

Scene 1 Take 1



Instructions

- Read the **SCENE** on the front of the card or envelope
- Discuss your **TAKE** on the scene and decide:
 - What type of consultation is indicated (see definition of mental health consultation)?
 - What might be the role of the Mental Health Consultant?
- Read **TAKE 2** and check your thinking



Dr. Stuart was scheduled to observe Sandra in her classroom. When he discovered that she was no longer in the program, he realized that she was the fourth child to leave suddenly. The school is located near a public housing development that is being relocated. Neither the program director nor staff, families, or children have addressed this issue.

What's your take on this scene?

School readiness begins with health!

Activity Excerpted from: <http://store.samhsa.gov/shin/content//SVP07-0152/SVP07-0152.pdf>

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Scene 1 Take 2



Dr. Stuart convened a meeting for staff to discuss separation and loss. Together, they designed a way to talk about “goodbyes and missing friends” with children in the classroom. The program director asked Dr. Stuart to come to the next family meeting to share ways to prepare children for moving to new homes and child care programs. As a consultant to the program and as someone only a step removed from the classroom experience and community events, Dr. Stuart was able to observe the situation from a different perspective. He helped program staff and families recognize how changes in the community can impact children and their families—one at a time or as a large group. He also helped them develop specific preventive intervention approaches and strategies to deal with a community issue that had an impact on all children and families—those who were moving and those who remained behind.

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Scene 2 Take 1



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One morning as children were arriving at the Head Start program, a young man shot a father who had just dropped off his child. Although no one else was hurt, some children and staff had witnessed the event. The teachers and staff immediately implemented their emergency procedures, and the program director secured the building. Everyone was very anxious and upset. The director called the police.

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Scene 2 Take 2



Once the director was sure that all children and teachers were in the classroom, secure in the building, and police on their way, her own anxiety level guided her to contact the program's mental health consultant. Ms. Jones assured the director that she had taken all the appropriate immediate steps. The consultant then helped to calm the director and agreed to come to the school immediately. Ms. Jones arrived within a half-hour and met with the director. Ms. Jones worked with the director to develop a crisis intervention plan. Ms. Jones went into each classroom to talk directly with staff and children. She knew that this kind of trauma affects individuals differently and is best resolved over time. Parent and staff support groups were initiated to process fears about safety and reactions to the event. Through the use of conversation, dramatic play, books, and storytelling, children were encouraged to share their feelings and fears. By offering immediate and longer term support, the consultant was able to help everyone deal with this trauma.

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Scene 3 Take 1



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Mr. Neil, the three-year-olds' classroom teacher, seemed to be avoiding the mental health consultant, Dr. Pryor. On consultation days, he often scheduled special activities or outings. He was very verbal in his belief that "consultants" look for only what's wrong with children. Although he sometimes described his own concern about some children in his class, he strongly believed that they would grow out of most of their problems.

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Scene 3 Take 2



Dr. Pryor arranged a meeting with Mr. Neil at a time that was convenient to the teacher. During the meeting, he asked Mr. Neil to share his observations about the strengths and interests of the children in his classroom. After acknowledging that Mr. Neil's observations were very astute, Dr. Pryor shared that he also looked for the strengths in children and families. They found a common understanding of the roles that growth and development play in helping children learn new skills to manage their own emotions and behavior. Together, they explored the many ways that Dr. Pryor could be useful to Mr. Neil, the children, and their families. A clear understanding of expectations, communication, and professional respect is essential to building rapport between the teacher and the mental health professional, which is in the best interest of children and families.

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Scene 4 Take 1



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Mary, the toddler classroom teacher at the Flower Street Child Care Center, has been increasingly concerned about Robert. He has always been shy and withdrawn, but during the last 3 months—ever since he moved to his new class—he has had difficulty during naptime. He often cries, revealing his own distress as well as disturbing other children. He stops crying when Mary is by his side but starts up again the minute she leaves. She also noted that he has not been eating much lately.

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Mary approached Mr. Adams, the consultant, to discuss her concerns about Robert's change in behavior. To assess Robert's abilities, limitations, vulnerabilities, and strengths, the consultant visited the center and observed him at various times during the course of a day. He also assessed the quality of the interactions in the classroom—those involving Robert as well as the other children. The consultant met with Robert's parents and discovered that because of some family conflict the father is no longer in the home.

The consultant shared this information with staff to increase their understanding of Robert's behavior. With the consultant's assistance, staff developed new strategies to help Robert develop a sense of predictability, including consistent contact with one staff member, transition to nap time, and a routine and "rules" under which Robert would be given the same toy or book before he went to sleep. By observing and encouraging communication between staff and parents, Mr. Adams helped Robert's caregivers implement strategies to help him adjust to change. Mr. Adams plans to meet with Robert's parents again to further discuss the changes in the home and explore the family's interest in any additional services to support their new living arrangement.

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Scene 5 Take 1



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A 16-year-old mother, Wanda, complained to the teacher that Juanita, her 18 month old, was a stubborn, “bad” little girl who did not listen to her. Wanda expressed frustration and anger, saying that she is afraid that she might lose control one day. She went on to say that she has tried talking to her, threatening to put her to bed, and taking away toys. Nothing seems to make a difference in Juanita’s willful behavior.

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The teacher suggested that Wanda speak with Dr. Gregory, the mental health consultant, about her frustration and concerns for Juanita. They arranged a home visit where Dr. Gregory could observe Juanita at play and mealtime. After they met, Dr. Gregory helped Wanda to better understand typical 18-month-old behavior. He also helped her structure their daily routine, set reasonable limits, and build in time for Wanda and Juanita to play together. By joining with Wanda in her concerns about her daughter, by offering support, and by increasing her understanding of her daughter's development, Dr. Gregory was able to help Wanda find new strategies to feel more in control and to enjoy her daughter and their relationship.

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Scene 6 Take 1



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Gabrielle, a 4-year-old girl who was small for her age, had a sad, solemn expression during much of the school year. She did not willingly participate in group activities or play with other children. Instead, she chose to look at books or stare into space, holding a favorite stuffed animal. She also seemed tired a lot of the time.

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The mental health consultant, Ms. Raven, noticed Gabrielle's lack of affect and asked to meet with her teacher and parents. She shared her observations and asked whether these were consistent with the observations at home and school. Ms. Raven also then recommended that Gabrielle see her pediatrician to rule out any health problems. At a follow-up meeting, after the doctor found no health problems, Ms. Raven designed a sequenced plan to engage Gabrielle in classroom activities. She suggested that the teacher pair Gabrielle with another gentle child around a preferred activity, as a place to start. They agreed that the teacher would regularly observe Gabrielle for any progress and report back to Ms. Raven and Gabrielle's parents. Through the consultation process, the teachers and parents were coached to observe, offer specific support, and follow up with one another to monitor Gabrielle's mood and progress.

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