

Children at Risk: The Directors' Role in Identification and Early Intervention

by Terry Ziegler

In January of 1993, an intensive job analysis of the position of child care center director was conducted by the human resource company, Scheig and Associates. From this analysis, 450 job specific behaviors were identified. While all of these behaviors were not rated equally as to importance or as to priority, their sheer magnitude gives weight and validity to the complexity of the center director's job.

One of the most complex tasks of the center director is that of identifying and intervening on behalf of a child at risk, whether the risk be one of neglect, abuse, or developmental delay, as any intervention will undoubtedly impact the family, and potentially the center. At least in the case of suspicion of child abuse and/or neglect, there are clear reporting guidelines, as determined by law, to be followed.

No element of choice is involved in this decision. Not so with the suspicion or evidence of developmental delay, behavioral problems, or learning disability.

When a concerned teacher, staff member, or parent brings to the director's attention the difficulties of a particular child, many factors come into play. The director must determine whether the problem is seemingly emotional or developmental in nature, and whether it is a transitory or pervasive problem. Can it be attributed to difficulty with transition, or to certain situations, or to inexperienced staff, and does the child's behavior fail to fall within the spectrum of normalcy for a child of this age and development?

This process may take some time, observation, and information

gathering, much to the impatience of concerned and stressed staff, particularly if the child's behavior is having an impact on the functioning of the class.

In positively identifying a child as at risk, besides relying on acquired knowledge and experience of child development and children in group care, sometimes the director must also act on intuitive knowledge or gut instinct. While the more obvious signs such as overly aggressive behavior, difficulty in speech and language development, or motor coordination are often easy to identify, many other disabilities present themselves with more subtlety and require careful consideration and assessment.

Concern over indicators such as the inability to follow simple directions,



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the inability to maintain eye contact with others, the inability to form social attachments, the inability to stay focused and pay attention, the presence of “spacey” behavior when a child seems to have “checked out” for periods of time, the presence of self-stimulatory behavior such as hand flapping, or the presence of obsessive compulsive behavior may be very difficult to convey. Part of the problem lies in the fact that while the director (or teacher) may intuitively know “something” is wrong, in the absence of knowing exactly what is wrong, hesitation in making a referral may occur.

This is where the director’s role needs to be clearly defined. It is one of *referral* — not one of diagnosis. Despite years of accuracy in secretly or confidentially predicting diagnosis, it is not the director’s place to share these suspicions with a parent or staff member unless, of course, the director is a fully qualified developmental psychologist! However, it most definitely is within the director’s realm to share concerns over a child’s development with parents, and then to provide resources.

If the purpose in making a referral is to help a child, then it is imperative to make the referral process as fruitful as possible, in a manner that can be embraced and “heard” by parents. Part of the director’s role in successfully making referrals is one of sensitivity. For instance, if the referral is made too soon or abruptly, before the child or parents have established a strong connection within the center, or with a teacher, or with the director, it is very likely that the referral will be ignored or that the family will leave the center. This is especially likely to occur if the concern is over a delay that can be perceived by the parent as being one that will affect the child for a long period of time or even over a lifetime.

In being sensitive to the family, the director needs to be readily available after informing the parents that a conference is necessary. Telling a parent that there are concerns about their child and then being unavailable for a conference fosters parental anxiety and fear and may inadvertently set up an adversarial relationship, when a collegial relationship is needed for maximum benefit. In addition, consideration to the issue of privacy and the need not to be interrupted should be addressed before the conference takes place.

Care also needs to be given as to not only when but who makes the referral for optimum results. Sometimes it is preferable for the teacher to be directed to share concerns with a family and then refer the family to the director for further resources. Sometimes it is beneficial to have both teacher and director present at the conference. It just depends on where the level of trust and rapport lies.

Making a referral can be especially touchy if the parent does not act or does not act quickly enough on the referral information. For in what other field is one required to make intimate or difficult referrals and then have to meet the client face to face day after day? In the clinical world, after a diagnosis or referral is made, the practitioner may not see the patient for weeks or months afterward. Not so in the center director’s world, where daily encounters are inevitable. It is often difficult not to become vested in the outcome of a referral when contact is so frequent.

In fact, if the child is not posing a direct threat to the program or himself, at this point further action is often out of the director’s hands; requiring evaluation from outside sources for continued enrollment is generally not applicable. This

scenario is probably the most difficult scenario for the caring director. Seeing a definite need for early intervention and coming up against parental fears or denial can be very frustrating.

Understanding that denial is a coping response and not a sign of parental callousness is helpful. Continuing to provide a warm, supportive, non-judgmental atmosphere for both adult and child may allow the parent to eventually act on the referral. The director’s ability to continue to allay fears and share positive outcomes from other early intervention cases can also be quite helpful.

A critical aspect in the intervention process is the ability of the director to maintain current and relevant information on resources available within the community for evaluation and assistance of children at risk. The provision by the director of an appropriate list of these community resources and the ability to share knowledge about the availability of free or low cost resources with parents is vital to the outcome of the intervention. Discussing concerns about a child and then leaving it up to frightened or overwhelmed parents to find their own resources is counterproductive. The ability to provide parents with tangible evidence that there is something immediate that can be done for their child and that there is someone for the parent(s) to turn to is extremely important.

Check with the local child care resource and referral agency as they may already have a “starter” list, as well as the chamber of commerce, regional center, child care licensing department, United Way, Easter Seals program, or university in your area. For children suspected of having developmental delays, including speech delay, the local school dis-

trict can assist. This list of resources should be one that is continually being added to and updated.

The resource list should include at least one of each of the following — marriage, child, and family counselor; child psychologist; developmental pediatrician or developmental psychologist; speech therapist; source for vision and hearing screening; child protective service/department of health and human services; public health department; local provider of parenting classes; and special education office. The list should include resources for no fee and sliding scale fees, too. Many times all it takes is a few phone calls to become aware of resources that are readily available but not necessarily “advertised.”

The final aspect of the director’s role in early intervention is that of family supporter and, hence, child advocate. For there to be positive change in a child’s life, it usually requires change on the part of the adults in the child’s life. Lacking the support of family or friends who may be vested in the belief that the child will “grow out of it,” many parents may resist further evaluation of their child without continued assistance from the director.

Another possible reason for resisting evaluation is that a parent may simply be too overwhelmed with day-to-day living to take on the monumental task of investigating what is “wrong” with their child. A little encouragement and flexibility on the part of the director can make all the difference, such as allowing for the evaluation/subsequent treatment to be conducted at the center. The successful identification, referral, treatment, and resulting growth of a child at risk makes the complexity of the director’s job well worth the effort.