

# Therapeutic Interventions for Pre-School Children

## Head Start

**Description:** Head Start and Early Head Start are federally-funded programs designed to promote school readiness of children under five from low-income families, through education, health, social and other services. Although these programs are not intended specifically for children with developmental delays, teachers are trained to identify delays and to help children from deprived environments attain developmentally-appropriate cognitive and social skills. Both Head Start and Early Head Start programs have the capacity to serve children with disabilities through coordinated service efforts with Part C and Part B Special Education Services. Center-based services for children are taught in small groups, in classroom settings, and are located in neighborhood settings.

**Early Head Start:** Is a center-based or home visitation service that provides parent education for low-income families with pregnant women, infants and toddlers up to age three.

**Head Start:** Is a center-based program that promotes school readiness for children age three to five from low-income families.

**General Eligibility Requirements:** Children birth to age five from families with low income, according to the Poverty Guidelines published by the federal government, are eligible for Head Start and Early Head Start services. Children in foster care, homeless children and children from families receiving public assistance (Temporary Assistance for Needy Families or Supplemental Security Income) are categorically eligible for services regardless of income. Contact local programs for additional information and guidance.

**Location:** Often in low-income neighborhoods, churches, community centers or child care facility that is a partner with Early Head Start.

## Occupational Therapy, Physical Therapy, Speech and Language Therapy

Occupational Therapy provides services that help children who have impairments in fine motor movements.

Physical Therapy provides services that help children who have impairments in large motor movements.

Occupational and physical therapists are State-licensed and provide individual services to help children improve their fine and large motor control and movement respectively. Therapists use a variety of exercises, treatment and games. Often the treatment is extended at home with exercises. Therapists often use their treatments to help patients re-gain use of their muscles when recovering from an injury, surgery or stroke. In children, these delays are often caused by a neurological condition, such as cerebral palsy; however, in many young children the origins of the motor delays are often unknown.

**Eligibility:** Children who exhibit significant impairment in fine or gross motor control. Must be referred by a physician.

**Location:** Children’s hospitals, early childhood intervention services and private practices.

**Speech and Language Therapy:** Speech therapy is for children who have problems with the production of words, such as mispronunciation and stuttering. Language therapy is for children who have difficulty understanding or processing what is said to them (i.e. receptive language disorders), or have difficulty putting words together, limited vocabulary or using language in a socially-appropriate way (i.e. expressive language disorder).

Speech and language therapists are State-licensed and certified through the American Speech and Hearing Association. They conduct speech and language assessments, and develop and implement specific treatment strategies for each child. Speech therapy may be conducted one-on-one, in a small group, or in the child’s classroom.

**Location:** Speech therapy is available in facilities for children who have mental retardation or developmental disabilities, Head Start, Infant-Toddler Services, schools and through private providers.

## Mental Health Services

**Description:** Counseling with children and adolescents is quite different from counseling adults. Children and adolescents have different developmental needs and abilities than adults. A child’s ability to verbalize his/her psychological pain or concerns is not fully developed. Adolescents often do not have the psychological benefit of perspective and experience to help with decision-making regarding activities with long-term implications, such as alcohol, education and sex. Children and adolescents seldom have the authority or ability to fully implement therapy recommendations after solutions are identified. Case workers will need to understand that linking a child to even the most accomplished therapist is only a beginning in helping restore a child’s emotional well-being. Mental health strategies devised in psychotherapy need to be implemented collaboratively in the child’s home and school environment.

**Day Treatment or Partial Hospitalization:** In more serious cases, the typical outpatient counseling process is not adequate to meet a child or adolescent’s needs. Options such as day-treatment programs may be available. This allows a child to receive mental health interventions and medication monitoring without requiring that he/she be hospitalized or placed in a residential

program. Day treatment or partial hospitalization programs typically involve the child attending mental health programming several hours per day and returning to his/her home for the remainder of the day. Programs often have an academic component so that the child can continue attending school while in treatment.

Psychological assessment determines levels of skills and abilities and develops profiles of characteristics for various psychological functions. A psychological assessment often includes intelligence levels, intellectual achievement levels, behavioral tendencies, diagnostic and personality characteristics and levels of symptomology. Psychological tests are selected and administered on the basis the objectives of the referral source and the problem being addressed.

Psychiatric evaluations are conducted by psychiatrists and determine the psychiatric status of the client. A psychiatrist seeks to identify a physical or medical condition causing psychiatric symptoms. He/she will conduct a psychiatric history and gather data about behavior and physical and emotional functioning in order to diagnose a mental disorder. Psychiatrists may prescribe medications to treat mental disorders. Mental health emergencies requiring hospitalizations are usually managed by psychiatrists. Some mental disorders of childhood are best managed by medication.

**Play Therapy** is a method of psychological counseling that uses play activities and materials to allow a young child to communicate important psychological information through activities that make it more comfortable for the child to communicate the events or concerns in his/her life. During play, a trained therapist can both learn about a child's emotional life and can introduce therapeutic thoughts and behaviors to assist the child.

**Parent-oriented Therapies:** Most emotional problems young children experience require the parent to be involved in order to be more effective. This is especially true in the younger child. The changes made by the people who have the most control of the child's environment have the best chance of being effective. Counseling with parents about the nature of the mental disorder and the steps that parents can take to prevent potential problems is usually a critical component of therapy for young children. Families function better when parents have an understanding of their child's particular condition. Parents' confidence increases when they develop strategies for managing difficult situations with their children.

**Eligibility:** There are no eligibility requirements.

**Payment:** Medicaid covers mental health treatment, and some private insurance companies cover a portion of payment. Many mental health centers use a "sliding fee scale" for people who do not have insurance coverage.

**Location:** Twenty-nine licensed community health centers, operating in more than 120 locations around the state, provide mental health services to rural and urban populations throughout Kansas.

## Early Childhood Intervention Programs

### Kansas Infant-Toddler Services – Tiny-K Programs

Children birth through two years who exhibit signs of developmental delay or are at risk of developmental delay are eligible for assessment, and where appropriate, intervention and referral services through the Kansas Infant-Toddler program. Infant Toddler Services is an initiative of the Kansas Department of Health and Environment. Services are provided by local Tiny-K programs.

- A Service Coordinator is assigned to each family to assist them throughout assessment and intervention.
- An Individualized Family Service Plan is developed for each eligible family. This plan details the services the child and family will be engaged in. Families are essential components of planning in this program.
- Developmental evaluations for children include assessment of cognitive development; communication development; social and emotional development; adaptive development and physical development, including vision, hearing and nutrition screening. The adaptive behavior and social/emotional screenings attempt to identify early signs of behavioral and social disturbances and the early prevention activities to foster mental health that can be implemented. This may include consultation with families in the home or developing more specialized services or programs.
- Services are provided to children with developmental delays and disabilities, or who are at-risk of delay, and their families. The focus of services is to support child development and provide support to families. Services may include prenatal and newborn home visits; health screenings; speech, physical and occupational therapy; and early intervention services, including home visits or developmental services provided by the local programs.

### Developmental Services through the Kansas State Department of Education: Older than Three Years

Beginning at age three, developmental services are administered by the Kansas State Department of Education (KSDE).

- **Assessment:** Children with suspected delays in development are eligible for assessment services. If eligible delays are discovered, early intervention services are available under KSDE guidelines.
- **Individualized Educational Plans (IEP)** are developed for children with qualifying conditions. This plan delineates the services that will be provided. Schools often provide special-needs preschool programs with classrooms designed to assist children who exhibit delayed development.
- **Special Education Services:** Children with delays across certain developmental domains are eligible for special education services. Cognitive development, communication

development, motor development, social behavior and medical conditions are among the developmental domains that KSDE targets for intervention.

- Specialized preschool programs: Children with emotional and behavior problems, whose symptoms meet eligibility criteria for specialized education services can benefit from specialized preschool services programming. These include symptoms of common mental health disorders, such as anxiety and depression, and behavioral impairments that can significantly impair learning.

Specialized preschool programs are classrooms with a smaller teacher-child ratio. They provide specialized services according to the IEP. A child with a mental disorder would not necessarily be in a class with children with similar problems. He/she would receive services within the classroom setting, such as behavior assessment, development of a behavior plan, environmental adaptations and teaching of prosocial behaviors and skills.