

## **Mental Health Models/Interventions/Curricula**

### **Improving School Success for Challenging Students: A Case Study of an Early Childhood Day Treatment Pilot Program for Children with Moderate to Severe Behavior Disorders**

Ray V. Burke, Jane L. Peterson, Brett R. Kuhn, Roger Peterson

**PRESENTERS:** Jane L. Peterson, Roger Peterson

#### Introduction

For many, the path to high school dropout begins in preschool where the current expulsion rate is more than three times the rate for K-12 students (Gilliam, 2005). This proposal describes an intensive day treatment program (IDT) for children with severe behavior disorders, three case studies, supporting partnerships, and initial results.

#### Program

The IDT is combined with family support to reduce childhood behavior problems, improve mental health and academic success, and reintegrate children with their school, preschool, or daycare. IDT provides structured, skill-based interventions that incorporate teaching of social and parenting skills. Staff provide 30 hours per week of intensive, developmentally-based, behavioral treatment.

**Participants.** The program serves children, ages 2 to 7 years, with a mental health diagnosis where intervention is necessary to prevent more severe behavior problems. Seventy-two percent of participants were Caucasian. Almost all pre-school age children had been expelled from standard childcare facilities; 60% of school-age children had been expelled from school. One-third of participants were prescribed psychotropic medication and three-fourths required additional special education services prior to admission.

#### Case Studies

**Case 1.** Arnel (pseudonym), a 4-year-old African American male diagnosed with oppositional defiant disorder, had been expelled from preschool for aggressive behavior. Child Behavior Checklist (CBCL; Achenbach, 1991) scores on Internalizing, Externalizing, and Total Problem subscales and Aggressive Behavior and Attention Problem syndrome scales were in the clinical range. Arnel participated in the program for 2½ months. His mother helped develop Individual Treatment Plans (ITPs) and frequently attended the program to hone her use of effective parenting strategies.

**Results.** Arnel met ITP goals and his mother reported substantial improvements at home. Arnel's post-treatment t-scores on CBCL subscales and syndrome scales were in the normal range. This past school year, Arnel was enrolled in public school general education kindergarten.

**Case 2.** Leann, a 4-year-old Caucasian female, had speech and language patterns consistent with those of a 16-month-old. Her CBCL t-scores placed her in the borderline clinical range for Total

and Internalizing Behavior Problems subscales. Her CBCL t-score of 70 placed her in the clinical range on the Pervasive Developmental Problems subscale.

Results. At IDT graduation, Leann's CBCL subscale t-scores were in the normal range as was her t-score for the Pervasive Developmental Problems.

Case 3. Tashawna, a 4-year-old African American female diagnosed with ADHD and prescribed Adderall, had been expelled from five daycares for "aggressive and hyperactive behavior." CBCL subscale scores and the Aggressive Behavior and Attention Problem syndrome scales were in the clinical range at admission. Tashawna's parents also participated in family therapy.

Results. Tashawna's post-CBCL t-scores on subscales and syndrome scales were in the normal range. This school year, Tashawna was enrolled in a general education kindergarten class.

### Summary

Students are expelled from school due to repeated or serious behavior problems. Initial IDT results with highly aggressive children are promising. The intervention involved partnerships among the IDT, families, preschools, community mental health providers, and independent evaluators. Children's services were possible because of collaborative efforts across local, state, and federal funding sources.

### **References**

Achenbach, T.M. (1991). *The Child Behavior Checklist – 1991*. Burlington: University of Vermont, Department of Psychiatry.

Gilliam, W.S. (2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. Retrieved May 23, 2005, from [http://www.fcd-us.org/PDFs/NationalPreKExpulsionPaper03.02\\_new.pdf](http://www.fcd-us.org/PDFs/NationalPreKExpulsionPaper03.02_new.pdf)

## **Lessons Learned from Implementation of the CSRP Model**

Elysia M. Aufmuth, Kimya Barden, Darlene Jones-Lewis, Cybele Raver, Maya Williams

**PRESENTERS:** Elysia M. Aufmuth, Kimya Barden

The principal aim of the Chicago School Readiness Project (CSRP) is to improve low-income Head Start children's school readiness by increasing their emotional and behavioral competencies through classroom-based interventions. On-site mental health consultation has emerged as one way to help preschool teachers both promote healthy development and address the social, emotional, and behavioral challenges that children present in the classroom (Donahue, 2000).

Through the use of both quantitative data and qualitative examples, we will present on early outcomes of the CSRP model of service provision. We will explain the CSRP model of teacher training, coaching, and the use of individualized services for preschool students with social and emotional needs (Webster-Stratton, 2003; Donahue 2000; Webster-Stratton, 1999). The presentation will explain the role of the mental health consultant within a Head Start classroom. Using examples from our interactions with teachers and students we will explore the collaboration between teachers and mental health consultants.

Specifically we will look at how teacher training can be reinforced through coaching techniques. The cycle of coaching is goal oriented and focused on a team approach with both teachers and mental health consultants as equal partners. Through this cycle of coaching we hope to alleviate and diminish social and emotional problems exhibited by preschool students. Coaching allows teachers to examine their goals and concerns, consider ways to modify training techniques to fit their needs, implement techniques, and then use observation and discussion to understand the outcomes of their work.

Examining teacher reports as well as standardized test scores and mental health consultants' observations we will discuss the outcomes and implications of this model. How has the relationship between mental health consultant and teacher changed the classroom? What benefits and concerns do teachers see in this model? Finally, we will look towards future growth of this project and outline recommendations to strengthen the model.

### ***References***

- Brooks-Gunn, Duncan, & Aber. (Eds. 1997). *Neighborhood Poverty: Contact and Consequences for Children. (Vol. 1). New York: Russell Sage.*
- Dodge, K.A., Pettit, G.S., and Bates, J.E. (1994). Socialization Mediators of the Relationship Between Social Economic Status and Child Conduct Problems. *Child Development, 65*(2), 649-665.
- Donahue, P.J., Falk, B., & Provet, A.G. (2000). *Mental health in early childhood: Consultation in early childhood.* Baltimore, MD: Paul H. Brookes Publishing Co.
- National Education Goals Panel. (1996). *The National Education Goals Report: Building a Nation of Learners.* Washington D.C.: U.S. Government Printing Office.
- Rimm-Kaufman, S., Pianta, R., and Cox, M. (2000). Teachers Judgment of Problems in the

Transition to Kindergarten. *Early Childhood Research Quarterly*. (15), 147-166.

Webster-Stratton, Carolyn. (1999). *How to Promote Children's Social and Emotional Competence*. London: Paul Chapman Publishing.

Webster-Stratton, Carolyn. (2003). *The Incredible Years: Teacher Training Program, Leader's Guide*. Seattle: Carolyn Webster-Stratton.

# **Implementing a Program-Wide Model of Positive Behavior Supports (PBS) in Early Childhood Settings: Current Practices, Challenges, and Barriers**

Amanda Quesenberry, Michaelene Ostrosky

**PRESENTER:** Amanda Quesenberry

This presentation will provide participants with information gathered in two interview studies (one with early childhood program directors and one with child care providers) and one interventions study (implementing PBS in a Head Start Program). The purpose of these studies was to investigate a) the extent to which early childhood teachers are challenged by problem behavior in young children and the types of support they need to effectively address problem behavior, and b) the extent to which early childhood programs have the supports and resources needed to implement program wide positive behavior supports, and c) how a Head Start program developed and implemented PBS in their program. Implications for future research and practice in this area will be discussed.

In these studies, structured interviews (Denzin & Lincoln, 2000) were conducted with the child care providers and administrators. Although the questions were open-ended, they were asked in a straightforward manner with care taken not to deviate from the topic or guide the participants' responses in any way. Each interview was audio taped using a single tape recorder with an external microphone. A professional transcriptionist transcribed each audiotape verbatim. After each interview was transcribed, the student researcher reviewed the transcript and compared it to the audiotape for accuracy of transcription. Then the student researcher contacted the interviewees and had them check the written transcripts for accuracy. After the interviewee reviewed each interview, the student researcher began data interpretation and analysis.

The interviews were analyzed through a content analysis of interview responses using procedures recommended by Johnson and LaMontagne (1993) and used by Donegan, Ostrosky, and Fowler (1995). This process includes six steps: a) preparing the data for analysis, b) becoming familiar with the data, c) identifying units of analysis, d) defining tentative categories for coding the responses, e) refining categories, and f) establishing category integrity. Throughout this process, the student researcher and her advisor meet regularly to continuously refine the categories through discussion and consensus building.

The results from these studies prove that especially in child care programs, addressing significant, persistent challenging behaviors is a major issue. Each of the child care providers interviewed reported that at least 10% of the children in her class had ongoing, significant challenging behaviors.

## ***References***

- Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Donegan, M. M., Ostrosky, M. M., & Fowler, S. A. (1996). Children enrolled in multiple programs: Characteristics, supports, and barriers to teacher communication. *Journal of Early Intervention*, 20, 95-106.

Johnson, L. J. & LaMontagne, M. J. (1993). Using content analysis to examine the verbal or written communication of stakeholders within early intervention. *Journal of Early Intervention*, 17, 73-79.