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# Developments

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*Office of Child Development***SELS Project Reports**

## For Many Early Care And Education Providers, Special Needs Children Are A Special Concern

Young children with special needs, ranging from disruptive behaviors to complex mental illness and disabilities, pose a significant challenge to early care and education providers large and small in some of Allegheny County's poorest neighborhoods, early reports from a program to create quality learning opportunities for low-income children confirm.

Both the number of children identified as having special needs and the number of early care and education providers and family support center staff eager to learn how to better help those children have quickly exceeded the expectations

of the Strengthening Early Learning Supports (SELS) project, according to a six-month review.

SELS, begun last October, promotes collaboration among agencies, early care and education providers and family support staff and provides them with training, technical assistance, and other supports to create high quality, sustainable early learning opportunities in the Allegheny County municipalities of Braddock,

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## Exploring Pathways That Lead Young Offenders From Crime

In the ongoing debate over what to do about adolescents who commit serious crimes, a key question remains unanswered: what are the factors that steer some young offenders away from the kinds of behaviors that got them into trouble with the law?

Mapping the courses taken by adolescent offenders who turn from their antisocial ways is the focus of the Pathways to Desistance study, a multi-site, collaborative research project being coordinated out of the University of Pittsburgh.

Studies suggest a large number of serious adolescent offenders tend to drift away from antisocial and criminal behaviors as they approach and reach early adulthood.

“They may have done serious things as adolescents, but they stop their involvement in criminal activity and drug use in their twenties or so,” said the principal investigator of the Pathways to Desistance study, Edward P. Mulvey, Ph.D., University of Pittsburgh Professor of Psychiatry, Law and Psychiatry Program at Western Psychiatric Institute and Clinic.

“We are trying to describe the process of desistance—the process of stopping that adolescent offenders go through in their transition from late adolescence to adulthood.”

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McKees Rocks and Wilkinsburg, and Pittsburgh's Hill District neighborhood. Each community has a significant population of low-income families and a large number of children school age or younger.

"Child care programs are serving a significant number of children and families with significant needs, but there have not been good connections to community resources to meet those needs," said Ray Firth, Behavioral Health Policy Director for the University of Pittsburgh Office of Child Development (OCD), the fiscal agent for the project. "Those resources exist in Allegheny County, but child care programs and families don't always know how to access them."

The project's early experience with special needs children, Firth said, "also reflects the importance of relationships in building connections to make those services accessible."

SELS reports evidence that suggests significant gains have already been made in identifying children with special needs, connecting them to appropriate services, and training early care and education providers and parents how to better help them learn and thrive.

Improving early learning opportunities for young children with special needs is one of the principle objectives of SELS, an intensive, 17-month project funded by the U.S. Department of Health and Human Services and The Heinz Endowments. Other goals include improving early literacy for all children in the neighborhoods, improving their overall development and learning readiness, and raising the quality of child care available to them. A separate article in this issue of *Developments* reports on progress made to improve child care quality and promote early literacy.

## High Demand For Help

The SELS project had good reason to include as a principle concern the need to improve the quality of early learning opportunities for low-income children with special needs. Studies suggest many child care and early education programs are ill-equipped to adequately address the special needs of children with challenging behaviors and disabilities.

Too often, such shortcomings have troubling consequences. An OCD study found that 23% of Pittsburgh area providers offer no care at all for children with more limiting special needs. In Pennsylvania, 71% of providers said they expelled or threatened to expel a child for aggressiveness in the past two years, according to a statewide survey.

In its first six months, SELS identified 43 young children with special needs in the four neighborhoods – more than twice the number anticipated at that point and greater than half of the total number of special needs children that were expected to be identified over the full 17 months of the project.

The primary issues among these children are developmental delays and behavioral concerns. About 40% of the children referred so far have some sort of developmental delay and 40% have some type of behavioral issue ranging from serious disorders, such as autism, to kicking and biting and other less serious, yet disruptive behavior.

The project also reports that at least 10% of the children have experienced violence, such as domestic violence or having a family member who was a victim of violence in the community. And at least 23% of the parents of children identified by SELS as having special needs appear to have behavioral health challenges themselves.

## Overcoming Barriers

Key publicly-funded resources for these children already exist, but are often underutilized. They include early intervention systems for children with special needs and the mental health system. An OCD study identified several barriers that prevent services from being more widely used for young children, including families and providers not knowing how to access them.

SELS has set out to overcome the barriers by providing direct services to young children and their parents, while building the capacity of directors and teachers to effectively use the services.

The project, for example, created a single point of contact – the Alliance for Infants and Toddlers – to more effectively identify children with suspected developmental delays and children with challenging behaviors and help them gain access to the services they need.

Coaches employed by SELS have emerged as key players in helping early care and education providers take advantage of the available supports and, in turn, better address children with special needs. "They are the first point of contact," said Firth. "They build a rapport with the provider, treat them with respect, develop a relationship on the provider's

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# Early Care And Education Providers Prove Eager To Improve Quality

Offered a helping hand with getting started, the majority of early care and education providers in four of the region's poorest neighborhoods have quickly begun working toward raising the quality of their programs under the state's Keystone STARS initiative.

The help is being provided through the Strengthening Early Learning Supports (SELS), an intensive, 17-month project that relies on existing services and the strength of collaboration to improve early childhood care and education in the Allegheny County municipalities of Braddock, McKees Rocks and Wilkinsburg, and Pittsburgh's Hill District neighborhood.

Raising the overall quality of early care and education available to children in those neighborhoods is one of several goals of the project. Others include improving literacy and helping providers create higher quality learning experiences for children with special needs. A separate article in this issue of *Developments* reports on the project's early success in promoting strategies for working with special needs children.

SELS was launched in October 2004 to teach parents and providers strategies that enhance learning and development and supports them as they work with those strategies. The approach relies on training, technical assistance, and incentives that promote quality.

The project is funded by the U.S. Department of Health and Human Services and The Heinz Endowments. Eight family support centers reside in the four neighborhoods and are linked to one another through the Family Support Policy Board, recipient of the SELS grant. The centers receive training and technical assistance from the University of Pittsburgh Office of Child Development (OCD), fiscal agent for SELS. Each neighborhood also has a high-quality child care center to host the SELS project.

## Fast Start

Most of the major components of SELS were up and running soon after the project was initiated, a six-month review suggests.

"It's gone very smoothly, smoother than I think anyone anticipated," said Laurie Mulvey, Director of Service Demonstrations, University of Pittsburgh Office of Child Development. "Our job was to create a team of collaborators who could build and expand what already existed for these communities. And the collaborators have been fantastic, working hard and well together."

SELS collaborators include Beginning with Books, the Alliance for Infants and Children, Family Communications,

Inc., Allegheny Intermediate Unit, Turtle Creek Valley MH/MR, neighborhood family support centers, and private consultants.

The project, for example, was able to quickly offer a range of early literacy training opportunities for early care and education providers and parents.

Ongoing monthly training was initiated for providers through Beginning with Books, including site visits to help them integrate early literacy activities with their programs. Raising Readers Clubs were organized to instruct parents on how to promote literacy among their children. A fathers' group on enhancing literacy was developed. And trainers received instruction on how to present the Family Communication, Inc. program, "Lullabies to Literacy."

One result has been that family support center home visitors have added an enhanced early literacy component to the curriculum they bring into each family's home.

## Quality For Years To Come

Studies suggest that most child care falls below the high quality levels that researchers say promote literacy and school readiness. In the Pittsburgh area, a sample of 70 centers and homes found that only 14% offered high-quality care. Across Pennsylvania, the quality of care has fallen in the last five years, according to a statewide survey.

To raise quality and maintain high quality child care, SELS is taking steps that include getting providers large and small involved in the state's Keystone STARS child care quality improvement program and establishing a "train-the-trainer" model to ensure that the training necessary to promote high-quality care and learning among young children is available to neighborhood providers for years to come.

SELS has made significant progress, according to the six-month project review. In those early months, providers in the four SELS neighborhoods were enrolled in the state's Keystone STARS quality improvement program at a rate far greater than has been seen in any other county community.

Keystone STARS encourages providers to raise the quality of their programs in steps, earning "stars" for each level of quality they achieve. As an incentive to do so, providers are offered financial rewards for reaching and maintaining higher quality levels.

In the first six months of the project, SELS contacted 100 of the 143 providers in the four neighborhoods. Out of the 100 providers contacted, 88 were involved in the SELS project. And of those 88 providers, 85 are now enrolled in Keystone STARS.

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## Announcements.

### Free Background Reports Cover Children's Issues

The University of Pittsburgh Office of Child Development offers background reports on current topics important to children and families free of charge.

The series of reports, *Children, Youth & Family Background*, is updated with new topics throughout the year.

New reports due in July cover issues such as early childhood care and education, the latest research on bullies and the impact of television violence on children, and preventing problem behavior among children.

The reports, originally produced to keep journalists and

policy makers up to date on children's issues, are available free of charge to anyone interested in concise overviews of what is known about topics such as early childhood education, resilient children, school transition, and juvenile crime. The reports are written, edited, and reviewed by the University of Pittsburgh Office of Child Development.

All *Children, Youth & Family Background* reports are posted on the OCD website as portable document files (.pdf) for viewing and downloading at the following address: <http://www.education.pitt.edu/ocd/family/backgrounders.asp>. ■

### The Hosanna House of Wilksburg Chosen As Premier Site to Participate In Communities For ALL Project

The Hosanna House of Wilksburg was chosen as the premiere site to participate in the new Communities for ALL project, a collaboration of Every Child, Inc., UCP Kids, and the Allegheny County Department of Human Services. The goal of the Communities for ALL project was to assist Family Support Centers in becoming more welcoming and accessible to parents and children with disabilities.

"We do not have a specific division or budget for inclusive programs, but we are ready, willing and able to make our programs fit the needs of all to the best of our ability," states Steve Hellner-Burris, project manager at the Hosanna House. "We are committed to making a consistent and fair effort to ensure everyone's success in our programs."

The Hosanna House of Wilksburg is a multi-purpose community center which serves over 27,000 people a year. They provide a variety of services and programs that directly impact youth and families, including early childhood education, youth recreation, tutoring and mentoring, youth and adult technology, men's services, workforce development, health and dental care, and permanent supportive housing. Hosanna House would like to extend an invitation to any families with special needs to come and visit their facility and learn more about the services that they offer.

The Community for ALL project was funded by a gen-

erous grant from Temple University's Institute on Disabilities. Every Child, Inc., and UCP Kids worked in partnership on the project, providing Hosanna House with the information and resources needed to offer inclusive programs to parents and children of all abilities, including the newly published "Opening the Doors to Community: The Keys to Success," an educational series developed by the staff of UCP Kids to empower community organizations to welcome individuals of all abilities.

For more information on the Communities for ALL project, the "Opening the Doors to Community: The Keys to Success" series or the programs offered by the Hosanna House, please call Kristen Burke at 412-697-7434 x 110.

#### About Every Child, Inc.

Every Child, Inc. is a nonprofit agency whose primary goal is to ensure a caring, healthy, and lasting family for children to age 18— who may have developmental disabilities, special health care needs, or significant emotional challenges.

#### About UCP Kids

UCP Kids is a program of UCP of Pittsburgh, a non-profit agency whose primary goal is creating a community where each belongs. The UCP Kids division of UCP of Pittsburgh offers a variety of programs that promote full community participation for children with disabilities. ■



# OCD | Special Report

## Understanding Common Problem Behaviors In Young Children

Most parents of young children, child care providers, and preschool teachers are familiar with hard-to-manage or withdrawn child behaviors: a temper tantrum, a defiant child, one who fights over toys, a child who is excessively shy, or one gripped with separation anxiety, for example.

These common behaviors pose a difficult question for researchers, practitioners, clinicians, and parents. When is a behavior typical and age-related, a short-lived reaction to the stress of developmental challenge or change versus when is it a symptom of a more serious problem that requires intervention?

This special report, based in part on publications written by Susan B. Campbell, Ph.D., University of Pittsburgh Professor of Psychology, explores the issues that help to distinguish normal and transient behaviors from those that warn of a child at risk for deeper, continuing emotional and behavior problems. It examines the more typical problem behaviors seen during the preschool years, rather than on those that are primarily biologically-based, such as autism, or those that can arise from pathological caregiving or the experience of a catastrophic or frightening event, such as post-traumatic stress disorder.

### Development During The Preschool Years

From ages two to five, children develop rapidly in many ways. For them, this is a time of significant change and transformation. It is during this period that children typically:

- Learn to regulate emotions and, to some degree, control their behavior on their own. These skills allow children to

play in groups with less adult supervision.

- They develop their ability to plan and use language to communicate, guide their behavior, and interact with other children in positive ways.
- Preschool children grow interested in the world around them, like to explore, and develop the ability to modulate arousal and impulses and regulate emotions. A well-functioning four-year-old, for example, is able to take turns, share, have two-way conversations, coordinate play with others, and resolve disputes without resorting to disruptive behavior.
- By age four years, most children are competent with peers, able to negotiate roles and goals with others, and agree on complex pretend play scenarios.
- Positive relationships with parents, a willingness to follow directions and cooperate, and emerging school readiness skills are also evidence of the strides made in their social and cognitive development by age four.

These changes occur over a brief period and represent a profound transformation from a two-year-old with relatively minimum language, self-regulation, and cooperative play skills to a socially-competent five-year-old with self control and the ability to carry on sophisticated conversations.

### Common Behavior Problems

It is not uncommon for some behavior problems to emerge during this period when children are moving so far so



quickly. Behavior problems among preschool-aged children often include high levels of negative and angry feelings, an unwillingness to comply, defiance with parents and other adults, frequent squabbles with other children that may involve physical aggression, failure to follow directions, and problems getting along with peers.<sup>1, 2, 3</sup>

The most common reasons young children are referred to mental health services include defiance, temper tantrums, and over activity.<sup>4</sup> Child care providers frequently complain about children who are noncompliant and cannot get along with peers, especially if serious aggression is involved, and children may be asked to leave a child care program for such behaviors.<sup>5</sup>

Other young children may be especially fearful, anxious, sad, and socially withdrawn. Such behaviors, however, are more likely when abuse, neglect, other serious disruptions in parenting or other family problems are present.<sup>6</sup>

Most young children display some problem behavior during their preschool years, and in most cases, such behaviors are transient, age-related, and occur as a reaction to changes and developmental challenges. It is not unusual, for example, for a child to become upset with a change in caregivers or child care setting and respond with tears, anger, or excessive clinginess.

In a small proportion of young children, however, many of these same behaviors are symptoms of clinically significant problems that can worsen over time.

## Defining Serious Behavior Problems

Knowing whether a common problem behavior is a sign of something more serious is difficult and requires a skilled professional, and several researchers caution against labeling as “pathological” behaviors that may be typical and short-lived.

A disorder in young children must include a cluster of symptoms or upsetting behaviors and not just one behavior that is annoying to adults, such as the occasional temper tantrum, refusal to comply with adult requests, and fights with siblings. A problem is possibly more serious if all of the following occur:

- The behavior has been troublesome for a period of time, rather than a short-lived reaction to a stressful event or change that may be a typical or normal reaction.
- The behavior is seen in more than one situation or setting, such as at home as well as in child care.
- The behavior is evident across relationships. For example, the child engages in the problem behavior while in the care of a parent and also while he or she is with another

caregiver.

- The behavior is relatively severe.
- The behavior is likely to impair the child’s ability to negotiate important developmental tasks necessary to adapt and function well in the family and among peers.

In applying such considerations to a young child’s temper tantrums, for example, the behavior could simply be a transient developmental phenomenon if the child showed few other problems and if the tantrums occurred when the child was faced with specific stressful or challenging situations, such as when the child was overtired or following the birth of a sibling. However, the tantrums might be a symptom of a more serious and longer-lasting problem if they happened often, were intense, the child was difficult to control at home and in child care, and the child had a pattern of noncompliance, aggression, poor self-control, and negative feelings.

## Types of Childhood Disorders

Problem behaviors of young children are usually defined as internalizing or externalizing behaviors.

*Internalizing behaviors* include worry, anxiety, sadness, and social withdrawal and represent self-focused expressions of distress. Separation anxiety is an example of an internalizing disorder seen among young children.

*Externalizing behaviors* include tantrums, defiance, fighting, impulsivity, and over activity. Externalizing disorders that apply to preschool-aged children include oppositional defiant disorder and attention deficit hyperactivity disorder.

Guidelines for identifying these disorders in young children are provided in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM)<sup>7</sup>, but a companion volume published by the American Academy of Pediatrics<sup>8</sup> offers much clearer guidelines for sorting out normal variations of behavior from those that are likely more serious and require intervention. Nevertheless, such diagnoses should be made only by experienced professionals, and information presented here is intended to help front-line service staff to recognize when a referral might be appropriate.

## Oppositional Defiant Disorder

One common and more serious behavior problem is oppositional defiant disorder (ODD). Young children with ODD have at least four out of the following eight symptoms: loses temper, argues, defies or refuses to comply, deliberately annoys others, often blames others, is touchy, is angry, is spiteful. In



addition, this cluster of problematic behaviors must occur more frequently and persistently over time than is typically seen in children of a similar age and developmental stage. Further, the child's family and social context must be considered.

Temporary circumstances, such as the birth of a sibling, family conflict, and other stressful events, can lead young children to display behaviors that are similar to the symptoms of ODD.

ODD can occur in preschool-aged children, more often in boys. In one study, ODD was by far the most common disorder diagnosed. In a sample of preschool children attending primary care practices, 16.8% of the children met the criteria for at least a probable ODD diagnosis and 8.1% of those showed severe symptoms.<sup>9</sup> Even when properly diagnosed, most cases of ODD did not persist over a very long period, except if family adversity or harsh parenting also persisted.

### **Attention Deficit Hyperactivity Disorder**

Another common behavior problem is attention deficit hyperactivity disorder (ADHD), especially in boys, which includes six symptoms of inattention and/or six symptoms of hyperactivity/impulsivity, that are present for at least six months and seen across a range of settings.<sup>10</sup> A family history of ADHD symptoms is another important indicator.

*Symptoms of inattention* include not paying close attention to details, trouble holding attention, not seeming to listen, not following instructions, trouble with organizing activities, avoiding or disliking things that require a lot of mental effort for a long period of time, losing things, being easily distracted, and forgetfulness.

*Symptoms of hyperactivity/impulsivity* include fidgeting; talking excessively; and having trouble staying seated, taking turns, and playing quietly. These symptoms, however, are fairly common among young children, which raises concern about the potential for over-diagnosing this disorder.

Studies on disorders among young children vary in their findings on the prevalence of ADHD. For example, a sample of clinical referrals of children aged three to six years reported ADHD as the most common diagnosis,<sup>11</sup> while another study found that ADHD was rarely diagnosed in young children and, when it was, it usually occurred with a diagnosis of ODD.<sup>12</sup>

### **Separation Anxiety**

Separation anxiety disorder is the only anxiety disorder specific to children. At least three symptoms must be present for at least four weeks, and significant distress and/or impaired functioning must occur.

Symptoms include repeated excessive stress in anticipation of separation, worry about losing a parent or some other attachment figure, school refusal, and fear of being alone or sleeping alone. Nightmares may also occur.

But these symptoms are common among young children, who may not have the cognitive abilities to understand sudden or dramatic changes in their lives and cannot be expected to easily cope with certain stressful events. For example, a three-year-old who becomes clingy, cries, and shows other signs of separation distress following loss of a parent or a major change in his or her life may be behaving typically predictably. The child may not have a disorder, but parents and caregivers nevertheless may benefit from special guidance to help the child manage these events.

Symptoms of extreme and long-lasting clinginess and upset, especially in the absence of an obvious stressful event or circumstance, are more likely to be a sign of serious problems in the family and in the child's relationship with caregivers.<sup>13</sup> Such problems call for intervention for both the child and family.

### **Parent-Child Problem**

Many problems in early childhood are related to the quality of the relationships between parents and their children and to issues such as limit-setting and control. "Parent-child relational problem" may be diagnosed when the child's primary problems revolve around parent strategies and behaviors, such as inconsistency or coercive parenting. One study reported parent-child relational problem to be the second most common classification found among preschool children.<sup>14</sup> It was most widely identified in a sample of two-year-olds as the "terrible twos" emerged. By age four, the condition affected far fewer children.

### **Family Influences**

Children's problems arise in the context of the family. Research suggests that the emotional and behavior problems seen among young children often warn of problems in the relationships between parents and their children.<sup>15,16</sup>

Child abuse and neglect are well-documented as behaviors that predict adjustment problems in young children. Less severe indicators of poor parenting are also influential. For example, harsh, punitive, angry, detached, and rejecting parenting behaviors are associated with high levels of non-compliance among children, defiance, temper tantrums, and aggression.<sup>17</sup>

The well-documented link between harsh and uninvolved parenting and externalizing behavior among young children illustrates that it is important to consider family context when trying to predict whether a hard-to-manage preschool child



will develop more severe and long-lasting problems. Many studies suggest that interventions that modify negative parenting are effective, especially with preschool age children.

Other factors are associated with behavior problems as well. Poverty, a low maternal education level, marital conflict, maternal depression, and single parent status are all linked with early onset behavior problems – particularly externalizing behaviors – that tend to last into middle childhood.<sup>18</sup>

Such findings further underscore the challenge of interpreting common behavior problems seen among young children and the need for understanding developmental and social context, definitions of common behavioral disorders, and other factors in identifying and helping those children who are at risk for serious, possibly long-lasting problems.

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This Special Report is based on the above-referenced publications. It is not intended to be an original work but a summary for the convenience of our readers. References noted in the text follow:

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<sup>4</sup> Eyberg, S.M. (1992). Assessing therapy outcome with

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<sup>6</sup> Gadow, K.D., Sprafkin, J., & Nolan, E.E. (2001). DSM-IV symptoms in community and clinic preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry*, *40*, 1383-1392.

<sup>7</sup> American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*. Washington, DC: Author. Lavigne et al., op. cit.

<sup>8</sup> American Academy of Pediatrics (1996). *The classification of child and adolescent mental diagnoses in primary care (DSM-PC)*. Elk Grove, IL: Author.

<sup>9</sup> Lavigne et al., op. cit.

<sup>10</sup> American Academy of Pediatrics, op.cit.

<sup>11</sup> Gadow et al., op. cit.

<sup>11</sup> Lavigne et al., op. cit.

<sup>13</sup> National Center for Clinical Infant Programs (1994). *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*. Arlington, VA: Author.

<sup>14</sup> Lavigne et al., op. cit.

<sup>15</sup> Aguilar, B., Sroufe, L.A., Egeland, B., & Carlson, E. (2000). Distinguishing the early-onset/persistent and adolescent-onset antisocial behavior types: From birth to 16 years. *Development and Psychopathology*, *12*, 109-132.

<sup>16</sup> Lieberman, A.F., Silverman, R., & Pawl, J.H. (2000). Infant-parent psychotherapy: Core concepts and current approaches. In C. Zeanah (Ed.) *Handbook of Infant Mental Health, 2nd Edition*, pp. 472-484). New York: Guilford Publications.

<sup>17</sup> Campbell, S.B., Pierce, E.W., Moore, G., Marakovitz, S., & Newby, K. (1996). Boys' externalizing problems at elementary school: Pathways from early behavior problems, maternal control, and family stress. *Developmental and Psychopathology*, *8*, 701-720.

<sup>18</sup> Ibid.





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turf – and they have some tools in their bag, some very practical things that they can offer to help them.”

Sometimes, helping a family is as simple as connecting them with the right agency or service. In one recent case, a woman whose husband had been murdered was found to be struggling with post-traumatic shock disorder, as were her children. Through SELS, their needs were identified and the appropriate support services were brought to them.

“They were very open to support,” Firth said. “This was a low income family. The mother was working and going to school. They didn’t know where to turn and it was hard for them to go for support. You needed to be willing to bring the services to them.”

“When we are able to bring a resource to these children and families and make the connection, things usually go well.”

In another case, a child care center was having difficulties with a child with autism, whose behavior had led him to be terminated from previous child care programs. The center, however, was unaware the child was receiving early intervention services from the Pittsburgh Public Schools – a communication gap that denied the center’s child care staff from fully understanding the child’s disorder and what early intervention specialists were doing to help him. With one phone call, Alliance for Infants and Toddlers consultant Jacqueline Dempsey connected the center with those providing the early intervention services. Both the child care center and the early intervention program gained a better understanding of the child and began working more as a team to help him.

“That child is now doing well,” Firth said. “All it took was one phone call to the Pittsburgh Public Schools and the connection was made. You have to know who to call and know what the systems are.”

## Eager To Learn

Knowing who to call for help with special needs children is

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The coaches working with SELS have been instrumental in getting so many providers involved in quality improvement. They come to the provider’s place of business, rather than requiring providers to come to them. In a short time, they have built strong relationships with providers, won the trust of most, and have gotten them the support they need, from helping them with state-required paperwork to directing them to training, technical assistance and other supports, Mulvey said.

Help with Keystone STARS has been particularly well

just one of the areas parents, early care and education providers, and family support center staff are eager to learn about. In its first six months, SELS witnessed higher than expected demand for training on issues such as dealing with children’s challenging behaviors and special needs.

Teaching parents, providers and others strategies to help them enhance the development and early education of children with special needs is a key aspect of SELS. It includes a “train-the-trainer” approach that is expected to sustain a cadre of trainers in the SELS communities able to educate new providers and staff long after the project expires.

This training includes two federally-supported workshops developed by Family Communication, Inc. which have been conducted with success in other states. The workshops, “What Do You Do With the *Mad* That You Feel?” and “Challenging Behavior: Where Do We Begin?”, examine children’s behaviors, encourage positive ways to deal with them, and emphasize relationships with the child, parents, and others.

The sessions have been exceptionally popular, reaching more than 220 family support staff and community early care and education providers in the first six months of the SELS project. “We’d have capacity for 25 at one training and we would have 40 people show up,” Firth said. “This tells you they are concerned about the behavior of their children, that the need for training is clearly there, and they are hungry for support.”

They are also not shy about becoming active collaborators in tailoring SELS to the needs of their neighborhoods. For example, parents on the Family Support Policy Board asked that the Family Communication, Inc. training materials be revised so that parents who attend family support centers can also be trained. As a result, SELS and other OCD staff will be working on parent training using those materials. ■

received by providers who run family day care homes, who often work long days, leaving them little time for attending training sessions or navigating the STARS paperwork that many find overwhelming.

After the first six months of the SELS project, 63% of the family day care homes in the four neighborhoods were enrolled in Keystone STARS. SELS, said Mulvey, “is a very supportive model for this very isolated group of providers. There is no doubt about their motives. They are very interested in providing the best care for the kids. The problem has always been with finding the time.” ■



(*Juvenile* continued from page 1)

The study follows more than 1,300 serious juvenile offenders in Philadelphia and Phoenix. Some have been part of the study since 2001. All are part of a juvenile justice system in America that has undergone a profound transformation in recent years.

## Juvenile Justice Transformed

In the past decade or so, almost every state has changed statutes addressing juvenile offenders to allow for easier transfer of adolescents to adult court. This emphasis on “law and order” statutes marks a seismic shift in the nation’s approach to juvenile justice, one that is swinging back toward the way the courts dealt with young offenders before America’s first juvenile court was established in Cook County, Illinois in 1899.

The law established a court that sought to deal more compassionately with children accused of crime. It created a justice system separate from adult courts that focused on the offender, not the offense, viewed young offenders as more worthy of rehabilitation than punishment, and sought to prevent them from becoming chronic lawbreakers.

These juvenile courts flourished in the first half of the 20th century. Even when they began adopting procedures common in adult courts, such as the introduction of due process protections in the 1960s, their focus on rehabilitating young offenders remained strong.

That began to change in the late 1980s when steep and steady increases in juvenile crime rates, particularly violent crime, alarmed citizens and policy makers alike and eroded confidence in the treatment model embraced by juvenile courts.

The spate of transfer statutes that followed have made it easier for juvenile offenders to be tried as adults in adult courts and to be sentenced as adults. The type of offenses they commit carry greater weight in deciding how they will be dealt with. And the harsher sanctions being imposed are based more on the desire to protect and to punish than on rehabilitating the young offender.

Little evidence has been reported to suggest this shift has served as an effective deterrent or an instrument for reforming serious juvenile offenders. In fact, studies in New

York, New Jersey, and Florida suggest juvenile offenders who are transferred to adult courts commit more serious crimes sooner after they are released.

Some known characteristics of adolescent offenders also raise questions about efficacy of tilting juvenile justice more toward punishment than treatment. For example, about 50% of adolescents in secure juvenile facilities have an identifiable mental disorder. And juvenile arrests peak at age 16, then fall off sharply, suggesting age-related maturity and judgment play key roles in juvenile offending.

A system that simply relies on the definition of the crime committed to determine how it will adjudicate the cases of juvenile offenders “is going to be terribly inefficient,” said Dr. Mulvey. “We are going to waste a lot of resources. It’s a lousy way of sorting kids.”

## Pathways Explored

The Pathways to Desistance study is following 1,355 serious juvenile offenders from adolescence to young adulthood to better understand why some young offenders stop engaging in antisocial behaviors as they get older and to learn more about the effects interventions and sanctions have on juvenile offending.

The University of Pittsburgh serves as the coordinating center of the study, which involves a number of collaborators, including site teams based at the Arizona State University and at Temple University. The study, which evolved from the John D. & Catherine T. MacArthur Foundation’s Research Network on Adolescent Development and Juvenile Justice, is supported by the Network, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, Centers for Disease Control and Prevention, the William T. Grant Foundation, the William Penn Foundation, the Robert Wood Johnson Foundation, and the States of Pennsylvania and Arizona.

The adolescents in the sample have all been found guilty of a serious crime, including drug offenses, aggravated assault, burglaries, and sex offenses. The kinds of sanctions imposed on them cover a broad range, including probation, therapeutic juvenile justice involvement, and incarceration in state prison general populations.

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They are interviewed regularly, along with family and friends, to assess their psychological development, behavior, social relationships, mental health, and experiences in the juvenile or criminal justice system.

The aims of the investigation are to identify initial patterns of how serious adolescent offenders stop antisocial activity; describe the role of social context and developmental changes in promoting these positive changes; and to compare the effects of sanctions and interventions in promoting these changes.

“We’re looking at some of the changes that occur in their lives that have more or less power in getting them hooked into more conventional lifestyles,” said Dr. Mulvey. “For example, how important is it to be working? What are the patterns of work among these kids that seem to get them to be financially independent? What are the patterns of relationships? Does marriage help these kids get it together? Where should efforts be focused to get them on the right track?”

Examining their sanctioning experiences seeks to answer questions such as whether longer sanctioning experiences have more of an effect on them or less and how

incarceration changes patterns of adjustment or behavior.

The data collected so far is already providing insight into adolescents who commit crimes. For example, Pathways to Desistance data was recently used to study how parenting is related to behavior and psychological outcomes of high-risk adolescents. It found more variability in parenting styles than might be expected among serious adolescent offenders. In addition, juvenile offenders who describe their parents as authoritative tend to be more psychosocially mature, academically competent, and less prone to internalizing and externalizing problems. On the other hand, those who describe their parents as neglectful tend to be less mature, less competent, and more troubled.

Such findings underscore the potential of the Pathways study to contribute the kind of reliable empirical information on juvenile offenders, their risk for future offending, and their responses to sanctions and rehabilitation that has been lacking in the debate that is reshaping America’s system of juvenile justice. ■

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## *Announcements . . .*

### **Parenting Guides Series Available From OCD**

The University of Pittsburgh Office of Child Development is offering a series of easy-to-use parenting guides offering information and advice on 50 parenting topics. These guides are available free of charge to parents and organizations, agencies and professionals who work with children and families.

The You & Your Child parenting guide series, written and edited by the University of Pittsburgh Office of Child Development, covers topics ranging from how to deal with children’s fears, finicky eating habits, and aggressive behavior to getting a child ready to read, setting rules, and coping with grief.

Each guide is based on current parenting literature and has been reviewed by a panel of child development experts and practitioners. The series is made possible by the Frank

and Theresa Caplan Fund for Early Childhood Development and Parenting Education.

To receive a printed set of all 50 guides by mail, send a request along with your name, organization, mailing address and telephone number to:

Parenting Guides  
University of Pittsburgh  
Office of Child Development  
400 North Lexington Avenue  
Pittsburgh, PA 15208.

The You & Your Child parenting guides are also available on the OCD website as portable document files at: [www.education.pitt.edu/ocd/family/parentingguides.asp](http://www.education.pitt.edu/ocd/family/parentingguides.asp). ■

## Announcements...

### Free Training Helps Men Become Better Fathers

It has long been recognized that men need to be more than a footnote in the lives of their children. Now, the tools they need to fulfill that role and do it well are provided through a nine-session child development training curriculum for fathers that is available free to nonprofit organizations.

The comprehensive child development training curriculum for fathers was developed and successfully field tested by the Fathers Collaborative, a nonprofit partnership of Goodwill Industries, the University of Pittsburgh School of Law, and the University of Pittsburgh Office of Child Development. The project was made possible by support from the Children's Trust Fund of Pennsylvania and the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education.

The curriculum gives men the essentials they need to become responsible, effective, caring fathers, including an understanding of key child development stages and issues, how to build relationships with their children, how to work with the child's mother for the benefit of the child, and advice on a range of parenting and child development topics such as age-appropriate play, discipline, and safety.

Included as part of the training is a 120-page guidebook

written specifically for fathers as an easy-to-read reference to all of the information covered in the curriculum. Fathers who complete the training receive the guidebook, a letter of attendance, and a certificate.

The curriculum was developed with the help of an advisory committee that included fathers, professionals who work with non-custodial fathers, mothers, and academics. Over the past year, the training has proved successful when tested on a range of fathers and in a number of settings, including the Allegheny County jail, local churches, and family support centers.

"It's a very effective way to engage all fathers," said Kathryn Rudy, Director of the Division of Community and Internal Services, University of Pittsburgh Office of Child Development.

The training and accompanying materials are available free-of-charge to nonprofit organizations interested in working with fathers to improve their parenting skills, understanding of childhood issues, and their relationships with their children.

*FOR MORE INFORMATION*, please contact Beth Stafura at the University of Pittsburgh Office of Child Development: (412) 244-5420; [bstafura@pitt.edu](mailto:bstafura@pitt.edu). ■

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