TIP is a collaboratively funded program between Butler County Educational Service Center / Head Start and Butler County Job and Family Services / Children Services. Since 1989, TIP has served low-income preschool age children and their families who have experienced significant or chronic maltreatment.

Supportive & integrated child protection, mental health, & educational interventions that protect the child & promote healthy social interactions are central to facilitating school readiness for severely abused & neglected preschoolers.

TIP outcomes
- Reduced Exposure to Continued Trauma
- Improved Mental Health
- Improved Academic & School Readiness Skills

TIP provides services throughout Butler County.

If a child or family moves, the child can continue to come to his/her TIP classroom, regardless of where in the county the child lives.

TIP teachers ride the vans, interacting with the children & communicating daily with the parents/caregivers.
**TIP’s Trauma-Focused Approach:**

Preschool-aged children’s reactions to maltreatment can be different from older children’s. People may incorrectly assume that young age protects children from the impact of traumatic experiences. This belief is in part due to young children’s inability to verbalize or have clear insight into their reactions and feelings about their experiences.

Community agencies are often at a loss for how to work effectively with this very specific population. Very few agencies offer services specifically for very young children. TIP believes that by understanding and appreciating the possible causes of behavior, caregivers and staff are better equipped to replace inappropriate or ineffective behavior with more appropriate and effective behavior.

“Every time I hear that one of our kids is headed to TIP, I am very thankful because I know they will be well taken care of.”

- Child in TIP

“Every time I hear that one of our kids is headed to TIP, I am very thankful because I know they will be well taken care of.”

- Parent in TIP

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- BCCS caseworker

“My dad is in jail because he was hitting all the kids that aren’t his.”

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Fortunately, brains & lives are somewhat plastic. Integration of resilience factors (asking for help, developing trusting relationships, forming a positive attitude, listening to feelings) can help people improve their lives.
Service Descriptions:

- **Year-Round Preschool:** The TIP classrooms are purposefully designed to be a safe, trusting environment where a self-help, prevention and personal safety curriculum is implemented. In addition to the Head Start calendar year an 8 week summer preschool program is also provided. There is a low teacher-to-child ratio of 4 to 1 so that staff are able to provide increased individualization and one-on-one assistance when needed. The classrooms run Monday-Thursday and are either 3½ hours or 6 hours in length (meals included). Teachers are all informed of the children’s and families’ histories and experiences and how these experiences can and do affect behaviors, choices, and reactions.

- **Early Childhood Mental Health Therapy:** TIP provides on-site daily mental health therapy. Therapy encompasses both individual and small and large group sessions. Therapy is trauma-focused, nurtures the development of safety, and utilizes strength/skill based interventions. Therapy consists of: 1. Supportive therapy (developing self-regulation, peer negotiation, conflict management skills, & increasing frustration tolerance). 2. Grief therapy (dealing with losses related to multiple placements, separation from loved ones, loss of self esteem/confidence, & loss of innocence). 3. Skill building (relaxation & self soothing techniques, communication skills, safety skills, & intrusive thinking). 4. Intensive trauma-focused interventions (feelings identification, positive memory, gradual exposure to traumatic events, coping book & trauma narrative).

- **Parenting & Case Management:** TIP provides many opportunities and a variety of activities for caregivers to participate in their child’s classroom and learning at a variety of settings including in the home, in the classroom, in the building, and within the community and county. Caregivers are given multiple opportunities to participate in building and program-wide parent meetings where (among other things) parent-child activities and events are planned and discussed. At a minimum, at least one parent-child event or activity takes place every month. All TIP staff have frequent conversations and home visits with caregivers. Teachers discuss progress, concerns, strengths, learning opportunities and activities, and discuss successful strategies that can be implemented in the home. The Family Service Worker discusses parenting goals, identifies household needs, concerns, progress, discusses any school concerns or attendance, and provides linkages to community resources. The Case Manager assesses parental strengths and beliefs with all caregivers through conversation and assessments. A year-round home visitation schedule is set with each caregiver (custodial and non-custodial) based on the needs identified from the caregiver, BCCS, and other sources. The case manager works with caregivers on: 1. Understanding the relationship between children’s behaviors and past trauma experiences and the home environment. 2. Developing daily living activities (ex. age appropriate expectations, managing responsibilities, establishing routines). 3. Implementing effective interventions which mirror interventions used at TIP. 4. Identifying and making referrals and linkages to community resources and accessing natural support systems ex. family, friends, or other community persons involved on behalf of the child).
• **Psychiatric Services:** This service is offered on an as needed basis. It is typically offered only after the child has been enrolled TIP for a minimum of 3 months. At all appointments a TIP staff member is present along with the child and caregiver to report on the child’s behaviors, goals, and progress in therapy and in the classroom. The staff member is also present to document any potential side effects of medication prescribed and reports this to all TIP staff for increased monitoring.

> Caseworker commenting on TIP’s Monthly Reports: “It’s a rich source of information. It helps us do our job better. It gives us a very clear picture of what’s going on.”

• **Multi-Disciplinary Treatment Planning:** The entire TIP staff meet (minimum of once/month) to discuss: 1. Family/child case histories. 2. Children’s behavior at home, school, and other settings. 3. Goals and interventions for children/families. 4. Any other issues that would affect the team (such as the effects of secondary trauma). Interventions and objectives are created with an interdisciplinary theme (education, social work, mental health, administrative).

• **Child & Parenting Assessments:** Assessments that focus on trauma-related symptoms and child rearing practices associated with risk for child abuse are completed at the beginning of the year and again every 3 months. The assessments are used to measure progress and guide services and interventions for each child and family.

• **County-Wide Transportation:** The 3rd teacher in each TIP classroom also acts as a van monitor for the children coming to and from the program. When additional vans are needed, the transportation company used provides monitors. Those monitors are in daily contact with TIP staff during face-to-face interactions as well as through daily reports submitted to TIP regarding any issues/concerns that arise during the van trip. TIP provides transportation to children throughout Butler County.

• **Ongoing Communication:** In addition to ongoing phone calls and attendance at meetings, such as semi-annual reviews at Children Services, TIP also submits monthly reports on each child, detailing the family contact and coordination with other agencies as well as a summary of each child’s development and affect in the classroom and in therapy sessions.

• **Professional Development:** In addition to all Head Start trainings on preschool programming, social/emotional and child development all TIP staff receive additional trainings throughout the year. TIP teachers also implement additional therapeutic interventions learned from the therapists during individual treatment planning sessions, in their teaching practices and interactions with caregivers.
School Readiness

Families in TIP are often transient with multiple, crisis-driven needs; many are overwhelmed with establishing court-ordered services. As a result, most families have difficulty getting involved with additional, voluntary services like Head Start. Many are also resistant to services as the result of their backgrounds and histories with outside agencies.

Additionally, a challenge for child welfare practitioners is the struggle to provide services that are appropriately tailored to the developmental stages of the children they serve, with those at the very beginning of the spectrum, birth to five year olds, often being the most vulnerable of all.

TIP has an 92% completion/success rate

Prior to TIP involvement, only 13% of children who were eligible for Head Start enrolled and completed it.

Research demonstrates that very young children in the child welfare system are at significantly higher risk for developmental problems than are other children. Yet many are being missed by child welfare caseworkers and may not be getting the help they need at an early age when intervention is the most effective.

Where Children Go After TIP

- Still in TIP: 20%
- Head Start: 48%
- Kindergarten: 28%
- Moved out of county: 2%
- Caregiver withdrew: 2%

“I love that school, TIP, and the staff! I’ve had so much help these last two years. So many memories”
Maltreated children often have a negative and hopeless view about themselves and those around them. They tend to view the world as an unsafe place and feel powerless to change it. Social/emotional development and academic learning are closely intertwined in the early years, putting already disadvantaged children at greater risk for serious home and school problems.

Abused children, as a group, manifest significantly higher levels of behavioral and emotional problems and academic failure than non-abused children. These deficits predispose children toward negative trajectories including early school drop-out, substance abuse, promiscuity, depression, poor medical health, and low occupational attainment.

The social and emotional competence of young children is a stronger predictor of early academic performance and success than either cognitive abilities or family background. Maltreated children are at greatest risk for serious social and emotional problems.

The Trauma Symptom Checklist for Young Children (TSCYC) is given at enrollment and every 9 - 12 months. The TSCYC is a standardized parent/caregiver report used to assess trauma-related symptoms in children, allowing for a detailed evaluation of trauma-related symptomatology.

After (another) visit was canceled by mom, this child picked up a toy phone and said, “I’m angry with you for not coming! You lied to me and living is mean!” - Child in TIP

“I don’t have to scream anymore when I get mad. Now I know how to take a deep breath and...”
**Home Placement Disruptions**

The moment-to-moment daily interactions between a child and primary caregiver are what shape the child’s ability to manage his/her emotions, control impulses, and develop healthy relationships.

Disturbances in attachment are associated with very negative behavioral outcomes including lower academic attainment, lower self-esteem, poor peer interactions, unusual or bizarre classroom behaviors, cognitive immaturity, externalizing behavior problems, and violence and aggression. It is critical to help children form a healthy, secure, and loving relationship with a primary caregiver.

**Children's Home Placement at Entry and at Annual Follow Up**

90% of children had at least 1 home placement disruption prior to being in TIP.
Parenting

The TIP Case Manager works with parents & caretakers in their homes on a weekly to monthly schedule to increase the link between home and school interventions and to work on family and parenting goals such as:

- Understanding the effects of early childhood trauma
- Decreasing parental and personal stress
- Increasing the quality of family life
- Being a positive parent
- Creating a healthy and nurturing home

The Adult-Adolescent Parenting Inventory (AAPI) is completed by caregivers at enrollment/reunification and again every 9 – 12 months. The AAPI was developed from the known parenting and child rearing practices of abusive and neglectful parents.

Responses on the AAPI provide an index of risk (high, medium, low) for practicing abusive and neglectful parenting and child rearing behaviors. The AAPI is not a predictor of future abusive parenting beliefs but rather an assessment of current parenting beliefs and practices.

The results are used to guide lesson plans in the home.

94% of biological parents were in the Average to Above Average range on positive parenting practices at the end of the school year.

All of these same parents were in the High Risk range upon entry.

Upon request, the TIP Case Manager also works with non-custodial biological parents on these same goals.

“The TIP Case Manager works with parents & caretakers in their homes on a weekly to monthly schedule to increase the link between home and school interventions and to work on family and parenting goals such as:

- Understanding the effects of early childhood trauma
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All of these same parents were in the High Risk range upon entry.

After working with you I felt so much better; especially to know that you understood me. Thank you for helping me be a better parent!”

Parents Scoring in the Low Risk Level on AAPI
### Roster of Services Delivered

Below is the summary of children served, new children admitted, class days, home visits/parent contacts, interagency or outside agency contact or referrals, mental health sessions, and assessments of children and caregivers.

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<tr>
<th>2014-2015</th>
<th>Eligible Clients Served</th>
<th>New Clients Admitted</th>
<th>Class Days</th>
<th>Home Visits / Parent Contacts</th>
<th>Interagency or Outside Agency Contacts</th>
<th>Mental Health Sessions</th>
<th>Assessments</th>
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According to a publication from the Partnership for America’s Economic Success, early childhood programs produce better economic returns than many traditional economic development expenditures. An investment of $6,692 in quality pre-kindergarten for disadvantaged children yielded a lifetime societal return of up to $67,937.