Therapeutic Services for Preschool Age Children: An Overview of Programs in Kansas

P. Rae Johnson, MSW, Project Manager
Sharon Todd Barfield, MSW, Project Manager
Megan O'Brien, PhD, MPH, Project Manager
Susan K. Corrigan, PhD, Principal Investigator

Support provided by Heather Laskey

January 4, 2008

This project was supported through a contract with the Kansas Department of Social and Rehabilitation Services, Disability and Behavioral Health Services (SRS/DBHS)

Office of Child Welfare and Children's Mental Health
Twente Hall ♦ 1545 Lilac Lane ♦ Lawrence, Kansas 66044-3184
Tel: (785) 864-4720 ♦ Fax: (785) 830-8026
Website: http://www.socwel.ku.edu/occ/

EXECUTIVE SUMMARY

In state fiscal year 2006, through a contract with the Kansas Department of Social and Rehabilitative Services, Disability and Behavioral Health Services (SRS/DBHS), the University of Kansas School of Social Welfare (KU SSW) undertook a study of the Kansas Therapeutic Services to Preschool Age Children (TSP) programs. The purpose of the study was to examine the effectiveness of the six TSP programs, five of which are currently receiving funding from SRS/DBHS. The sixth center has submitted the same data to KU SSW as the other five centers, and is included in this study. This report provides a descriptive picture of the six TSP programs and examines how well TSP programs prepare children to enter a typical classroom as well as parent and staff satisfaction. Although all six programs use the same curriculum, program differences make it difficult to compare the fidelity of the programs or to complete a comparative analysis of TSP program outcomes.

Site visits were conducted at five of the six TSP sites. Data for the sixth site were gathered by a written survey. In addition to site visits by the evaluators, data from the quarterly Consumer Status Report (CSR), Bi-Annual School Follow-Up Survey, Annual Staff Evaluation, and Annual Parent Evaluation were used to examine outcomes of the children who attended TSP programs, parent satisfaction with the program, and staff satisfaction with the TSP program and supervision. To the degree possible, we analyzed data which were gathered on or near the time of the site visit.

The goals of the TSP programs are 1) to enhance social and emotional development, 2) to prepare children for success in a typical school setting, 3) to assist children and families in accessing community resources, and 4) to facilitate graduation to the community without the need for further mental health services. All TSP programs use *Conscious Discipline* as their primary curriculum. *Conscious Discipline* is a social and emotional development curriculum that is designed to teach anger management, helpfulness, assertiveness, impulse control, cooperation, empathy, and problem solving skills. Other psycho-educational activities and play therapy supplement the *Conscious Discipline* curriculum. All TSP programs focus on creating a safe environment for children to learn and practice skills needed for social and emotional development.

Importantly, data from TSP Client Status Reports (CSR), Annual Parent and Staff Evaluations, a Bi-Annual School Follow-Up Survey, and site visits conducted at the TSP sites indicate that children who participate in a TSP program will likely 1) enter a typical classroom when they begin school, 2) perform well in school, and 3) not require ongoing mental health services or an Individualized Education Plan. Overall, parents reported high levels of satisfaction with 1) services their child received in the TSP program, 2) parenting assistance they received concerning managing their child's behaviors, 3) improvements in their child's behaviors, and 4) the connection with community resources forged by TSP programs. On the program side, the majority of TSP staff was satisfied with the supervision they received and with the fit between their program and the needs of the children and families.

TABLE OF CONTENTS

INTRODUCTION **1**

DATA COLLECTION PROCEDURES **2**

PARTICIPANTS – TSP SITES 2
MEASURES 2
TSP Quarterly Consumer Status Report (CSR) *2*
Annual Staff Evaluation *3*
Annual Parent Evaluation *3*
Bi-Annual School Follow-Up Survey *3*
Site Visits *4*

RESULTS **5**

AREA MENTAL HEALTH CENTER 5
CRAWFORD COUNTY MENTAL HEALTH CENTER 10
ELIZABETH LAYTON CENTER 15
FAMILY SERVICE AND GUIDANCE CENTER 19
JOHNSON COUNTY MENTAL HEALTH CENTER 24
SUMNER MENTAL HEALTH CENTER 29

SCHOOL FOLLOW-UP SURVEY – RESULTS **33**

DISCUSSION **34**

APPENDICES **37**

APPENDIX 1: PROGRAM AND ACTIVITY DESCRIPTIONS 38
APPENDIX 2: CLIENT STATUS REPORT (CSR) FORM 41
APPENDIX 3: SCHOOL FOLLOW-UP SURVEY 46
APPENDIX 4: STAFF EVALUATION 49
APPENDIX 5: PARENT EVALUATION 51
APPENDIX 6: TSP SITE VISIT QUESTIONNAIRE 55

INTRODUCTION

Specialized mental health services to preschool-age children at risk for or identified as living with serious emotional disturbance (SED) were initiated at seven mental health centers in state fiscal year 2001. Six of these programs received funding through a Request for Proposal (RFP) distributed by Kansas Department of Social and Rehabilitation Services, Disability and Behavioral Health Services (SRS/DBHS). State funding for TSP programs has decreased and will be discontinued after June 30, 2008 as the state is moving toward funding a consultation model of early childhood mental health intervention. It is anticipated that all programs examined in this report will continue to provide TSP services after state funding stops.

The goals of these programs are to help maintain at-risk children in the least restrictive, most natural residential and educational environments; to promote attachment and healthy family functioning; and to enhance social, emotional, and academic readiness. Currently, there are five programs receiving some funding through SRS/DBHS and one program that does not receive state support. One of the original funded programs chose to discontinue service in state fiscal year 2007 (FY2007). All six programs submit the same data to The University of Kansas, School of Social Welfare (KU SSW). During FY2007, researchers at the KU SSW examined the following TSP program components: logistics and training; staff and community relationships; and selected school- and behavior-related outcomes. The purpose of the study was to provide a descriptive picture of the six TSP programs, examine the effectiveness of the programs in preparing children to enter a typical classroom, as well as present data on parent satisfaction with TSP services, and TSP staff satisfaction with the TSP program and supervision. Program differences such as length of program, how often children attend, staff qualifications, and differing curricula make it difficult to compare the fidelity of the programs or to complete a comparative analysis of TSP program outcomes.

DATA COLLECTION PROCEDURES

Participants – TSP Sites

At the time of the study, there were five state-funded TSP sites. One TSP site did not receive state funding but submitted the same data to KU SSW as the other five sites and was included in this study. Each of the respective six sites agreed to participate in this project. Five of the TSP programs are located within the CMHC; one program is housed in a building owned by the local school district. At the time of data collection, 151 children were enrolled in TSP programs. Each site enrolled between 13 and 33 children. The majority of TSP programs had between 24 and 29 attendees. All six TSP programs had a large proportion (59% to 69%) of male attendees. All programs enrolled a majority (42% to 94%) of white children. Four TSP programs had children in an out-of-home placement. Two sites are located in urban settings; the remaining four are in less densely settled areas of Kansas.

Measures

Data from the following four existing sources were compiled for this TSP study: quarterly Consumer Status Report (CSR), Bi-Annual School Follow-Up Survey, Annual Staff Evaluation, and Annual Parent Evaluation. The four data sources are described below, followed by a description of the site visit protocol. These data sources are derived from ongoing TSP projects managed by KU SSW. Copies of all data collection instruments are located in the Appendices. To the degree possible, we analyzed data which were gathered on or near the time of the site visit.

TSP Quarterly Consumer Status Report (CSR)

TSP program directors at all TSP sites file quarterly Consumer Status Reports (CSR) for each child enrolled. These reports include basic demographic information, custody status, attendance at TSP programs, expected educational placement upon exit from the TSP program, and status on 12 identified environmental risk factors. These risk factors include the following: 1) physical abuse, 2) sexual abuse, 3) runaway, 4) attempted harm to self or others, 5) parent or caregiver with psychiatric history, 6) parent or caregiver convicted of a felony, 7) sibling institutionalized, 8) sibling in foster care, 9) history of mental illness in family, 10) history of family violence, 11) history of family substance abuse, and 12) history of prenatal exposure to drugs or alcohol or history of drug and/or alcohol abuse by either biological parent prior to conception.

Since 2002, KU SSW staff has compiled and reported CSR data to TSP programs and SRS/DBHS. For the current study, we analyzed data from October – December 2006, the second quarter of state fiscal year 2007. Specifically, data for each center and the average for all six TSP sites are reported on the following variables: 1) the percentage of TSP enrollees with 90% TSP program attendance; 2)

the percentage of enrollees with at least one risk factor; and 3) the percentage of enrollees exiting TSP into a typical classroom setting. Programs that are housed at the CMHC are considered psychosocial programs and attendance is measured by the percentage attending psychosocial programs. For those TSP sites which partner with programs such as Head Start, attendance is measured as the percentage attending preschool programs.

Annual Staff Evaluation

TSP program staff members complete an annual survey about their TSP program, training, supervision, and work conditions. Surveys are collected at each site by TSP program directors and mailed to KU SSW. Since 2004, KU SSW researchers have compiled and reported the results to TSP sites and SRS/DBHS. In the present study, we present data from the 2006 Staff Evaluation Survey to describe staff perceptions of the adequacy of training and supervision, and the fit between program design/philosophy and client needs. Items to assess these topics utilized a 1 to 5 scale format where 1 = poor and 5 = excellent.

Annual Parent Evaluation

Once a year, parents with children currently enrolled in a TSP program are asked by TSP staff to complete a parent evaluation survey. The survey covers areas of satisfaction with services, their child's progress, and their child's readiness for school. The survey is completed by parents and is anonymous. The completed surveys are sent to KU SSW. KU SSW has compiled and reported parent evaluation data to TSP sites and SRS/DBHS since 2004. For the current study, we used data from the November 2006 Parent Evaluation Survey on the following five topics: 1) parent assistance with child's behavior at home; 2) child's improvements in attitude and behavior; 3) child's acquisition of skills; 4) connection with community resources; and 5) comparison of parents' ability to manage their child's behavior before and after participation in the TSP program. Items to assess these topics utilized a 1 to 5 scale format where 1 = poor and 5 = excellent.

Bi-Annual School Follow-Up Survey

Parents of children who have graduated from a TSP program and are now attending school are surveyed at the end of each academic semester. These surveys, administered by phone or mail, contain questions about current placement in school; placement in special education or use of an IEP; receipt of mental health services; school attendance; and school performance ratings of poor, fair, good, above average, or excellent. KU SSW researchers have been collecting these data and disseminating reports to TSP sites and SRS/DBHS since 2004.

The School Follow-Up Survey for fall 2006, completed in January 2007, was used to provide a representation of school performance for all six sites after a child exits a TSP program.

Site Visits

For the current project, KU SSW staff created data collection instruments for use at in-person visits of the TSP sites. Questions pertained to program logistics, program composition, and staff and community relationships. The site visit protocol was approved by the KU Human Subject Committee.

KU SSW staff contacted the directors of each TSP program to schedule the site visit, discuss the purpose of the visit, and provide an advance copy of the data collection questionnaire. The program director at each site chose who would attend the site visit and participate in the site visit interview. KU SSW staff was unable to visit one TSP program. Data for the site visit portion were collected using a mail copy of the questionnaire developed for the site visit interviews.

Between September and December 2006, KU SSW staff visited the five state-funded TSP programs. KU SSW staff conducted interviews with TSP staff and visited the TSP classrooms. It was the choice of the TSP site to determine when KU SSW staff would visit the classroom. At three centers, classes were in session. The visits took place when classes were not in session for two other centers.

RESULTS

Data are presented for each TSP site individually and, when possible, with data representing all six TSP programs offered as a point of comparison.

Area Mental Health Center

TSP Program

Details about program logistics, composition, and staff and community relationships are presented in Tables 1, 2, and 3.

Area Mental Health Center operates two separate TSP programs. The Therapeutic Services for Preschoolers (TSP) psychosocial program is a structured, time-limited program designed to provide early intervention for children experiencing emotional difficulty. Children from the ages of 2 to 6 attend an 8-week psychosocial group, 3 times a week for 1 hour per day. A case manager works with parents to keep them informed of the classroom activities and progress as well as to assist parents with skill development.

The second TSP program is called ABC Hope. This program is designed to work with children from the ages of 3 to 5 who have been experiencing difficulty in other child care or preschool programs. This program meets 4 days a week. The amount of time spent at the program is determined by need and can be up to 4 hours a day. There is no time limitation on how long the child may attend ABC Hope. The family works with a case manager while in the program.

Parents participate in a parenting program, *Strengthening Families*, (see Appendix 1 for program description), which focuses on strengthening family coping skills, offers parents an opportunity to learn parenting skills with a therapist, and practice those skills with their child.

The goals of both programs are to facilitate social and emotional development and school readiness. As mentioned previously, the primary curriculum is *Conscious Discipline* by Becky Bailey. *Conscious Discipline* is a social and emotional development curriculum that is designed to teach anger management, helpfulness, assertiveness, impulse control, cooperation, empathy, and problem solving. This curriculum is supplemented with psycho-educational and play therapy activities created by Paris Goodyear Brown and Liana Lowenstein. See Appendix 1 for curriculum and program descriptions.

The Area Mental Health Center TSP program meets for 1 hour a day. During that time, readings and activities are used to engage the children in learning and practicing positive social and emotional skills.

A typical day in the ABC Hope program begins with activities that focus on sharing. The teacher reads a book based on the theme of the month (for example, identifying feelings). Reading is followed by activities that illustrate that theme. Following these activities, snack time allows staff to focus on manners and personal hygiene. Outdoor play time, including structured activities and free play time, is followed by an art activity. The remaining time is spent playing games, reading books, or playing at the individual activity centers.

Table 1: Area Mental Health Center TSP Program Logistics

Locations	Programs	Time	Duration	Child/Staff Ratio
CMHC	TSP Psychosocial TSP ABC Hope	TSP – 3 x week, 1 hr/day ABC – 4 x week, 4 hr/day	TSP – 8 weeks ABC – ongoing	1:4 1:4

Table 2: Area Mental Health Center TSP Program Composition

Admission Criteria	Assessment Tools	Goals	Curriculum	Tracking Outcomes	Parent Involvement
Must be SED for both programs	CBCL* PECFAS**	Early intervention Provide a place to learn social and emotional skills School readiness	*Conscious Discipline* *Strengthening Families*	PSEDRI scores Discussion in supervision & team meetings School Follow-Up Survey Parent contact & feedback	Meet with case manager 1 x week *Strengthening Families* Parenting section of the curriculum is sent home

***Achenbach Child Behavior Checklist

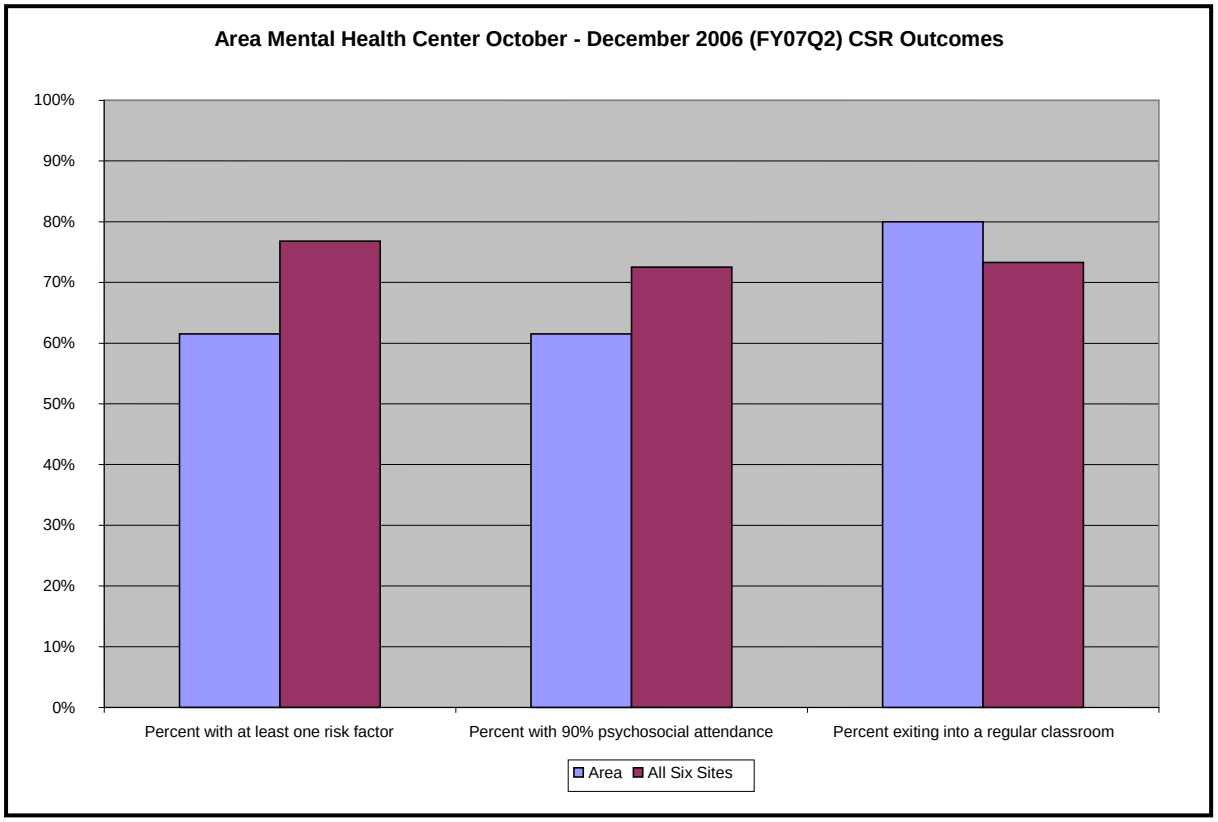
****Preschool and Early Childhood Functional Assessment Scale

Table 3: Area Mental Health Center TSP Staff and Community Development

Education Credentials	Average Longevity	Supervision	Trainings	Community Relationships
Varies BA, AA, Experience	2 to 6 years	Weekly/team	Case manager training *Conscious Discipline* training Play therapy training *Strengthening Families* training	School district Preschools Child care providers Head Start Community trainings Monthly screening clinics

Figure 1 displays CSR report data from the second quarter of state fiscal year 2007. Over 60% of the children in Area Mental Health's TSP programs were identified with at least one environmental risk factor. This compares with 77% of children in all six programs. The three most prevalent risk factors among children enrolled in Area Mental Health's TSP programs are a history of family substance abuse, a history of mental illness in the family, and a sibling in foster care. Approximately 61% of the children attended a TSP program more than 90% of the time. This is substantially lower than the state mean of 72.5%. Four of the five children (80%) exiting from the TSP programs at Area Mental Health Center were expected to attend a typical classroom. This exceeds the state mean of 68.8%. One child (20%) was not expected to attend school.

Figure 1: Area Mental Health Center FY07Q2 CSR Outcomes



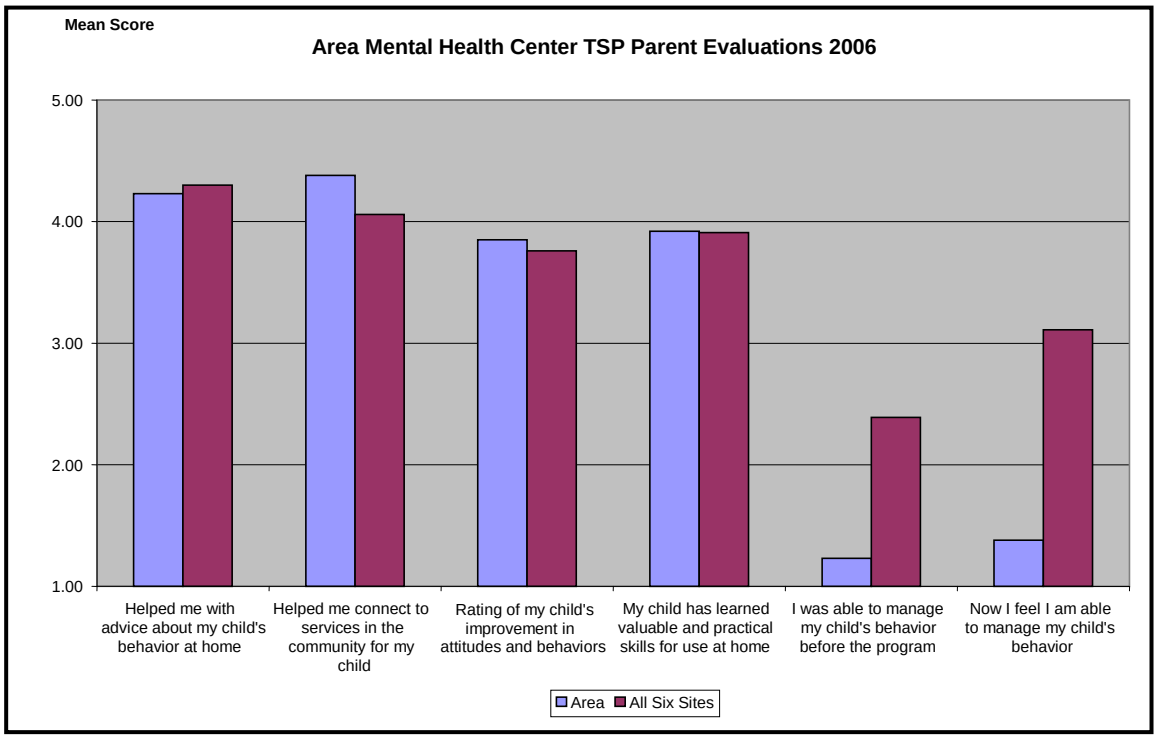
Parent Involvement

Parent involvement in Area Mental Health Center's TSP programs is primarily with the case manager. The case manager meets with parents once a week, keeps the parents informed of TSP program updates, and assists parents with skill development at home. Parents participate in a parenting program *Strengthening Families.* A parent library has also been created. Parents and community members may check out materials on early childhood education and development.

Thirteen parents completed Area Mental Health Center's parent evaluation for 2006. Figure 2 shows the comparison of Area TSP parent responses to data for all

six centers. Parent responses met or exceeded the average of all six centers on the following items: help with connecting to community resources; satisfaction with improvements in their child's behavior; and skills their child has learned. The item that received the highest mean score was assistance with connection to community resources (mean of 4.38 out of 5, *SD* = 0.87). While there was some improvement in perception of their ability to manage behavior at the end of the program, the mean response remained low relative to statewide values (see Figure 2). Eight of eleven Area parents responding to the survey (77.7%) reported that they believed their child was ready for kindergarten. One parent reported that the child was too young to begin kindergarten. The other parents gave no indication as to why they did not believe their child was ready for kindergarten.

Figure 2: Area Mental Health Center Parent Evaluations 2006



TSP Program Staff

Staff educational background varies from field experience to college degree. All staff members attend case management and *Conscious Discipline* curriculum training. Play therapy and *Strengthening Families* training are also offered, and supervision occurs weekly.

Only two staff members from Area Mental Health Center completed the staff evaluation for 2006. Due to the small number of respondents, no comparison to parent evaluations completed at other centers was performed.

Crawford County Mental Health Center

TSP Program

Crawford County Mental Health Center runs an early childhood mental health intervention program, Discovery Group. Children attend Discovery Group up to 5 days a week, 6 hours a day, as determined by clinical need. The extent of need is determined by the treatment team, taking medical necessity and SED status into consideration. Tables 4, 5, and 6 contain information about Crawford County Mental Health's TSP program components gathered during the site visit.

The goal of the Discovery Group program is to ready children for success in a typical school setting. The program is based on a core curriculum of *Conscious Discipline* which is modified as needed to meet the individual child's needs. *Neurosequential Model of Therapeutics* is used to supplement the *Conscious Discipline* curriculum by incorporating activities that are appropriate to, and encourage the child's social and emotional development (see Appendix 1 for further program description.) Large and small groups are used to facilitate social and emotional development. One-on-one interaction is available depending on student need. Activity centers in the classroom give children an opportunity to engage in sensory activities and are used to facilitate the development of fine motor skills and practice social skills.

A second TSP program at Crawford County Mental Health Center is Discovery Kindergarten. Discovery Kindergarten is for older children who have been identified by the school district and TSP staff as children with social and emotional development needs and unsuccessful attempts with typical kindergarten. The focus of Discovery Kindergarten is school readiness. The amount of time a child spends in Discovery Kindergarten is determined by clinical need of the child. Discovery Kindergarten utilized the same approach as the Discovery Group.

A day in both TSP programs consists of large and small group activities. Depending on the activity, groups are structured based on developmental readiness, ability to sustain attention, or age. Attendant care providers work one-on-one with children who have sensory issues. Several centers in the classroom involve sensory activities and fine motor skills such as sand and water tables, and tables with paper, glue, and scissors. Other activities include dress up, computer time, and the book center. There is also rest time.

Table 4: Crawford County Mental Health Center TSP Program Logistics

Locations	Programs	Time	Duration	Child/Staff Ratio
CMHC	Discovery Group	Determined by clinical need Up to 5 x week, 6 hr/day	Determined by clinical need	1:4 – can be 1:1 or 1:2 if needed
	Discovery Kindergarten	Determined by clinical need Up to 5 x week, 6 hr/day	Determined by clinical need	1:4 – can be 1:1 or 1:2 if needed

Table 5: Crawford County Mental Health Center TSP Program Composition

Admission Criteria	Assessment Tools	Goals	Curriculum	Tracking Outcomes	Parent Involvement
Must be SED	ASQSE* PECFAS** CBCL*** Connor's Rating Scale BASC+	Success at school Graduation to the community	*Conscious Discipline* *Neurosequential Sequential Model of Therapeutics*	Clinical review – 90 days Global Assessment of Functioning (GAF) review Progress notes CBCL scores Treatment plan review	Starts at intake Program involvement 1/week Parent night

*Ages & Stages Questionnaire: Social-Emotional
**Preschool and Early Childhood Functional Assessment Scale
***Achenbach Child Behavior Checklist
+Behavior Assessment System for Children

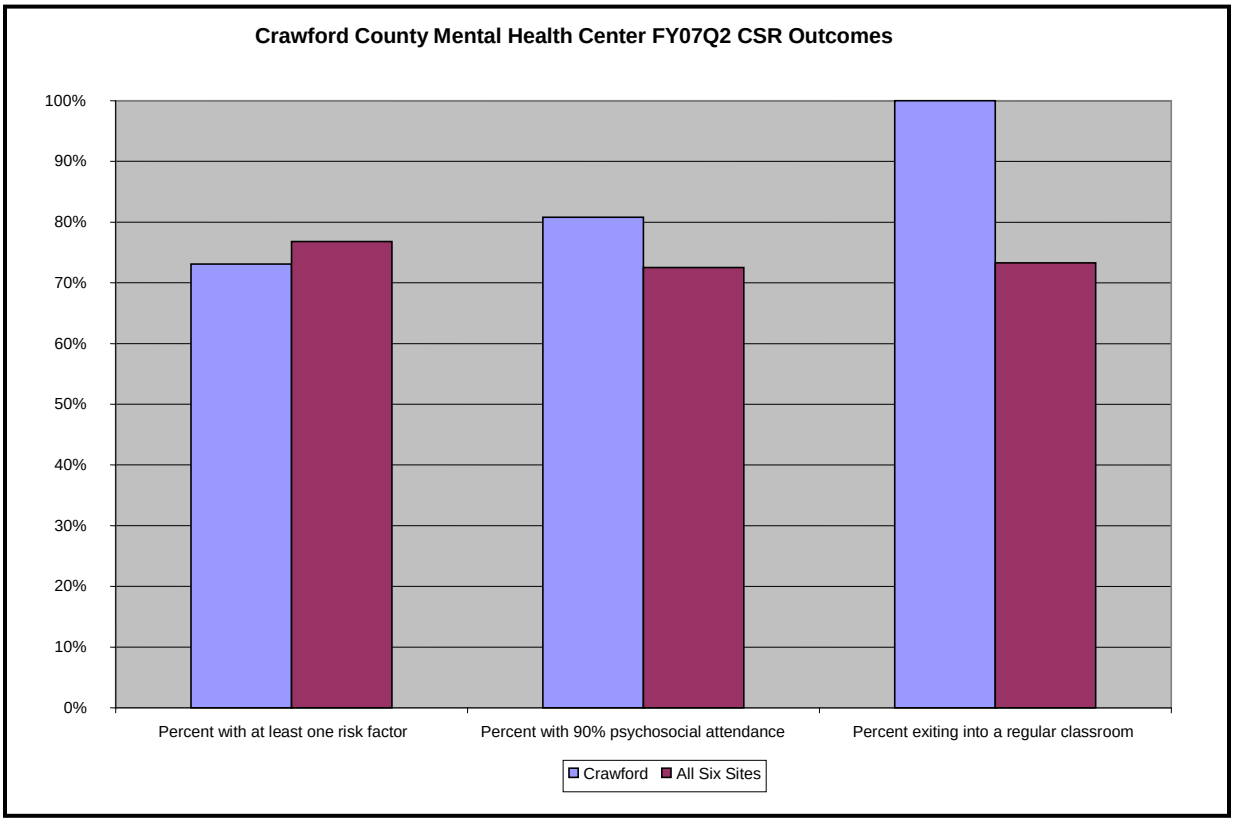
Table 6: Crawford County Mental Health Center TSP Staff and Community Development

Education Credentials	Average Longevity	Supervision	Trainings	Collaborative Relationships
Varies according to job	3 years	Weekly with QMHP*	Topic trainings every 2 weeks Case manager training CMHC trainings	School district Pittsburg State University Mt. Carmel Medical Center County Health Department Head Start & Early Head Start

*Qualified Mental Health Professional

Over 80% (21) of the children in the Crawford County Mental Health Center TSP program attended at least 90% of the scheduled days. This number exceeds the mean for all six programs of 72.5%. Over 73% of the children in the TSP program were identified as having at least one environmental risk. The three most prevalent risk factors among children enrolled in the Crawford County Mental Health Center TSP program were history of mental illness in the family, history of family substance abuse, and history of family violence. The number of children presenting with identified risk factors is slightly lower than the figure (76.8%) for youth statewide who were identified with at least one risk factor. Both children (100%) exiting from the TSP program were expected at the time of the study to be in a typical classroom setting (see Figure 3).

Figure 3: Crawford County Mental Health Center FY07Q2 CSR Outcomes

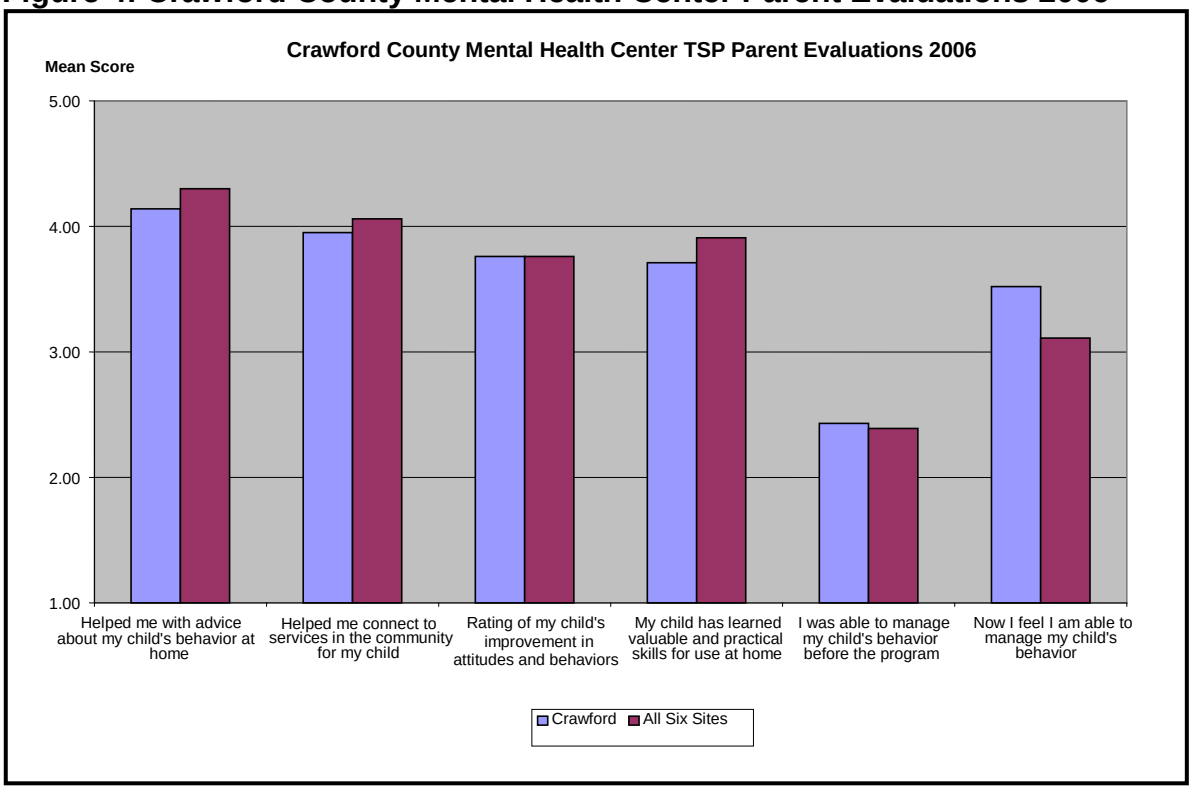


Parent Involvement

At Crawford Mental Health Center, parent involvement begins at intake when TSP staff conveys the importance of parent participation to a child's improvement. Parents are expected to participate in the classroom at least one time per week during group or ritual activities like opening circle. Parents may be asked to participate in center time if a particular skill needs to be modeled and reinforced. TSP staff sponsors "Parent Nights" which are organized around a particular topic such as child development and alternate between educational activities and family fun. Food and child care are included and as many as 100 parents and caregivers attend.

The parent evaluation for Crawford County Mental Health Center in 2006 had 21 respondents. In comparison to averages for all six programs (see Figure 4), parents from Crawford County Mental Health Center responded slightly below the mean for all six centers on assistance with their child's behavior at home (4.14 out of 5, *SD* = 1.24); assistance with connection with community resources (3.95, *SD* = 1.61); improvements in their child's behavior at home (3.76, *SD* = 1.48); and their perception of skills learned by their child (3.71, *SD* = 1.52). Although at or slightly below the mean for all sites on these measures, the means were between 3.71 and 4.14 on a scale of 1 to 5 (1 = poor and 5 = excellent) and reflected a high degree of overall satisfaction with outcomes for their child's participation in the TSP program. Parent's perception of their ability to manage their child's behaviors increased from 2.43 (*SD* = 1.43) to 3.52 (*SD* = 1.66) since their child began participating in the TSP program.

Figure 4: Crawford County Mental Health Center Parent Evaluations 2006

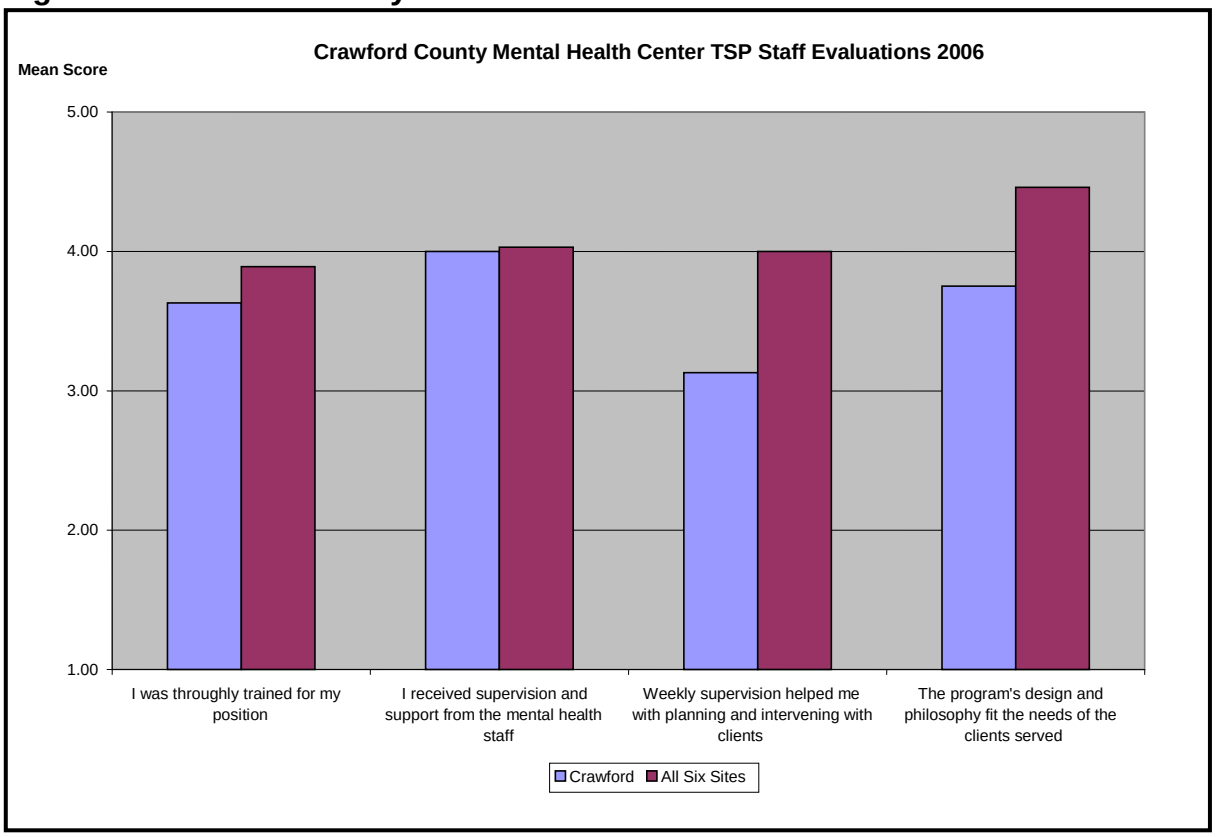


TSP Program Staff

The Crawford County Mental Health Center TSP program has approximately 25 staff members. Their credentials vary based on job duties. In addition to required center and case management trainings, topical trainings occur every 2 weeks and have included topics such as *Conscious Discipline* techniques, working with grandparents, and establishing routines in the home. Staff members attend weekly supervision with a Qualified Mental Health Professional. During weekly supervision, treatment goals and case plans are reviewed and updated (see Table 6).

The staff evaluation for 2006 had eight respondents. Figure 5 shows the comparison of Crawford County Mental Health Center staff responses to data for all six programs. The means of Crawford County Mental Health Center TSP staff responses were below the mean for all six sites on all four measures included in this study. The highest possible responses were given on receiving supervision and support from the mental health center staff with a mean of 4.0 (*SD* = 0.93) on a scale of 1 to 5 (1 = poor and 5 = excellent), which was slightly lower than the state mean of 4.03.

Figure 5: Crawford County Mental Health Center Staff Evaluations 2006



Elizabeth Layton Center

TSP Program

The Elizabeth Layton Center runs a psychosocial program 4 times a week for 3 hours a day. Most of the children in this program are on waiting lists for Head Start, have not been successful in Head Start, or need more support than is offered at other programs. The psychosocial program also takes referrals from child care or preschool providers for children who have been unsuccessful in their programs. For more information on program components gathered during the TSP site visit, see Tables 7, 8, and 9.

The goals of the psychosocial program are early identification of mental health needs and timely intervention. The intent is to connect the child and his or her parents with community resources and to prevent the need for a referral to CBS services. The Elizabeth Layton Center uses the *Conscious Discipline* curriculum as its core curriculum. As mentioned previously, this curriculum focuses on four skill areas: identifying feelings, managing anger, problem solving, and basic social skills (See Appendix 1 for further curriculum descriptions).

A typical day in the psychosocial program begins with check-in, followed by book time when each child selects a book to read. There is a greeting ritual followed by story time when books that relate to the lesson of the day are read. Lessons of the day focus on one of the four skill areas of the *Conscious Discipline* curriculum. Indoor play time allows children to have free-style play. Indoor play is followed by circle time when the calendar and job board are reviewed and jobs for the day are assigned. A thematic art activity is next, followed by quiet time, and then snack time. Next, center time allows children to practice fine motor and academic skills. Outside play time, goodbye time, and the closing ritual end the day.

The Elizabeth Layton Center also has collaborative agreements with two Head Start programs and with the local school district's special education program (PALS). The center works with these programs to assess and provide consultation on programming concerning children in need of assistance with social and emotional development. Attendance data for these children are included in Elizabeth Layton Center TSP CSR results.

Table 7: Elizabeth Layton Center TSP Program Logistics

Locations	Programs	Time	Duration	Child/Staff Ratio
CMHC	CMHC - psychosocial	4 x week, 3 hr/day	Continuous	1:2 - 1:4

Table 8: Elizabeth Layton Center TSP Program Composition

Admission Criteria	Assessment Tools	Goals	Curriculum	Tracking Outcomes	Parent Involvement
At risk for SED CBCL* scores	CBCL Denver Developmental Screening	Help families meet needs without CMHC Early identification of mental health needs and resource acquisition	*Conscious Discipline*	Chart reviews Parent communication TSP CSR reports	Family therapy Parenting classes Parent feedback and communication

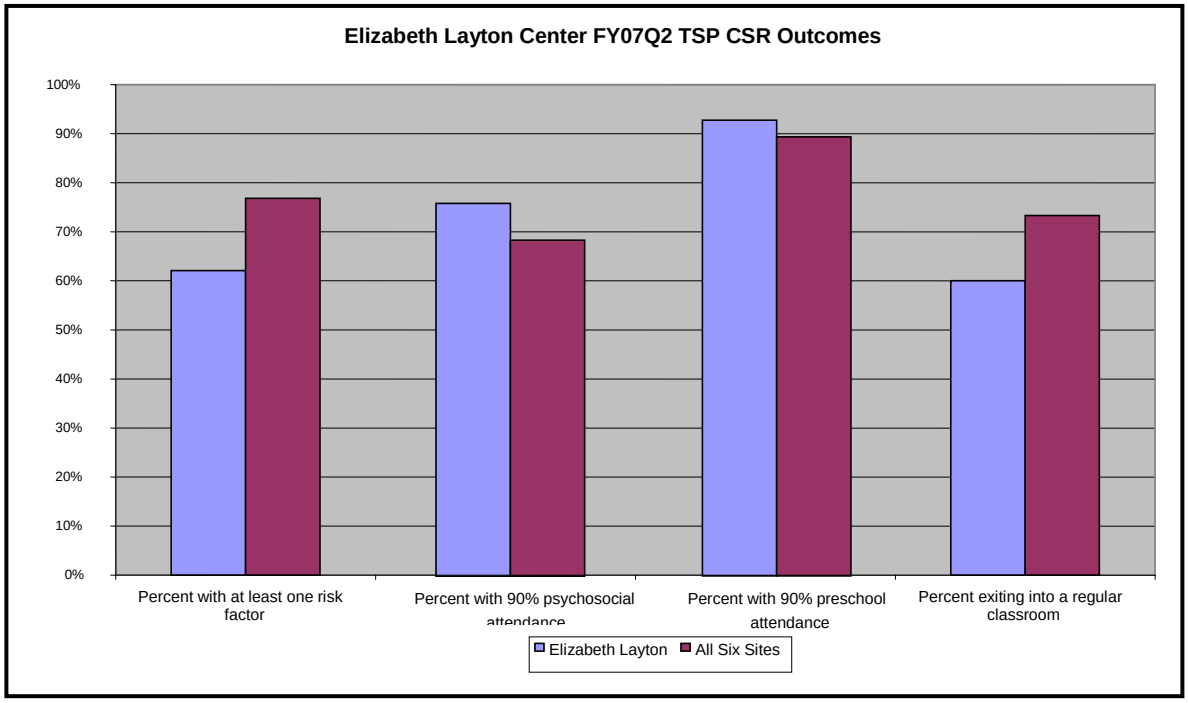
*Achenbach Child Behavior Checklist

Table 9: Elizabeth Layton Center TSP Staff and Community Development

Education Credentials	Average Longevity	Supervision	Trainings	Collaborative Relationships
Varies depending on job BA, MA, job experience	Recently – high turnover Historically – 5 years	Weekly team	*Conscious Discipline* Case manager training Conferences Topical trainings	Head Start School district County Childhood Coalition

The Elizabeth Layton Center on-site TSP program is a psychosocial program. Over 80% of the children in that program attended regularly. The collaboration with Head Start is considered a preschool program and 93% of the children attended the preschool program regularly. Attendance at the Elizabeth Layton Center exceeds the state average in both categories. Over 62% of the children attending the TSP or preschool program had at least one risk factor. This number is lower than the mean for all six sites of 77%. The three most prevalent risk factors identified among children attending Elizabeth Layton TSP and preschool programs were a history of mental illness in the family, a history of substance abuse, and a history of family violence. Of the five children exiting the TSP program this quarter, three (60%) will be entering a typical classroom. One child will not be entering school yet (see Figure 6).

Figure 6: Elizabeth Layton Center FY07Q2 CSR Outcomes



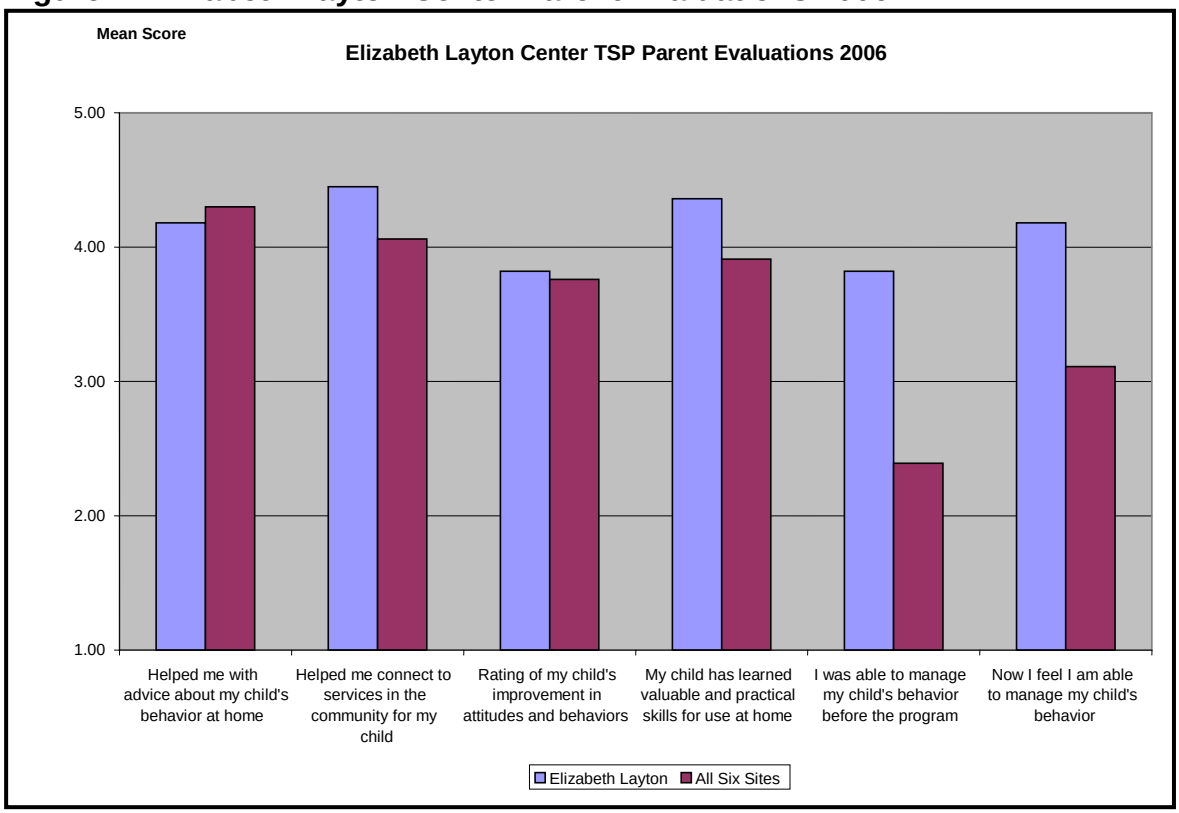
Parent Involvement

Families of all children in the TSP program are involved in family therapy. Communication with families also occurs while families drop off and pick up their children and through teacher meetings that provide feedback on goal plans and the child's progress in the TSP program. The Elizabeth Layton Center supplements case management and family therapy by offering parenting classes for parents whose children attend the TSP program.

In 2006, 11 parents completed parent evaluations for Elizabeth Layton Center's TSP program. Parents rated connecting with community resources (4.45 out of 5, *SD* = 1.04) and their child's acquisition of skills (4.36, *SD* = 0.92) higher than the state means of 4.06 and 3.91 respectively. Parents' perception of their ability to

manage their child's behavior increased from before (3.82, *SD* = 0.98) to after (4.18, *SD* = 0.87) the TSP program. Parents' ratings of their abilities after treatment were much higher than the mean for all programs (see Figure 7).

Figure 7: Elizabeth Layton Center Parent Evaluations 2006



TSP Program Staff

While case managers work with the Head Start program, youth specialists work in the psychosocial program at the Elizabeth Layton Center. Staff credentials vary from a master's degree to professional experience, depending on the job requirements. In addition to job-related training, all staff train in *Conscious Discipline*. Staff has the opportunity to attend trainings and conferences on issues relevant to early childhood mental health. Staff members attend weekly team supervision to review goal plans (see Table 9).

The staff evaluation for 2006 only had two respondents from the Elizabeth Layton Center. Due to the small number of respondents, no comparison to parent evaluations from other centers was made.

Family Service and Guidance Center

TSP Program

Family Service and Guidance Center (FSGC) has two TSP groups that operate 5 days a week. Children usually attend either a morning or afternoon session and the programs run continuously year round. FSGC also has partnerships with two Head Start programs where services are provided on-site.

The goals of the program are to maintain children in their communities, to prevent the need for special education services once children enter kindergarten, to enhance social and emotional development, and to keep children with their families. FSGC TSP programs place value on working with the whole family. The primary curriculum used is *Conscious Discipline*. See Tables 10, 11, and 12 for more information gathered during the TSP site visit.

A typical daily schedule includes free play time; circle time, including a psycho-educational activity; outside time; and social skill-building with play. Meals allow opportunities to focus on manners and personal hygiene. There are greeting rituals, song and dance, preparation for transitions, goodbye rituals, and assignment of jobs. Play activities support the curriculum and allow for coaching social skills and facilitating the development of problem-solving skills.

Table 10: Family Service & Guidance Center TSP Program Logistics

Locations	Programs	Time	Duration	Child/Staff Ratio
CMHC	Two groups	5 x week Morning or afternoon	Continuous, based on need	1:4

Table 11: Family Service & Guidance Center TSP Program Composition

Admission Criteria	Assessment Tools	Goals	Curriculum	Tracking Outcomes	Parent Involvement
SED GAF* CBCL** PECFAS***	PECFAS*** CAFAS**** CBCL** PSEDRI+ Clinical interview	Maintain children in community school placement Prevent need for Special Education Services Keep children with families Enhance social and emotional development Support the whole family	*Conscious Discipline*	Weekly supervision Treatment plans – 90 days PSEDRI charts PECFAS – 90 days CBCL scores	Family therapy Communication through case manager

*Global Assessment of Functioning
**Achenbach Child Behavior Checklist
***Preschool and Early Childhood Functional Assessment Scale
****Child & Adolescent Functional Assessment Scale
+Preschool Social and Emotional Developmental Readiness Index

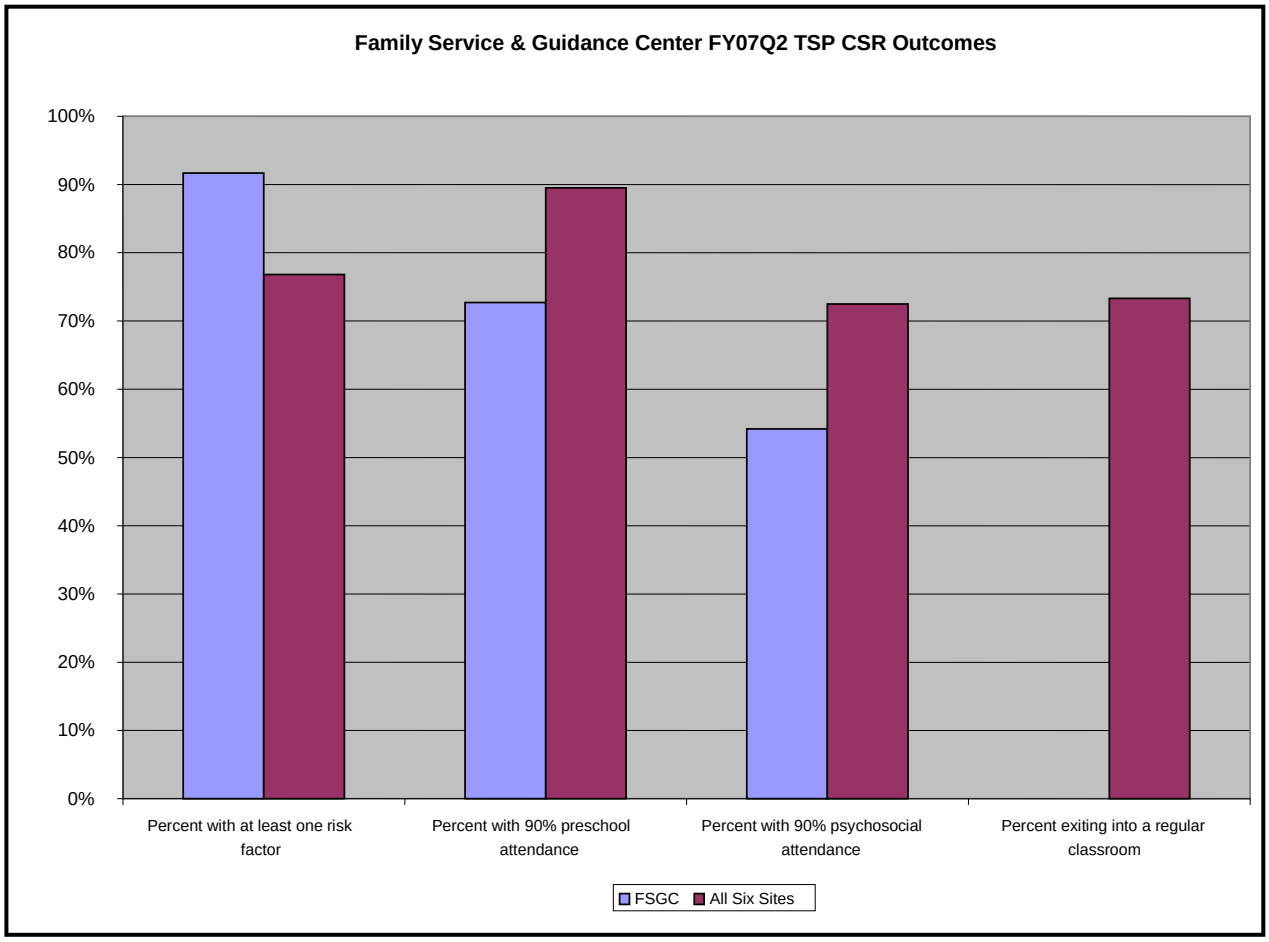
Table 12: Family Service & Guidance Center TSP Staff and Community Development

Education Credentials	Staff Longevity	Supervision	Trainings	Collaborative Relationships
Varies depending on job Work experience to BA	1 to 10 years	Weekly – team Monthly observation– application of *Conscious Discipline* in classroom	Managing Aggressive Behavior* *Conscious Discipline* Topical trainings	Head Start School district

*A discipline management program

FSGC works with children in the psychosocial TSP programs and collaboratively with preschool programs. Over 73% of the children attended the preschool programs regularly and 54% of the children attended the psychosocial program regularly. Both were well below the average for all six sites. Approximately 91% of the children attending the TSP program experienced at least one risk factor. This percentage was much higher than the all sites average of 76.8%. The three most prevalent risk factors identified among children attending Family Service and Guidance Center TSP programs were a history of mental illness in the family, a history of family substance abuse, and a sibling in foster care. There were no children exiting the program during the quarter under examination (see Figure 8).

Figure 8: Family Service & Guidance Center FY07Q2 CSR Outcomes



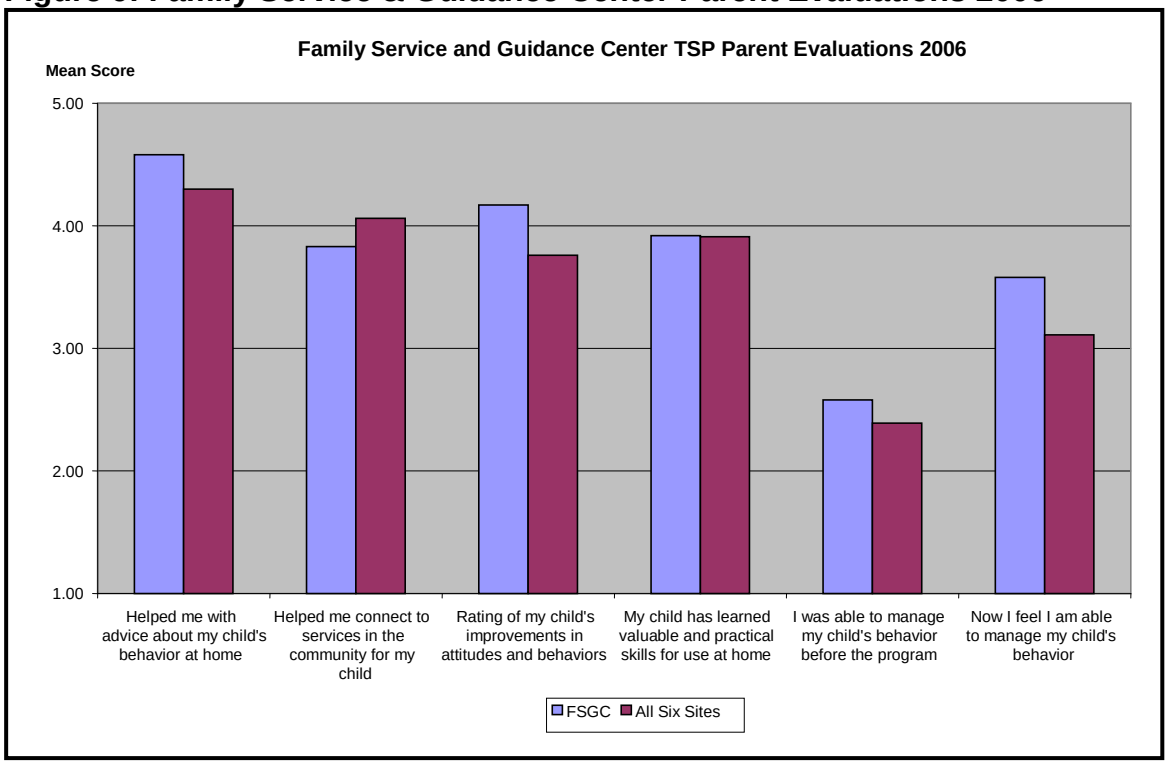
Parent Involvement

All parents whose children are involved in the TSP program are required to participate in family therapy with their children. Daily program notes are sent home to parents to inform them about the TSP activities of the day. If case managers are involved, they provide additional information to the family and assist in connecting

families with community resources. FSGC has not been able to develop a formal family program.

The FSGC parent evaluation for 2006 had 12 respondents. Figure 9 shows the comparison of FSGC parent responses to data for all six centers. Parent responses met or exceeded the state mean on perception of their child's improvement in behaviors (4.17 out of 5, *SD* = 1.12) and their child's acquisition of skills (3.92, *SD* = 1.56). The measure that received the highest mean score was assistance with advice about their child's behavior at home (4.58, *SD* = 0.9). Parents reported a notable increase of one entire point in their ability to mange their child's behavior after being involved in the TSP program. At the time of the survey, over 66% of the parents believed their child was ready for kindergarten. Two other parents indicated their children were too young for kindergarten. The remaining parents did not give explanations for why their child was not ready for kindergarten.

Figure 9: Family Service & Guidance Center Parent Evaluations 2006



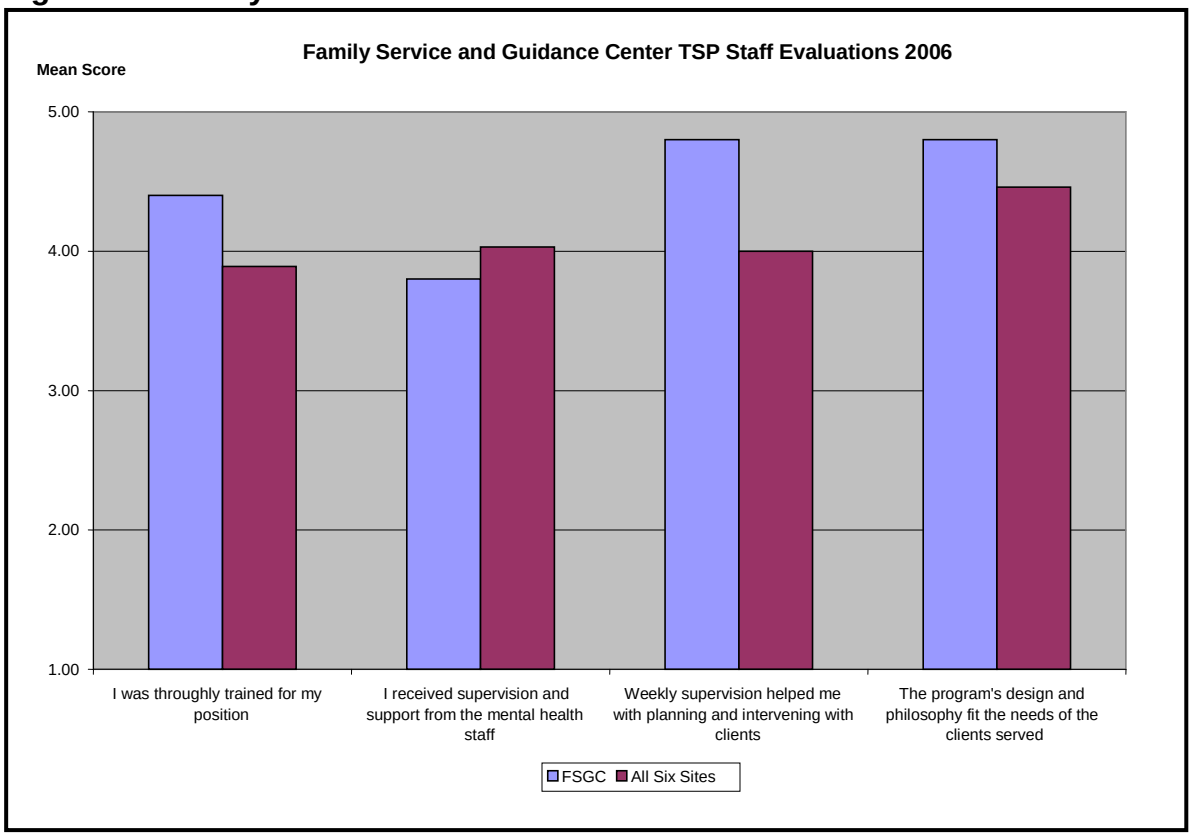
TSP Program Staff

FSGC TSP staff members are trained in the *Conscious Discipline* curriculum. They also receive CPR and first aid training as well as *Managing Aggressive Behavior (MAB)* training to develop skills to positively manage discipline in the classroom. Additionally, various topical trainings on early childhood mental health are provided throughout the year. Weekly team supervision is used to brainstorm

new ideas and to discuss treatment goals. Once a month, supervision is devoted to *Conscious Discipline* and how it is applied in the classroom.

The FSGC TSP staff evaluation for 2006 had five respondents. Figure 10 shows the comparison of FSGC responses to statewide data. Staff responses were above the average for all six sites on all measures except receiving supervision and support for mental health staff (3.80 out of 5, *SD* = 1.1). FSGC TSP staff rated weekly supervision highest at 4.80 (*SD* = 0.45), compared to the all site mean of 4.20.

Figure 10: Family Service and Guidance Center Staff Evaluations 2006



Johnson County Mental Health Center

TSP Program

Johnson County Mental Health Center's TSP program is housed in two locations. Both programs are housed in school district buildings dedicated to early childhood programs. The school district provides the TSP programs space as well as transportation for children participating in the programs. The programs run on the school calendar. The programs run 4 days a week and children may attend the programs in either the morning or afternoon.

The goal of the TSP program is to ready children for success in a typical school setting (least restrictive environment). *Conscious Discipline* is the primary curriculum used. It is supplemented with an anti-violence curriculum, *Second Step* (see Appendix 1 for further program description).

The daily schedule of the TSP program begins with unstructured time to work with table toys, puzzles, or books. After everyone arrives, the opening circle takes place, including a connecting ritual, opening jobs, and a safe person ritual. There is a small group activity that focuses on a lesson. Next, there are snacks and a closing ritual in which the teacher reads a book, the group sings a song, and the safe person ritual is completed. Movement activities, singing, dancing, and instruments are incorporated whenever possible. For more information from the TSP site visit, see Tables 13, 14, and 15.

Table 13: Johnson County Mental Health TSP Program Logistics

Locations	Programs	Time	Duration	Child/Staff Ratio
School district	TSP	4 x week Half day (morning or afternoon)	School year Summer school	1:3; 1:1 if necessary

Table 14: Johnson County Mental Health TSP Program Composition

Admission Criteria	Assessment Tools	Goals	Curriculum	Tracking Outcomes	Parent Involvement
SED	CBCL* PECFAS**	School readiness Least restrictive environment	*Second Step* *Conscious Discipline*	Progress notes Weekly team meetings Parent/teacher conferences Plans of care – 90 days Termination goals CBCL* PECFAS** TSP CSRs***	School open house Parent/teacher conferences Classroom participation "Star Night" parent family program Weekly meeting with case manager

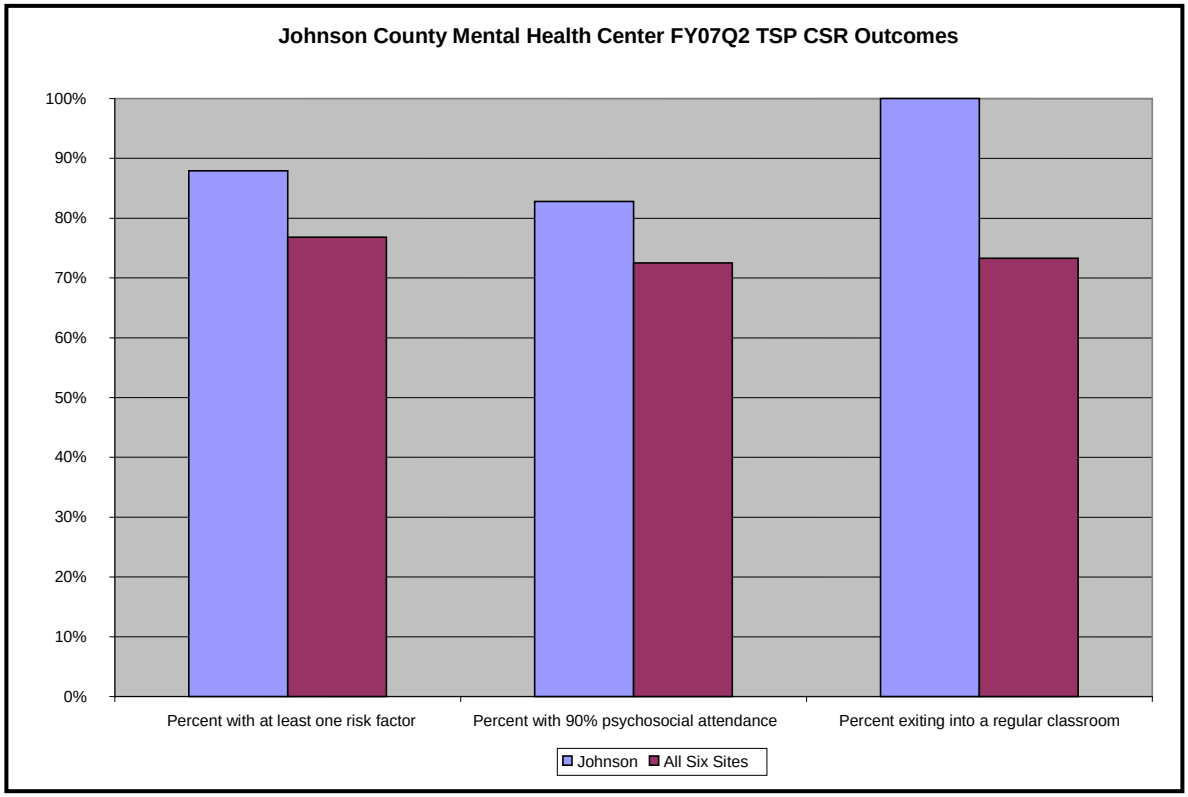
*Achenbach Child Behavior Checklist
** Preschool and Early Childhood Functional Assessment Scale
***Therapeutic Services for Preschool Age Children (TSP) Client Status Report (CSR)

Table 15: Johnson County Mental Health TSP Staff and Community Development

Education Credentials	Average Longevity	Supervision	Trainings	Collaborative Relationships
BA Job experience	3 years	Weekly team supervision Individual supervision	Case manager & asst. CM training *Conscious Discipline* Conferences & topic trainings Positive Behavior Support – KU Wrap around training Health & Safety, First Aid Crisis prevention & intervention (CPI)	Head Start School District Preschool/child care Community trainings and meetings Parents as Teachers

Figure 11 shows the comparison of Johnson County's TSP program parent responses to data for all six centers. Johnson County's TSP program is a psychosocial program. The percentage of children who attended more than 90% of the time was 82.8%. This is higher than the all site average attendance rate of 72.5%. The partnership between the Johnson County TSP program and the school district provides children with transportation to the TSP program. This transportation resource may account for the higher attendance rate. Over 87% of the children attending the TSP program reported at least one risk factor. This is more than 10% higher than the all site average of 76.8%. The three most prevalent risk factors identified among children attending Johnson County Mental Health TSP program were a history of mental illness in the family, a history of family substance abuse, and a history of family violence. One child exited from the TSP program during the study timeframe and was expected to enter a typical classroom (see Figure 11).

Figure 11: Johnson County Mental Health FY07Q2 CSR Outcomes



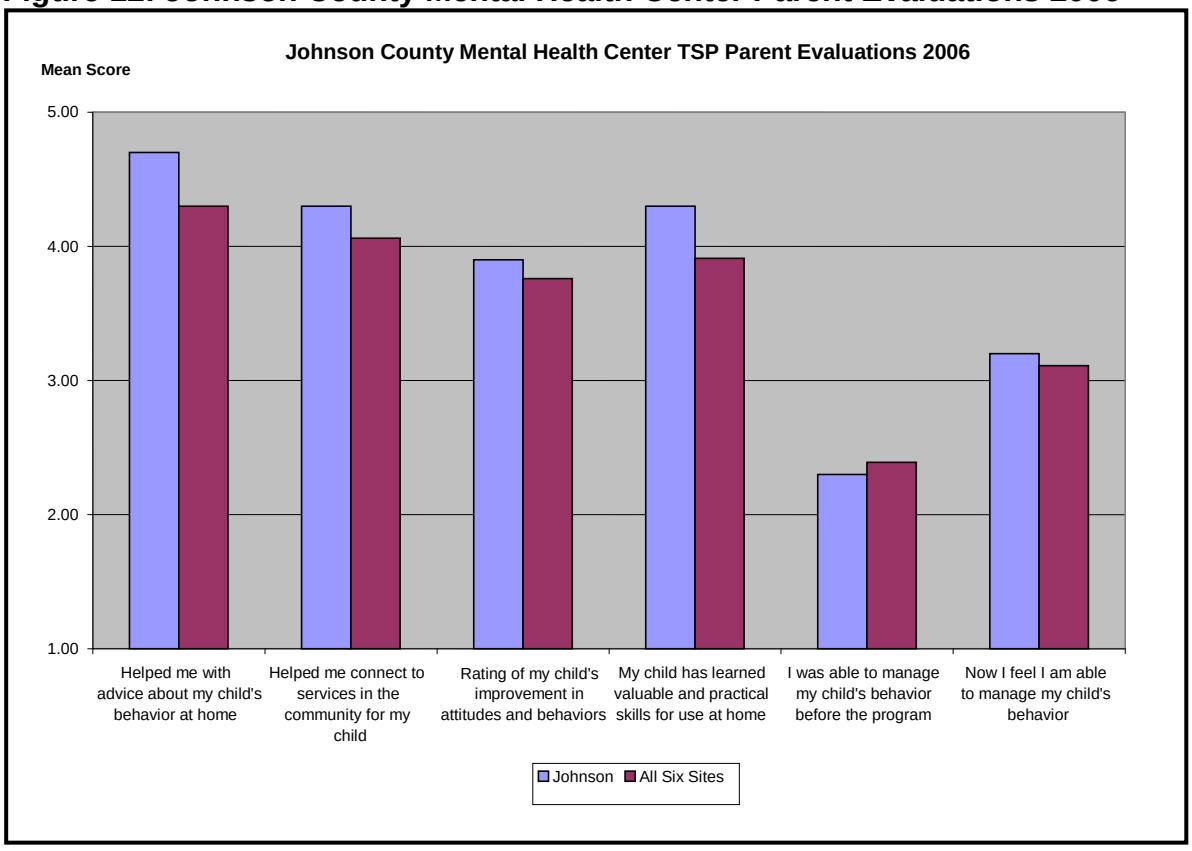
Parent Involvement

Parent involvement includes parent-teacher conferences, parent-teacher phone calls, and opportunities for parents to visit and participate in classroom activities. Case managers work with parents in the home on skill development and assistance in connecting with community resources. Parents and children participate in "Star Night," which takes place over 3 consecutive weeks. During this time,

parents and children share dinner and participate in activities separately and in large groups. Parents learn new skills and have an opportunity to practice those skills with their child. Children also participate in a creative activity. At the end of week 3, there is a graduation ceremony with certificates of completion and a prize for the family to take home.

Ten parents completed the Johnson County TSP parent evaluation for 2006. Parents' level of reported satisfaction was above the average for all six sites on four measures. Parents reported the highest level of satisfaction (4.7 out of 5, *SD* = 0.48) with the advice they received about managing their child's behavior at home. Parent's perception of their ability to manage their child's behavior improved from 2.30 (*SD* = 1.25) before the program to 3.20 (*SD* = 1.32) after participation in the TSP program. Nine parents responded to the question about their child's readiness for kindergarten. Only two (22.2%) of the parents believed their child was ready to enter kindergarten at the time of the survey. Other parents responded that their child was too young or that their child had just started the program and needed to make more progress before entering kindergarten.

Figure 12: Johnson County Mental Health Center Parent Evaluations 2006

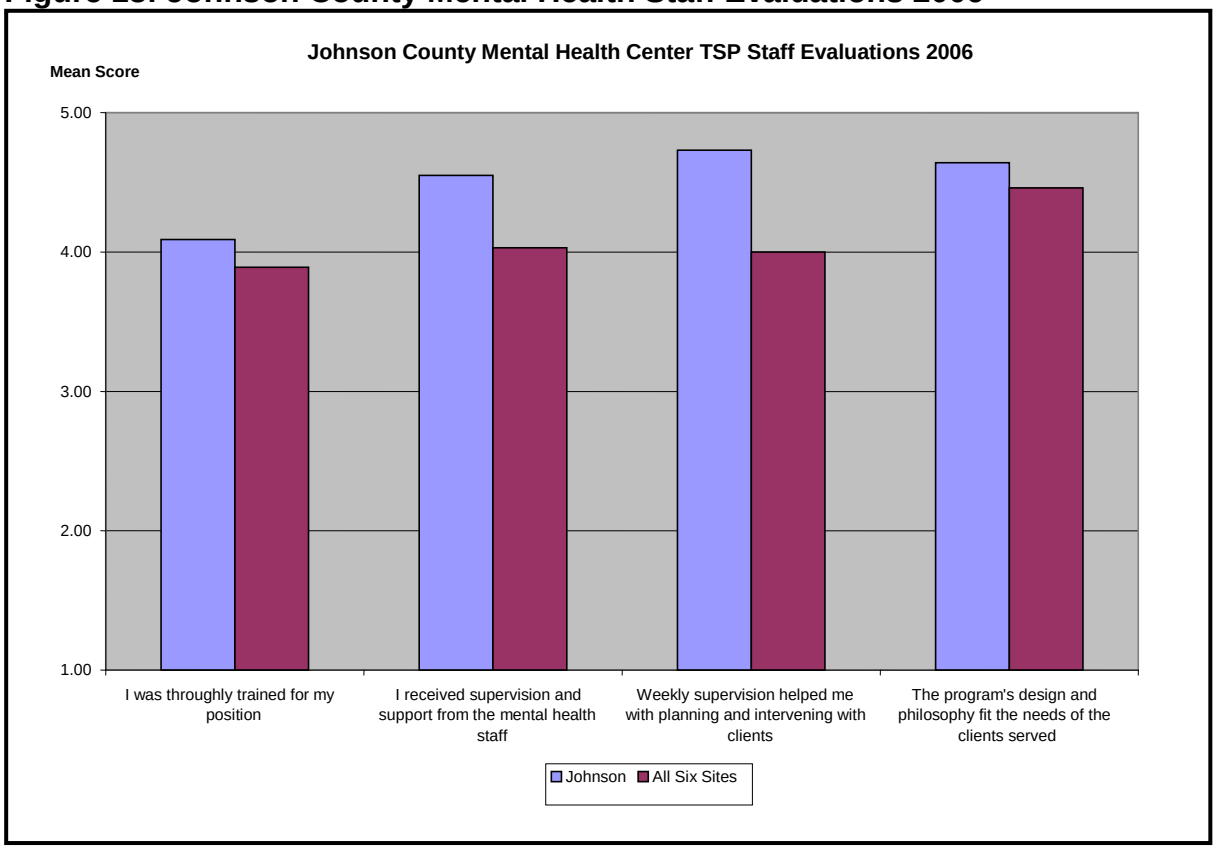


TSP Program Staff

Johnson County case managers are required to have a college degree and most staff members have some mental health experience. Johnson County staff members are trained in *Conscious Discipline* and have taken the state required training for their positions. Johnson County offers topical trainings every 2 to 3 months on topics such as applying *Conscious Discipline* in the classroom setting. Health and safety trainings are also offered. The center has an education budget for staff training. Team supervision takes place weekly.

The Johnson County TSP staff evaluation for 2006 had 11 respondents. Figure 13 shows the comparison of Johnson County responses to data for all six programs. The average satisfaction of staff at Johnson County exceeded the all site average in all four areas measured. Staff reported that they were most satisfied with the helpfulness of weekly supervision in planning and intervening with clients (4.73, *SD* = 0.47).

Figure 13: Johnson County Mental Health Staff Evaluations 2006



Sumner Mental Health Center

TSP Program

Sumner has one TSP location. The four classrooms include children in the TSP program and peer models. The program runs on the school schedule with an 8-week summer program. Children attend the program 3 hours a day and may also receive services such as individual therapy, play therapy, case management, and Individual Community Support.

The goal of the program is to promote mastery of self-regulatory brain functions, which sets the stage for mastery of more advanced social and emotional skills. The *Neurosequential Model of Therapeutics*, developed by Dr. Bruce Perry and *Conscious Discipline* are the primary curricula. According to the *Neurosequential Model of Therapeutics,* the core elements to positive social and emotional development include activities that are developmentally relevant; repetitive and patterned; rewarding; rhythmic and resonate with natural patterns; and respectful of the family, child, and culture. Filial play therapy, a child-centered play therapy is also incorporated. (See Appendix 1 for further program and curriculum descriptions)

Children are allowed to come and go from the regular classroom as they need to be calmed and regulated. Individual play sessions occur multiple times each week with case managers, therapists, and Individual Community Support. There is not a typical day as each child's schedule is tailored to meet his or her needs and to support attachment and self regulation. The focus is on developing a child's ability to control their own emotions, behavior and thought process. The core elements of *Neurosequential Model of Therapeutics* are employed along with activities from *Conscious Discipline* to meet the specific needs of each child. See Tables 16, 17, and 18 for more information on the TSP program.

Table 16: Sumner Mental Health Center TSP Program Logistics

Locations	Programs	Time	Duration	Child/Staff Ratio
CMHC	CMHC - Psychosocial	4 x week 3 hr/day	School year with 8-week summer program	1:2, 1:3 majority of the time; 1:1 if needed

Table 17: Sumner Mental Health Center TSP Program Composition

Admission Criteria	Assessment Tools	Goals	Curriculum	Tracking Outcomes	Parent Involvement
SED In need of intensive treatment (CM, ICS, therapist) to function in age appropriate environment	ASQSE* CBCL** CAFAS***	Promote mastery of self regulatory brain functions and social and emotional development	*Neurosequential Model of Therapeutics* *Conscious Discipline* Child centered play therapy/filial therapy	PSEDRI+ scores TSP data from KU SSW Weekly team meetings	1/3 in parent support meetings All receive parent home visits All receive the parent newsletter

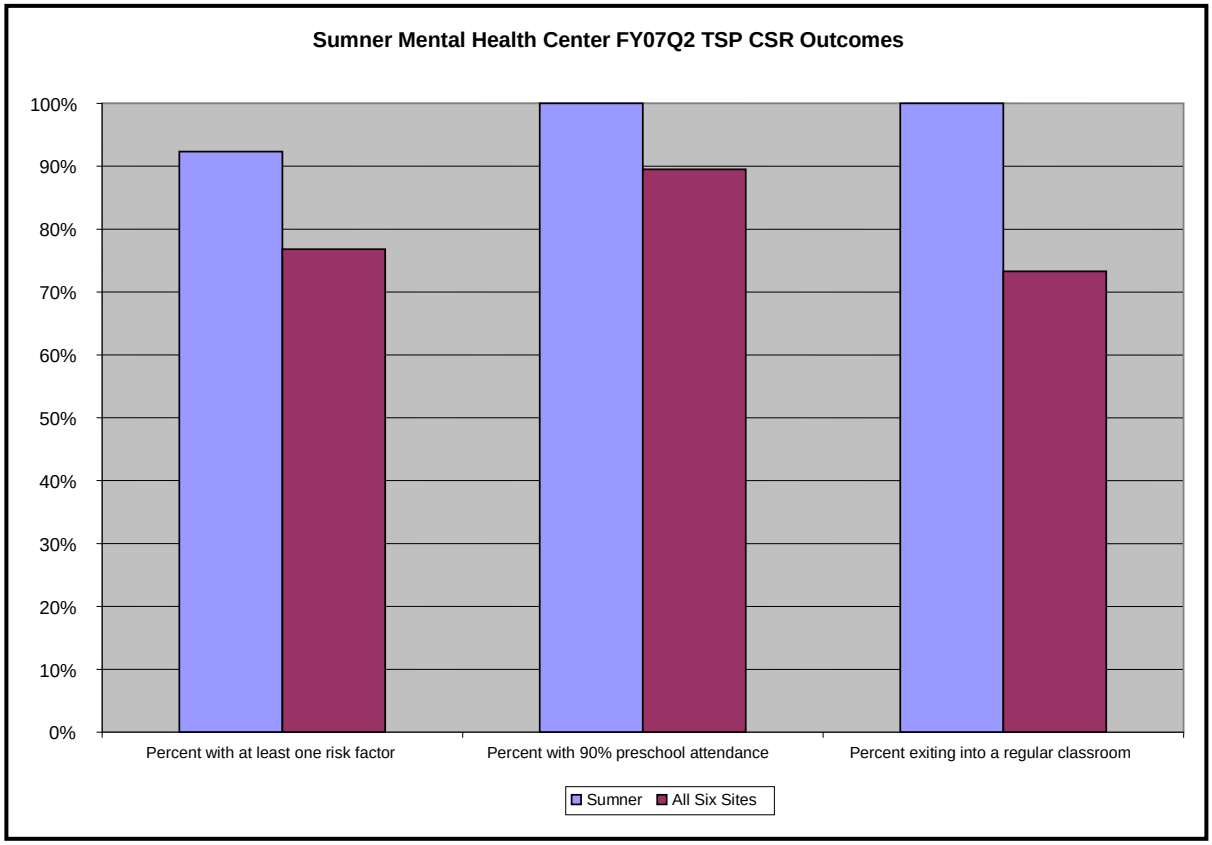
*****Ages and Stages Questionnaire: Social Emotional
******Achenbach Child Behavior Checklist
*******Child & Adolescent Functional Assessment Scale
+ Preschool Social and Emotional Developmental Readiness

Table 18: Sumner Mental Health Center TSP Staff and Community Development

Education Credentials	Average Longevity	Supervision	Trainings	Collaborative Relationships
Varies according to position requirements	3 to 4 years	Weekly staff supervision Weekly observation in classroom Weekly individual supervision	Filial therapy Play therapy Neurosequential Development Assessment Enhancement training	School district Community organizations Head Start & Early Head Start

Sumner considers its TSP program to be a psychosocial program. All 13 (100%) of the children in TSP attended at least 90% of the scheduled days. This is well above the six site average of 72.5%. A high percentage of the children (92.3%) attending the Sumner TSP program were reported to have at least one risk factor. This was the highest percentage of children with at least one risk factor for all six programs. The three most prevalent risk factors identified among children attending Sumner Mental Health Center TSP program were a history of mental illness in the family, a history of family substance abuse, and a history of family violence. The one child exiting from the TSP program was expected to enter a typical classroom setting (see Figure 14).

Figure 14: Sumner Mental Health Center FY07Q2 TSP CSR Outcomes



Parent Involvement

About one third of parents in Sumner Mental Health Center's TSP program are involved in a parent support group and all parents receive home visits. A parent newsletter is the primary form of communication between the mental health center and parents. Sumner Mental Health Center also mails information from the last parent meeting to each family.

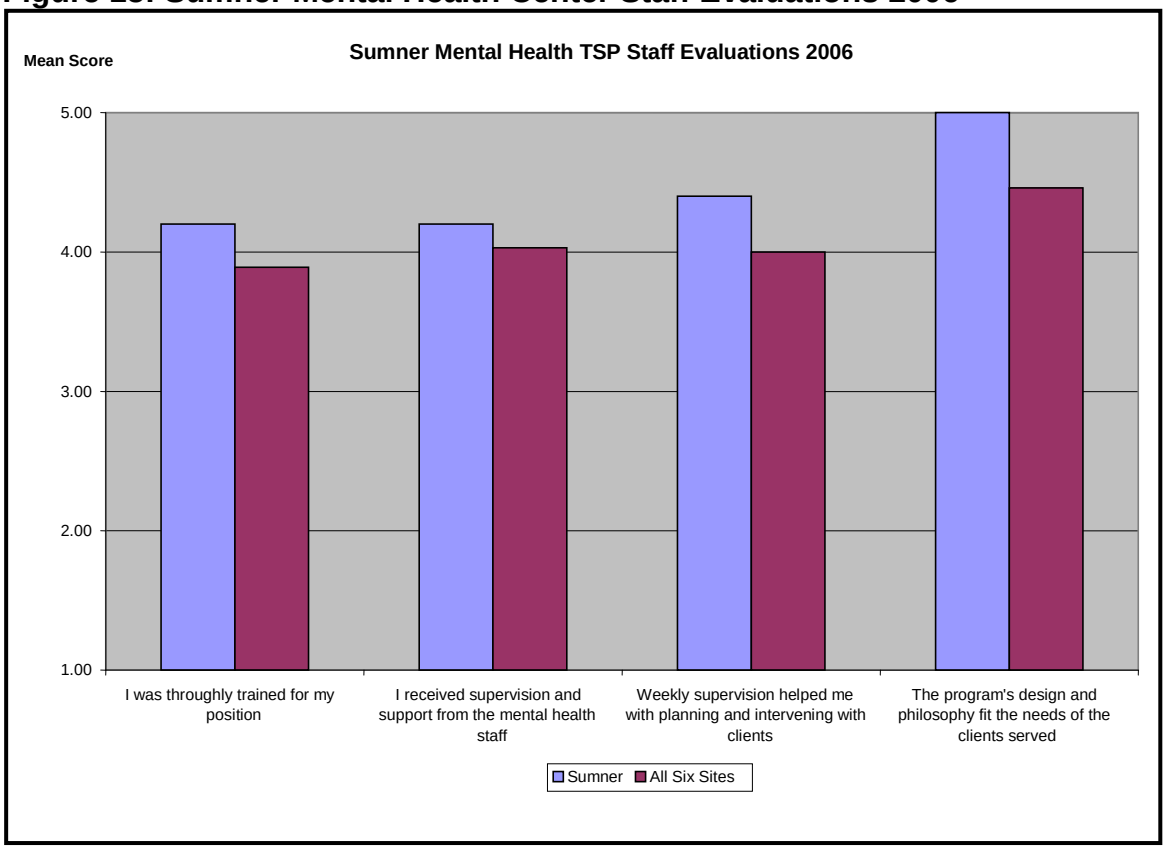
The parent evaluation for 2006 only had three respondents from Sumner Mental Health Center. Due to the small number of respondents, no comparison to parent evaluations from other centers is given.

TSP Program Staff

Sumner Mental Health Center staff members are trained in filial therapy, play therapy, limit setting, *Neurosequential Development Assessment,* and *Conscious Discipline*. Weekly team meetings for supervision and weekly individual supervision are supplemented by classroom observations and feedback.

The staff evaluation for 2006 had five respondents. Figure 15 shows the comparison of Sumner County responses to data for all six centers. The average satisfaction of staff at Sumner County exceeded the six site average in all four areas measured. Staff members were particularly satisfied with the fit between the program's philosophy and the needs of the clients. All staff reported the highest satisfaction possible (5 out of 5) on this measure.

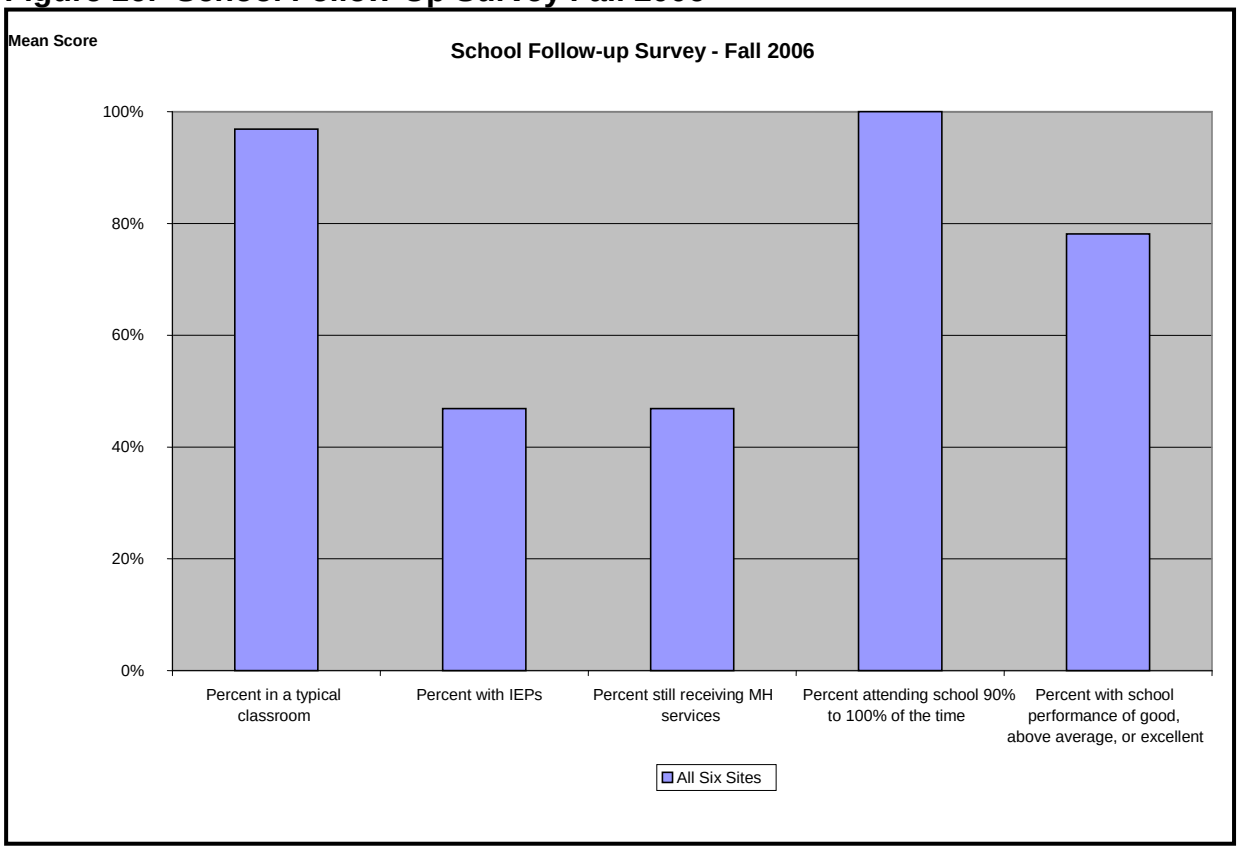
Figure 15: Sumner Mental Health Center Staff Evaluations 2006



SCHOOL FOLLOW-UP SURVEY – RESULTS

Preparing children to enter a typical classroom setting is a primary goal of all TSP programs. To assess the impact of the TSP program after a child has exited, KU SSW staff conducts a phone/mail survey with parents twice a year. The information presented here is from the Fall Semester 2006 survey. Although the survey response rate was low (n=32), those parents who responded reported a very positive educational outcomes. Over 96% of the parents reported that their child was in a typical classroom. Due to the low response rate, we were unable to present TSP site-specific results. Figure 16 displays results for all six TSP programs combined. Over three quarters of the respondents (78.1%) rated their child's performance in school as good, above average, or excellent, suggesting that children who graduate from TSP programs are successful in school. In addition, over half of the parent respondents (53.1%) noted that their child was no longer receiving mental health services and did not require an IEP. These preliminary results indicate a very encouraging trend for children in TSP programs.

Figure 16: School Follow-Up Survey Fall 2006



DISCUSSION

In this report, we present a descriptive overview of components and selected outcomes for the six Therapeutic Services for Preschool Age Children (TSP) programs in Kansas. The methodology used in this study does not allow for a direct comparison of TSP programs but does give an overall picture of the six TSP programs, parent involvement, staff satisfaction, and outcomes for children who attended these programs.

The primary limitation of this study was the small number of respondents on three of the measures: Annual Staff Evaluation, Annual Parent Evaluation, and Bi-Annual School Follow-Up Survey. Researchers are thus circumscribed in their ability to draw conclusions from this data, given that the numbers of respondents on these measures did not allow for comparison across TSP sites. The strongest indicators of long term outcomes for children who attended TSP programs were from the Bi-Annual School Follow-Up Survey which indicated that more than 50% of the children who have attended TSP programs did not have an IEP and were no longer receiving mental health services. While these are positive outcomes, the number of participants in the school follow-up survey is very low. Only thirty-two (n=32) families participated in this round of the survey. Since the school follow-up survey began in the fall of 2005, 389 children have exited TSP programs; however, KU SSW has received only 90 signed consent forms. TSP programs have indicated difficulty securing parental consent to participate in both the School Follow-Up Survey and the Annual Parent Evaluation. Parents who do not sign consent forms or agree to participate in the parent evaluation may represent different opinions than those who agreed to participate.

All programs focus on creating a safe, caring environment that supports social and emotional development. They do so by emphasizing the four themes of the *Conscious Discipline* curriculum: identifying feelings, managing anger, developing problem solving skills, and developing basic social skills. TSP program environments support children's learning with posters that communicate these themes, safe places for children to retreat when feeling overwhelmed, various activity centers supporting learning, and rituals to create structure and routine and to assist with transitions. The use of *Conscious Discipline* as the primary curriculum for all of the TSP programs has evolved over time and has come about because TSP programs have shared information with each other about the effectiveness of this curriculum.

Preparing children to enter a regular or typical classroom setting is a primary goal of all TSP programs. CSR data for the time period sampled indicate that more than two thirds of children exiting a TSP program were expected to enter a regular classroom. In the school follow-up report, 96.9% of parents reported that their child was in a regular classroom and over three quarters (78.1%) rated their child's performance in school as good, above average, or excellent, suggesting these children are successful in school. It is important to note that a small percentage of families of children who exited TSP programs chose to participate in the School Follow-Up Survey. The impact of this on the results is unknown. Results from those

parents who did complete the survey overwhelmingly indicate that TSP programs do prepare children to be successful in a typical classroom setting. Another common goal of TSP programs is to prevent the need for special education services and continued mental health services. According to the School Follow-Up Survey, one half (53.1%) of the children no longer require mental health services and one half (53.1%) no longer required Individualized Education Plans (IEP). All children who attend TSP programs have had difficulty maintaining placement in typical preschool settings and were identified as children in need of social and emotional assistance. If they had not been participants in the TSP program, they would likely have continued to need supports such as mental health services and an IEP. According to those respondents who participated in the school survey, TSP programs have met their goal of intervening early to address the social and emotional needs of young children in order to prevent the need for future treatment.

The greatest variation across TSP programs was evident in parent involvement. Some programs require parents to participate in specific services such as family therapy or case management. TSP programs have had mixed results developing formal parenting programs. One center has successfully implemented a formal program for families that assists parents with developing parenting and communication skills. Other TSP programs have parenting curriculum for case managers to implement with families. Some TSP programs require parents to participate with their child in TSP program activities. Regardless of how parent involvement is structured, all TSP programs agree that parent participation is essential for children to succeed.

Parents who responded to the 2006 Parent Evaluation identified three areas of the program that were particularly beneficial: assistance learning techniques to manage their child's behavior at home, assistance with connecting with community resources, and skills their child learned for use at home. For every TSP program, parents' perception of their ability to manage their child's behaviors at home improved after their child participated in the TSP program. For all six programs, perception of ability to manage behavior increased from fair to good. TSP programs assisted parents with their abilities to work with their child in the home, and all parents saw an improvement in their child's behavior.

All TSP staff members are required to attend job-specific trainings and trainings specific to the TSP program curriculum used. All TSP programs have weekly supervision and some supplement that supervision with individual supervision and classroom observation and feedback. The TSP Staff Evaluation offers insight into the satisfaction of TSP staff with training and supervision; satisfaction scores varied the most across TSP program sites. It is noteworthy that the two centers with the lowest number of respondents (two) had the lowest satisfaction scores. The six site mean for all TSP programs showed a range of 3.89 to 4.46 on a scale of 1 to 5 (1 = poor and 5 = excellent), with the highest satisfaction of 4.46 on the belief that the program's design and philosophy fit the needs of the children served. The lowest mean score was 3.89 on being thoroughly trained for the position. There was a range of longevity of TSP program staff. Some programs had a majority of staff that had

been in their position for several years. Other programs had just experienced a large turnover of staff. Tenure in the job may account for some of the differences in TSP staff satisfaction on the evaluation.

Overall, their data indicate that TSP programs are meeting the goal of school readiness. Centers are working with parents to find resources and learn new skills to work with their children. Most children leave TSP programs ready to enter a typical classroom, are successful in their academic performance in class, and no longer need mental health services or Individualized Education Plans. Parents report that they have learned new skills to use with their child and believe that their child has learned beneficial skills and behaviors.

APPENDICES

Appendix 1: Program and Activity Descriptions

Program and Activity Descriptions

Conscious Discipline

Conscious Discipline, created by Becky A. Bailey, Ph.D., is a social and emotional curriculum based on brain research and child development research. It is designed to teach anger management, helpfulness, assertiveness, impulse control, cooperation, empathy, and problem solving skills. *Conscious Discipline* creates physical and psychological safe spaces that encourage academic and social learning.

For more information see: www.beckybailey.com

Filial Therapy

Filial Therapy was developed by Bernard and Louise Gurney. It is a type of child-centered play therapy suitable for children between the ages of 3 and 11 that involves the parents or caregivers directly in the play therapy. Parents work with a therapist to practice their skills before practicing them with their child. Parents then hold a play therapy session with their child once a week to practice the skills. The goal is to foster closer relationships between parents and children.

For more information see: www.filialtherapy.co.uk

Managing Aggressive Behavior

Managing Aggressive Behavior is a training program centering on principles, techniques, and skills for recognizing and managing violent and aggressive behavior from a positive perspective. The focus is on creating a safe environment and using praise and positive interaction to diffuse aggressive behavior.

For more information see: www.nana-nts.com

Neurosequential Model of Therapeutics

The *Neurosequential Model of Therapeutics*, developed by Dr. Bruce Perry, examines the strengths and vulnerabilities of a child to create an individualized educational program designed to promote social and emotional development. The focus is on self-regulation and the ability to control one's own emotions, behaviors, and thought processes. According to the *Neurosequential Model of Therapeutics*, the core elements of a positive developmental experience require that activities be relevant and developmentally appropriate; repetitive and patterned; rewarding and pleasurable; relational and safe; rhythmic; and respectful of family, child, and culture.

For more information see: www.childtruama.org

Second Step

Second Step is a violence prevention curriculum where students are taught to reduce impulsive and aggressive behaviors and increase their social and emotional development. Group discussion, modeling, and practice are used to learn empathy, impulse control, problem solving skills, and anger management.

For more information see: www.dsgonline.com

Strengthening Families

The Strengthening Families Program was developed by Karol L. Kumpfer to strengthen family coping skills. The children's groups focus on social and life skills such as problem solving, conflict resolution, decision making, and communication skills. The parent groups focus on increasing family strengths, increasing positive family time together, developing new family rituals and chore charts, effective discipline, and family resources for positive changes. The family group focuses primarily on practicing the skills learned in the separate groups through role playing, games, and activities.

For more information see: www.strengtheningfamiliesprogram.org

Paris Goodyear-Brown

Paris Goodyear Brown is a Licensed Clinical Social Worker and a Registered Play Therapist who has created play therapy materials for use with children with social and emotional development issues. For example, *Digging for Buried Treasure* is a book with prop-based play therapy activities.

For more information see: www.parisandme.com

Liana Lowenstein

Liana Lowenstein is a clinician specializing in treating children with social and emotional difficulties. She has written several activity books that are creative and play-based to assist children in expressing themselves. Activities such as therapeutic games, puppets, and art activities are used to enhance children's social skills and self-esteem

For more information see: www.lianalowenstein.com

Appendix 2: Client Status Report (CSR) Form

For client confidentiality, the client name **must** be removed before sending the CSR to the University of Kansas

THERAPEUTIC SERVICES TO PRESCHOOL CHILDREN (TSP)
CLIENT STATUS REPORT (2007)

CMHC PID #_____ Client AIMS ID#_____ Sex:_____ DOB: _____/_____/_____
Mo. Day Yr.

Name of Reporting Individual:_____

Start (or Restart) Date (Mo/Day/Yr): _____/_____/_____

Stop Date (Mo/Day/Yr): _____/_____/_____ (If leaving all TSP grant funded services enter date here, fill out page 4.)

Race or Ethnic Group: #1 to 6 _____

1 = Asian/Asian American/Pacific Islander
2 = Black/African American
3 = First Nations/Native American/American Indian or Alaskan Native American
4 = Hispanic/Latino/Mexican
5 = White/Caucasian/European American
6 = Multiple Race/Ethnicity or Bi-Racial

Types of Service: (√ Check all that apply)	**QTR Jan – Mar 2007**	**QTR Apr – Jun 2007**	**QTR Jul – Sep 2007**	**QTR Oct – Dec 2007**
1. Psychosocial				
2. CM: (T)CM or (C)PST [**check corresponding box(es)**]	T C	T C	T C	T C
3. (A)ttendant Care / (I)CS [**check corresponding box(es)**]	A I	A I	A I	A I
4. Home-based Family Therapy				
5. (I)ndividual / (G)roup / (F)amily Therapy [**check box(es)**]	I G F	I G F	I G F	I G F
6. Parent Support				
7. Medication Management				

Custody Status (√ Check one)	**QTR Jan – Mar 2007**	**QTR Apr – Jun 2007**	**QTR Jul – Sep 2007**	**QTR Oct – Dec 2007**
1. Child is in SRS custody and out of home placement				
2. Child in SRS custody and lives at home				
3. Child is under SRS supervision, but not in their custody				
4. No SRS involvement				

Reimbursement Source (√ Check all that apply)	**QTR Jan – Mar 2007**	**QTR Apr – Jun 2007**	**QTR Jul – Sep 2007**	**QTR Oct – Dec 2007**
1. SED Waiver				
2. Medicaid (Non-Waiver)				
3. HealthWave				
4. No Insurance/Private Pay (includes no reimbursement for CM)				
5. Private Insurance				
6. Foster Care/Family Preservation/Adoption Contract				
7. School District				

RESIDENTIAL SETTINGS while receiving TSP Services: Record the <u>number of days</u> in each setting. (Include first and last days in placement.) ******CIRCLE* the <u>CURRENT PLACEMENT</u> *if more than one reported during the quarter.******	**QTR** Total-90 days **Jan – Mar 2007**	**QTR** Total-91 days **Apr – Jun 2007**	**QTR** Total-92 days **Jul – Sep 2007**	**QTR** Total-92 days **Oct – Dec 2007**
1. State Hospital				
2. Inpatient Psychiatric Unit				
3. Crisis Resolution/Stabilization Unit				
4. Residential Treatment/Level VI				
5. Group Home (Levels III, IV, V)				
6. Emergency Shelter				
7. Therapeutic Foster Care				
8. Foster Home				
9. Temporarily Living with Relative or Family Friend				
10. Permanent Home (Biological or Adoptive Parent(s), Relative, Guardian, or Permanent Home)				
11. Other				
Foster Care/Adoption/Family Preservation Contractor: (List contractor # in each quarter child is receiving that service.) **0-None 1-DCCCA, 2-KCSL (FC), 3-KCSL (adoption), 4-KVC, 5-St. Francis, 6-The Farm, 7-UMY**				

CHILD BEHAVIOR CHECKLIST SCORES List T-scores	**<u>PARENT</u> AT ADMISSION**	PARENT 6 - MONTHS	PARENT 12- MONTHS	PARENT **MOST RECENT – AFTER 12 MONTHS**	PARENT **EXIT**	**<u>TEACHER</u> AT 30 DAYS**	**<u>TEACHER</u> 6 - MONTHS**	**<u>TEACHER</u> 6 - MONTHS**	**<u>TEACHER</u> EXIT**
Date Administered :									
1. Total Problem: Clinically significant above 63									
2. Internalizing: Clinically significant above 63									
3. Externalizing: Clinically significant above 63									

PRESCHOOL (S) / PSYCHOSOCIAL (P) ATTENDANCE: ***<u>Number of Days Per Week Scheduled</u>*** in structured school readiness activities in classroom setting or community psychosocial groups. **Circle S and/or P**	**QTR Jan – Mar 2007**		**QTR Apr – Jun 2007**		**QTR Jul – Sep 2007**		**QTR Oct – Dec 2007**	
1. One (1) Day Per Week	S	P	S	P	S	P	S	P
2. Two (2) Days Per Week	S	P	S	P	S	P	S	P
3. Three (3) Days Per Week	S	P	S	P	S	P	S	P
4. Four (4) Days Per Week	S	P	S	P	S	P	S	P
5. Five (5) Days Per Week	S	P	S	P	S	P	S	P
Attendance: # Actual days attended (S)chool or (P)sychosocial	**S**	**P**	**S**	**P**	**S**	**P**	**S**	**P**
1. Indicate # Days Attended School or Psychosocial in Quarter								
Attendance: Percent scheduled days attended. (Check one.)	**S**	**P**	**S**	**P**	**S**	**P**	**S**	**P**
1. Attends Infrequently (1-59%)								
2. Attends More Than Not (60-89%)								
3. Attends Regularly (90-100%)								

ENVIRONMENTAL RISK FACTORS **Enter Data Received at Intake (required)** **Quarter Data entered ONLY if there is a change in information**	Intake Data √ Y S N U				**JAN - MAR 2007** **Y**	**S**	**APR - JUN 2007** Y	S	JUL-SEP **2007** **Y**	**S**	OCT-DEC **2007** **Y**	**S**
1. Has the child ever been physically abused?												
2. Has the child ever been sexually abused?												
3. Has the child been a runaway?												
4. Has the child ever attempted to harm himself/herself?												
5. Has the child ever abused drugs and/or alcohol?												
6. Has any parent or caregiver had a psychiatric hospitalization?												
7. Has any parent/caregiver had a felony conviction?												
8. Has a sibling been institutionalized, e.g., residential facility, corrections, psych hosp, etc.												
9. Has a sibling been in foster care?												
10. Is there a history of mental illness in the family?												
11. Is there a history of family violence in the family?												
12. Is there a history of substance abuse among family members?												
13. Is there a history of prenatal exposure to drugs and/or alcohol?												
14. Is there a history of drug and/or alcohol abuse by either biological parent prior to conception?												

KEY TO RISK FACTORS: Y = YES S = SUSPECTED N = NO U = Unknown, Not Asked, or Not Applicable

NOTE: For Risk Factors entered <u>after</u> Intake, please use the following notations to indicate the time of occurrence.

H = Historical (Information was received in the current quarter, however the incident occurred or may have occurred <u>prior</u> to Intake.)

A = After Intake (Information was received <u>and</u> incident occurred or may have occurred <u>after</u> Intake.)

INSTRUCTIONS FOR INDICATING RISK FACTORS:

1. Indicate risk factors with a <u>√</u> the risk factors presented at Intake. **(Required)**
2. In each quarter **<u>ONLY</u>** indicate any **NEW** information received that is different from data recorded at Intake.

CONTINUE TO NEXT PAGE ONLY IF CHILD EXITED ALL GRANT FUNDED THERAPEUTIC SERVICES TO PRESCHOOL CHILDREN THIS QUARTER.

EXIT INFORMATION BEGINS NEXT PAGE (PAGE 4)

REMINDER: Please ask parents of children exiting TSP program if they are willing to participate in the school follow-up survey. If so, ask them to sign an informed consent form and mail that form either with the CSRs or separately. Informed consent forms can also be completed at intake and sent to KU. We will hold them and contact parents after children have exited the program. Thanks!

EXIT INFORMATION: ***For clients with a Stop Date This Quarter for Therapeutic Services to Preschoolers.***
[See TSP - CSR Instructions]

A. Reason for TSP Stop: (√ Check only <u>one</u>)	
1. TSP Services Completed: **Goals accomplished and client transferred to non-(TSP) grant funded CMHC Services.** [If A. 1. is checked, complete section B. below.]	
2. TSP Services Completed: **Goals accomplished and NO further CMHC services to be provided**	
3. Outreach failed	
4. Client moved out of area	
5. Client discharged against CMHC advice	
6. Other: (Please describe)	
B. IF Continuing non-(TSP) grant funded CMHC Services: (√ Check all that apply)	
1. Psychosocial	
2. CM: TCM & CPST **(CIRCLE ALL THAT APPLY)**	
3. Attendant Care / ICS **(CIRCLE ALL THAT APPLY)**	
4. Home-based Family Therapy	
5. Individual / Group / Family Therapy **(CIRCLE ALL THAT APPLY)**	
6. Parent Support	
7. Medication Management	
8. Other: (Please describe)	

REMINDER: Please ask parents of children exiting programs if they are willing to participate in the school follow-up survey. If so, ask them to sign an informed consent form. Thanks!

If grant funded Therapeutic Services to Preschool Children Were Completed, Was Special Education Recommended to Parents & School for A Behavioral or Other Type of Need?
Yes ☐ No ☐

If Refused, was refusal by? Parents ☐ School ☐

EXPECTED EDUCATIONAL PLACEMENT: (√ Check only <u>one</u>)	
1. Regular Kindergarten	
2. Head Start	
3. Preschool	
4. Home schooling <u>not</u> provided by school district.	
5. Home-based instruction <u>from</u> school district	
6. Special Ed. Classroom (more than 60% of school day) including Alternative, BD Schooling	
7. Special Ed. Classroom (less than 60% of school day)	
8. Regular classroom with Special Ed. Services	
9. Regular classroom with Special Ed. Consultation	
10. Regular classroom (100% of the school - no Special Ed)	
11. Partial Hospital/Residential School	
12. Institutional Instruction; e.g. psychiatric hospital	
13. NO school	
14. Other: (Please Describe)	

NOTE: If child will be placed in a regular school setting indicate the name of school and city here so that follow-up tracking can be conducted:

School:_____ City:_____

Appendix 3: School Follow-Up Survey

University of Kansas School of Social Welfare

THERAPEUTIC SERVICES TO PRESCHOOL CHILDREN
School Follow-up Evaluation

As a parent or caregiver for a child who received specialized Therapeutic Services to Preschool Children (TSP), you can assist us to evaluate how effective those services were in preparing your child to enter a school (or preschool) classroom setting. Thank you for signing the consent form that your mental health center provided so that we could contact you after your child's therapeutic preschool services ended. The information you provide here can assist the state and service providers to improve therapeutic preschool services and ensure that they are helpful in preparing children for school. Do not put your name on the survey; your information will only be identified by a number.

Please let us know how your child is doing at this time by responding to the following questions.

1. How old is your child?

2. What is your child's current educational placement? Check one.

Regular Kindergarten	
Head Start	
Preschool	
Home Schooling **not** provided by school district	
Home-based Instruction **from** school district	
Special Education Classroom (more than 60% of school day) including Alternative, BD classrooms	
Special Education Classroom (less than 60% of school day)	
Regular Classroom with Special Education Services	
Regular Classroom with Special Education Consultation	
Regular Classroom (100% of the time, no Special Ed.)	
Partial Hospital/Residential School	
Institutional Instruction (such as a psychiatric hospital)	
NO School	
Other: (Please describe)	

3. Does your child have an **IEP** (Individualized Education Plan)? _____Yes _____No
   If so, what special education services is your child receiving?

4. Is your child receiving any mental health services? _____Yes _____No
   If so, please list the services.

5. Please estimate how regularly your child is attending school. Check one.
   _____Infrequently (Less than 60% of the time)
   _____More than Not (60% to 89% of the time)
   _____Regularly (90% to 100% of the time)

6. Please rate your child's performance in school at this point. Check one.

_____Poor
_____Fair
_____Good
_____Above Average
_____Excellent

7. Are there any difficulties your child is having in school? _____Yes _____No
If Yes, please explain.

8. How long did your child receive Therapeutic Preschool Services?

9. Do you have any comments about how effective the Therapeutic Preschool Services your child received were in preparing him/her to be successful in school?

Thank you for your participation in this survey! If you have any questions about the survey you may call or write the research project director listed below.

Sharon Barfield, Project Manager
School of Social Welfare – University of Kansas
1545 Lilac Lane
Lawrence, KS 66044-3184
(785) 830-8082

Appendix 4: Staff Evaluation

CMHC Name: _____

THERAPEUTIC PRESCHOOL - STAFF EVALUATION FORM

LOCATION: _____ SCHOOL YEAR: _____

{ 1 = Poor 2 = Fair 3 = Good 4 = Above Average 5 = Excellent }

STAFF:

1. Worked well together/everyone did their part	1	2	3	4	5
2. Program guidelines and conduct codes were clear and appropriate	1	2	3	4	5
3. I was kept adequately informed about preschool clients	1	2	3	4	5
4. When I became stressed out, my support level was...	1	2	3	4	5
5. Feedback about my job performance was clear and frequent	1	2	3	4	5
6. I was thoroughly trained for my job position	1	2	3	4	5
7. I received _____ supervision and support from the Mental Health Staff	1	2	3	4	5
8. Friday supervision helped me with planning and intervening with clients	1	2	3	4	5

PROGRAM:

1. Administrative support from the Mental Health Center was...	1	2	3	4	5
2. The program's design and philosophy fit the needs of the children served	1	2	3	4	5
3. The program's routine was easily followed by staff and clients	1	2	3	4	5
4. Resources for program activities [games, snack, planning, etc.] were accessible	1	2	3	4	5
5. The program facility and supplies [cars, etc.] were...	1	2	3	4	5
6. I believe my input is welcomed and valued by the Mental Health Staff	1	2	3	4	5
7. I believe my facilitator skills helped my clients improve in attitude & behavior	1	2	3	4	5

For low ratings, describe improvements needed:

Appendix 5: Parent Evaluation

THERAPEUTIC SERVICES FOR PRESCHOOL CHILDREN (TSP) - PARENT EVALUATION FORM

CMHC NAME: _____

LOCATION: _____ SCHOOL YEAR: _____

We would appreciate your feedback about this year's program.
Please rate the following statements accordingly.

{ 1 = Poor 2 = Fair 3 = Good 4 = Above Average 5 = Excellent }

THERAPEUTIC PRESCHOOL STAFF:

1. Treated me with respect and courtesy	1	2	3	4	5
2. Treated my child with respect and courtesy/took an active interest	1	2	3	4	5
3. Kept me informed about my child's progress & treatment goals	1	2	3	4	5
4. Were easy to contact and available to listen to my concerns	1	2	3	4	5
5. Helped me with advice about my child's behavior at home	1	2	3	4	5
6. Helped connect me to services in the community my child needed	1	2	3	4	5
7. Suggest ways to help my child with their _____ while at home	1	2	3	4	5

THERAPEUTIC PROGRAM:

1. The orientation I received about the preschool was...	1	2	3	4	5
2. I was informed and knew my child's_____ Plan for group	1	2	3	4	5
3. Program information and changes were communicated well and often enough	1	2	3	4	5
4. I believe this program is designed in the best interest of my child's education	1	2	3	4	5
5. The support and assistance provided by the staff for preschool was...	1	2	3	4	5
6. My child's improvements in attitude and behavior have been...	1	2	3	4	5
7. My child has learned valuable and practical skills he/she uses at home	1	2	3	4	5
8. When I began the program, I felt I was able to manage my child's behavior	1	2	3	4	5
9. Now I feel I am able to manage my child's behavior	1	2	3	4	5
10. The location and building space of the service is...	1	2	3	4	5

For low ratings, describe improvements needed (Additional space on page two):

Improvements needed (continued)

Please circle the answer that applies to your child.

1. Since beginning preschool, I have seen my child get better at:

Waiting their turn	*Yes*	*No*	*Sometimes*	*Not Sure*
Sharing	*Yes*	*No*	*Sometimes*	*Not Sure*
Listening	*Yes*	*No*	*Sometimes*	*Not Sure*
Following Directions	*Yes*	*No*	*Sometimes*	*Not Sure*
Knowing their feelings	*Yes*	*No*	*Sometimes*	*Not Sure*
Expressing their feelings	*Yes*	*No*	*Sometimes*	*Not Sure*
Communicating their needs	*Yes*	*No*	*Sometimes*	*Not Sure*
Playing nicely with others	*Yes*	*No*	*Sometimes*	*Not Sure*
Using manners	*Yes*	*No*	*Sometimes*	*Not Sure*

2. Since beginning preschool, I have seen my child do less:

Throwing fits	*Yes*	*No*	*Sometimes*	*Not Sure*
Pouting	*Yes*	*No*	*Sometimes*	*Not Sure*
Arguing	*Yes*	*No*	*Sometimes*	*Not Sure*
Fighting with others	*Yes*	*No*	*Sometimes*	*Not Sure*
Cussing	*Yes*	*No*	*Sometimes*	*Not Sure*
Talking back	*Yes*	*No*	*Sometimes*	*Not Sure*
Disobeying	*Yes*	*No*	*Sometimes*	*Not Sure*

3. My child has made progress on their individualized goal(s): *Yes* *No* *Some* *Not Sure*

4. I would improve the TSP program by:

5. I would send my child back next year: YES ____ NO ____ (Please Explain)

6. How were you and your child helped most by the TSP program? (Please Explain)

7. I feel my child is ready for kindergarten: YES ____ NO ____ (Please Explain)

Other Comments:

Your feedback is greatly valued. Thank you for taking time to complete this form.

Appendix 6: TSP Site Visit Questionnaire

Program Logistics

How many locations?

How many rooms?

Where is program located?
- CMCH
- Headstart

What time of day is your program?

How long during the day do children attend?

How often weekly do children attend?

What is the duration of the program?
- Year round
- All year except summer
- Eight weeks

What is the staff to child ratio?

Program Composition

What are your program goals?
- Are you trying to reduce risk factors?
    - Which risk factors?
- Are you trying to increase protective factors?
    - Which protective factors?

What is the curricula used in the program?

Do you use any props (i.e., puppets)

Outreach (where do kids come from – pediatrician referral, schools)

What assessment tools (i.e., ASQ-SE, CBCL, CAFAS) do you use?

What is your admission criteria?

What outcome measuring instruments do you use?

What does a daily schedule look like?

Do you have any routines like greeting ritual and ways of transition from school to home?

Describe successful classroom discipline.
- Are there discipline guidelines in place at the center?
- Are they effective?

Any other services (beside parent support, TCM, family therapy) provided to children and families of the TSP program?

What are your payment sources other than the state grant?

How do staff know children are doing better?

Do you focus on strengths of the children rather than pathology?

If so, what does that look like?

Do you think you are meeting the needs of the families?

Parent Involvement

Are parents involved?

If so, what does involvement look like?

- Parenting groups and attending activities at center?

Give me a guess of the percent of parents involved

If parents are involved, how did staff get parents involved?

Estimate of degree of parental involvement (single item indicator with 1, not involved at all, and 10 could not ask for better involvement)

Does it seem like the young children do better when parents are involved?

Staff and Community Relationships

About the staff

- What are their credentials?
- What is their training?
- What is the longevity of an average staff?

What is your relationships with schools?

What are your relationships with other community organizations?

General

Any areas you would like to improve upon?

Any words of wisdom you want to share, things you have learned about how best to serve the children?