

Butler County Educational Service Center

Therapeutic Interagency Preschool (TIP) Program

T

Therapeutic – coordination of assessments, diagnoses, and trauma treatment for children and parents

I

Interagency – provides multi-disciplinary, multi-agency county services seamlessly

P

Preschool – ESC/Head Start, JFS, Children Services, Mental Health, Speech, Local Schools Sp Ed Services

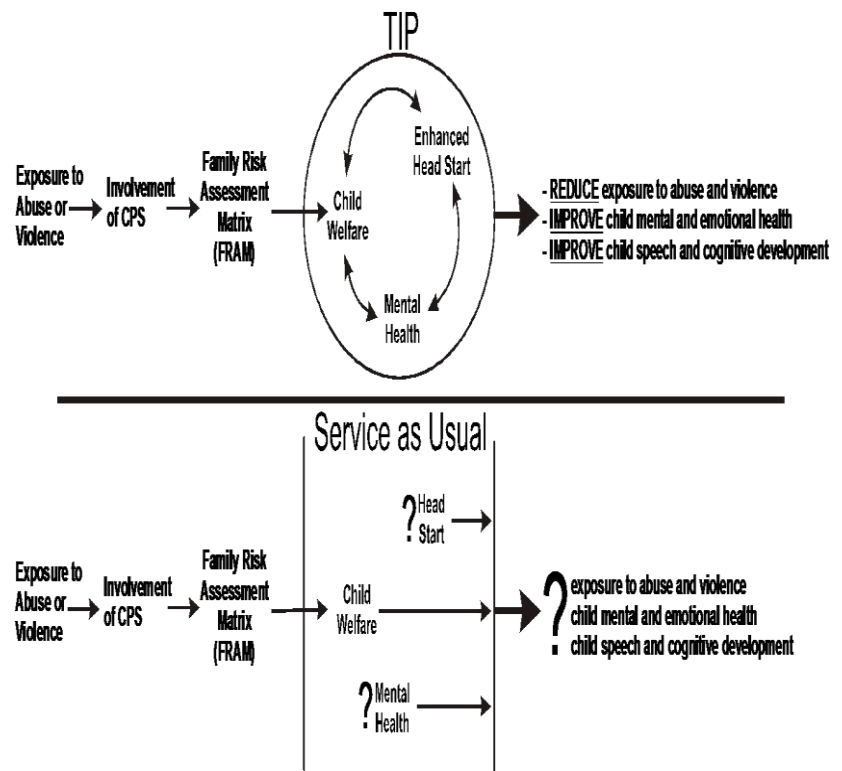
...Providing unique, individualized, and comprehensive services that reduce the effects of trauma in young children.

2009 Annual Report

Description of Program:

Social and emotional development and academic learning are closely intertwined in the early years. Maltreated children are at greatest risk for serious social and emotional problems. The Therapeutic Interagency Preschool (TIP) Program was developed as a county-level program to address these most disadvantaged children. The children in TIP have experienced various and/or multiple forms of sexual abuse, physical abuse, emotional abuse, neglect, and domestic household violence. Many of the children qualify under IDEA as having severe cognitive, language, emotional and behavioral disorders. TIP offers center- and home-based treatment for trauma-related symptoms for the children and supportive, mental health screenings and parental supports are offered for the parents.

TIP provides an integrated multi-disciplinary approach for service delivery. While each of these services already exists, funded by various sources, they generally work separately in a “Service as Usual” model. An essential aspect of TIP is the seamless integration of resources to: 1) ensure and monitor the continued safety of the child’s environment, 2) provide intensive preschool mental health services, and 3) enhance developmental and cognitive development through a Head Start preschool curriculum.



TIP is an intensive, integrated mental health, developmental, and parent support treatment program developed specifically to target the population of young victims of abuse. It represents over 20 years of development, revision, replication and evaluation. TIP addresses the Child Protection Agency’s safety concerns, the child’s mental health symptoms, and school readiness needs and costs the same or less than current fragmented services.

Comprehensive Collaborative Care

TIP operates as a year round, center and home based therapeutic program providing multi-disciplinary services including assessments (e.g. academic, mental health, and speech), diagnosis and treatment, home-based parent and child services, center-based classroom services, transportation, and interagency treatment coordination and case management.

TIP also offers outpatient services for children who are currently not able to be served within the classroom setting due to the classroom being at capacity and/or the child's age. Services include enrollment and transportation to TIP's on-site mental health therapy and speech therapy, assistance with Head Start and/or Kindergarten enrollment and placement, interagency treatment coordination, and home-based supports.

TIP's Structure

Service (Time)	Activities
Referral (0 months)	<ul style="list-style-type: none"> • Children ages 3 - 6 referred by Butler County Children Services with behavioral, developmental, emotional, or family concerns.
TIP Intake (1-3 months)	<ul style="list-style-type: none"> • Social history and case/family plan exchange of information • Initial family and child home visits • Contact with community service providers • Head Start/TIP enrollment procedures • Pre-intervention evaluations and collection of demographic data • Schedule/arrange transportation and start date
Early Enrollment Period (1-3 months)	<ul style="list-style-type: none"> • Screenings: developmental/speech/hearing/vision/dental/medical • Observation and data collection • Develop interagency treatments plans and coordination
Service Implementation (3-24 months)	<ul style="list-style-type: none"> • Full interagency services identified and addressed • Modifications of treatment plan as necessary
Transition & Discharge Activities (3-24 months)	<ul style="list-style-type: none"> • Stability in family and child risk issues maintained for 3-6 months • Identification and access to new community services established • Final TIP evaluations • Interagency meetings and sharing of information with community service providers • TIP staff identified to monitor follow-up and transition services

To meaningfully prepare children for school, comprehensive services must be long-term with continued transition and follow-up services.

Goals & Key Beliefs of TIP

First and foremost, TIP focuses on the safety of the children. The goals of TIP are to help children with histories of abuse and neglect (and any resulting disorders) to:

- 1) Experience sustained safe, nurturing environments and relationships**
- 2) Accept and interact to positive adult and peer role models**
- 3) Stabilize physically and mentally and make significant developmental and social-emotional progress**

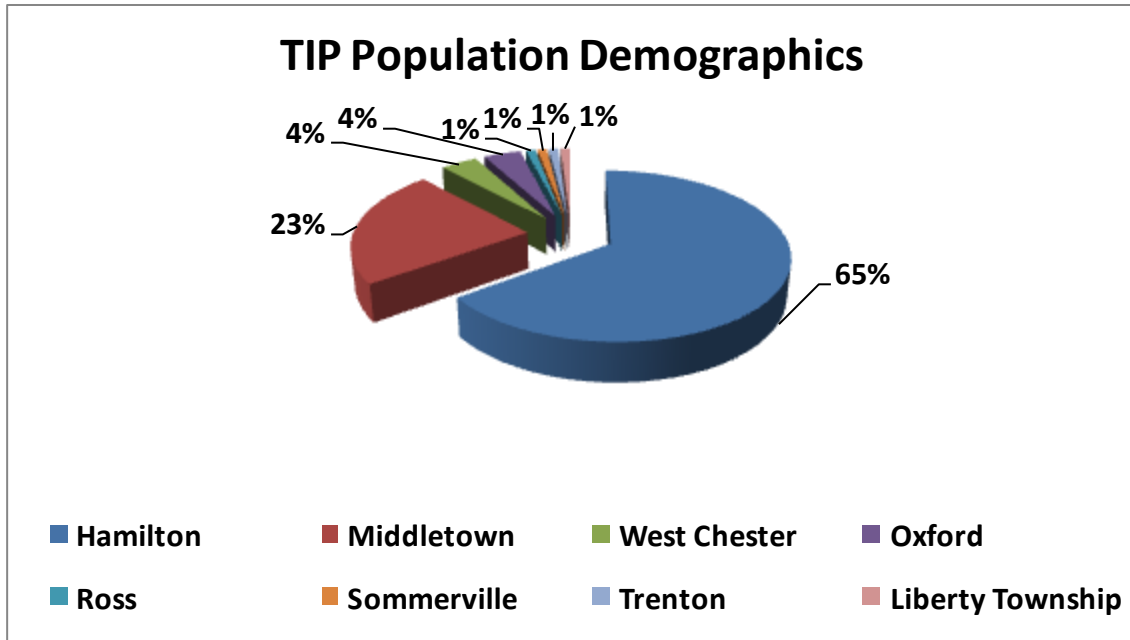
To achieve these goals, the key assumptions of TIP are:

Abuse, neglect, and disturbed early relationships associated with chronic mental health problems, substance abuse, and family violence have lasting developmental, behavioral, emotional and academic consequences to children.
Family and home stability together with emotional and behavioral health are necessary to promote school readiness and success.
TIP early childhood program components must be individualized for each family, child, and the legal issues facing each client.
Services must be carefully sequenced in response to child and adult needs and address the effects of maltreatment that may have occurred to each.
TIP services must be provided in the context of coordinated community “seamless” early childhood, mental health, child protection, and welfare programs. These integrated county services must establish long-term, caring, and consistent client relationships.
To meaningfully prepare children for school, comprehensive services must be long-term (no less than 9 – 12 months) with continued transition and follow-up services (see “TIP’s Structure” chart).
TIP services require cooperative interagency agreements and policies and shared funding with mutual responsibility for monitoring program effectiveness.

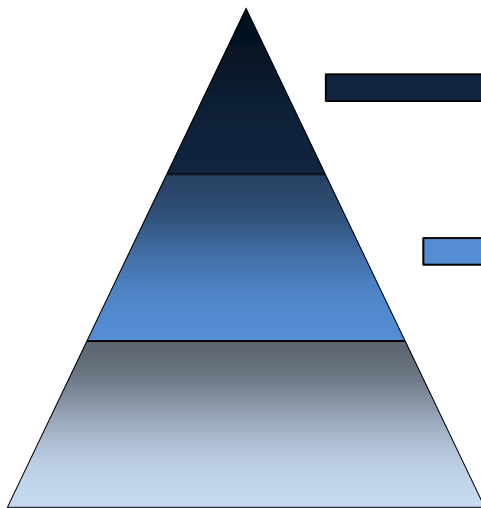
Supportive and integrated child protection, mental health, and educational interventions that protect the child and promote healthy social interactions are central to facilitating school readiness for severely abused & neglected preschoolers.

2009 Butler County TIP Profile

TIP provides services to families located throughout the county and nearby surrounding areas. TIP utilizes enhanced Medicaid transportation to bring the children to a single location for centralized services. If the child's family moves or the child experiences a home placement disruption, TIP can continue to provide on-site services to that child, regardless of where in the county (or surrounding area) that child lives.



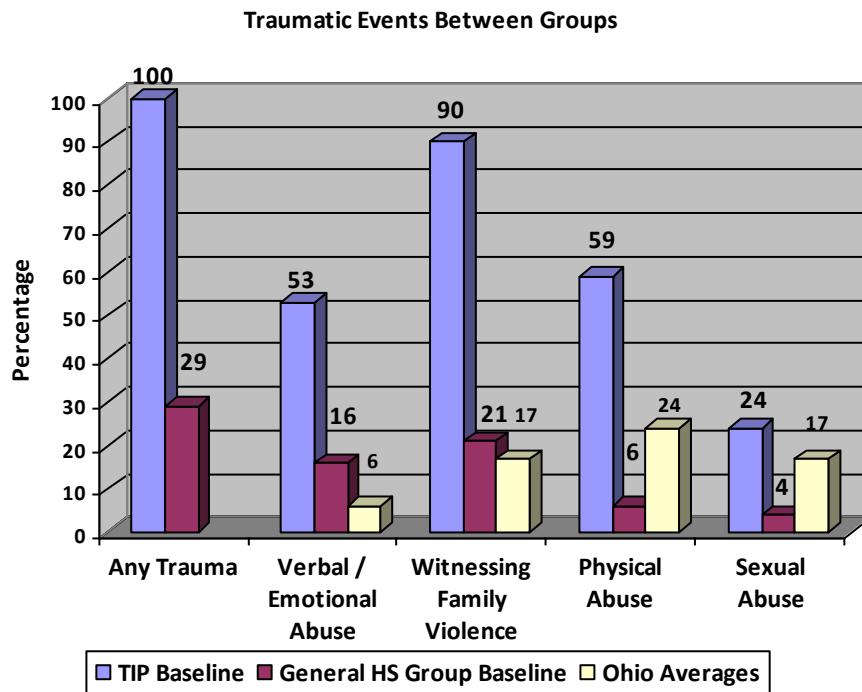
Understanding exposure to childhood risk factors



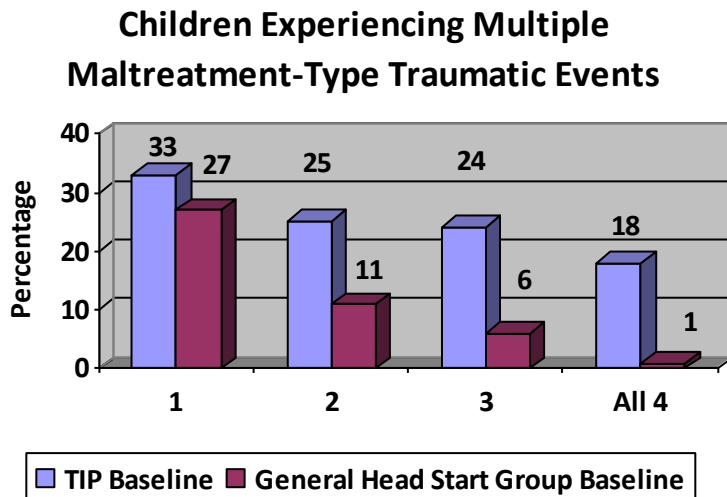
- The top comprises the small population of severely maltreated children exposed to a broad array of abuse, neglect, and violence. (TIP)
- The middle comprises children exposed to varying degrees and numbers of moderate risk factors (e.g. poverty, single-parenthood). This population is the focus of most policy initiatives and programs. (Head Start)
- The bottom comprises children who have little to no exposure to risk factors that adversely impact school readiness and development

Exposure to Trauma

In 2007, an estimated 3.5 million U.S. children received a child welfare investigation or assessment (according to the National Child Abuse & Neglect Data System – NCANDS). Nearly one-quarter of the children were found to be maltreated. Research indicates that many, if not most, maltreated children will have substantial problems that will affect their social, emotional, and physical development. As adults, they will experience far greater problems with mental illness, substance abuse, and poor physical health than their non-abused peers. They will also be considerably less likely to complete their education or to be gainfully employed and far more likely to have serious legal problems.



Comparisons between the 2 tables show that TIP children have notably higher exposures to various forms of maltreatment & experience more multiple adverse events.

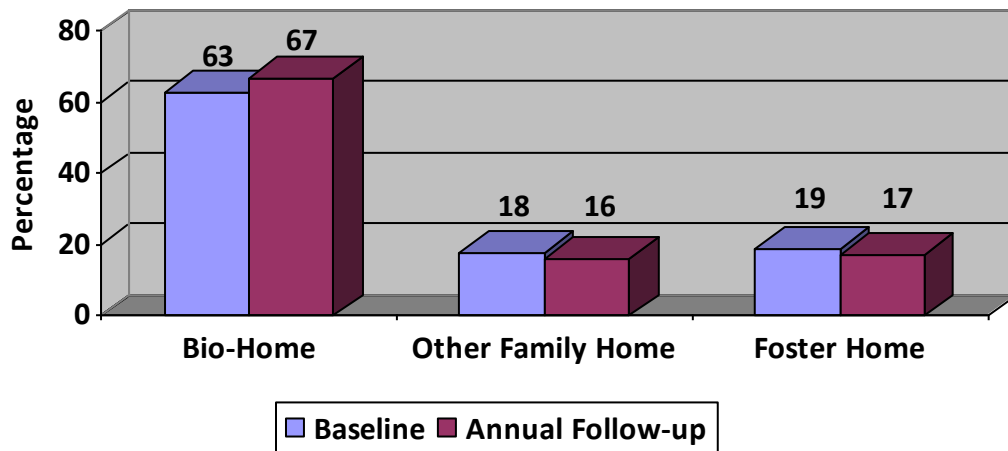


According to the NCANDS, 2.7% of Ohio's maltreated children had substantiated multiple maltreatments.

Home Composition

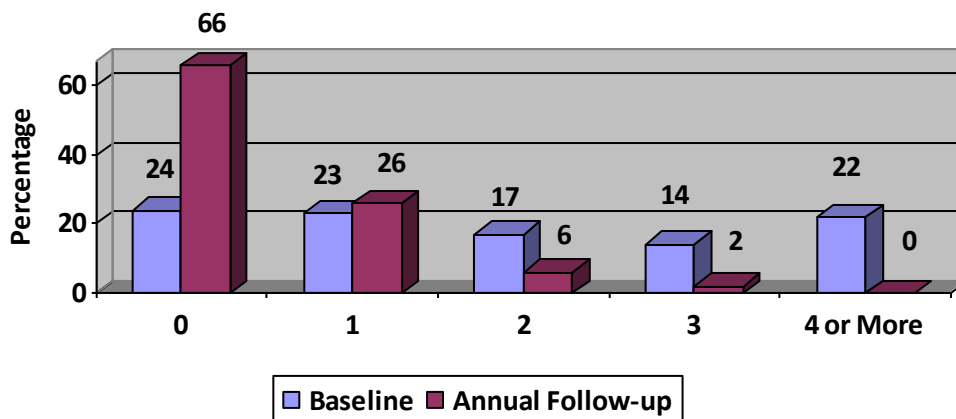
The moment-to-moment daily interactions between the child and the primary caregiver are what shape the child's ability to manage his/her emotions, control impulses, and develop healthy relationships. Disturbances in attachment are associated with very negative behavioral outcomes including lower academic 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.

Home Placement Composition



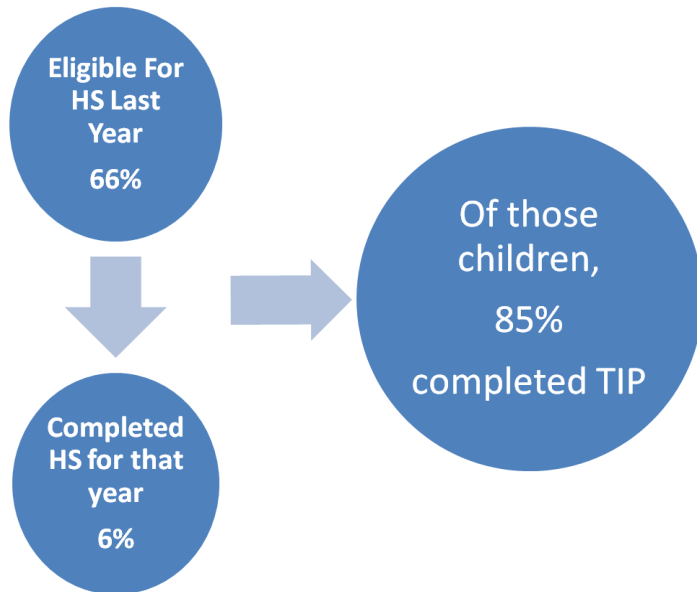
Children in TIP experience significant home placement disruptions prior to enrollment (i.e. slightly over half experiencing 2 or more disruptions). While in TIP the disruptions significantly decrease. When moves do occur, the data shows that biological home placements increase while other placement types (other family home, foster home) decrease.

Home Placement Disruptions



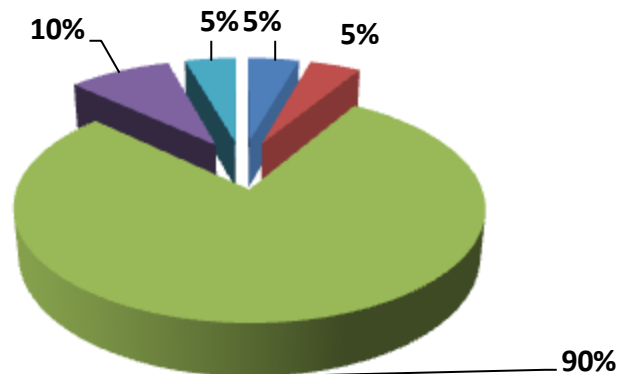
Establishing and Maintaining Services

Families in TIP are often transient with multiple, crisis-driven needs. Many are overwhelmed with establishing and maintaining needed services for themselves (ex. drug treatment). As a result they often have difficulty getting involved with additional, voluntary services for their children (ex. Head Start, child-centered therapy). In addition, many are resistant to services as the result of their backgrounds and histories with outside agencies.



Data collected each year shows that despite being eligible for preschool services, very few of these maltreated children attend and/or complete programming prior to TIP. Fortunately, almost all of these same children do successfully complete 9 – 12 months (or more) of preschool programming while in TIP.

Total Number of Withdrawals from Program



- Transferred to another HS
- Transferred to SE Preschool
- Transitioned to KDG
- Moved out of service area
- Caregiver withdrew

Roster of Services Delivered

The summary of eligible clients served, new clients admitted, class days, home visits/parent contacts, interagency or outside agency contact or referrals, mental health sessions, speech sessions, and assessments of children in TIP by Butler County Children Services/JFS throughout the last twelve months is presented in the table below.

2009	Eligible Clients Served	New Clients Admitted	Class Days	Home Visits / Parent Contacts	Interagency or Outside Agency Contacts or Referrals	Mental Health Sessions	Speech Sessions	Assessments
January	41	3	353	360	50	167	14	21
February	42	6	495	501	47	217	24	37
March	41	2	603	603	61	226	34	11
April	41	2	500	516	57	205	46	18
May	41	1	467	484	47	202	25	71
June	37	10	374	387	77	157	6	65
July	36	1	492	482	72	154	39	15
August	34	0	56	61	36	57	0	32
September	44	21	482	491	59	113	19	105
October	43	3	526	569	81	246	24	12
November	50	7	501	533	97	265	24	26
December	50	2	420	441	87	277	20	14
Totals	500	58	5269	5428	771	2286	275	427
Monthly Averages	42	5	439	452	64	191	23	36

“I have heard many cases involving children who have been enrolled in our TIP program. The in-depth, interdisciplinary information I receive on these children and their families has improved our county’s legal response to the abuse and neglect issues presented in these cases.”

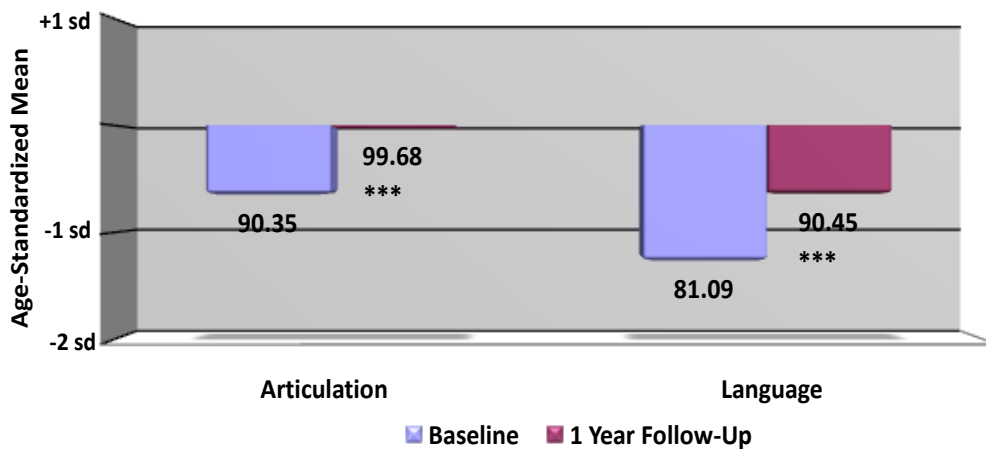
Judge David Niehaus

Assessment Results

The desire to know what works is very important to providers, the funders and the families involved in early child mental health. TIP has at least 1-year follow-up on children permitting pre/post examination to assess improvements in cognitive and social-emotional development and improvements in the family environment and parent-child interaction. Through these assessments, TIP has found significant improvements indicating developmental and family stability for these most difficult to treat children.

Speech

Physical deprivation (e.g., poverty, poor housing, malnutrition) and social deprivation (e.g., inadequate linguistic stimulation, parental absenteeism, emotional stress, neglect) have an adverse effect on speech development. Because abusive parents are more likely than other parents to ignore their children and less likely to use verbal means to communicate with them, abused children have an increased incidence of speech delay.



* p < .05; ** p < .01; *** p < .001 (two-tailed)

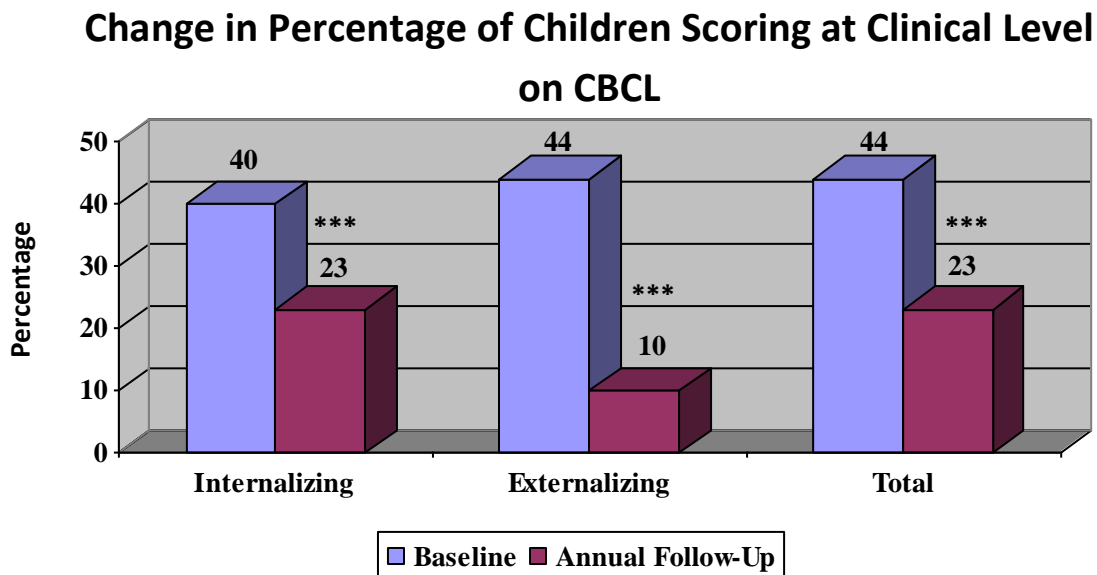
The table above reflects the improvement in average age-standardized speech and language assessment scores among children in TIP at the time of their annual follow-up assessment.

Social & Emotional Development

Children with serious social and emotional deficits have high levels of classroom behavior problems, disrupt the learning environment for other children, and learn less and attend less than other children. 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 adolescent trajectories including early school drop-out, substance abuse, and promiscuity, and they contribute significantly to adverse adult outcomes such as depression, posttraumatic stress disorder, substance abuse, 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 Child Behavior Checklist (CBCL) has been used to help determine qualification for a social/emotional IEP. Children scoring within the clinical range meet the criteria established for a social/emotional IEP and qualify for special education services provided by the child's local school district. The table below reflects improvements in the reduction of children in TIP who score within the clinical range at the time of enrollment and at the annual follow-up.



* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed)

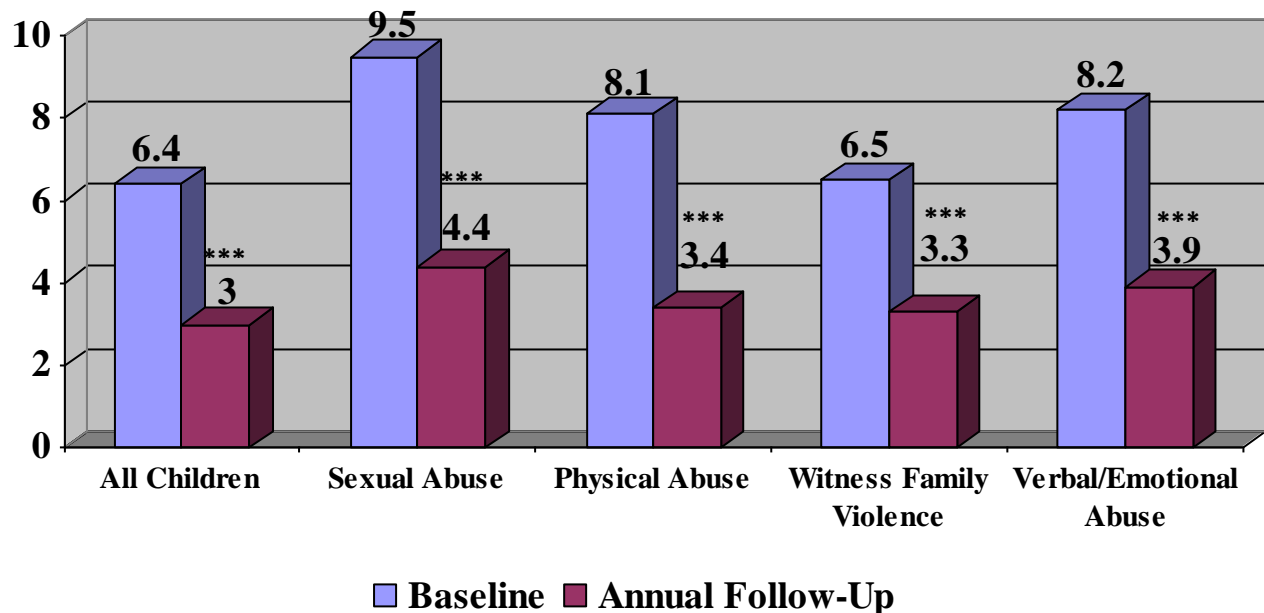
“Social and emotional development are key components of school readiness.” Source: From Neurons to Neighborhoods

Dissociation

Dissociation is a disruption in the normally integrative functions of cognition. It is a significant predictor of poor school performance and is strongly associated with traumatic antecedents. It has emerged as an important variable mediating the relationship between child abuse and subsequent psychopathology.

The Child Dissociative Checklist was administered at enrollment and again at the annual follow-up. The table below reflects the changes in the average score for all children in TIP. The scores were then analyzed based on selected traumatic exposures/events.

Comparing Change in Average CDC Score Among TIP Children by Exposure to Selected Traumatic Events



* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed)

TIP shows a decrease in the average CDC score both in an overall measurement and across all types of selected traumatic events. All scores at baseline (both overall and on across all areas measured), were at a 6 or higher, indicating that at the time of enrollment, all children scored at or above the clinical level for concern. At the annual follow-up, all scores fell below the clinical level.

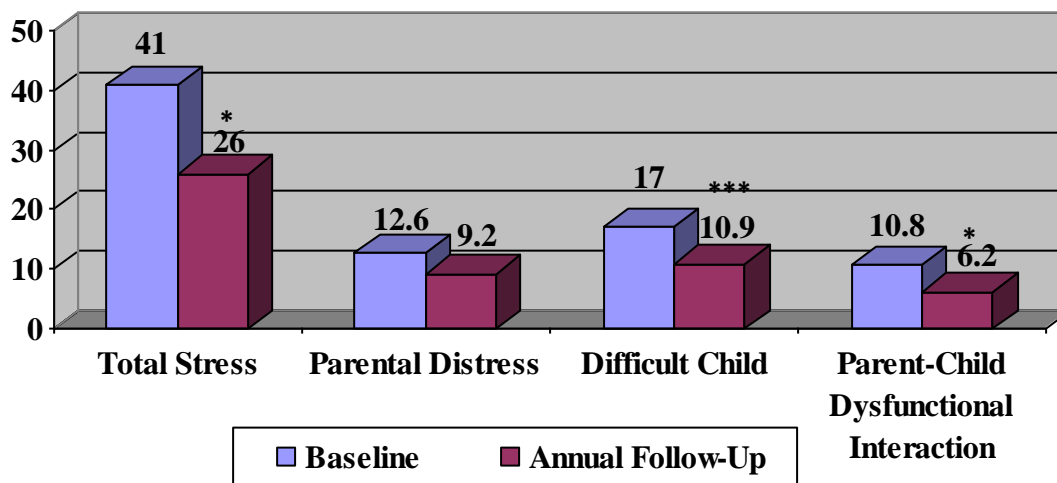
Parental Stress

Several features of caretaker behavior have been shown to be associated with attachment disturbances in children. Both frightening and frightened behavior by a caretaker have been found to increase disorganized attachment in young children. High levels of parental negativity, criticism, and emotionally disturbed communications have also been implicated.

The Parenting Stress Index (PSI) is a parent self-report questionnaire, designed to identify potentially dysfunctional parent-child systems. The PSI focuses intervention into high stress areas and predicts children's future psychosocial adjustment. There exists a substantial body of published research linking PSI scores to observed parent and child behaviors and to child's attachment style and social skills.



Reductions in Dimensions on the Parenting Stress Index Among Current Guardians with Children in TIP



* $p < .05$; ** $p < .01$; *** $p < .001$ (two-

Results from the PSI show that caregivers report improvements in all areas of stress measured. Significantly fewer caregivers reported that their child possessed many disruptive characteristics and reported improvements in the quality of their parent-child interactions.

Evaluation Summary

Evaluation results show that TIP is an effective intervention for these most difficult to treat children. TIP has been recognized by the Ohio Department of Mental Health, Early Childhood Department as one of the most effective early childhood mental health programs in Ohio. ODMH went on to state that TIP is “efficacious for producing specific outcomes for the population that they served”.

TIP brings research to the community practice and policy level and produces strong evidence-based results to promote the home, school, and social, emotional, and cognitive competencies of severely maltreated children. The desired result is an effective service delivery model and a pooling of community resources that are necessary to assist abused/neglected children. Children who need “the community” to turn to for the provision of their extensive needs.

This program clearly addresses needs and improves the lives of severely maltreated children with difficult behaviors and provides monetary gains for stakeholders by reductions in foster care, and improvements in speech and language development, pre-kindergarten academics, and reductions in the likelihood of special education needs.



“TIP is well on its way to making very significant changes in the lives of children and families. Funders, whether public or private, should not consider reinventing the wheel when it comes to this level of ‘most intense’ programming.” - Ohio Department of Mental Health

Leah's & Nick's Story



Brother and sister, Leah and Nick, came to TIP in 2007. They lived with their mother and two siblings in a house that was literally crumbling around them. Butler County Children's Services opened a case due to extreme neglect and unsafe living conditions. The home they lived in was structurally unsound and had roach and fly infestations. Their mother had mental health issues which went untreated, and she struggled to provide for basic needs and maintain the family financially and emotionally. When the home was visited by Children's Services there was garbage everywhere, a foul odor, spoiled food - as the family was living out of a cooler, and they were on the verge of being evicted.

The children were animal-like in behavior, appearance, and communication. They lacked social skills and the ability to express themselves effectively. Neither of them spoke much and their responses amounted to grunts, whines, and nods. Their coping skills were crying, falling out, or aggressive behaviors. As an example, early in his attendance at TIP, something happened that frustrated Nick and he began to scream and scratch at his eyes and face. It took the TIP staff some time to get him to de-escalate, as self-regulation was a challenge for him. Nick and Leah arrived on a daily basis wearing dirty clothes, smelling of urine, and their skin and hair were filthy. Due to lack of social interactions and their appearance, they had great difficulty making friends and participating in group activities.

Through the many services that TIP provides, Nick and Leah began to blossom and grow. At TIP Nick was treated for ADHD symptoms which were preventing him from focusing and affected his ability to self-regulate. The TIP staff provided the children with clean clothes, showers as needed, and healthy meals. Through counseling and support, social skills and peer negotiation improved, and academic learning could begin to help them each achieve some success in school. TIP also provided the family with resources to find adequate housing, someone to help their mother with budgeting and her mental health issues, and assistance with more effective parenting skills.

By the time the children aged out of TIP, Nick was able to work on the computer, recognize the entire alphabet and write his name, attend in large group activities and interact with his peers in effective and meaningful ways. Leah was happy and bright with improved self-esteem, communication skills, and a solid foundation in academics which would improve her chances at success in Kindergarten. Both children had learned how to have a voice and express their wants and needs verbally rather than acting out in aggressive and potentially dangerous ways. While the family still struggles with financial issues and day to day maintenance of the home, the children have solid skills in many areas which will increase their potential for social, emotional, and academic success.