member do not understand the child's responses to situations and their affect. The Mental Health professional will conduct observations, consult with staff and then meet with the parent and staff. During the meetings the child's behavior is understood within the context of the family and child's temperament. Parent history, family relationships, routines, social service issues, and presenting problem are discussed. Parents' efforts to



manage their family and their children's development are valued. A trusting and confidential relationship is built between the Mental Health professional and the parent. Staff members are in consistent contact with the parent and child and they have the primary relationship with the family, therefore it is essential that they participate in this process. Staff members are fully engaged in the consultations and they often learn new and alternative methods of interacting with children and families. The staff feel supported in this process because they are sharing their concerns and responsibilities and finding ways to resolve difficult dynamics. During the meetings various strategies are discussed and the most acceptable to the parent are chosen to be implemented. Parents' knowledge of their children and themselves is the key to developing successful interventions.

Mental Health staff lead the programs' case conferences. The case conference consists of a Teacher, Family Worker, Education Director and Mental Health professional. Case conferences are held on a regular basis in order to ensure that each child is reviewed, staff are supported and follow-up is coordinated. Children and families with the most profound issues are given priority during case conferences. Within the case conference, education staff and the social service staff present their knowledge of the family and prioritize specific areas of concern. A focused discussion by participants from all programmatic areas provides comprehensive information that leads to a holistic strategic plan. Home visit and classroom measures of observation, standardized tools like the Ages and Stages social and emotional scales, Ounce and Brigance and family partnership files that include health physicals and family partnership agreements are shared. Issues such as behavior, family changes, social service issues, relationship problems, special needs and health issues are discussed. A series of interventions are developed and respective staff are made responsible for the implementation of the plan. The Mental Health professional is often requested to observe the child in multiple settings, confer with the teacher and meet with the parent. The plan is reviewed during subsequent case conferences. Besides effective interventions, case conferences serve to train and support staff and create programmatic cohesion. Staff learn practical strategies to resolve difficult situations and they realize that they have support. Case conferences integrate programmatic services to resolve issues, therefore, having the dual function of unifying program services and solving issues that have the potential to affect staff morale.

The Mental Health professional within the Zero to Five program is available to support staff. Many of the staff previously attended the program as participants. The staff know that all consultations with the Mental Health professional are confidential. The support provided to staff assists the individual and the program. Therefore, it is for the benefit of the children and families that staff members are able to successfully resolve personal issues that may affect their work. The Mental Health professional may be asked by an administrator to intervene with a staff member or a staff member may request a consultation. Issues can range from divorce, domestic violence, to depression and parenting. The support provided to staff creates a sense of community and trust within the program. It also presents a model for staff in their work with families. At times, a staff member is referred to receive more consistent and in depth services by the Children's Aid Society employment assistance program.

Staff trainings are lead by the Mental Health professional at various times throughout the year. A workshop during staff orientation brings staff attention to mental



issues and outlines the role of the mental health staff. Periodic trainings often are the result of programmatic concerns and staff needs throughout the year and topics are requested by staff. During previous years trainings included such topics as decision making, confidentiality, prejudice, team work, building healthy relationships, home visits, the connection between paper work and relationships, challenging behaviors, personal boundaries, dual relationships and clinical diagnosis. The trainings provide an opportunity for the entire staff to discuss issues that have an impact on their work, share their ideas and enhance their skills. The trainings reinforce a sense of community amongst staff because they recognize each other and the mental health staff as resources.

The Mental Health professional is also involved in programmatic decisions and planning. The Zero to Five Mental Health professional provides weekly supervision to administrators and is part of the decision making process when changes are being implemented in the program. The perspective of understanding emotional responses, interpersonal relationships and the interconnection within organizational systems is provided by the Mental Health professional. Administrative approach to staff, staff changes, implementation of new programs, administrative challenges and developing healthy and trusting relationships and sustaining them over time are some of the issues that are addressed. Through consistent involvement in all aspects of the program, the Mental Health professional assists in integrating a holistic approach to families

Home visits, classroom observations, case conferences, staff and family consultations, family counseling, crisis intervention, institutional advocacy and programmatic supervision form an integrated approach to the provision of Mental Health services in the Zero to Five program. The Mental Health professional actively implements the Zero to Five programmatic goals of building trusting and healthy relationships, individualization, and providing seamless comprehensive services that support families during pregnancy and continuing through preschool. The lens of the mental health professional views individual behaviors within the context of family, history, temperament, culture, values, living conditions and institutions, thereby, supporting an inclusive program model.