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Chad Kordt-Thomas
Nature and Quality of Care:
Two Measures Partially
Addressing Impediments to
Adequate Childcare for
Vulnerable Children

ABSTRACT

This study explored the level of care accessible to most young children, especially those living in or near poverty and with acute social-emotional needs. A critical analysis of childcare systems generated a demonstration of the multiple impingements upon care providers' abilities to furnish warm, responsive care. Children who most need skilled and attuned care, those with extraordinary sets of needs, were shown to be placed most at risk for expulsion from their group care settings.

This phenomenon was interpreted through the relational conceptualization of mental health consultation to childcare developed at the Daycare Consultants component of the Infant-Parent Program, University of California, San Francisco and through Development, Individual-Difference, Relationship-Based theory. This study has yielded findings which enhance social workers' understandings of the complex dynamics influencing childcare endeavors as well as the experience of vulnerable children in childcare. Further, this study's findings suggest that a relationship-based approach to mental health consultation to childcare, especially one utilizing DIR theory, can have a significant influence on the web of relationships informing young children's development.

Nature and Quality of Care: Two Measures Partially Addressing Impediments to
Adequate Childcare for Vulnerable Children

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2007

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CHAPTER I

INTRODUCTION

This study examined the limited quality of daycare to which children and families living in or near poverty have access. A particular regard was given to exploring the effect inadequate daycare has on the increasing numbers of young children with acute social-emotional needs. Subsequently, the purpose of this study was to ascertain the positive mutative effect specific approaches to clinical work in daycare settings may have within existing systems of child care.

Additionally, this study explored the socio-political determinates which narrow the range of child care possibilities available to poor families. Therefore, this investigation addressed the historical, political, economic and ideological contributors to the present-day limitations characterizing most child care in America. Further, this project drew attention to the national crisis evident in vulnerable families, especially those with emotionally fragile or developmentally delayed children, having little choice but to send their children into systems of child care increasingly in demand yet simultaneously under resourced (Office of the Surgeon General, 2000).

The need for this exploration is clearly delineated in the literature on child care and child development. Regarding the quality of daycare in America, a seminal study conducted by the Cost, Quality and Child Outcomes Team (1995) found that most care is “sufficiently poor to interfere with children’s emotional and intellectual development”

(p.4). As for the growing prevalence of children with intense social-emotional needs in those daycare centers, recent writings call on policy makers and practitioners to pay closer attention to supporting their needs (Cohen, Onunaku, Clothier, & Pope, 2005; Johnston & Brinamen, 2006). Furthermore, with far reaching implications for the current investigation, findings from Gilliam's (2005) study demonstrate that preschool-aged children with challenging behaviors are over three times more likely than their K-12 counterparts to be expelled from daycare.

The literature on children whose extreme needs limit them from getting the most of their child care experience abounds with information on using behavior modification as a method for helping children attend to instruction (Lovaas, 1987; Albert & Troutman, 2002; Faja, & Dawson, 2006). Behavior modification is an approach based on the child responding to external controls, i.e., rewards and punishments (Kohn, 1993). However, sorely missing from the literature is knowledge about supports which may promote a high needs child's capacity to become adequately internally organized so as to benefit from his or her early childhood programs. Further lacking is research about the kinds of experiences providers of care for young children need in order to be able to provide those children with quality care (Green, Simpson, Everhart, & Vale, 2005).

This study's relevance to the field of social work is delineated in the Preamble to the Code of Ethics of the National Association of Social Workers (1999). This declaration calls for social workers to enhance the well-being of all people, "with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (p. 1). As alluded to earlier, this study sought to explore the impact limited quality daycare has on numerous children whose families are

already rendered vulnerable by factors such as poverty, homelessness, racism, immigration status, and violence. More particularly, this investigation attempted to determine how these vulnerabilities are amplified when a child's need for individualized attention meets with care providers' central role of concentrating on the simultaneous care of many children.

These problems fit within the social work discipline's long-standing dedication to considering the experience of the person within his or her environment. This investigation's purpose, to explore the potential positive effects specific approaches to clinical work in daycare centers may offer, was informed by the social work profession's commitment to ameliorating environmental barriers to the person's optimal functioning. Finally, this study's attention to the multiple determinants of the quality of child care in America matches social work's focus on, "the environmental forces that create, contribute to, and address problems in living" (National Association of Social Workers, 1999).

This study utilized two theoretical constructs in an attempt to elucidate the group care experiences available to the vast majority of poor, young children and the effect such care may have on these children's social-emotional development. Each construct provided its own lens through which to consider the level of care which can be reasonably expected by daycare providers. Further, this investigation explored the potential implications for improvement in quality care offered by each theoretical model.

The first construct this study examined is the cluster of theories which comprise the approach to clinical work with infants, children, and families developed by the Infant-Parent Program and the Day Care Consultants component of that program, at the

University of California, San Francisco (UCSF). For the purposes of this study, most essential to this theory set are the conceptualizations of infant mental health pioneered by Selma Fraiberg (1980), D.W. Winnicott (1965), and later added to by relational theory (Aron, 1990) and infancy research (Stern, 1985). Together, these theories help shape a *transactional* view of a child's development; a child's development is influenced by all the relationships in his or her life (Sameroff & Fiese, 1998).

It is from this combination of perspectives that the Infant-Parent Program (IPP) has developed and contributed its own unique understanding of infant mental health to the field of infant-parent psychotherapy. In turn, a new approach to mental health consultation to child care, now practiced at Day Care Consultants (DCC), emanated from the Infant-Parent Program.

Therefore, the cluster of theories informing theory and practice at IPP/DCC are examined. The exploration of these theories serves three purposes. First, analyzing these theories is necessary to trace the theoretical lineage of the Infant-Parent Program at UCSF (e.g., how the program's theoretical frame has expanded over time and incorporated new conceptualizations into its original formulation). Second, an exploration of these theories elucidates the practice of mental health consultation to child care as thought of at IPP's Daycare Consultants program. Third, an examination of these theories supports an illustration of the positive change IPP/DCC believes is possible within the limited quality care emblematic of most child care as well as the factors necessary for such change to occur and to be sustained.

Interwoven into IPP/DCC's consideration of the transactional nature of a child's development is an understanding of early intervention from an *ecological approach*

(Garbarino, 1998). Fundamentally, this entails delivering the service within the child's day care setting. More conceptually, use of an ecological approach involves the consultant positioning him or herself within the many relationships of the daycare setting in an attempt to strengthen the web of relationships surrounding the child (Johnston & Brinamen, 2006).

The Developmental, Individual-Difference, Relationship-Based (DIR) model, the second theoretical construct this study employs to consider the effects of quality of care on children's development, is also an infant mental health theory and practice mode (Greenspan, Degangi, & Weider, 2001). While DIR theory, as its name explicates, places emphasis on the importance of relationships in a child's life, it does so from a complimentary yet distinct vantage point from that of IPP/DCC theory.

For instance, a core tenet of DIR theory is the necessity of using a child's very sensory processing individual differences in service of promoting his or her growth toward optimal levels of development (Greenspan & Weider, 2006). DIR theory assigns its own particular meaning to the word "development." Indeed, central to this theory is the progression of children's maturation along developmental lines specific to the DIR model.

The present study explored DIR theory in an effort to discern possible effects limited quality care may have on children's individual sensory-motor processing systems. At the same time, this investigation utilized DIR theory in an attempt to appraise the impact of inadequate care on the six developmental milestones this model posits are necessary for children's healthy social, emotional, and cognitive growth. Finally, the

resulting discussion seeks to gauge the usefulness of DIR theory in contributing to recommendations for clinical practice at daycare centers.

Now this thesis turns to providing a conceptualization and methodology for examining the problem of the limited capacities of daycare systems which care for young children. Next, this discussion attempts to describe the complexities inherent in the phenomenon described above. Then, this inquiry offers an exploration of the constellation of theories which inform the core philosophy of the Infant-Parent Program and its Daycare Consultation component. The discussion then considers DIR theory and its unique contribution to understanding and addressing the central problem. Finally, this research report ends with a discussion, including recommendations for promoting development-enhancing relationships within existing systems of child care

CHAPTER II

CONCEPTUALIZATION AND METHODOLOGY

This chapter identifies the specific components of each theory that serve as criteria for evaluating, discussing, and interpreting the phenomenon of limited systems of care tending to increasing numbers of children with acute social-emotional needs. The first theory utilized is more accurately described as the set of theories which compose an approach to infant mental health developed and practiced at the Infant-Parent Program (IPP), and its Daycare Consultants component program, at the University of California, San Francisco. The second theory is the Developmental, Individual-Difference, Relationship-Based (DIR) theory of child and human development. First, this section describes the aspects of IPP theory pertinent to investigating the phenomenon of interest. Then, this section of the chapter will identify the components of DIR theory useful for discussing the phenomenon.

Introduction to Clinical Thought and Practice at the Infant-Parent Program, and its Daycare Consultation component, University of California, San Francisco

While a much more fulsome characterization of the theories which inform IPP's approach to infant mental health will be forthcoming in Chapter IV, this section will underscore those elements of that theory set most salient to examining daycare systems and their effects on vulnerable children. Additionally, while Chapter IV will delineate the theoretical lineage of the Infant-Parent Program and the emergence of the Daycare

Consultants (DCC) component of IPP, the current section extrapolates aspects of IPP/DCC's conceptualizations of infant and early childhood mental health with which to explore the phenomenon.

While IPP theory is formed by a confluence of thinking from ego psychological (Fraiberg, 1980), object relations (Winnicott, 1965) and relational (Aron, 1990) psychoanalytic concepts, and their interface with data from infancy research (Stern, 1985) the task of this section is to extrapolate those IPP concepts most pertinent to a discussion of inadequate care and its possible effect on vulnerable children. An equally important task of this section is to then consider the elements of IPP's Daycare Consultation component most relevant to an examination of the current quality of care accessible to most children and the impact of that care on children's development.

Core Components of IPP Theory

The present study concerned itself with quality of care (e.g., the relational matrix constituting a child's experience of group care). Thus, it is significant to explore the nature and influence of that care using the three core theoretical underpinnings of the approach to infant mental health practiced at IPP: Fraiberg's pioneering work emphasizing the influence of the caregiver's subjective experience on the child's development (Fraiberg, 1980); the transactional perspective of development emanating from relational psychoanalytic thinking and further influenced by infancy research (Aron, 1990; Stern 1985); and D. W. Winnicott's (1965) notion of provision of a facilitating environment.

Fraiberg's Original Conceptualization of Infant Mental Health

While an in-depth description of Selma Fraiberg's conceptualization of infant mental health will be deferred until Chapter IV, her seminal contribution is useful to note here in three regards. First and foremost, Fraiberg is widely considered to be the originator of the field of infant mental health (Stern, 1995). Indeed, her publication with co-authors Adelson and Shapiro Ghosts in the Nursery explicated the practice of applying psychoanalytic technique to home visiting with families wherein the infant's development is placed in jeopardy by the parents' unconscious transmission of intergenerational trauma (Fraiberg, Adelson, & Shapiro, 1975). Second, Fraiberg (1980) created the Infant-Parent Program (IPP) at the University of California, San Francisco (Johnston & Brinnamen, 2006), the very program the theoretical underpinnings of which are under consideration in the present study. Noteworthy is that Fraiberg's (1980) original formulation of infant mental health remains central to infant-parent psychotherapy as practiced at IPP (Lieberman, A.F, Silverman, R., Pawl, J. H., 2000). Third, Fraiberg's (1980) initial conceptualization of infant mental health is essential to an examination of the central phenomenon of the present study: the effect of limited quality group care on vulnerable children.

Most salient to an evaluation of this phenomenon is Fraiberg's theory elucidating the therapeutic process in infant-parent psychotherapy: "The therapeutic process may take a variety of forms, but the core component involves the therapist's efforts to understand how the parent's current and past experiences are shaping perceptions, feelings, and behaviors toward the infant" (Lieberman, Silverman, Pawl, 2000, p. 47). Not only has this tenet remained at the core of infant-parent psychotherapy practiced at

IPP, it has been foundational to the work of IPP's Daycare Consultants program (DCC) (Johnston & Brinnamen, 2006). As providers of mental health consultation to child care, the clinicians at DCC attempt to discern how child care workers' experiences shape their perceptions, feelings, and behaviors toward the young children in their care (Johnston, 2000).

Therefore, Fraiberg's (1980) idea that caregivers' subjective experiences influence their relationships with children in their care is one of the elements of IPP theory this study will use to evaluate the phenomenon in question. This idea is especially useful in discerning how the burdens placed upon daycare providers may affect the care those providers can reasonably be expected to furnish to the children in their charge. Moreover, this guiding thought in IPP practice supports a discussion of the risks posed to children's optimal development when caregivers' experiences are impinged upon by the systems in which they work.

The Transactional Perspective of Development: Contributions from Relational Psychoanalysis and Infancy Research

As alluded to earlier, IPP has incorporated concepts from many streams of thinking about human development into Fraiberg, Aldeson, and Shapiro's (1975) original conceptualization of infant mental health. Chief among these is the influence of relational or intersubjective ways of thinking about the clinical encounter on the disciplines of psychoanalysis and psychodynamic psychotherapy. From a relational, or two-person, model "the analytic relationship and the transference are always contributed to by both participants in the interaction" (Aron, 1990). This way of thinking has significant implications for mental health consultation to child care centers; the care

providers and the consultant are seen as equal contributors to the consultation endeavor (Johnston, 2000). Even more fundamentally, this theory has far-reaching implications when considering the nature of relationships between caregivers and the children for whom they care, whether that caretaker is a mother or father, or whether that caretaker is a childcare provider attempting to care, simultaneously, for the twenty or so children in her daycare classroom. Indeed, according to Lieberman, Silverman, and Pawl (2000), a primary characteristic of relation theories is the notion of human development as an open system. Aron (1990) described the nature of the individual developmental system as “always in interaction with others, always responsive to the nature of the relationship with the other” (p. 481).

Seen through this lens, an infant or young child’s social-emotional growth is not solely dependent upon the caregiver’s experience and the shaping influence of that experience on the caregiver’s attitude toward the child. Rather, the caregiver and the child form a dyad in which each is a partner in the co-creation of the relationship. Here exists a parallel between the clinical encounter and the parent-child/caregiver-child experience. In each situation, each member of the dyad is a powerful shaper of the nature of the relationship and each participant’s experience of that relationship. This notion is of such salience at the Infant-Parent Program that the client is thought not to be either the parent or the child, but rather the relationship which exists between them (Seligman, 2000).

Further informing and enhancing this view of development have been the additions to developmental psychology and psychoanalysis made by infancy research. Offering a synopsis of such research, Lieberman, Silverman, and Pawl (2000) explicated

the significance of the data on infant development which emerged during the last quarter of the twentieth century:

The cumulative effect of countless studies of the sensory, perceptual, cognitive, and interpersonal capacities of infants led to the emergence of a “theoretical baby” that is not a passive recipient of the parent’s ministrations but rather communicative, participatory, oriented both to relationships and to reality, and able to make various distinctions and to express preferences from the first weeks of life (p. 476).

This new information about infants then began to shift theoretical and practical understandings about infant and child behavior. Namely, concepts of infant development went away from viewing the infant as closed system of individual development and toward a picture of the infant or young child as an open system where behavior happens within an interpersonal context (Sameroff & Chandler, 1975).

For example, arousal and affect regulation could no longer be thought of as belonging solely to the baby’s temperament or biology, nor to the parent’s way of being with the baby. Now, these processes began to be understood within the field of infant mental health as transactional, as the “matching and mismatching of affect through facial mirroring, sequences or disruption and repair in affective matches, and the centrality of interpersonal timing in all these processes” (Lieberman, Silverman, Pawl, 2000).

Given the implications a transactional view of development has for understanding care giving systems, this component of IPP theory is useful in evaluating the level of care currently expectable in America’s daycare centers and the impact of that care on children with extraordinary needs. As with Fraiberg’s (1980) original formulation of infant

mental health, transactional theory supports a discussion of the influence of the caregiver's subjective experience on his or her ability to relate to children in growth promoting ways. Additionally, a transactional perspective makes possible an evaluation of the contributions of children to the quality of care present in our child care centers. In particular, because transactional theory views children as active shapers of relationships (Sameroff & Chandler, 1975), this theory helps the researcher discern the impact of the increasing numbers of children with acute social-emotional needs on the nature of the care they experience in group care

Winnicott's Notion of Provision of a Facilitating Environment

Winnicott (1965) posited that the principle determinant to a child's development is the provision of a facilitating environment. To Winnicott's way of thinking, a child's healthy development in all domains is contingent upon the care giving environment, supplied by maternal care. It is important here to note that by using the term "maternal care" while Winnicott was primarily considering the experience of babies with their mothers, Winnicott also used this term to include care by any primary caretaker. At the center of notion of the provision of a facilitating environment is the idea of *holding*. Although the idea of holding included the physical dimension of holding, Winnicott (1965) was much more interested in using this term to describe the mother's awareness of and empathy for the baby within the totality of their experience together.

The notion that awareness of and empathy for an infant by her primary caretaker is of vital importance to the infant's sense of self is interwoven into the three components of *holding* most pertinent to the current discussion. Indeed, Winnicott (1965) postulated

that when a baby's experience of his or her mother is characterized in a general way by the mother's awareness and empathy, the baby experiences good enough holding. This study utilizes three salient components of good enough holding to support a discussion of the current picture of daycare in America and how the quality of that care might affect the children who receive it. While each of these aspects of *holding* compliments the other theoretical underpinnings of IPP theory already mentioned, each also furnishes a distinct vantage point from which to evaluate children's experiences of being cared for in present systems of care.

Continuation of Reliable Maternal Care

In order to have a sustained, positive impact on the infant's development, maternal awareness of and empathy for the baby must be consistent and reliable. Indeed, for Winnicott (1965), the caregiver's capacity for providing his or her baby with consistent, reliable, warm and attuned responses is at the foundation of human development. Winnicott postulated that only with the experience of good enough holding is an infant able to undertake ego development. More specifically, Winnicott (1965) put forth the notion that with good enough holding from its caretakers, an infant is able to journey from an unintegrated to a structured internal life. Further, stated Winnicott (1965), the infant is able to do this precisely because the caregiver's reliable, responsive care allows the infant to re-experience unintegrated states without the worry that he or she will be remain in that state. Important to the current study is that Winnicott (1965) alternately referred to the continuation of reliable maternal care as "the build-up in the infant of memories of maternal care beginning to be perceived as such" (p. 44).

With these considerations in mind, Winnicott's (1965) idea of the centrality of continuation of maternal care is employed to discuss the current state of daycare in America and the impact that care is likely to have on the children who receive it. In particular, this notion is useful in discerning children's experiences of early group care as it provides a unique lens with which to do so; namely, the children's build-up of memories of the minute-to-minute, day-to-day, month-to-month, and year-to-year care they receive in the daycare centers they attend.

Confidence in the Environment

Growing out of the infant's experience of continuity of reliable maternal care is the infant's capacity to have confidence in his or her environment (Winnicott, 1965). Indeed, Winnicott (1965) argued that the infant's ability to go on being without actual care is dependent on that infant's development of confidence in the environment. In addition to the necessity of reliable and attuned maternal care, the development of such confidence comes about because of the infant's introjection of care details. In other words, the nature of myriad care details such as the ways in which a caregiver feeds, bathes, changes, dresses, puts to sleep and later picks up a baby are taken in by the baby to begin to form that baby's representations of himself or herself.

Given the central role that young children's capacity to develop confidence in the environment plays in their early abilities to function robustly and independently, this notion is also utilized to evaluate current daycare systems and their developmental influence on the children who participate in their programs. Especially because considerations of the nature of environment are at the heart of this Winnicottian (1965)

idea, it has direct bearing on the current investigation's attempt to ascertain how present daycare environments affect an array of children and their development, with special regard given to the effects of these environments on vulnerable children.

Contingencies of Developmental Gains and Their Consolidation

Winnicott (1965) further postulated that out of an infant's ability to distinguish "me" from "not me" and out of the infant's capacity to form an internal reality come the capacity for symbolization. All of these capacities are made possible by good enough holding. However, so great is the power of good enough holding, argued Winnicott (1965), that without it, "these stages cannot be attained, or once attained cannot become established" (p. 45). Therefore, Winnicott's (1965) notion that early capacities are only possible, and that subsequent consolidation of these developmental capacities are only possible, because of good enough holding will be used to discuss the quality of holding generally available to children in today's child care systems. This idea is especially useful in discerning the effect any society- or systems-wide impingements to care providers' attempts to furnish good enough holding might have on children's development.

Summary of Core Components of the Infant-Parent Program Conceptual Frame and Their Uses for Discussing the Central Phenomenon

This section of the chapter has delineated the core theoretical components of the theory set underlying the approach to infant-parent psychotherapy thought of and practiced at the Infant-Parent Program and its Daycare Consultants program, both at the University of California, San Francisco. Further, this discussion has explicated the reasons why each theoretical component will be useful in interpreting the possible effects of the current quality of care accessible to most children living in or near poverty on the development of those children. Special considerations have been given to the influence of caregivers' subjective experiences on their behaviors related to children in their care (Fraiberg, 1980); the transactional lens on development (Aron, 1990); and Winnicott's way of thinking about the nature of early ego development (1965).

Thus far, this section of the study has placed a particular emphasis on the use of each core theoretical component in evaluating the current quality of daycare and the effect of that quality on children's development. Additionally important to this study, though, is the use of these components to discuss the contributions of children and their families to the quality of care children experience in their early group care situations. While the significance of children's contributions to the care giving relationship has been touched on in the description of the transactional perspective of development espoused at the Infant-Parent Program, it is useful to make that contribution more explicit.

While all of the theoretical components of IPP theory already described are germane to a discussion of current systems of early child care, they equally pertain to

children and their families. This is of special significance to the current investigation because Chapter III endeavors to discern the contributions of children and families to the quality of care children receive.

Now Chapter II turns to a discussion regarding Developmental, Individual-Difference, Relationship-Based (DIR) theory and its possible usefulness in interpreting the phenomenon of interest. As will be delineated, while DIR theory compliments the IPP theory set, it is distinct from it. Further, the DIR model adds to the present exploration's ability to discuss its central phenomenon.

Developmental, Individual-Difference, Relationship-Based Theory

Although the central phenomenon of the current study emphasizes the quality of daycare presently accessible to the majority of children, it also calls attention to the increasing numbers of children with extraordinary needs entering those systems of care. Further, while many of these acute needs may be relational in nature, as is delineated in Chapter III, many of those needs are rooted in children's innate constitutional challenges (Koplow, 1996). Regardless of origin, because this study seeks to discern possible factors affecting the present quality of early child care, the characteristics that children bring with them to that care are essential considerations. One theory in particular, the Developmental, Individual-Difference, Relationship-Based theory (or DIR) pinpoints specific impediments to children's social-emotional functioning (Greenspan & Weider, 2006). Therefore, the present investigation utilizes specific tenets of DIR theory to discuss the impediments to growth-promoting relationships which growing numbers of children bring to daycare due to biologically-based impingements to their development.

The transactional perspective of development already explicated as one strand of the IPP theory set also places a particular emphasis on the child's contribution to the quality of the relationship with his or her caregiver (Stern, 1985). While DIR theory shares this commonality with transactional developmental theory, it makes a singular contribution to the literature on child development by attempting to more fully ascertain the nature of the child's contribution, especially regarding the contribution to the relationship made by the child's temperament or impaired functioning because of biologically-based challenges (Greenspan, Degangi, & Weider, 2001).

Also similar to transactional developmental theory, within DIR theory a child's individual differences are always considered within the context of important relationships (Brazelton & Greenspan, 2000). Significantly adding to infant and child mental health theories, though, DIR theory places great emphasis on attempting to discern the child's unique, individual biological system and its responses to an array of stimuli. Pertinent to the current investigation, central to DIR theory are the ways in which a child's relationships with primary caregivers are themselves stimuli with which the child living with biological differences (including neurological challenges) must contend (Greenspan & Weider, 2006). Further, DIR theory considers these differences, whether variations in temperament or more serious neurological challenges, within the context of age-expected developmental milestones (Greenspan & Weider, 1998).

As the name Developmental, Individual-Difference, Relationship-Based theory makes somewhat explicit, this theory posits that the pathways to human development are contingent upon three crucial factors. First, DIR theory contends that development is achieved along particular lines related to a person's ability to be regulated, to engage in

relationships, and to symbolize emotions and thoughts. DIR theory argues that this developmental ladder is not only descriptive, yet can also be used in specific ways in the service of supporting a child's optimal development (Greenspan & Weider, 2006).

Second, the DIR model utilizes understanding of a child's unique sensory-motor processing individual differences to mobilize that child's functioning to its highest levels (Greenspan, Degangi, & Weider, 2001). Third, DIR theory postulates that in conjunction with discerning an individual child's present developmental level and sensory-motor individual differences, that child's functioning in all domains is activated to its highest level through relationships with important others. Again, while this thinking compliments transactional developmental theory, it also adds to it. In particular, DIR theory contends that the adult relationship partner's affect can be marshaled to foster the child's capacity and desire to engage and stay engaged with significant others.

Development

Unlike Piaget (1974) who posited that young children's cognitive development is primary and from it stems emotional development, DIR theory contends the opposite is true (Greenspan & Shanker, 2004). Within the DIR model, a child's emotional thinking develops first and fuels cognitive growth. However, that emotional development is contingent upon a child's ability to be in a calm yet alert state of being (to be regulated). Such a state of regulation is necessary for the child to engage in relationship with primary others (Greenspan, Degangi, & Weider, 2001). In DIR theory, this relationship is the vehicle for emotional development.

As alluded to above, developmental milestones within DIR theory are hierarchical. Similar to other theories of development, DIR theory postulates that stressors can constrict individuals in their functioning within any developmental level. Further, stressors can take an individual back to an earlier level of developmental functioning. This is an area of human functioning to which DIR theory contends to make a particular addition (Greenspan & Weider, 2006). Because the developmental milestones within the DIR model are specific to emotional functioning and are therefore manifest in behavior, this model contends that an individual's functioning can be tracked along developmental lines and then made use of in the service of both returning that child to his or her current highest level of functioning and also to promoting new, even higher levels of functioning (Greenspan, Degangi, & Weider, 2001).

This is the theoretical frame within which DIR places six essential developmental milestones. Those milestones are:

- 1) Self-regulation and interest in the world
- 2) Intimacy (wanting to be engaged with primary caretakers)
- 3) Two-way communication
- 4) Complex communication
- 5) Emotional ideas
- 6) Emotional thinking (Greenspan & Weider, 1998).

It is beyond the scope of the present study to describe each of these developmental milestones in-depth. However, a case study is employed in Chapters III and VI to illustrate the central phenomenon. Within that case study, examples are given to further explicate the DIR developmental milestones just described.

Precisely because DIR theory posits that reaching higher level developmental milestones are contingent upon the earlier milestones being firmly in place (Greenspan,

1997) the current investigation utilizes this component of the DIR theoretical frame to evaluate the phenomenon of interest. This study uses DIR thinking about these milestones in its attempt to discern impediments to quality childcare. Specifically, this line of DIR theory offers this study an opportunity to consider possible impingements to children's optimal functioning emanating from daycare systems and possible impediment's originating from the growing numbers of children arriving at daycare with extraordinary needs.

Individual-Difference

DIR theory further posits that the individual characteristics of children with developmental delays and connected challenges of relating and communicating can be harnessed to mobilize the child's functioning in all domains to its optimal levels (Greenspan, Degangi, & Weider, 2001). In the DIR model, seeking to understand a child's unique, individual biological characteristics, whether temperamental variations or more involved neurological challenges (including developmental delays) is an essential and primary step in facilitating that child's healthy development (Greenspan, 1995). Frequently having the most significant impact on the functioning of the child with neurological challenges is that child's sensory-motor processing system (Ayers, 2005).

For instance, children with neurological challenges or developmental delay commonly have central nervous system impingements on their abilities to process an array of sensation (Smith & Gouze, 2004). These challenges may include any combination of the nervous system's ability to process visual-spatial, auditory, tactile, vestibular, or proprioceptive input (Long & Sippel, 2000). Frequently complicating the

capacity of a child with neurological challenges to function at optimal levels is that child's unique motor planning and sequencing system (Greenspan, Degangi, & Weider, 2001). For example, once the child's systems have processed sensory information, albeit in potentially confounding ways, that child's nervous system must determine how to act upon that information. However, just as the child with neurological challenges experiences difficulty processing a range of sensations, that same child may now experience further challenges in knowing how to act on that information due to impairments in motor planning and sequencing abilities.

One example in particular may be illustrative of this dilemma for children with processing and motor challenges. Currently, there are popular images of children with developmental delays, autism in particular, who play for seemingly inordinate amounts of time lining up toys in specific ways or repeatedly rolling trains back and forth without any apparent purpose (Stacey, 2003). Further popular is the notion that the autistic child engages in such activities because the child has a wish to avoid contact with others (Williams, 1992). However, when the child's behavior is viewed through the lens of the "individual-difference" component of DIR theory, a different picture begins to emerge.

First, when the child's possible sensory-processing challenges are taken into consideration, the child's limited range of functioning may take on new meaning. For example, perhaps the child in question has difficulty processing cues about where her body is in relation to other things in the environment (Ayers, 2005). These are cues that are processed naturally by neurologically typically developing children, as a matter of course. Perhaps because of this challenge, though, this child feels insecure moving her body, therefore feeling great comfort in staying in one place (Smith & Gouze, 2004).

While her functioning may be constricted in this way, like other children she wants to play (Greenspan & Weider, 2006). Making the most of her processing capacities, she is nonetheless now limited in what she can play. Therefore, she plays with the toy trains with which she is so familiar. They are on the floor, a place where she feels secure in her body (Kranowitz, 1998). As she begins to play, however, she experiences a further constriction due to her central nervous system's limited ability to execute the motor planning and sequencing necessary for making the train do what she would like it to do (Greenspan, Degangi, & Weider, 2001). While other children her age might easily be able to carry out their ideas (i.e., set up a train track; roll the train; and then pretend that the train is going to the store and then back home) this child's motor system allows her only to roll the train back and forth.

DIR theory puts forth the notion that an understanding children's unique sensory-motor processing challenges can be utilized as the foundation for creating conditions conducive to their ability and desire to be engaged with others while also related to the world of ideas (Greenspan, Degangi, & Weider, 2001). The emphasis that DIR theory places on attempting to ascertain each child's individual differences to processing and acting on information is useful to the current investigation's own endeavor to discern the possible effect of the quality of care presently available to most young children. First, this line of thinking within DIR theory draws attention to what can be reasonably expected of care providers within today's systems of child care. Secondly, this component of the DIR theoretical frame brings into focus the growing need to create particular conditions within the daycare classroom due to the ever-increasing numbers of children in child care with acute needs.

Relationship-Based

The “R” in DIR theory is the third crucial component of this model the present exploration utilizes to interpret the phenomenon of interest. As discussed elsewhere, this part of the DIR conceptual frame compliments the description of transactional developmental theory explicated as part of Infant-Parent Program theory set. However, distinguishing DIR from transactional developmental theory, while also adding to it, is the role affect plays modulating children with significant regulatory disorders in the DIR model (Greenspan & Weider, 2006). This is not to suggest that affect is not also an essential component of relationships from a transactional perspective (Pawl & St. John, 1998). Rather this statement emphasizes that because DIR theory gives a particular regard to thinking about the impediments to relationships with primary caregivers posed by children’s neurological challenges, DIR theory also gives a particular regard to the role affect can play in helping children want to be engaged and then maintain connection with important others (Greenspan & Shanker, 2004).

For example, if a child was coping with her unique sensory-motor processing system by rolling her train back and forth, she might become self-absorbed in this activity due both to its reliable and comforting aspects and also because others may not want or may not know how to enter into this seemingly solitary activity (Ayers, 2005). If this child were at daycare, her caregivers might also have difficulty helping her transition to another activity. DIR theory would suggest that the affective component of this child’s relationship with her care providers in supporting that transition could be particularly useful (Weider & Kalmanson, 2000). This conceptualization within DIR theory, though,

calls on the provider to exaggerate gestures, facial expressions, and tone of voice to woo that child into attention and relationship (Greenspan & Weider, 2006).

Therefore, this aspect of DIR theory is also employed to discuss the possible effects of the quality of care presently accessible to most children on children's development. In particular, this component of the DIR theoretical frame is useful to the current investigation's attempt to discern what is reasonably expectable of care providers given the systems within which they care for children. For instance, given present systems of care, is it reasonable to expect that care providers can provide the kind of exaggerated yet authentic affect needed in the example above? Additionally and once again, this aspect of DIR theory is employed in this study's endeavor to also consider the possible impediments to growth-promoting relationships that the increasing numbers of children with acute social-emotional needs may bring with them to their daycare experiences.

Potential Methodological Biases

For the integrity of this study, it is essential that the researcher disclose any personal perspectives regarding the theories selected as well as reasons for choosing them. The researcher's past and present interests in both theories are perhaps the most significant potential sources of methodological bias. More explicitly, first as an early childhood educator and then as an early interventionist, the researcher has drawn on DIR theory to understand the underlying meanings of children's behavior. Indeed, familiarity with DIR theory led to the researcher to a discovery and appreciation of the approach to

infant-parent psychotherapy and mental health consultation to child care influenced by transactional and relational views of development.

Therefore, the researcher acknowledges this investigation's need to be aware of this potential source of bias. Thus, this study attempts to discuss, when appropriate, times when an objective analysis of this study's central problem may be obscured by this bias. Further, in an effort to limit subjective influence on this topic, the researcher endeavors to ground this study in the growing body of literature which examines the range of potential supports for young children with acute social-emotional needs.

Strengths and Limitations of This Study's Plan

The core strength of this study is that it attempts to interpret a contemporary phenomenon underrepresented in the literature by utilizing two theoretical constructs which appear to be uniquely suited for such an endeavor. Moreover, this is a timely study because, as delineated in Chapter III, more and more children are arriving at daycare requiring individual facilitation of their development (Knitzer, 2002). Further relevant is this study's emphasis on relationships as possible mutative factors in children's social-emotional functioning in group care. This factor is essential as it correlates to social work's core tenet of considering the person within his or her environment (National Association of Social Workers, 1999).

One the other hand, the present investigation is limited in its capacity to address the problem at hand. Most simply put, this investigation considers only two theories selected from a field of many, conceptualizations of which are on some levels closely connected. Further, due to its scope, this study is restricted in its ability to examine the

problem from multiple levels of influence. For instance, although this exploration gives some attention to social policies and their possible affects on high needs children, the central concern of the current examination is to discern the impact that the quality of care available to the majority of young children has on their development.

Summary

This chapter has delineated the conceptualization and methodology this study utilized to interpret its central phenomenon. Specifically, this discussion has posited that the conceptual framework of the Infant-Parent Program, UCSF and the DIR model are each potentially useful in ascertaining the effect that the quality of care available to most children in existing systems of care may have on children's development, especially vulnerable children. Further, this chapter has acknowledged that the researcher's interest in these two theory sets may represent a potential source of bias. Finally, this chapter has attempted to predict the strengths and limitations of the current examination.

Now, this project turns to an exploration of its central phenomenon. Chapter III seeks to determine factors essential to quality daycare. Then, the chapter examines possible obstacles to care providers' attempts to furnish adequate care to young children. Next, Chapter III explores the potential barriers to obtaining high caliber care with which families living in poverty contend. Equally important, the discussion endeavors to discern the effects present levels of care available to most children may have on their development. Within this context, a particular regard is given to appraising the possible impact of such care on the growing numbers of children coming to daycare with extraordinary sets of needs.

CHAPTER III

PHENOMENON

Day care in America is in drastically greater demand now than any previous time in history because of changing shifts in the labor force (Bureau of Labor Statistics, 2002) and because of the forcible separation between parent and child resulting from the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (Blau, 2001). Simultaneously, the under-funding of child care which has beleaguered this complex undertaking for decades remains one of its defining characteristics (Helburn and Bergmann, 2002). Consequently, the vast majority of day care centers are unable to offer quality care to young children, including infants and toddlers, who spend longer hours than ever before away from their families in group care (Shonkoff and Phillips, 2000). At the same time, growing numbers of children whose early development is jeopardized by the myriad stressors of poverty and by increased incidences of developmental disorders are entering these very systems of care (Raver and Knitzer, 2002).

This chapter undertakes an attempt first to discern the characteristics of quality child care. Next, this chapter endeavors to ascertain the multiple factors which limit the abilities of group child care providers to furnish adequate care for the millions of children in their charge. Then, this discussion investigates the barriers to accessing quality care experienced by families living in or near poverty. Central to this chapter is a review of the literature regarding the quality of care emblematic of current child care systems.

Within this context, this discussion investigates the effects of limited quality care on young children's emerging sense of self and expectations of the world. A particular regard is given to the role such care plays in the lives of the increasing numbers of children whose extraordinary needs require especially sensitive and skilled responses from caregivers. Then a case example is offered to elucidate the interactional nature of group care; the child and his or her care-givers are all active contributors to factors influencing the child's experience of group care (Johnston & Brinamen, 2006).

Characteristics of Daycare Systems Contributing to Children's Experience of Early Group Care

Standards of Quality Care

As an accrediting institution, The National Association for the Education of Young Children (NAEYC), holds a place of primacy in shaping notions of quality care within the profession of early childhood education and group care. Although voluntary, a daycare center's accreditation through NAEYC is increasingly necessary to the center's functioning as more funders, state and otherwise, require this recognition to consider a center's funding requests (NAEYC, 2006). Adding to NAEYC's ability to influence standards of care in child care programs are its many publications.

Chief among these publications is the book Developmentally Appropriate Practice in Early Childhood Programs (Bredekamp & Copple, 1997). Among the many standards for quality care set forth in this book, most pertinent to the current discussion is the following tenet: "Children develop and learn best in the context of a community where they are safe and valued, their physical needs are met, and they feel psychologically

secure” (p. 15). Substantiating this position, Bredekamp and Copple (1997) site the attachment theory thinking of Bowlby (1969), the infant research work of Stern (1985), and the ecological model of human development postulated by Garbarino (1992), to posit that children’s optimal development is contingent upon their access and ability to establish and maintain positive, consistent relationships with adults and other children.

Another prevailing measurement of quality in early childhood programs is the Early Childhood Environmental Rating Scale (ECERS) (Harms and Clifford, 1990). ECERS is utilized as a primary measure of quality of care in large scale studies such as the Cost, Quality and Outcomes Study (Cost, Quality and Outcomes Study Team, 1995). A more immediate consideration for group care providers is that ECERS is the standard against which a center’s level of quality is measured for consideration of its participation in many states’ and cities’ Universal Preschool initiatives. Participation in one of these programs may be instrumental to a center’s financial well-being as they often make possible state or local funding for low-income children enrolled at the center. (U.S. Department of Health and Human Services, 2006).

As with NAEYC standards, ECERS measures several dimensions of a daycare center’s quality. Because the current investigation endeavors to gauge the saliency of relationships on children’s development, most germane to this discussion is the consideration of those relationships in ECERS’s assessment of quality care. Indeed the category “Interactions” represents one of the central ECERS subscales on which centers are rated for the quality of general supervision of children, discipline, staff-child interactions, and interactions among children (Harms and Clifford, 1990).

This section of the chapter has explored prevailing standards of quality care pertinent to the current investigation's endeavor to ascertain the level of care accessible to most children. Specifically, this discussion has described the standards set by NAEYC, an influential organization within the field of early care and education. Additionally, this discussion has delineated the measurements to quality care conceptualized by the ECERS rating scale. Now this chapter turns to an exploration of the determinants to the increasing demand for childcare.

Demand for Child Care

As more women entered the workforce in the 1970's, the demand for daycare began to increase (Chaudry, 2004). In 1975, two of every five mothers with a child younger than six were working outside the home (Boushey and Wright, 2004). Today, more than two-thirds of mothers with young children have jobs (Bureau of Labor Statistics, 2002). Subsequently, the daycare industry experienced a surge in demand in the twenty years from the early 1970's to the early 1990's (Blau, 2001).

Then, in the early to mid 1990's the demand for daycare neutralized. These few years in the history of daycare can now be thought of as a small period of quiet before the beginning of a terrible storm. In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), otherwise known as Welfare to Work, became law (Blau, 2001). This act demanded mothers to act quickly to make child care arrangements. Never before had one piece of legislation required such abrupt separations between mothers and their young children. The situation has been even more dire for single mothers of young children:

Prior to the 1996 legislation, states were prohibited from requiring recipients who were single parents caring for infants to participate in work-related activities. As of June 2000, 14 states have used the new flexibility granted by the legislation not to exempt automatically from work requirements parents whose youngest child is less than 1 year old (and most of them require work when the infant reaches 3 months of age). An additional 23 states require mothers receiving benefits to work when their children reach age 1. Moreover, for single mothers, over half of the states require 30 or more hours of work per week. As a result, the population of children in child care is likely to include more very low-income infants than has ever before been the case. (Shonkoff and Phillips, 2000, p. 299).

Indeed, the numbers of young children in daycare did dramatically increase after passage of PRWORA. From 1996 to 2000, more than one million single mothers joined the work force (Chaudry, 2004). Further, during these same years, the employment of low-income single mothers increased by 25% (Health and Human Services, 2002). Data from 1999 demonstrated that 61 percent of children under age 4 were participating in some kind of regularly scheduled child care. This number included 44 percent of infants under 1 year. (Shonkoff & Phillips, 2000). Further, these children are now spending more time in group child care than any other period in history. As recently as 2002, preschool children of working mothers were on average spending 35 hours of week in group care, infants and toddlers were spending even more time in non-parental care. (Helburn & Bergmann, 2002).

While the forcible separation of parent and child due to legislation may create its own challenges to the child's development (Blau, 2001), a parent's struggle to find quality care presents another. Group child care of any quality is an expensive undertaking; the cost of providing quality care is almost untenable. Therefore, quality child care programs are beyond the reach of most families, particularly for the poorest and most vulnerable.

Child care is expensive because it is highly labor intensive. Indeed, labor accounts for 70 percent of all operating costs at daycare centers (Blau, 2001). Quality care is made much more expensive due to the costs of attracting and retaining skilled caregivers with formal training in early childhood development and education (Helburn and Bergmann, 2002). However, even the cost of care described as mediocre or poor is burdensome to families.

According to Clarke-Stewart and Allhusen (2005), "Childcare expenses take up 7 percent of the budget of a family above the poverty line and a staggering 20 percent of a poor family's income "(p. 60). Further, Gallinsky (1997) of the Families and Work Institute asserted that 50 to 68 percent of parents reported that they did not have childcare choices other than the ones they were using.

Current Picture of Quality in America's Daycare Centers

Beginning in the mid-1990s, a team of researchers from four universities known as The Cost, Quality, and Outcomes [CQO] Study Team (1995) began research that would conclude in a seminal study on the quality of early childhood programs. This team utilized stratified random sampling in a descriptive study undertaken to investigate the outcomes of 826 daycare-aged children in 400 early childhood programs: 50 for-profit and 50 non-profit centers in each of four states. Further, this team of researchers used what they termed “well-established measures to measure collected data” (p.14). In turn, this data was gathered by trained data collectors conducting interviews and distributing questionnaires to center directors, teachers, and parents and observed two randomly chosen classrooms in each center.

Important to the current investigation, findings from The CQO Study Team research indicate that only one of every seven child care centers in America provide a level of care that promotes healthy development and learning. More explicitly, the CQO Study Team noted, “...the level of quality at most U.S. child care centers does not meet children’s needs for health, safety, warm relationships, and learning” (1995, p. 2). Further, the findings of this team of researchers suggest that impediments to high quality care in most U.S. child care centers arise from a combination of low teacher wages, higher staff-to-child ratios, low levels of teacher education, and lack of administrators’ prior experience.

Indeed, Peisner-Feinberg et al. (1999) further explored the connection between level of care and child outcomes in their follow-up, five-year longitudinal descriptive

study of the same children studied by Cost, Quality, and Outcomes Study Team (1995). This study was conceptualized through an ecological model which examines human development as an interaction between the person and his or her environment. While the sample initially included the same 826 investigated in Cost, Quality, and Outcomes Study Team research, due to attrition the core sample was comprised on 745 children from 169 early childhood program classrooms in the same four states as the original study. The sample was evenly split between boys and girls and was comprised of 30 percent children of color, compared with the 31 percent of children of color nationally during the study's five years: 1994-1999 (Peisner-Feinberg et al.,1999).

Peisner-Feinberg et al. (1999) posited that while the quality of care in most daycare centers in 1995 was poor, the children who had been cared for in those centers, now second graders in 1999, continued to be impacted by the care they had received four years prior. Most relevant to the current study, the research findings suggest that children's positive experiences of their relationships with their primary early childhood program teacher enhanced their abilities to take advantages of the educational opportunities offered to them in the early grades of elementary school.

Contributors Limiting Caregivers' Abilities to Provide Quality Care for Young Children

As described above, findings from the CQO study (1995) demonstrate that four key elements conspire to produce levels of insufficient care in most daycare centers: low teacher wages, high staff-to-child ratios, low levels of teacher education, and lack of administrators' prior experience. Each of these determinants to quality speaks to the caregivers' work experiences. In turn, these burdensome professional circumstances

influence care providers' contributions to their central task, providing warm, responsive care to the children who depend on them (Pawl, 1990).

Marcia Young (2001) of The Center for the Child Care Workforce argued that America has an unofficial child care policy which relies on an unacknowledged subsidy: “the contribution that child care workers (98 percent of them female, and one-third women of color) make by being paid much less than the value of their skilled and vital work” (p.1). This contention is corroborated by findings about child care workers wages. According to the U.S. Bureau of Labor Statistics (1999), the median wage for child care providers in 1999 was \$6.91 an hour. Helburn and Bergman (2002) placed child care workers wages within the context of the earnings of the 64 service occupations stating, “only 5 earn less than child care workers: ticket takers, amusement park attendants, fast food cooks, food preparation workers, and ushers and lobby attendants—all entry-level jobs often filled by teenagers” (pp. 189-190).

Other sources further substantiated the CQO studies findings regarding impediments to quality care. Also completed in the mid 1990's, additional studies reported that the childcare workforce was predominately low paid, uncredentialed, and characterized by high turnover rates (Macdonald and Sirianni 1996). Further, Blau (2001) asserted that child care workers have a higher propensity to change employers than other workers, indicating a potential correlation to low wages and benefits. Even through an economic analysis of child care, Blau (2001) considered the impact on high rates of caregiver turnover on children's development, “Lack of stability in the child care profession is thought to be detrimental to the quality of care, because secure attachment between children and their caregivers is an important aspect of quality” (p. 348).

The impediments to care explicated above are structural barriers. The vast majority of child care providers have had no power in determining the environment in which they work, in which they are charged with providing care for others. Synthesizing the myriad systems-level stressors experienced by child care providers, Uttal (2002) postulated a grim, recurring cycle of limited opportunity for caregivers with stark implications for the future of quality of care:

The assumption that caring for children is a “natural” ability (of women), as well as the low pay and low prestige of childcare work, still underlie the recruitment of unskilled women workers. The need for workers, coupled with their high turnover rate, predisposes child care to remain an entry-level position. The low wages ensure that childcare workers will be disproportionately recruited from groups with low income and low levels of education. Because limited employment opportunities restrict the occupational choices of women of color and immigrant women, a disproportionate number of women from racial ethnic and low-income groups enter childcare work. The combination of gendered assumptions, entry-level opportunities, racial stratification in the labor force, high turnover rates, and misconceptions about caring work creates and maintains a pool of low-status workers. (pp. 24-25).

It stands to reason that in addition to the impact these stressors have on caregivers’ professional abilities to provide quality care, the inadequacy of child care systems to care for providers directly influences their personal capacities to nurture

children. Marcia Young (2001) at Center for the Child Care Workforce drew attention to this lack of care for workers in child care programs. In particular, Young underscored that alongside caregivers' professional roles exists these workers' personal, family, and economic needs.

Indeed, Chapter II explicated the potential influence that daycare providers' internal lives can have on their capacities to care for the children in their charge (Johnston & Brinamen, 2006). Further, this study will return to care givers' subjective experience of providing care in Chapter IV. Equally contributing to the experience of care are the characteristics of children and their families. This discussion now turns to an exploration of those characteristics.

Characteristics of Children and Families Contributing to Children's Experience of Early Group Care

As described above, child care providers and the systems within which they work greatly influence the quality of care experienced by young children in group care settings (Peisner-Feinberg et al., 1999). Concomitantly, young children and their families make their own distinct and real contributions to systems of childcare, therefore helping to define the nature of that care (Pawl & St. John, 1998). The following discussion attempts to ascertain the characteristics of children entering systems of care most pertinent to an exploration of quality of care.

More specifically, according to a transactional theory of child development, in any relationship, each person involved with the relationship shapes its nature (Sameroff & Fiese, 1998). Therefore, children are active shapers of the relationships of which they are apart. This section of the chapter, then, seeks to broadly determine the characteristics

of young children currently being cared for in child care centers as well as how those characteristics influence the relationships which constitute the care they receive.

Effects of Poverty on Children's Development

There are more children now, especially young children, living in poverty than any other time in modern American history (Fass & Cauthen, 2005). Indeed, Fass and Cauthen (2005), of The National Center for Children and Poverty (NCCP), further noted that twelve million children live in families with incomes below the federal poverty level. Moreover, Fass and Cauthen (2005) commented, "Perhaps more stunning is that 5 million children live in families with incomes of less than half the poverty line—and the numbers are rising" (p. 1). Further, although white children comprise the largest number of children living in poverty, a disproportionate number of racial-ethnic minority children are poor: 33 percent of African-American and 28 percent of Latino children (Fass & Cauthen, 2005).

Fass and Cauthen (2005) further suggested an association between poverty and negative outcomes for children's development. In particular, Fass and Cauthen (2005) asserted poverty: "can impede children's cognitive development and their ability to learn. It can contribute to behavioral, social, and emotional problems" (p.4).

Substantiating this argument, Raver and Knitzer (2002) posited that the greater a young child's exposure to on-going economic, social, and psychological stressors, the greater the chance that child's social, emotional, and cognitive development will be negatively affected. Because these stressors have such power to affect children's development, postulated Raver and Knitzer (2002), these stressors have been identified as "risks."

With far reaching implications for the current study, according to Raver and Knitzer (2002) more than 32 percent of all young children are affected by one risk factor such as low income, low maternal education, or single-parent status, and 16 percent are in families with two or more of these “risks.”

Raver and Knitzer (2002) also argued that these stressors significantly contribute to children’s problematic behaviors in group care. For instance, research findings suggest that the rate of these negative behaviors among low-income kindergartens is approximately 27 percent. Additionally, between 4 and 6 percent of children attending preschools have serious emotional and behavioral disorders and between 16 to 30 percent of preschool-aged children pose on-going behavioral challenges to their care providers (Raver & Knitzer, 2002).

Prevalence of Adverse Childhood Experiences and Their Effects on Child Development

The director of the Center for Mental Health Services, the primary federal agency addressing mental health has commented, “Trauma is pervasive, it is damaging, and it is an extremely serious threat to our public health” (Pynoos & Fairbank, 2004, p.2).

Violence in all its permutations (including community violence, domestic violence, violence against children, and the propagation of violence in media) is now considered epidemic (Osofsky, 1999). The risks with which numerous young children and their families must contend as children strive toward optimal development are myriad.

In a 1998 Centers for Disease Control (CDC) study almost two thirds of the study’s respondents reported having experienced at least one adverse childhood experience, such as abuse, neglect, or exposure to other traumatic stressors (Felitti et. al.

1998). Moreover, one out of five respondents reported three or more such adverse experiences in childhood. Data from the United States Department of Health and Human Services (DHHS, 2003) indicates that 906,000 children in 2002 were confirmed by child protective services as being maltreated. More specifically, that maltreatment was comprised of 61 percent of children experiencing neglect; 19 percent experiencing physical abuse; 10 percent experiencing sexual abuse; and 5 percent enduring emotional or psychological abuse (DHHS, 2003).

The National Center for Injury Prevention and Control (NCIPC) explicated several contributing factors for child maltreatment. These stressors include family poverty and community violence (NCIPC, 2006). Indeed, findings from research support the idea that families living in poverty have a greater likelihood of living with chronic, on-going community violence (Osofsky, 1999). As alluded to above, violence in the lives of children and their families is more common than collective denial would have us believe.

The facts, though, are indisputable. For example, more than 3.3 million children witness physical and or verbal domestic abuse each year. Additionally, approximately three million children are direct victims of physical abuse at the hands of their parents (Osofsky, 1999). Added to this, the American Psychiatric Association reported that the typical American child watches 28 hours of television a week, and by the age of 18 will have seen 16,000 simulated murders and 200,000 acts of violence (American Psychiatric Association, 1998).

The effects of the traumas associated with child maltreatment, exposure to violence, family poverty, and other adverse childhood experiences often have devastating

and long-lasting effects on a child's developmental trajectory and sense of well-being. For instance, infants and toddlers who witness violence in their families or communities frequently demonstrate inordinate levels of irritability, immature behavior, emotional distress, and regression in language abilities (Osofsky, 1999). Significantly, findings from studies note symptoms in many children exposed to the adverse conditions described above similar to post-traumatic stress disorder in adults. These symptoms include repeated re-experiencing of the traumatic event, avoidance, numbing of responsiveness, and increased arousal (Osofsky, 1999).

Further, findings from research strongly suggest that the sensory, physiological, emotional, and cognitive experiences of traumatized children are complexly interrelated and often manifest themselves in equally complex and perplexing behaviors (Pynoos, Steinberg, & Piacentini, 1999). For instance, without knowing why, a traumatized child may experience physiological alarm and extreme negative emotions not in keeping with present situation. Moreover, this same child may experience frightening accelerations in physiological and emotional reactions such as terror, helplessness, and shame connected to the original trauma. Additionally, past or on-going trauma may leave a child's cognition to be characterized by sudden shifts in alertness and attention, confusion, and false attributions about others' intentions.

Prevalence of Developmental Disorders and Their Effects on Child Development

In addition to the impediments to healthy social-emotional development posed by poverty and adverse childhood experiences, the incidence of children with developmental disorders entering systems of care is also relevant to the current study. Developmental

disorders are biological or constitutional challenges. These challenges include autism spectrum disorders, mental retardation, Cerebral Palsy, Down Syndrome, and speech and language disorders (Greenspan & Weider, 2006).

According to Bhasin, Brocksen, Avchen, and Van Naarden Braun (2000) research findings indicate that approximately 17 percent of children in the United States are affected by a developmental disability. Additionally, there are concerns about increasing rates of autistic spectrum disorders, as well as other mental health disorders such as attention-deficit/hyperactivity disorder, obsessive compulsive disorders, and Tourette's Syndrome (Greenspan & Weider, 2006). Furthermore, many children have challenges in communication, cognitive abilities, and behavioral regulation that do not meet the criteria for a specific disorder (Greenspan & Weider, 2000).

While young children affected by these differing disabilities have a variety of behavior profiles, there are commonalities connecting them. Foremost, under the Individuals with Disabilities Act (IDEA) ratified in 1979, these children have the right to an education program providing educational benefit within the least restrictive environment (Weider & Kalmanson, 2000). Indeed, 50 percent of all preschool children with special needs participate in regular preschool classrooms (Odom, et al., 2004). Children with developmental disorders also share underlying challenges in relating, communicating, and thinking creatively and symbolically (Greenspan & Weider, 2006).

The Intersection of Limited Quality Care Serving Children with Extraordinary Needs

As described above, child care providers, the systems within which they attempt to provide care, and the children who are cared for are each in their own ways contributors to the quality of care given and received in group care. In a troubling parallel, as daycare systems have become more widely used yet continued to be under-resourced, the number of children with challenging and perplexing behaviors has increased (Raver & Knitzer, 2002). These conditions converge to broaden the scope of what is expected of daycare providers to such a degree as to place inordinate demands upon them (Johnston & Brinamen, 2006).

For instance, while widely accepted guidelines within the field of early childhood education and group care call for low care provider to child ratios, these important recommendations go much more often than not unmet as daycare centers are frequently not able to afford this necessity. However, findings from multiple studies have demonstrated over time that the ratio of child to caregiver is one of the most sensitive indicators of quality care (Galinsky, et al., 1994; Burchinal et al., 1996).

A small ratio, though, is merely one of many indicators of quality child care (Shonkoff & Phillips, 2000). Other indicators, as noted earlier, are small group size, low caregiver turnover rate, and high caregiver wages and levels of education. Findings from research demonstrate that these indicators support caregivers' capacities to provide children with an adequate amount of warm, responsive, individual attention and verbal and cognitive stimulation (Raikes, 1993).

In actuality, however, the endeavor of childcare is embedded within a policy culture which undermines caregivers' best attempts (Shonkoff & Phillips, 2000). Lack of unified child care policies leave child care centers in a quagmire, aspiring to provide quality care, yet contending with perennial impediments to doing so (Cost, Quality and Outcomes Study Team, 1995). In this light, it is easy to imagine that providing warm, responsive care can become burdensome, if not impossible.

Simultaneously, the influx into child care systems by children with extraordinary needs calls upon caregivers to provide ever-more sensitive and individualized attention (Koplow, 1996). As described elsewhere, between 16 to 30 percent of preschool-aged children pose on-going behavioral challenges to their care providers (Raver & Knitzer, 2002). Findings from another study indicate that the number of three- to five-year-old children with disabilities has been rapidly increasing during the last decade; according to Chang, Early, and Winton (2005), this number has increased by 32 percent between 1992 and 2001.

However, as may be easily imagined from the impediments to quality care already delineated, caregivers struggle to meet the growing need for ever-more attuned levels of individualized care. Adding to this complexity, while the number of children with a variety of extraordinary needs is increasing in regular daycare classrooms, their care providers often have "little or no training in education and caring for these children" (Chang, Early, & Winton, 2005). Remarkably, noted Chang, Early, and Winton (2005), significant numbers of care providers and early childhood educators are completing academic degree programs without having had a course or field experience in working with children with disabilities.

While lack of sensitive, engaged interactions may have negative effects on children's sense of self and others (Pawl, 1990), another disconcerting outcome of the intersection of over taxed systems of care and high needs children has recently surfaced. The results of Gilliam's (2005) study suggest that the expulsion rate of children enrolled in pre-kindergarten programs is over 3 times that of K-12 children enrolled in public schools. Further, findings from Gilliam's study point to a pattern of boys in day care being expelled four times the rate of girls, with African-American boys placed at significantly greater risk than all other groups for expulsion from their early childhood programs.

Multiple research findings demonstrate the complexity of care giving within existing systems of child care (Chang, Early, & Winton, 2005; CQO Study Team; 1995; Peisner-Feinberg et al.,1999). Consequently, the developmental trajectories and daycare placements of children with extraordinary needs are placed at risk (Gilliam, 2005; Raver & Knitzer, 2002). These risks are so great that former Surgeon General Sacher (2000) has argued that promoting children's social-emotional well-being must be a national priority. More explicitly, Sacher (2000) articulated the following:

The burden of suffering experienced by children with mental health needs and their families has created a health crisis in this country. Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them. It is time that we as a Nation took seriously the task of preventing mental health problems and treating mental illnesses in youth (p. 1).

Thus far this chapter has explored the determinants effecting quality of care issues. The research findings described in this chapter demonstrate that such determinants are located in a variety of sources. Further, this chapter has paid attention to how such factors converge to inhibit the accessibility to good quality care for poor children, especially those with acute social and emotional needs. Moreover, this chapter has given a particular regard to the critical influence of caliber of care on children's sense of self. This study now offers a case illustration to exemplify the potential effect this confluence of factors has on children's development.

Case Illustration

To illustrate the central problem of this study, this investigation will offer the case of a young girl to be called Rosie, a young boy, to be called Harry, and the daycare center they attend, to be called Sunny Days. Rosie is a child of Latino heritage growing up in a working poor family. Her early history included being cared for by a mother, Jenny, who struggled to keep symptoms of schizophrenia under her control. Indeed, while as a baby and toddler Rosie experienced some outcroppings of her mother's distress, most of the time mother and child enjoyed a warm, engaging relationship. Further, Rosie and her mother were in close contact with her mother's family and received support from them in a variety of ways.

Then, when Rosie was three, her mother rapidly began to decompensate. This decompensation was so rapid and intense that soon Rosie and her mother were living on the streets of a large metropolitan city. At night they slept in a shelter that can only be described as chaotic and terrifying, even to adults. Shelter policy stipulated they vacate

the premises during the day, leaving little Rosie to wander the city with her mother, who in character was a different mother than the one she had always known.

In effect, her mother was no longer able to give her the support she needed to feel safe and secure. In the throes of decompensation, Rosie's mother was not able to provide her with what Winnicott (1965) called a reasonably expectable facilitating environment. Central to this theory is the idea of holding. In a reasonably expected environment not only does the caretaker physically hold the infant or young child, but equally importantly holds the child's experience in his or her mind.

Without this positive holding environment, a child fails to reach normal development. According to Winnicott, "All these developments belong to the environmental condition of holding, and without a good enough holding these stages cannot be attained, or once attained cannot become established" (1965, p. 45). Indeed, this lack of a facilitating environment imperiled Rosie's development in all domains, especially her social and emotional growth.

After several months on the street, Jenny was able to begin making use of the services of a group home for adults with psychiatric issues and Rosie began living full-time with her maternal grandparents. Because Rosie's grandparents were able to provide her with stable, consistent, nurturing care, this new arrangement held the potential to enhance Rosie's development. Simultaneously, because Rosie was no longer in the care of the person who knew and loved her best, her mother, Rosie's emerging sense of self was potentially compromised.

After settling into her new role as Rosie's primary caretaker, her grandmother, Delores, enrolled her in a daycare program close to her workplace. On her first day in

this new place, Rosie clung to her grandmother's side and cried inconsolably when she left, even though the nice lady, Phong, said that Rosie could stay close to her all day until grandmother picked her up after nap time. Rosie became even more worried and hesitant when she soon noticed Harry, a boy in the room who ran from place to place, shouting out bad words, hitting children and knocking things off shelves. She hid as much as she could into Phong's side.

Harry, a four-year-old African-American boy had been attending this center for a year and a half. Although Phong and her co-teacher, Barbara, had spoken with Harry's parents several times suggesting they obtain a developmental assessment for him, his parents had resisted, afraid their worst fears for their son would be confirmed. Although this meant no diagnosis was available, Harry showed many signs of a disorder of relating and communicating (Greenspan & Weider, 1998).

For example, he seemed to have difficulty making himself understood and understanding others. His play had a self-absorbed quality, as when he spent most of free-play time lining up toy cars. In addition, he often had a hard time modulating and processing sensory input, making his behavior look wild and disorganized. The typical boisterous noises children make either sent him into the furthest corner he could find or, more often, produced a swift and seemingly furious response—pushing the offending child. This usually resulted in the other child pushing him back or disintegrating into cries of shock and fear.

Rosie's first two weeks at her new daycare center were comparable to her first morning at the school. The separation from her grandmother at the beginning of the day was grueling for everyone: Rosie, her grandmother, her teacher, Phong, and many nearby

children whose own feelings of daily separations from beloved family members became evoked by Rosie's cries. As one the first day, Rosie then clung as tight as she could to Phong's side, barely able to explore the activities prepared by the teachers.

Suddenly and drastically Rosie's behavior at daycare changed. While holding Phong's hand, Rosie was hit on the head by Harry, whose line of cars had just accidentally been bumped by another child. Without knowing why, Harry had then run across the room, stopping just inches in front of Rosie's face, shouting out, "Mother Fucker!" in a loud, booming voice, and bopping her on the head.

Before Harry could run off, though, Rosie quickly let go of Phong's hand and pushed Harry to the ground. In a blur of pushing and kicking, Rosie shouted back, "You're the mother fucker!" It was all that Phong could do to separate the two children. Even when she was eventually able to protect them from one another, she felt she had failed in her duty to keep them safe. At the same time, she had been unprepared for Rosie's outbursts. If she hadn't experienced Rosie's aggression first hand, she wouldn't have believed it.

Phong often felt powerless in her role as a child care provider. She tried not to bring her own worries with her to work, even though her worries were many. It didn't help that these worries were exacerbated by her low wages and long hours. Even more immediate were the constraints of the daycare center.

To begin with, Barbara, the other caregiver in the Caterpillar Room, was usually withdrawn. It seemed to Phong that Barbara tried to avoid interaction with children as much as possible. Often, when Phong would be busy with a group of children, she'd

look up to see Barbara busying herself with tidying or organizing, or sometimes just sitting by herself, barely noticing the children.

To make matters worse, Phong and Barbara were responsible for sixteen children. And although Phong had been working at Sunny Days for ten years, the children's behavior seemed wilder and rougher than it had when she started. Phong cared about the children in the Caterpillar Room, but most days it seemed like her job was mostly about trying to stop children from hurting one another. Rosie and Harry were not the only ones having a hard time.

During Rosie's first two weeks, Phong had become very attached to her. However, as the weeks had gone on and Rosie's behavior seemed to careen out of control, Phong didn't know what to do or how to feel about her. Now, although Rosie and Harry often appeared angry at one another, they spent a lot of time together—or at least close to one another. It seemed to Phong that they fed off of each other's actions. Often Rosie's and Harry's frenzied interactions with one another would get the whole room full of children going. Before Phong could register what was happening, children would be shouting, pushing, and running around the room.

By this time, Rosie's grandmother and Harry's parents were angry about their children's experiences in daycare. Phong usually left work feeling deflated and returned in the morning already exhausted. She could see no end to the children's raucous behavior and to her feeling ineffective to bring about any positive change in the room.

Sunny Days and the many systems and policies within which it is embedded are woefully far from providing Phong with Winnicott's (1965) reasonably expectable facilitating environment. In many ways, this daycare center and the culture that informs

its operating style are unable to keep Phong's experience of trying to provide warm, responsive care to high needs children in mind. In turn, Phong's capacity to furnish children with a reasonably expectable facilitating environment is greatly diminished.

In her caring for Rosie and Harry, Phong has started discussing with the center's director, Betty, the possibility of one of these children being move to another room. During these discussions, Betty revealed her own frustration with Harry. Rather than move Harry to another room, she seems adamant that he should leave the center.

Summary

This chapter has delineated the multiple determinants compromising care givers' abilities to furnish quality care to young children. In particular, this chapter has drawn attention to the confluence of growing demand for child care (Blau, 2001) and the society- and systems-level impediments to quality care (Peisner-Feinberg et al.,1999). Further, this chapter has underscored to the contributions to quality of care issues made by made by increasing numbers of children with extraordinary needs (Raver & Knitzer, 2002) and their families (Osofsky, 1999). This chapter then offered a case illustration to locate these factors within everyday human experiences.

Now this report turns to an exploration of the Infant-Parent Program's Daycare Consultants component's formulation of mental health consultation to childcare. Chapter IV seeks to place Daycare Consultant's (DCC) approach to consultation to childcare within the complexity of the care-giving endeavor described above. Then Chapter IV attempts to discern the implications of DCC theory and practice on quality improvement efforts

CHAPTER IV

THEORY ONE

This chapter provides an overview of the approach to infant mental health conceptualized and practiced at the Infant-Parent Program (IPP), University of California, San Francisco. In turn, this overview encompasses a history of IPP, including conceptual trends within that program, and core elements of the model, including a description of the theoretical framework utilized. Then this chapter gives a particular regard to exploring the emergence of the Daycare Consultants component (DCC) of the Infant-Parent Program as a natural outgrowth of IPP. Additionally, this discussion describes how the theoretical principles which inform IPP thought and practice also underpin the Daycare Consultant program's approach to mental health consultation to child care (Johnston & Brinnamen, 2006).

Within this context, this chapter endeavors to determine the usefulness of IPP/DCC theory set as a basis for partially addressing the quality of care issues prevalent in existing systems of childcare. To this end, this discussion provides a summary of the existing empirical studies on mental health consultation to child care, including the extant data on IPP/DCC's approach to consultation. Additionally, this section of the study attempts to ascertain the possible implications the IPP/DCC theory set may have on the phenomenon described above.

Infant-Parent Program History

In 1979 Selma Fraiberg and her colleagues at the Child Development Project at the University of Michigan brought their then-new and pioneering approach to infant mental health to the University of San Francisco, California (Seligman, 1994). Thus, seemingly, the Infant-Parent Program was born. However, the principles of infant-parent treatment which would be applied at IPP had been well developed by Fraiberg (1980) and others in their work and writings at the University of Michigan. Most famous among these writings is the paper Ghosts in the Nursery (Fraiberg, Aldeson, & Shapiro, 1975).

In this paper Fraiberg, Adelson, and Shapiro (1975) described the use of psychoanalytic techniques to treat dyadic or triadic infant-parent relationships in which that relationship poses a threat to the infant's development. Seminal in this paper is the contention that what most jeopardizes infant-parent relationships are the parents' unconscious past traumas which, precisely because they are psychically too painful to remember, are re-enacted in that parent's relationship with his or her baby.

Although Selma Fraiberg died just a few short years after founding the Infant-Parent Program, other powerful voices from within that program have emerged to advance the approach to infant mental health conceptualized at IPP (Seligman, 2000). The writings of these infant-parent practitioners and theorists both uphold the original formulations of Fraiberg (1980) and also describe IPP's attempt to incorporate into Fraiberg's core conceptualization certain psychoanalytic currents, findings from the most recent field of infancy research, and changes in approach based on the changing and increasing impingements with which IPP clients contend (Lieberman, Silverman, & Pawl, 2000).

Infant-Parent Program Population

Even prior to the beginning of the Infant-Parent Program, its originators were dedicated to serving families impinged upon by psychosocial stressors, particularly poverty (Seligman, 2000). In reviewing this part of the history of the Infant-Parent Program's predecessor, the Child Development Program at the University of Michigan, Ghosts in the Nursery (Fraiberg, Aldeson, & Shapiro, 1975) serves as a historical text. For instance, within this text are descriptions of how families' dearth of resources, especially financial resources, act as stressors to the family system and to parents' sense of themselves as parents

The intergenerational functioning of the families served by the Child Development Program in Ann Arbor Michigan was certainly impinged upon by social stressors, chief among them poverty (Fraiberg, 1980). Once settled in San Francisco, however, Fraiberg and her colleagues experienced the families they were to visit were contending with psycho-social stressors far greater than those they had encountered in the home visited they conducted in Michigan (Seligman & Pawl, 1984). Indeed, the families the Infant-Parent Program began to serve in 1979 were contending with multiple stressors and vulnerabilities. These stressors included and often continue to include past and current trauma, mental health issues, domestic violence, substance abuse, and immigration issues (Lieberman, Silverman, & Pawl, 2000).

Since 1979 the Infant-Parent Program has served families with children birth to three years old. While visits can take place within the IPP offices, most visits are home visits because home visits are often more manageable for clients (Seligman, 2000). The program serves a multi-ethnic and racial population contending with the myriad stressors

described above. When possible, the infant-parent treatment is delivered in the family's primary language. Approximately 40 percent of IPP cases are referred by or have involvement with Child Protective Services (Infant-Parent Program, 2006).

Theoretical History and Currents at the Infant-Parent Program

As described IPP serves a broad array of families, each dealing with its own varying extent of psychosocial stressors. The original conceptualization of infant-parent treatment by Fraiberg (1980) and her colleagues placed these stressors and the reduction of their harm on the parent-infant relationship at the very core of the therapist-client relationship. Indeed Fraiberg (1980) explicated four essential components to their formulation of infant-parent treatment: concrete assistance, emotional support, non-didactic developmental guidance, and insight-oriented psychodynamic psychotherapy. These four components remain fundamental to IPP's approach to working with families (Seligman, 2000).

Fraiberg located these four essential elements of infant-parent treatment within an ego psychological framework (Lieberman, Silverman, & Pawl, 2000). Providing a family struggling in its relationship with its newest member with concrete assistance, emotional support and non-didactic development guidance can be thought of as ego supportive endeavors. More specifically, the particular stance of the insight-oriented psychodynamic psychotherapy advanced by Fraiberg and her associates at the Infant-Parent Program had an ego psychological orientation (Fraiberg, 1980).

Winnicott's Ways of Thinking about Infants and Parents

In addition to the original ego psychological orientation toward infant-parent treatment by Fraiberg and her associates, the Infant-Parent Program has incorporated into that pioneering vision specific strands of object relations theory (Lieberman, Silverman, & Pawl, 2000). Chief among these theoretical contributions are Winnicott's ways of thinking about infant and parents (Winnicott, 1965). Most pertinent to this study is Winnicott's idea of *provision of a facilitating environment*. As described in Chapter II of the current investigation, at the core of Winnicott's notion of an environment which facilitates a child's positive development is the idea of *holding*. More specifically, from Winnicott's perspective in order for an infant to develop into a social-emotionally healthy child, that infant must receive good enough *holding*.

For Winnicott, the psychical act of a caretaker holding an infant is merely the canvass for the felt experience, for the baby and the parent, of that holding. Much more important for Winnicott, however, is that the physical experience of being held is a metaphor for the developmentally necessary experience of being held in another's mind, particularly one's primary caretaker(s) (Winnicott, 1965). Given that clients served by the Infant-Parent Program struggle with a myriad psychosocial stressors, it may be easy to imagine how an infant's subjective experience can slip out of that baby's parent's mind. The same can be said for children in the majority of daycare centers (Johnston & Brinnamen, 2006).

This piece of Winnicottian theory can serve as a guidepost for observations during infant-parent treatment. Simultaneously, the notion of the necessity of good

enough holding furnishes a way for the infant-parent practitioner to think of how to be together with babies and their families. Infant-Parent Program theorists believe that when an infant-parent relationship has gone awry what is often necessary is for the parent to feel that the clinician is holding him or her in mind (Pawl & St. John, 1998). Then, as that parent's subjective experience is continued to be held by the clinician, space may be created within the parent to hold, and possibly to hold more accurately and empathically, the infant's own experience. Again, there exists a parallel between the dynamics in infant-parent functioning just delineated, and the relationships between care providers, children, and consultants within childcare centers.

The Transactional Perspective of Development Influenced by Psychoanalytic Currents and Infancy Research

Chapter II of the present study attempted to describe the transactional perspective of development which is part of the theory set utilized at the Infant-Parent Program and its Daycare Consultants component. Additionally, Chapter II sought to discern the incorporation at IPP of the transactional view of development into Fraiberg's original ego psychological conceptualization of infant-parent treatment. This section of the current investigation seeks to consolidate those earlier descriptions. To this end, this discussion employs a particular publication from IPP practitioners Pawl and St. John (1998). To place that publication in context, however, the present discussion first provides a synopsis of the Chapter II examination of the transactional developmental piece of the IPP theoretical framework.

Turning first to the influence of a relational orientation to psychoanalysis on transactional developmental theory, Aron (1990) contended that the nature of the

individual developmental system is “always in interaction with others, always responsive to the nature of the relationship with the other” (p. 481). While Fraiberg and others from the Michigan Child Development Project had from the beginning of their work with infants and parents considered the experience of each member of the dyad or triad (Fraiberg, 1980), Aron’s line of thinking advanced this orientation (Lieberman, Silverman, & Pawl, 2000). Further, a belief that individual development always takes place in relation to others informs and potentially enriches the clinician’s way of being with a family (Seligman, 2000). Thinking relationally, a clinician may have more resources to imagine that sharing rather than having to split attention among various participants in the treatment relationship (Pawl & St John, 2000).

Further influencing a transactional view of development is the data on infancy as a unique stage of human development which began to emerge in the 1970’s. Starting at this time, findings from infancy research began to indicate that babies are able to make an array of distinctions and to express preferences as early as the first weeks of life (Stern, 1985; Beebe, Lachman, & Jaffe, 1997). Findings along these lines helped to shift thinking about infant development away from a unidirectional perspective of development (i.e. the parent provides and subsequently the infant develops) to a reciprocal view of development (i.e. the baby signals, the parent responds, the baby responds to the parent’s action) (Lieberman, Silverman, & Pawl, 2000).

Pawl and St. John’s (1998) contention that *how* an intervener *is* in interactions with a child-caretaker system is as important as *what* that intervener *does* encapsulates the way in which transactional developmental theory is conceptualized at IPP. More specifically, Pawl and St. John advanced the notion that how one is within one’s role in

relation to parents, infants, and young children depends on the particulars of each situation. Each interaction is contingent upon the particular parent, the particular infant, the particular intervener, and how each is in relation to the other(s) at any given moment in time, place, and cultural context. Moreover, the defining characteristic of each relationship is its quality and the quality the intervener seeks to bring by demonstrating respect, interest, and the ability to be empathic (Pawl & St. John, 2000).

The Emanation of Daycare Consultants from the Infant-Parent Program

The line of thinking posited by Pawl and St. John just described provides a foundation from which to begin considering the growth of the Daycare Consultants program out of the Infant-Parent Program. While the primary intent of the Infant-Parent Program is treating babies and parents together, and the purpose of its Daycare Consultants component is to furnish mental health consultation to groups of child care providers, each organizes its attempts around a transactional developmental perspective (Pawl & St. John, 1998). Thinking from a transactional developmental point of view implies consideration of the web of relationships which comprise a child's world (Johnston, 2000). It is in this way that Daycare Consultants came to be.

History of Daycare Consultants

From its inception, Daycare Consultants has been informed by the principles which have underpinned IPP's approach to service delivery. Most significantly, DCC has sought to apply IPP's stance of respect, inquiry, and understanding to its work with groups of child care providers (Johnston, 2000). Daycare Consultants' stance creates a

place from which to consider childcare providers' subjective experiences. This is especially important given the impingements placed upon childcare providers as they attempt to care for groups of children with an array of needs (Johnston & Brinamen, 2005). Because of this goodness of fit, Daycare Consultants innovative approach to mental health consultation to child care is uniquely suited to address the barriers to quality care delineated in Chapter III of the current study.

During its first decade of offering infant-parent psychotherapy, clinicians at the Infant-Parent Program often referred very young children to daycare. IPP practitioners made these referrals in the hopes that as efforts were being made to positively alter parents' interactions with their young children, these children might experience more attuned responses from daycare providers. However, IPP psychotherapists came to realize over time that frequently daycare providers could benefit from support as much as the parents they served (Johnston & Brinamen, 2006). Therefore, after a decade of providing infant-parent psychotherapy, in 1988 IPP began its own attempt to furnish mental health consultation to child care centers, Daycare Consultants.

Since 1988, Daycare Consultants has worked to discern how child care workers' experiences shape their perceptions, feelings, and behaviors toward the young children in their care (Johnston, 2000). With the Infant-Parent Program's theoretical framework as an anchor, Daycare Consultants has endeavored to think with daycare providers and administrators about the barriers they face to providing responsive, attuned care to all children, with a special regard given to children with extraordinary sets of needs. From DCC's way of thinking about consultation, the myriad influences on a care providers'

sense of self in relation to children and families is constantly under consideration (Johnston & Brinnamen, 2006).

Therefore, difficulties in the relationships between particular children and caretakers are thought of within the context of the interstaff and programmatic issues within the caregiving system (e.g., daycare center). The transactional developmental perspective informs this approach (Johnston & Brinnamen, 2005). At its core is a commitment to *inclusive interaction*; striving to consider the sphere of relationships which influence any child's development. With this in mind, Johnston and Brinnamen (2006) delineated core principles underscoring DCC's stance to mental health consultation to child care.

The Consultative Stance as Thought of and Practiced at Daycare Consultants

The elements of the *consultative stance* as conceptualized by Daycare Consultants encapsulate the Infant-Parent Program theory set described elsewhere in the current study. Each element is embedded with Daycare Consultants attempt to furnish consultation onsite at daycare centers in an ongoing, consistent, reliable manner (Johnston, 2000). Further, and with far reaching implications for the present investigation, each element is a potential means for interpreting the phenomenon of systems of limited quality daycare attempting to care for children, specifically those with acute social and emotional needs. Moreover, each aspect of the consultative stance formulated by Johnston and Brinnamen (2006) suggests implications for improving the quality of care experienced by most young children in early childhood programs, particularly those living in or near poverty. The current discussion now seeks to evaluate

elements to Daycare Consultants' stance to mental health consultation as they relate to the phenomenon just described.

Mutuality of Endeavor

Johnston and Brinnamen (2006) have advanced the notion that imbuing mental health consultation to childcare with an attitude of respect, curiosity, and empathy means basing consultation attempts on mutually engaging with providers in endeavors to identify and address impingements to their ability to provide warm, responsive care. Given the interface of overtaxed systems of care and the influx into those systems of children with acute social-emotional needs, providers most often have a wish for the consultant to "fix" the problem, with the problem most often located within particular children (Johnston, 2000).

However, from Daycare Consultants' perspective, real change within the caregiver-child system happens only when the caregiver, and all those involved in relationships with the child, collaborate with the consultant in thinking about the myriad variables which may be affecting the child's functioning in group care (Waldstein, 2000). As described in Chapter III of the present study, daycare providers are most typically women of color who have been rendered virtually powerless to effect change within the systems they work (Uttal, 2002). Therefore, a stance of mutual endeavor is frequently a new experience for childcare workers. Subsequently, this stance on the consultant's part holds the potential for laying the foundation for the other elements of relationship-based mental health consultation and serves to help form a working alliance between providers and consultant.

Understanding Another's Subjective Experience

Attempting to understand another's subjective experience is a basic tenet of the psychoanalytic attitude (Schafer, 1983). It is also a basic tenet of mental health consultation as formulated by Daycare Consultants (Pawl & St. John, 2000; Johnston & Brinnamen, 2006). Applying this principle to consultation with groups of child care providers entails considering an array of internal and external pressures.

Daycare providers come to their work with their own personal histories and internal experiences of those histories (Pawl & St. John, 1998). Additionally, as findings from research explicated in Chapter III of the present examination demonstrated, child care workers are likely to be contending with a range of psycho-social stressors caused by poverty, gender and racial oppression, and immigration issues (Uttal, 2002). However, more than almost any other profession, daycare providers are called upon to engage in a multitude of emotionally close relationships with others (Johnston & Brinnamen, 2006).

As elucidated in Chapter III of current study, one of the principle determinants to quality daycare is the level of care provider education (CQO Study Team, 1995). Concurrently, the same findings suggested that the majority of daycare providers possess low levels of education. Although level of education appears to be a possible indicator of caliber of care, Johnston and Brinnamen (2006) argued that training alone does not affect change in caregivers. Much more important to providers' sense of themselves as caretakers, posited Johnston and Brinnamen (2006), is the experience of having their subjective realities of attempting to care for children with an array of needs in overtaxed systems understood.

Further, Johnston and Brinnamen (2005) postulated that the consultant's efforts to empathize with daycare providers' subjective experiences can support those providers in discussing the attitudes and practices which negatively influence their interactions with children. Considering the overburdened systems in which providers work (Peisner-Feinberg et al., 1999) and the increasing numbers of children with extraordinary needs entering those systems (Chang, Early, & Winton, 2005), providers contend daily with multiple stressors to their abilities to furnish children with the warm, responsive care they need for optimal development.

However, according to Johnston and Brinnamen, once providers' negative perceptions of particular children have been disclosed, the potential exists for those perceptions to be discussed and possibly reframed (2006). Within this consultative stance of understanding the providers' subjective experiences are implications for practice which addresses a crisis-level problem in child care. Chapter III of the current study provided findings from research which indicated that the level of quality at most child care centers does not meet children's needs for warm relationships (CQO Study Team, 1995). As described above, Johnston and Brinnamen argue that when a consultant endeavors to understand providers' subjective experiences, providers' become more able to empathize with the children in their care.

Considering All Levels of Influence

According to Johnston and Brinamen (2006), in order for mental health consultation to child care to be effective, it must take into consideration all levels of influence upon care providers' capacities to furnish sensitive, developmentally

appropriate care for a range of children. As alluded to in the current chapter and described in Chapter III of this research project, the levels of influence upon daycare providers' abilities to do their jobs are myriad. While these influences encompass the child care workers' personal histories and the meanings they make of those histories, they all include the multiple relationships and systems within which the endeavor of child care is embedded.

Most immediate are interstaff levels of influence. Whether or not a child care worker had in mind working closely and sharing responsibility for the development of young children with others when that provider began working in the child care community, constant contact with other adults is a necessary function of the role. No other profession demands the proficiency for managing other people's children while attempting to negotiate potentially wildly differing ideas and beliefs about what is best for children (Johnston & Brinamen, 2006)

Radiating out further from the child's world are the systems and bureaucratic influences on the providers' capacity to empathize with the child's experience. These are the influences and pressures explicated in Chapter III of the present study. These influences include low wages, high staff turnover, low levels of provider education, and administrators' previous lack of experience (CQO Study Team, 1995). Concomitantly, these influences include the multiple evaluations to which daycare centers are increasingly subject (Wien, 2004).

Johnston and Brinamen (2006) advanced the notion that only when consultants considers all levels of influence upon provider's abilities to do their jobs is the first stance mentioned in this discussion, mutuality of endeavor, possible. Collaboration with

consultees in addressing difficulties in relationships between providers and children and their families must be thought of within the contexts in which the providers' work is embedded. Without considering these levels of influence, the idea – as collaborative as it may be – has little chance of success.

Hearing and Representing All Voices – Especially the Child's

From Daycare Consultants' point of view, the consultant demonstrates in interactions with care providers the seeming paradox that various views on children's behavior and programmatic and interstaff issues can be held and heard equally (Pawl & St. John, 1998). Even when it is not possible for those involved in a problematic situation to speak directly with one another, the consultant (with permission) speaks to each about the other's subjective experience. For the web of relationships in a child's world to be as strong as possible, all voices involved need representing (Pawl & St. John, 2000). Without this advancement on the consultants' part, each does not have the opportunity to consider the other's experience.

Johnston & Brinamen (2006) put forth the notion that this element of the consultative stance is essential to considering all relationships within a child care community. Subsequently, the consultant may need to represent a care provider's voice to the daycare director, a parent's voice to the provider, a director's voice to parent, and so on whenever adult relationships need strengthening for children's benefit.

More than other voices, however, children's voices need to be heard and representing within daycare communities. As described earlier in this discussion, there are often many barriers to child care staffs' capacities to accurately hearing children's

voices. Therefore, it is an especially important part of the consultant's role to address those obstacles, but to give voice to the children's experience nonetheless (Johnston & Brinamen, 2005).

Pawl (1990) argued that a child should be allowed to miss her family members while at daycare, but should not be allowed to miss herself. With this line of thinking in mind, the consultant makes attempts at, "creating and holding a space to meaningfully consider children's experience, development, and needs" (Johnston & Brinamen, 2006, p. 17). While the adult's capacity to hold children in mind is necessary for the positive experience of all children in daycare, it is of particular importance to the growing numbers of children in daycare with acute social-emotional needs.

As explicated in Chapter III of the current research project, increasing numbers of children are coming to child care with an array of difficulties (Chang, Early, & Winton, 2005). Some of these difficulties seem to be caused by trauma (Pynoos, Steinberg, & Piacentini, 1999) and psycho-social stressors such as poverty and community violence (Osofsky, 1999). Other social-emotional challenges are caused by the increased incidences of neuro-developmental disorders among children (Greenpan & Weider, 2006). Whatever the root of the challenges for children, daycare providers often experience children's puzzling functioning as difficult (Raver & Knitzer, 2002).

In fact, care providers find young children's behavior to be of such difficulty that findings from Gilliam's (2005) study demonstrated that preschool-aged children are expelled from their early childhood settings at a rate of more than three times that of their Kindergarten through 12th Grade counterparts. With this in mind, the consultant's effort to represent children's experiences, development, and needs holds potential implications

for addressing the disturbing trend just described. Indeed, data from Gilliam's research indicated that, "the likelihood of expulsion decreases significantly with [day care staff] access to classroom-based mental health consultation" (p.1).

Findings from Gilliam's investigation point to a crisis occurring in our daycare centers. Simultaneously, these findings demonstrate that, "...the lowest rates of expulsion were reported by teachers that had an ongoing, regular relationship with a mental health consultant" (2005, p. 12). With far reaching implications for the current study, the data from Gilliam's research suggest that a relationship-based approach to on-site mental health consultation can be of great benefit to childcare providers and especially to the children they serve.

Summary of Empirical Studies on Mental Health Consultation to Childcare

This chapter now provides a summary of the empirical studies on mental health consultation to child care. First, this discussion offers a review of the empirical research on relationship-based approaches to consultation. Then this section of the chapter explores the ways in which those and other studies are related to the work of the Daycare Consultants component of the Infant-Parent Program, University of California, San Francisco.

While the current investigation has attempted a reasonable search for information on approaches to mental health consultation contradictory to that presently described, none was forthcoming. Perhaps this is related to the shift in infancy research starting in the 1970's away from a unidirectional orientation and toward a bidirectional model of reciprocal influences (i.e. each participant in a relationship influences the other) (Lewis &

Rosenbaum, 1974; Sameroff & Chandler, 1975). This line of thinking about infancy research matches the apparent recent interest in empirical studies (Alkon, Ramler, & MacLennan, 2003) on mental health consultation as a relationship-based endeavor.

Research Examining Mental Health Consultation to Child Care

In addition to Gilliam's (2005) research findings which indicate that regular, on-site mental health consultation to child care has the potential to drastically decrease the levels of preschool expulsion rates, other recent empirical studies have investigated the potential benefits of relationship-based approaches to this new field of intervention. Findings from these studies appear to demonstrate that the elements of the consultative stance conceptualized by Daycare Consultants can engender positive change among the relationships influencing children's development in early childhood settings. At the same time, as will be described, each study acknowledges that the data it presents are incomplete and that mental health consultation to childcare requires further tracking in order for knowledge to build regarding the most effective aspects of intervention

In a qualitative inquiry, Green, Simpson, Everhart and Vale (2005) explored the levels of involvement of mental health consultants who were integrated into the overall functioning of the child care settings they served. The findings from this inquiry demonstrate that child care staff who perceived a high level of involvement from the mental health consultant are more likely to believe that fostering children's social and emotional well-being is the responsibility of all those working with the child. Further, daycare staff perceiving high levels of involvement from the consultant are likely to see the daycare program as working effectively.

The research of Green, Simpson, Everhart and Vale (2005) does not explicitly address how the quality of relationships between consultant and daycare staff members may have effected these changes. However, the data from this research suggest that on-site, regular, consistent mental health consultation to childcare can have positive benefits for children's development and overall functioning of the center. Moreover, this element of consultation is foundational to Daycare Consultations thought and practice (Johnston, 2000).

Attempting to address the question of specific mutative aspects of consultant to childcare, Green, Everhart, Gordon, and Garcia-Gettman (2006) utilized a multilevel analysis of a national survey of early childhood settings to examine characteristic of effective consultation practices. The findings from the Green, et al study (2006) suggest that, "...the single most important characteristic of mental health consultants is their ability to build positive relationships with program staff members" (p. 1). These findings speak to the core conceptualization of mental health consultation to childcare at Daycare Consultants. Indeed, Johnston & Brinamen (2006) advanced the notion that the consultant's belief in the centrality of relationships is a necessary element of any consultative endeavor.

Research on Daycare Consultants' Conceptualization of Mental Health Consultation to Childcare

Since the mid 1990's Daycare Consultants has partnered with Jewish Family and Children's Services, San Francisco, to provide mental health consultation to an array of San Francisco daycare centers that utilize DCC's approach to consultation. The

partnership between these two organizations is The Early Childhood Mental Health Services Project. This project has been the subject of one empirical study.

The first inquiry into the effectiveness of The Early Childhood Mental Health Services Project is a quasi-experimental research project completed by the team of James Bowman Associates and Kagan (2003). Data from this inquiry demonstrate that the relationship-based approach to consultation espoused at DCC is useful in supporting quality childcare. More specifically, findings from the research suggest that daycare staff experience this type of consultation as supportive and effective.

Additionally and importantly, the findings of James Bowman Associates and Kagan's inquiry indicate that on-site consultation utilizing DCC's formulation of the consultant-consultee relationship can improve care provider self-efficacy (James Bowman Associates and Kagan, 2003). Further, the data from this study suggest that daycare staff participating in this type of consultation feel more able to furnish care which fits children's developmental needs. Moreover, the findings from this examination appear to demonstrate that with ongoing, relationship-based consultation, providers come to see themselves as more curious and responsive to children's needs, including times when children are in distress.

These findings appear to support the vision of mental health consultation to child care put forth by Daycare Consultants. Indeed, there seems to exist a direct connection between DCC's conceptualization of consultation and the findings from James Bowman Associates and Kagan (2003) regarding the positive relationship between consultation and providers' perceptions of increasing self-efficacy.

At the same time, James Bowman Associates and Kagan (2003) outlined several serious research design limitations to the study. Most pertinent to the current exploration, James Bowman Associates and Kagan proffered that confounding an exploration of the cause of increased quality among the daycare centers investigated was one important variable, which is that during the year of study, every center studied benefited from multiple quality improvement efforts due to newly available public funding which proliferated quality improvement resources.

Additionally salient to the present discussion are other significant limitations to the James Bowman Associates and Kagan study (2003). Chief among these limitations is that this quasi-experimental design has no control group. Moreover, because mental health consultation as conceptualized by DCC is tailored to the needs of each child care center, no two centers studied received identical services.

The Need for Further Empirical Studies

Green, Simpson, Everhart and Vale (2005) have called for further studies on mental health consultation to childcare to involve larger samples with more structured designs to strengthen the confidence in their research findings. Additionally, Green, Everhart, Gordon, and Garcia-Gettman (2006) have contended that more direct assessments of quality outcomes related to mental health consultation are needed. More specifically, these researchers propose that tracking of the development of the consultant-daycare staff relationships over time is necessary to confirm existing findings and to inform the design of future intervention programs.

Summary

This chapter has described the historical and conceptual currents informing the approach to infant-parent psychotherapy developed and practiced at the Infant-Parent Program, University of California, San Francisco. A particular regard has been given to explicating how the ego-psychological, object relations, and transactional developmental theory set of the Infant-Parent Program has influenced the orientation of its Daycare Consultants component to working with groups of daycare providers on behalf of children. More specifically, the key elements of the consultative stance advanced by Johnston and Brinamen (2006) have been described as aspects of strengthening the web of relationships which compose children's worlds during their days in group care.

Additionally, this section of the study has drawn attention to the potential benefits of mental health consultation to childcare as formulated by Daycare Consultants. Within this context, this chapter has suggested implications for improving systems of limited quality care endeavoring to furnish care to children with acute-social emotional needs. This section of the investigation then provided a summary of the empirical studies on mental health consultation to childcare.

Now the discussion turns to an exploration of the Developmental, Individual-Difference, Relationship-Based (DIR) model to supporting the unique needs of children with neuro-developmental and related challenges. The present chapter has placed a particular emphasis on the influence of adults' experiences in impeding or fostering children's development. In contrast, by examining DIR theory Chapter V gives a special regard to biological differences that a growing number of children bring with them to early group care (Greenspan & Weider, 2006).

CHAPTER V

THEORY II

This chapter offers an overview of infant and early childhood mental health as conceptualized through Developmental, Individual-Difference, Relationship-Based (DIR) theory. Particular to DIR theory is its focus on children with neuro-developmental disorders. Therefore, this overview includes a description of the unique history of DIR theory and practice.

With this history as a backdrop, this chapter then makes an effort to discern the suitability of DIR theory for interpreting the phenomenon of present systems of inadequate childcare attending to growing numbers of children with acute social and emotional needs. More specifically, this chapter explores DIR guidelines and particular strategies for supporting children with disorders of relating and communicating in early childhood programs. Therefore, this discussion furnishes a synopsis of extant empirical studies on DIR theory and other approaches to early intervention for children with neuro-developmental disorders (including disorders of relating and communicating). Additionally, this section of the investigation seeks to determine the potential implications of DIR theory for the phenomenon described above and elucidated in Chapter III.

Developmental, Individual-Difference, Relationship-Based Theory History

The Developmental, Individual-Difference, Relationship-Based (DIR) model of intervention with infants and children, especially those with neuro-developmental differences, began to develop in the 1970's. More specifically, as the field of infant mental health was emerging during that decade the National Institute of Mental Health (NIMH) began conducting a longitudinal study of infants and parents in families contending with multiple psycho-social stressors (The Interdisciplinary Council on Developmental and Learning Disorders [ICDL], 2006). During this time, and as researchers contributing to the NIHM study, Greenspan and Weider became interested in discerning the developmental pathways which support infant development. Additionally, Greenspan and Weider were seeking to identify and prevent impediments to babies' positive social and emotional growth (Greenspan, 1999).

Greenspan and Weider's (1998) investigations into the functioning of very young children were informed by the pioneers in the nascent field of infant mental health. Chief among those influences was Selma Fraiberg's (1980) notion of the unconscious intergenerational transmission of trauma. Within this context, Greenspan and Weider became particularly interested in understanding infants' biologically-based individual differences (Greenspan & Weider, 2006).

As Greenspan and Weider began to develop assessment and intervention techniques, they became ever-more interested in thinking about the experiences of young children on the autistic spectrum; children with greater regulatory and developmental challenges than most (ICDL, 2006). To this end, Greenspan and Wider (2006) began

collaborating with professionals from other disciplines such as sensory integration occupational therapists (Ayers, 2005) and speech-language pathologists (Greenspan & Lewis, 2005). These collaborative efforts supported Greenspan and Weider in their conceptualization of the relationship between children's sensory and motor processing systems and children's social, emotional, and intellectual functional capacities (ICDL, 2006).

In the 1990's, Greenspan and Wider chaired a taskforce focused on new diagnostic classifications for infants and young children. These efforts culminated in the publication of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (Diagnostic Classification Taskforce, 1994). In 1996, the DIR model became formalized through the launch of a non-profit organization, the Interdisciplinary Council on Developmental and Learning Disorders (ICDL, 2006). This council includes professionals representing the diverse fields of mental health, education, occupational therapy, and speech language pathology (ICDL, 2000). The members of ICDL believe that an interdisciplinary approach facilitates and enhances understanding of all domains of children's functioning (Greenspan & Weider, 1998).

The Developmental, Individual-Difference, Relationship-Based model and the Infant-Parent Program at the University of California, San Francisco both took root during the same decade and from the then-new discipline of infant mental health (ICDL, 2006). However, the Infant-Parent Program approach to infant mental health explicated in Chapter IV has placed a particular emphasis on the transactional nature of human development and has led to a unique approach to mental health consultation to childcare

(Lieberman, Silverman, & Pawl, 2000; Johnston & Brinamen, 2006). Concurrently, the DIR model of infant and child development, while also emphasizing the interactional quality of development, has given a specific regard to the ways in which a child's biological profile influences the care-giving system and its ability to respond contingently to that child's unique developmental needs (Greenspan & Shanker, 2004). This chapter now turns to an exploration of the principles and theoretical framework which underpin the DIR approach.

Theoretical Principles of the Developmental, Individual-Difference, Relationship-Based Model

In explicating the DIR approach to assessing and intervening with a variety of infants and children, Greenspan (1999) has postulated that biologically-based variations in sensory and processing capacities underlie ego development. For example, Greenspan contended that an individual's ability to mediate internal desires and external reality is informed by that person's ability to attend to and engage reciprocally with important, care-giving others (Greenspan & Shanker, 2004). In turn, those capacities are informed by the individual's ability to tolerate, make sense of, and act on an array of sensory stimuli, both from within and without of the body (Greenspan & Weider, 2006).

According to Greenspan & Weider (1998) when a child's capacity to take in sensory input and act on that information (motor sequencing and planning) is impaired, ego formation and functioning can become derailed. At the same time, Greenspan (1999) posited that our affects work like a sensory organ; providing crucial information about how to respond to incoming sensation and arising emotions. Indeed, Greenspan (2001) postulated the Affect-Diathesis Hypothesis. Greenspan's hypothesis contends that unique

to the biology of children with autistic spectrum and related sensory disorders is the challenge of connecting affect or intent to motor planning and sequencing capacities. For this reason, argued Greenspan, children with compromised sensory-motor systems (i.e., children with autistic spectrum disorders and other neuro-developmental delays) have difficulty engaging in everyday affective interactions with important others, interactions crucial to the development of abstract thinking and social functioning (Greenspan, 2001).

Greenspan's Affect-Diathesis Hypothesis is central to DIR theory (Greenspan & Weider, 2006). Indeed, it speaks to each of the DIR model's three major concerns: development, individual-difference, and relationships. A child's individual differences in connecting affect and intent to motor planning and sequencing has direct bearing on that child's development (Greenspan & Weider, 1998). Strengthening or further compromising those individual differences are the child's relationships with primary caregivers (Brazleton & Greenspan, 2000). The affective interchanges comprising those relationships can help mobilize the child's capacity to link intent to action. However, when those affective exchanges do not match the child's unique sensory profile (i.e., the affect of the other is too powerful or not powerful enough), the child's abilities are at risk for remaining static or becoming further derailed.

Development as Conceptualized in DIR theory

DIR theory attempts to make the correlation between emotional and cognitive development explicit (ICDL, 2006). A core tenet of the DIR conceptual frame is that human development is founded on an individual's capacity to be regulated and interested in the world (Greenspan & Weider, 1998). Only with this ability can more elaborated

senses of self and other come into being. While within the DIR theoretical framework these elaborations include, at their highest levels, representations of emotional ideas and thinking, infants and children must first reach intermediate developmental milestones (Greenspan, 1999).

When an infant or young child develops the ability to regulate and take in the world, that child can next begin to engage in intimate relationships with primary caretakers (ICDL, 2000). With this milestone in place, a child can move toward more interactions with others involving two-way gestural communication. Having reached the two-way communication milestone, the child's development can next progress toward ever-more complex, spontaneous, gestural and verbal rapid back-and forth communication (Greenspan & Weider, 2006). As hinted at above, only when these developmental capacities are in place is it possible for a child to begin to abstract emotional ideas and thinking. An outline of the DIR developmental milestones follows:

1. Self-regulation and interest in the world
2. Intimacy (wanting to be engaged with primary caretakers)
3. Two-way communication
4. Complex communication
5. Emotional ideas
6. Emotional thinking (Greenspan & Weider, 1998).

Greenspan and Weider (1998) have posited that the picture of development just elucidated is true for all humans. Indeed, Greenspan (1999) has argued that children and adults alike can, at times, experience constrictions in one of more of the DIR developmental milestones. In the clinical encounter, argued Greenspan (1999), when the client becomes overwhelmed, anxious, or avoidant about an issue under discussion, the clinician should attempt to focus the interaction on the gestural, non-verbal aspects of the

exchange. According to Greenspan & Weider (2006), in doing so the clinician supports the client in affective reorganization. Equally as salient to the DIR model, the clinician's efforts to provide therapeutic support at gestural, pre-verbal developmental levels -- when a client is constricted at those levels -- can strengthen that individual's functioning along all developmental lines (Greenspan, 1999).

While Greenspan and Weider (1998) have contended that this perspective is true for all people, they have given a special consideration to applying the DIR model to children with disorders in relating and communicating (i.e., neuro-developmental disorders such as sensory integration disorders, autism spectrum disorders, mental retardation, Cerebral Palsy, and Down Syndrome). Indeed, as described elsewhere in this chapter, Greenspan's Affect-Diathesis Hypothesis has advanced the notion that the core challenge in children with autistic spectrum and related disorders is connecting affect or intent to motor planning and sequencing capacities (Greenspan, 2001). Because children on the autistic spectrum contend with compromised sensory-motor systems (Brazelton & Greenspan, 2000), those children have difficulty engaging in daily affective exchanges with primary caretakers. As elucidated above, it is precisely these day-to-day emotional forms of communication between caretaker and child that lay the foundation for higher level abilities at abstract thinking and social functioning (Weider & Kalmanson, 2000).

The Meaning of “Individual-Difference” within the DIR Theoretical Frame

As alluded to, Greenspan and Weider (2006) have posited that a child’s biologically-based differences in sensory-motor processing are what underpin an array of diagnoses, including autistic spectrum disorders. Indeed, Greenspan and Weider have argued for the inclusion of a new diagnostic classification: Multi-System Developmental Delay (MSDD) (Greenspan & Weider, 1998). This proposed diagnostic category speaks to the common experience of neuro-atypically developing children having sensory-motor processing systems affected on multiple levels.

For instance, a child may be over-reactive to auditory stimuli in one situation and under-reactive to the same stimuli in another (Greenspan, Degangi, & Weider 2001). That same child may also experience challenges processing visual stimuli in bright light, yet be more able to function in this capacity in semi-darkness (Ayers, 2005). Additionally, this child may have inordinately low muscle tone, making most physical activities, even standing, feel like a big task.

These challenges processing sensation are further exacerbated in children with motor planning and sequencing issues. Considering the same example above, now that the child has processed incoming stimuli, albeit in compromised ways, if the child wants to act on that information he or she must link affect to intention. However, as described elsewhere, Greenspan and Weider (2006) have argued that it is precisely these sensory-motor processing challenges which derail children’s abilities to function within social, emotional, and intellectual domains of development.

The Meaning of “Relationship-Based” in DIR Theory

Like transactional developmental theory, within DIR theory relationships are the most powerful shapers of children’s functioning (Greenspan & Weider, 1998).

Relationships have the capacity to mobilize children’s functioning in all domains to their optimal levels (Greenspan, 1999). Relationships also have the capacity to further compromise children’s developmental vulnerabilities (Greenspan, 2001).

According to Greenspan & Weider (2006) relationships hold such potential to influence human development because they are composed of myriad daily affective exchanges. As described elsewhere, Greenspan’s (2001) Affect-Diathesis Hypothesis advanced the idea that the central challenge in children with autistic spectrum disorders is connecting affect to motor planning and sequencing abilities. However, Greenspan and Weider (1998) have contended that the DIR model can serve as a guide using affect to strengthen children’s capacities at all developmental levels.

For example, the DIR model advances the notion of first attempting to discern a child’s unique sensory-motor processing system (Greenspan, Degangi, & Weider, 2001). With this biologically-based individual-difference in mind, primary caretakers can endeavor to match their affective responses to a child’s sensory-motor needs (Greenspan & Weider, 2006). For instance, while one child may need gentle cooing in order to calm, another may need more activating responses from caregivers in the form of facial expressions and voice volume.

Greenspan and Weider (1998) have argued that while the kind of exchange just described is necessary for all children, it has a special importance in the lives of children

with neuro-developmental delays. When a caretaker attempts to consider the sensory-motor differences which inform a child's behavior and seeks to match affective responses to those needs, the child then has the chance to engage in long chains of affective interactions. As elucidated elsewhere, these exchanges are crucial for the child's development in all domains (Greenspan & Weider, 2006).

However, when the caretaker is not able to do this, or when there is a mismatch in the goodness of fit between the caretaker and the child, the child's developmental vulnerabilities are placed at risk. The child's functioning may remain static, constricted, or become even further compromised. For most children with autistic spectrum disorders, this most commonly means that the child remains or becomes even more self-absorbed (Greenspan, 2001).

With these considerations in mind, this chapter will now turn to an exploration of the potential implications of DIR theory for the present study's central phenomenon. Currently, systems of overburdened childcare are attempting to care for increasing numbers of children with acute social and emotional needs (Raver & Knitzer, 2002). Ever-more included in regular daycare classrooms are children with a variety of neuro-developmental delays (Odom, et al., 2004). Therefore, DIR theory may be able to contribute to supporting young children within the daycare centers they attend.

Implications of DIR Theory on Children's Experiences of Childcare

In every daycare classroom there is an array of ever-changing stimuli; sights, sounds, smells, and tactile sensations (Bredekamp & Copple, 1997). Additionally, in every daycare classroom there is an ever-shifting array of affect (children crying,

laughing, angry at one another, and caretakers who one moment may be friendly and warm and another moment curt, harsh, or emotionally unavailable) (Johnston & Brinamen, 2006). Entering into these classrooms are ever-increasing numbers of children with neuro-developmental disorders (Raver & Knitzer, 2002). Although these children have a special need for their social and sensory environments to match their unique sensory-motor processing systems (Greenspan & Weider, 2006), they most frequently enter daycare centers which cannot match these needs (Cost, Quality and Outcomes [CQO] Study Team, 1995).

As explicated in Chapter III of the present investigation, findings from The CQO Study Team (1995) research project demonstrated that only one in seven child care centers provides a level of care that fosters healthy development and learning. Even more specifically, the CQO Study Team concluded that the level of quality at most daycare centers does not meet children's needs for warm relationships. However, as already described in this chapter, DIR theory posits that warm relationships are precisely what children with neuro-developmental challenges need to mitigate against aversive stimuli (Greenspan & Weider, 2005).

While the influx of children with vulnerable developmental systems into daycare systems is widening (Raver & Knitzer, 2002), care providers most often have little or no training for caring for children with special challenges (Chang, Early, & Winton, 2005). Indeed, Chang, Early, and Winton commented that many care givers and early child educators finish their academic training programs without any coursework or field experience in working with children with disabilities.

Even more impeding to care providers' capacities to offer the sensitivity and skill required to meet the needs of children with sensory integration and neuro-developmental differences are the myriad systems- and society-level impingements with which they must contend (Johnston & Brinamen, 2006; Peisner-Feinberg et al.,1999). The impediments include low teacher wages, higher staff-to-child ratios, low levels of teacher education, and lack of directors' prior experience (CQO Study Team, 1995).

DIR Guidelines for Supporting Children with Disorders of Relating and Communicating in Early Childhood Settings

DIR theorists (Weider & Kalmanson, 2000) have embedded guidelines for supporting the array of young children's unique developmental needs within the context of existing laws. For example, Weider and Kalmanson (2000) have commented that law mandates public educational systems to provide services from birth for all children with disabilities and significant developmental delays. More specifically, Weider and Kalmanson (2000) referenced the Individual Disability Education Act (IDEA) of 1997. IDEA, contended Weider and Kalmanson (2000), makes explicit that services will be provided at the level necessary for the child to benefit.

This law further requires that caregivers and early childhood educators obtain necessary training for providing appropriate services for children with disabilities. However, as illustrated above, findings from the research of Chang, Early, and Winton (2005) demonstrate that most often the opposite appears to be true. Weider and Kalmanson (2000) also noted that because IDEA requires the child's access to learning in the least restrictive environment, early childhood programs must provide supplementary services when necessary, such as supplementary aides in the classroom. Findings from

Pickett's (2002) study, though, indicate that while IDEA stipules that aides be appropriately trained and supervised, few states have been able to comply with this requirement

Weider and Kalmanson (2000) also noted that while IDEA mandates services which will benefit all children, this law does not specify what particular approaches early childhood programs should employ. Therefore, argued Weider and Kalmanson (2000), early childhood programs can furnish whatever services program personnel deem to be appropriate. Further, Weider and Kalmanson (2000) have posited that the majority of services currently utilized (such as Applied Behavioral Analysis) are not designed with the individual needs of children in mind. With far-reaching implications for the present investigation, Weider and Kalmanson (2000) have contended, "When meaningful connections are not emphasized, a child learns to comply with external demands but lacks the internalization that leads to self-initiation, empathy, and abstract thinking"(Weider and Kalmanson, 2000, p. 288).

Specific DIR Strategies for Supporting Children with Disorders of Relating and Communicating in Early Childhood Settings

Within these contexts of current educational systems and existing laws, Weider and Kalmanson (2000) proffered strategies beneficial to children with an array of challenges in daycare classrooms. Most pertinent to the current exploration are Weider and Kalmanson's (2000) ideas about the influence aides in the classroom can have on children's positive sense of self and others while at daycare. More specifically, as elucidated in Chapters III and IV of the current study, the majority of daycare providers

are hampered in their abilities to provide sensitive care for the children in their charge (Johnston & Brinamen, 2006; Peisner-Feinberg et al.,1999). Moreover, the extraordinary needs of increasing numbers of children with complex developmental profiles exceeds the level of care which can be reasonably expected of even the most attuned caregivers (Johnston & Brinamen, 2006).

For the purposes of the present research project, Weider and Kalmanson's (2000) strategies for classroom aides are partial solutions to the dilemma just described. Even though the strategies which follow match the developmental needs of a growing range of children, aides work within the very systems of childcare depicted as limited in ability to implement needed services (CQO Study Team, 1995). Indeed, as already described in this chapter, although the IDEA law stipulates that aides are appropriately trained and supervised to furnish necessary services to children with disabilities, most states have not been able to meet these requirements (Pickett, 2002).

Nevertheless, Weider and Kalmanson (2000) have advanced the notion that aides within the early childhood classroom can mediate the sensory and affective environment for the child who needs this intervention. In one case example in particular, Weider and Kalmanson (2000) demonstrated the potential range of an aide's supportive role from the DIR perspective. This is an example of a developmentally vulnerable four-year-old boy and his time in preschool.

In Weider and Kalmanson's (2000) case example, the aide offers this boy sensory and affective support to foster his abilities to relate with others and to make the most of his early childhood education program. Regarding sensory support, when at group circle time the boy starts to lose his sense of where his body is in relation to those around him,

the aide places a sandbag across his legs to stabilize him. In another situation, the aide gently puts her hand on his shoulder to help his sensory system settle. In still another instance, when the boy becomes overly excited at snack time, the aide replaces his usual chair with a therapy ball. She knows that his bouncing on the ball will help regulate his arousal level.

In another situation, the aide's role has a more affective function. For instance, when the boy is playing dress up with other children, the aide helps to slow down the interpersonal process between the children. This intervention helps the boy process the multiple affective exchanges taking place. Even more, though, this intervention supports him in participating with others, an opportunity he might not have if such an attuned aide were not available to him.

This section of the chapter has endeavored to elucidate the Developmental, Individual-Difference, Relationship-based approach to supporting children with developmental differences in early childhood settings. A particular regard has been given within this frame of reference to considering the potential mediating role (especially concerning sensory and affective information) of the classroom aide. Now the current chapter will turn toward a discussion of the existing empirical studies on DIR theory and other approaches to early intervention for children with challenges of relating and communicating.

Empirical Studies on DIR Theory and Other Approaches to Early Intervention for Children with Challenges of Relating and Communicating.

The Developmental, Individual-Difference, Relationship-Based (DIR) model for assessing and supporting children with autistic spectrum and related disorders has competed for funding and acknowledgment as an effective intervention with other approaches to intervention (Tsakiris, 2000). Most particularly, Applied Behavioral Analysis (ABA) has held a place of primacy for treating children with autism spectrum disorders since its emergence in the 1960's (Gernsbacher, 2003). This section of the current chapter now provides a synopsis of the empirical studies supporting DIR theory and those supporting the ABA model. Additionally, this discussion offers an overview of existing critiques of those empirical studies. Finally, this section will comment on the need for future research on clinical approaches to supporting children with autism spectrum disorders and related neuro-developmental delays.

Empirical Studies on DIR Theory

In 1997, Greenspan and Weider (1997) conducted a large-scale review of 200 cases. These cases represented children with autism spectrum disorders (ASD) who had received DIR clinical interventions for at least two years. This group was compared to a group of children, also with ASD diagnoses, who had received community-based support. Findings from this research seemed to indicate positive outcomes for the majority of those 200 cases (Greenspan & Weider, 2005).

Greenspan and Weider (1997) categorized the outcomes of the 200 cases into three classifications, based on the research findings. The group which represented 58

percent of the cases was categorized as the “good to outstanding” group. According to Greenspan and Weider, the children in this outcome group had better social-emotional functioning after DIR treatment than had previously been thought possible of children with ASD. For example, the research findings indicated that these children had made significant gains in requiring the building blocks for relating, communicating, and thinking (Greenspan & Weider, 2006).

A second outcome group, which Greenspan and Weider classified as having made “medium” progress with DIR treatment, represented 25 percent of the cases reviewed. While not reaching the developmental levels of the first outcome group, data suggested that these children still made important gains in their capacities to relate, share attention, and engage in problem-solving (Greenspan & Weider, 1997). Still, a third outcome group, which represented 17 percent of the cases, experienced on-going difficulties and were making “very slow progress” (Greenspan & Weider, 2006, p. 381). However, the findings indicated that many children in this group were still able to increase in their abilities to related warmly with primary caretakers and decrease their problematic surface behaviors.

Later, Greenspan and Weider (2005) undertook a ten- to fifteen-year follow-up study of sixteen children who had been classified as making “good to outstanding” progress in the original 1997 study described above. This study consisted of parent interviews and parent-completed functional emotional developmental questionnaires which, as described by Greenspan and Weider (2006) attempt to rate a child’s development in a variety of domains.

The findings from this study strongly suggest that the children in this outcome sub-group, "...had developed high levels of empathy and were often more empathic than their peers" (p. 385). Further, data from this research seems to demonstrate that many of these children were excelling academically, while others appears to be average in this realm, and still others struggled with learning disabilities. Moreover, Greenspan and Weider (2005) commented that, significantly, these children were managing the stresses of adolescence while maintaining the gains central to the DIR model: relating, communicating, and reflective thinking.

Greenspan and Weider (2005) have contended that the follow up study just described, "...was exceptional in its comprehensiveness and provides one of the most complete pictures of the development of children diagnosed with autism spectrum disorders" (p. 42). However, Greenspan and Weider (2005) also acknowledged that these cases reviewed did not reflect a representative population of children with ASD. Moreover, Greenspan and Weider's (1997) original research into 200 DIR cases (also the foundation of the follow up study) was also nonrepresentative of children with ASD.

Faja and Dawson (2006) have concurred with Greenspan and Weider (1997, 2005) about the challenges to the validity of the two chart reviews described above posed by the nonrepresentational nature of the population studied. Further, Faja and Dawson (2006) claimed that participants in each of the Greenspan and Weider's research projects (1997, 2005) just described were from self-selecting families. Given these concerns, Faja and Dawson (2006) argued that conclusions regarding the efficacy of the DIR model are currently limited.

Empirical Studies on Applied Behavioral Analysis

Applied Behavioral Analysis (ABA) is an early intervention approach for treating children with autism spectrum and related disorders. This is an intensive, one-on-one approach to intervention which purports to teach component skills, compensating for the core deficits of ASD (Lovaas, 1987). ABA interventions consist of *discrete trials* in which a child is given a concise instruction, prompted, and then reinforced for contingent responses or mildly punished for non-contingent responses (Faja & Dawson, 2006).

The ABA approach to early intervention emerged in the 1960's when Fester (1961) developed a construct for considering autistic functioning within a behavioral context. Within a behavioral or learning theoretical frame, Fester and DeMyer (1962) postulated that children with autistic spectrum disorders could be taught to comply with social expectations by matching consequences to children's behavior. Later, Lovaas (Lovaas & Simons, 1969) began to study behavior modification approaches to treating children with ASD.

Indeed, Lovaas' seminal studies in the 1970's and 1980's gave rise to Applied Behavioral Analysis (Gernsbacher, 2003). Further, and importantly to the current study, Lovaas' studies in this arena propelled ABA to become the most sought after intervention for working with children with challenging behaviors (Tsakiris, 2000). Pivotal to public funding for ABA findings from Lovaas' (1987) research seemed to demonstrate that 47 percent of children studied receiving ABA treatment achieved normal intellectual and educational functioning. However, over the years other researchers have questioned the

methodological integrity of Lovaas' research (Schopler, Short, & Mesibov, 1989; Gresham & MacMillian, 1998).

Schopler, Short, and Mesibov (1989) argued that the population which Lovaas studied was not representative of children with ASD, but rather skewed toward high-functioning children. Later, Gresham and MacMillian (1998) raised questions about the integrity of the treatment under consideration in Lovaas' research as well as concerns about internal and external validity. According to Tsakiris (2000), Lovaas has been widely criticized in his research of the ABA approach in three main areas: bias in selection of subjects, inappropriate outcome measures, and inadequate control group.

Indeed, Gernsbacher (2003) contended that the core critique of Lovaas' research has been related to a concern about the lack of random assignment of study participants to treatment versus control group. Specifically, Gernsbacher cited Herbert, Sharp, and Gaudiano (2002) who suggested that the:

...methodological weaknesses of the existing [Lovaas] studies, however, severely limit the conclusions that can be drawn about their efficacy...Of particular note is the fact that no study to date has utilized a true experimental design, in which subjects were randomly assigned to treatment conditions" (p. 47).

Further, Herbert, Sharp, and Gaudino (2002) have argued that given the methodological weakness of Lovaas' research, Lovaas' claims about the efficacy of ABA treatment are "misleading and irresponsible" (p. 37)

However, Smith, Groen, and Wynn (2000) undertook a randomized trial study of Applied Behavioral Analysis to address the kind of criticism of Lovaas and the ABA

model described above. Unlike Lovaas' original study (1987), data from which appears to demonstrate a 47 percent rate of successful outcomes for children receiving intensive ABA treatment, findings from Smith, Groen, and Wynn's (2000) study indicate that a much more moderate 13 percent of children receiving ABA treatment had positive outcomes. Gernsbacher (2003), who has critiqued Lovaas' research has applauded Smith, Groen, and Wynn's for the methodological rigor of their study, acknowledging the complexity of undertaking research on the ABA approach.

The Need for Further Empirical Studies

Ozonoff, Dawson, and McPortland (2002) have commented that there currently exists no empirical studies comparing the Developmental, Individual-Difference, Relationship-Based (DIR) model and Applied Behavioral Analysis (ABA). Without findings from such research, argued Ozonoff, Dawson, and McPortland (2002), it is difficult to know which program most benefits children with autistic spectrum disorders. Additionally, Gernsbacher (2003) has cautioned against claiming that any one form of early intervention for children with ASD can be designated as scientifically proven.

Therefore, Faja and Dawson (2006) have called for empirical studies on the effectiveness of an array of early intervention approaches. Such studies, postulated Faja and Dawson (2006), are necessary for knowledge building about treatment efficacy and long-range funding decisions. Thus, Faja and Dawson (2006) have argued that new, more methodologically rigorous studies are needed.

Moreover, Tsakiris (2000) has advanced the notion that a new conceptual framework for considering the early intervention approaches themselves is now

necessary. Specifically, Tsakiris (2000) has called for research into these models to widen its scope of consideration. From Tsakiris' (2000) standpoint, future research into early intervention efficacy should consider the comprehensiveness of any approach rather than focus on children's surface behaviors.

Summary

This chapter has attempted to describe the historical and theoretical underpinnings of the Developmental, Individual-Difference, Relationship-Based (DIR) model. Within this context, this section of the study has given a special consideration to elucidating the core components of the DIR conceptual framework. Additionally, this chapter has drawn attention to the possible implications of DIR theory to children's experiences of childcare. In this regard, this chapter has utilized existing DIR guidelines for supporting children with disorders of relating and communicating in early childhood setting, highlighting specific strategies.

Further, this chapter has referenced existing empirical studies on DIR theory and Applied Behavioral Analysis (ABA). Inclusion of research findings on each approach has been especially pertinent as these models compete for funding and recognition as effective interventions (Faja & Dawson, 2006). Finally, this discussion has acknowledged the need for continued research into all intervention models.

Now this thesis turns to a consideration of the existing and potential relationships between the Infant-Parent Program conceptual framework and DIR theory. Within this context, this study sought to advance a new way of understanding the phenomenon of systems of limited quality care attempting to care for growing numbers of children with

extraordinary needs. Then, this report recommends further study of the relationships between the theories in question and the phenomenon of interest. Finally, it offers recommendations for social work policy, education, and practice.

CHAPTER VI

DISCUSSION

Thus far the current discussion has explored the inadequate supply of good quality group care for young children, giving a particular regard to the socio-political determinants that impede quality care. First, this research project examined this phenomenon through the conceptual frame of the Infant-Parent Program (IPP) and its Daycare Consultants component, University of San Francisco, California. Then, this study investigated the phenomenon described above through Developmental, Individual-Difference, Relationship-Based (DIR) theory. Throughout this discussion, specific attention has been drawn to the urgent need to improve the quality of childcare, especially for children living in or near poverty and those with extraordinary sets of needs (Shonkoff & Phillips, 2000). Therefore, the central question of this study has been how best to address quality of care issues through clinical intervention measures.

For the purposes of this study, good quality childcare has been defined as care which meets young children's needs for warm, responsive, attuned interactions with their care providers (Pawl, 1990). As highlighted in Chapter III, however, according to The Cost, Quality, and Outcomes [CQO] Study Team (1995) a mere one out of child care centers provides a level of care which promotes healthy development and learning. With even greater implications for the current investigation, the CQO Study Team remarked on the crisis indicated by their data, remarking, "...the level of quality at most U.S. child

care centers does not meet children's needs for health, safety, warm relationships, and learning" (1995, p. 2).

Further, findings from the research of the CQO Study Team demonstrate that the impediments to good quality care have emerged from a confluence of low teacher wages, higher staff-to-child ratios, low levels of teacher education, and lack of administrators' prior experience (CQO Study Team, 1995). These findings have been further substantiated by the research of Peisner-Feinberg et al. (1999), Macdonald and Sirianni (1996), and Blau (2001). Additionally, these systems of care are in much greater demand than during any previous period (Shonkoff & Phillips, 2000).

Compounding the complex undertaking of childcare, increasing numbers of children with acute social and emotional needs are entering into childcare systems (Raver & Knitzer, 2002). Some children's extreme needs may be due to wide-spread adverse childhood experiences (i.e., poverty, abuse, trauma, parental depression or mental illness, and exposure to violence) and their negative effects on development (Osofsky, 1999). Other children's complicated functioning seems to be caused by the increased incidences of neuro-developmental disorders (Bhasin, Brocksen, Avchen, & Van Naarden Braun, 2000). Still other children's acute needs may be caused by some constellation of these factors (Greenspan & Weider, 2006).

Adding to this already complex picture, while the number of children with an array of extraordinary needs is increasing in regular daycare classrooms, their care providers often have "little or no training in education and caring for these children" (Chang, Early, & Winton, 2005, p. 1). Simultaneously, 50 percent of all preschool children with special needs participate in regular preschool classrooms (Odom, et al.,

2004). Concurrently, daycare providers and staff often have a wish to include children with extraordinary needs in regular early childhood programs (Johnston & Brinamen, 2006). However, children's needs so often exceed even the care which can be reasonably expected of care providers that daycare aged children are three times more likely to be expelled from their schools than are their Kindergarten through twelfth grade counterparts (Gilliam, 2005).

The Infant-Parent Program's Conceptualization of Infant Mental Health

As touched on above, the first theoretical construct this study has employed to examine the complex phenomenon just described is the conceptual framework of the Infant-Parent Program (IPP) and its Daycare Consultants (DCC) program, both at the University of California, San Francisco. This study has endeavored to describe the strands of the IPP theory set most pertinent to exploring systems of insufficient care and their possible effects on children's development. The researcher selected the IPP theory set to discuss the problem of quality care because it emphasizes strengthening the web of relationships among the adults in a child's life as a means to promote the child's positive functioning (Johnston & Brinamen, 2006).

From its inception, IPP has conceptualized infant development as a dyadic process (Seligman, 2000). For example, Fraiberg's (1975) original formulation of infant mental health sought to ameliorate the processes involved in the unconscious transmission of intergenerational trauma from parent(s) to infant. Fraiberg (1980) described that a central task of the infant-parent psychotherapist in this regard, "involves the therapist's efforts to understand how the parent's current and past experiences are

shaping perceptions, feelings, and behaviors toward the infant” (Lieberman, Silverman, & Pawl, 2000, p. 472).

In the time since Fraiberg’s (1980) pioneering formulations of infant mental health, the Infant-Parent Program has incorporated concepts from many streams of thinking about human development into the conceptualization described above. Chief among these has been Winnicott’s (1965) notion of the *provision of a facilitating environment*. Embedded within that idea, and especially relevant for the current study, is Winnicott’s (1965) idea of *holding*: infants need to be held with awareness and empathy in caretakers’ minds to develop in positive ways. While it has been beyond the scope of this study to explore Winnicott’s notion of holding in-depth, a particular regard has been given to three core components of Winnicott’s (1965) belief that infants need good enough holding for healthy development.

First, Winnicott (1965) postulated that an essential aspect of good enough holding is the primary caretaker’s ability to provide consistent, reliable, warm and attuned responses to the infant’s needs. Second, Winnicott (1965) argued that over time infants begin to internalize the myriad affective interchanges that occur within the moment-to-moment details of care: diapering, feeding, putting to sleep, etc. Third, Winnicott (1965) posited that the lack of good enough holding in an infant’s life jeopardizes that infant’s ability to master developmental stages. Without good enough holding, believed Winnicott (1965), “these stages cannot be attained, or once attained cannot become established” (p. 45).

Further informing the Infant-Parent Program conceptual frame are contemporary currents in psychoanalysis and findings from field of infancy research. For example,

according to Aron (1990) the relational psychoanalytic formulation places individual development, “always in interaction with others, always responsive to the nature of the relationship with the other” (p. 481). This line of thinking has been fortified by findings from infancy research which demonstrate that infants, from their earliest days are powerful contributors to the relationships they have with their primary caretakers (Stern, 1985).

Together, these lines of thinking help inform a transactional perspective of development. From this perspective, the caregiver and the child form a dyad in which each is a partner in the co-creation of the relationship (Sameroff & Chandler, 1975). In the clinical encounter and within the dyadic care-giving situation each member of the dyad is a powerful shaper of the nature of the relationship as well as each participant’s experience of that relationship (Lieberman, Silverman, & Pawl, 2000). This notion is of such salience at the Infant-Parent Program that the client is thought not to be either the parent or the child, but rather the relationship which exists between them (Seligman, 2000).

The publication of Pawl and St. John (1998), How You Are is as Important as What You Do in Making a Positive Difference for Infants, Toddlers, and Their Families further advanced the particular transactional view of development espoused at the Infant-Parent Program. In this writing, Pawl and St. John (1998) put forth the notion that how a clinician or consultant is within an intervening role in relation to parents, care providers, and young children depends upon the particularities of each situation. For instance, each interaction is contingent upon the particular parent, the particular infant, the particular intervener, and how each is in relation to the other(s) at any given moment in time, place,

and cultural context. According to Pawl and St. John (1998), approaching work with children and families from this standpoint helps the intervener take a stance of *inclusive interaction*. This stance facilitates the practitioner's ability to share rather than divide attention amongst all the relationship partners.

Daycare Consultants Conceptualization of Mental Health Consultation to Childcare and Its Connection to the Phenomenon of Inadequate Daycare and Its Effect on Vulnerable Children

The principles of the IPP theoretical set described thus far are foundational to the work of IPP's Daycare Consultants program and its conceptualization of mental health consultation to childcare. Of special relevance is the way in which an inclusive interaction approach to intervening encapsulates the confluence of theoretical perspectives which underlie IPP's formulation of infant mental health. Indeed, the stance of inclusive interaction and the multiple dynamic theories which underpin it are mirrored in Daycare Consultants' ecological approach to service delivery (Johnston & Brinamen, 2006).

At its core, this ecological approach entails that consultants deliver services on-site at the daycare centers they serve in a regular, consistent, and on-going manner (Johnston, 2000). In this manner, consultants have the fullest opportunity to get to know and then seek to understand all the adults caring for and subsequently influencing children and their development. While constantly attempting to understand adults' subjective experiences, all consultative endeavors are ultimately undertaken on behalf of children.

The consultant's efforts to address the multiple programmatic and interstaff issues at a particular daycare center are also informed by an ecological approach to service delivery (Johnston & Brinamen, 2006). In other words, Daycare Consultants posits that to strengthen a child's social-emotional functioning, the consultant must work to strengthen the relationships among all adults within a child's sphere of interaction. This entails supporting care providers as they grapple with programmatic issues such as center policies, divisions of labor, and curriculum issues. Additionally, this requires addressing interstaff concerns such as relationship issues between co-teachers, among providers and directors; conflicts; and cross-cultural ideas regarding work relationships and children (Johnston, 2000).

Within this context, the consultant endeavors to demonstrate respect, interest, and an ability to be empathic, the core of an inclusive interaction disposition (Pawl & St. John, 1998). Also embedded within Daycare Consultants' ecological approach to service delivery, and informed by the idea of inclusive interaction, is what Johnston and Brinamen (2006) have called the consultative stance (as conceptualized at DCC).

A consideration of all the components which compose this stance was beyond the parameters of this study. However, this investigation has examined four aspects of the consultative stance particularly germane to an exploration of insufficient quality care and its effect on vulnerable children. These components are 1) mutuality of endeavor; 2) understanding another's subjective experience; 3) considering all levels of influence; and 4) hearing and representing all voices, especially the child's (Johnston & Brinamen, 2005).

Most simply put, mutuality of endeavor refers to the consultant's efforts to promote authentic collaboration between him or herself and all those influencing a child's development: care providers, administrators and directors, and family members (Johnston & Brinamen, 2006). From DCC's standpoint, without this collaborative participation in identifying children's needs, any plan of action falls short of its intention.

The notion of understanding another's subjective experience, so central to psychoanalytic thinking (Schaefer, 1983) and already touched on previously, is at the heart of the consultative stance. With years of experience and reflection, DCC has recognized that providers contending with myriad societal, systems, and, frequently, inter-staff and intrapersonal stressors, are rarely in positions in which others attempt to understand their experiences of caring for children. Pawl and St. John (1998) and Johnston and Brinamen (2006) have argued that without such experience, caregivers have little to no opportunity to reflect on the array of feelings which caring for children, especially children with acute social-emotional needs, evokes within them. Without this experience, providers are likely to create and maintain negative patterns of interaction with the very children who most need responses attuned to their complex individual needs (Donahue, Falk, & Provet, 2000).

Conversely, when care providers sense that a consultant genuinely holds their experiences in mind, the potential for providers to begin considering children's experiences in more attuned and empathic ways emerges (Johnston, 2000). Findings from The Cost, Quality, and Outcomes Study Team (1995) demonstrate that low levels of provider education is one possible indicator of caliber of care. However, Johnston and Brinamen (2006) have advanced the notion that training alone does not affect change in

caregivers' attitudes toward the children in their care. Much more important to provider's sense of themselves as caretakers, argued Johnston and Brinamen (2005), is the experience of others trying to understand their subjective realities of attempting to care for children with an array of needs in overtaxed systems.

In some ways a consultant's efforts to consider all levels of influence is self-evident. Concurrently, as has been previously elucidated, the levels of influence on providers' abilities to furnish good quality care are many. For instance, care givers grapple with the intrapersonal, interpersonal, and programmatic issues already discussed (Uttal, 2002; Young, 2001). Moreover, they also contend with multiple evaluations both from within and without of the organization; the bureaucracies within which their childcare center is embedded; funding, policy, and curriculum decisions made, perhaps, by off-site administrators; and local, state, and federal standards and licensing requirements (Johnston & Brinamen, 2005). These realities are essential for the consultant to keep in mind while trying to empathize with the experiences of the daycare staff. An even more immediate and concrete consideration, however, is that even the best plan for intervening on behalf of a child, family, or staff can fail if attention is not paid to these multiple influences (Johnston, 2000).

Hearing and representing all voices, especially the child's, is an endeavor to which the relationship-based consultant is uniquely suited. The dilemmas surrounding relationships in daycare centers (among co-teachers, teachers and directors, staff and parents, staff and children) often quickly become entrenched for two reasons. First, structurally, daycare centers most typically operate with little or no time for staff members to meet with one another, or with families (Johnston & Brinamen, 2006).

Moreover, if a center is able to provide its staff with meeting time, most typically that meeting time is devoted to administrative concerns only.

Second, care givers may be reluctant to share their negative feelings. Precisely because the consultant is in the position of a participant-observer, operating at more of a distance than other members of the system, the consultant is uniquely disposed to hear and represent all voices at the daycare center (Donahue, Falk, & Provet, 2000). While the consultant hopes that over time individuals will be able to speak to others directly about their differences and conflicts, in the interim, the consultant attempts to represent (with permission) peoples' thoughts, feelings, and motivations to one another. The consultant's intention here is to give staff members and families a means for considering the other's experience and to subsequently attribute more accurate meaning to the other's actions. Further, when providers and parents come to have more accurate pictures of one another, there may come to exist more potential for them co-creating a picture of the child in question (Waldstein, 2000).

Hearing and representing all voices is of particular importance regarding children who do not possess the adult conventions for expressing needs and distress (Waldstein, 2000). Pawl (1990) argued that a child should be allowed to miss her family members while at daycare, but should not be allowed to miss herself. With this line of thinking in mind, the consultant makes attempts at, "creating and holding a space to meaningfully consider children's experience, development, and needs" (Johnston & Brinamen, 2006, p. 17). While adults' capacities to hold children in mind is necessary for the positive experience of all children in daycare, it is of special relevance to the growing numbers of children in daycare with acute social-emotional needs.

This section of the chapter has summarized the approach to infant mental health conceptualized at the Infant-Parent Program (IPP) at the University of California, San Francisco. A particular regard has been given to elucidating the many streams of psychodynamic thought which underlie the IPP theory set. Additionally, this part of the chapter has described the natural outgrowth of Daycare Consultants (DCC) from the IPP conceptual frame. Special emphasis has been given to an explication of DCC's formulation of a consultative stance, with descriptions of the four components of that stance most relevant to the current study.

Now this chapter turns to a synopsis of the Developmental, Individual-Difference, Relationship-Based (DIR) theory, the second theoretical construct with which this study has explored the phenomenon of insufficient child care and its effects on vulnerable children. The researcher selected DIR theory because it pays attention to children's unique biologically-based developmental profiles and the influences such profiles can exert on the child-caregiver system's ability for contingent responses (Greenspan & Weider, 2006). This is particularly salient given the increased incidences of neurodevelopmental disorders (Bhasin, Brocksen, Avchen, & Van Naarden Braun, 2000) and the growing numbers of children with extraordinary needs in regular daycare classrooms (Raver & Knitzer, 2002).

Developmental, Individual-Difference, Relationship-Based Theory Childcare and Its Connection to the Phenomenon of Inadequate Quality Daycare and Its Effect on Vulnerable Children

Developmental, Individual-Difference, Relationship-Based (DIR) theory posits to employ connections between its three core components (explicitly stated in its name) to mobilize the functioning of children with neuro-developmental difficulties (Greenspan & Weider, 2006). Greenspan (1999) has advanced the notion that biologically-based variations in sensory and processing capacities are crucial factors in ego development. Indeed, from Greenspan and Weider's (1998) perspective, human development is founded on the individual's capacity to be regulated and to take in the world. However, a growing number of children are demonstrating challenges in this capacity (Smith & Gouze, 2004).

Findings from the research of Bhasin, Brocksen, Avchen, and Van Naarden Braun (2000) demonstrate that that approximately 17 percent of children in the United States are affected by a developmental disability. Additionally, Greenspan and Weider (2000) have argued that many children contend with difficulties in communication, cognitive abilities, and behavioral regulation that do not meet the criteria for a specific disorder. Concurrently, providers often perceive these children as challenging. Indeed, Raver and Knitzer (2002) have reported 16 to 30 percent of preschool-aged children pose on-going behavioral challenges to their care providers.

Moreover, prevailing interventions for daycare aged children with disorders of relating and communicating seek mostly to modify children's surface behaviors (Lovaas, 1987). Unfortunately, however, these interventions do not address the processes

underlying those behaviors (Gernsbacher, 2003). Developmental, Individual-Difference, Relationship-Based theory makes a particular contribution in this regard.

For example, DIR theory delineates six essential functional-emotional developmental milestones for children's development. Significantly, and like the transactional perspective on development central to the IPP theory set (Sameroff & Fiese, 1998), according to DIR theory a child reaches each milestone precisely because of the growth-promoting aspects of relationships (Greenspan & Weider, 2006). Specifically, the myriad daily affective interchanges between care-giver and child which promote, impede, or keep a child's functioning static. The DIR developmental milestones follow:

- 7) Self-regulation and interest in the world
- 8) Intimacy (wanting to be engaged with primary caretakers)
- 9) Two-way communication
- 10) Complex communication
- 11) Emotional ideas
- 12) Emotional thinking (Greenspan & Wieder, 1998).

At the heart of DIR theory is the notion that a child can be supported in reaching these milestones through caregivers' attempts first to understand and then make use of the child's individual differences in sensory and processing capacities (Greenspan, Degangi, & Wieder, 2001). For instance, when a caregiver appreciates that a child becomes dysregulated by bright lights, loud voices, quick movements, or crowded environments, the care giver can then seek to modify interactions (i.e., speaking softly and moving slowly) and the environment (i.e., dimming lights and being mindful of over stimulating situations). Perhaps most important in this model, though, is the interconnection between a child's unique sensory processing system and the affective exchanges of the child's relationships with primary others.

Indeed, Greenspan (2001) formulated the Affect-Diathesis Hypothesis which contends that the core challenge for children with autistic spectrum and related disorders is connecting affect (or intention) with motor planning and sequencing abilities. According to Greenspan (2001), because of this challenge, children with compromised sensory-motor processing systems have difficulty regulating and taking in the world around them. Subsequently, these children frequently miss opportunities to engage with and therefore to be co-regulated by primary caretakers. Without these myriad opportunities, children become unable to reach the milestones listed above or may become constricted in those they have reached.

However, DIR theory contends that when the caregiver can be supported in recognizing and utilizing the very sensory-motor challenges which underpin a child's perplexing surface behaviors, the possibility for growth-promoting affective exchanges between caregiver and child begin to emerge. This speaks to the significance of the term *relationship-based* within DIR theory. From Greenspan and Weider's (2006) perspective, as much as a modification of the sensory environment can benefit a child, equally if not more crucial are modifications in the affective interactions which characterize the relationship between caregiver and child. Indeed, as part of the Affect-Diathesis Hypothesis, Greenspan (2001) advanced the idea that our affects work like a sensory organ; providing crucial information about how to respond to incoming sensation and arising emotions.

For example, if a child is impeded in her ability to take in the world around her because of low muscle tone and low arousal levels, a caregiver's somewhat neutral cooing may not cue the child to the positive benefits which engagement with the

caregiver will bring. Indeed, the child may seem avoidant to the caregiver. Moreover, if the neutral cooing is aversive to the child's processing system, the child may very well turn from the interaction in an attempt to regulate her over stimulation. In either instance, the child has missed an opportunity to learn something about herself and the others. Furthermore, the adult may have experienced the child as unaware, stubborn, negative, or rejecting (Greenspan & Weider, 2006).

However, when the caregiver's affective tone (composed of non-verbal characteristics such as facial expressions and gestures and verbal cues such as pitch, tone and volume of voice) matches the child's unique need for regulation, the child then has the opportunity to attend. Consequently, the child can begin to engage in emotional learning about herself and herself in relation to others. In this way, the child can engage in ever-more purposeful exchanges with others and with her own ideas and feelings. Indeed, from Greenspan and Wieder's (1998) standpoint, this is the pathway for children developing symbolizations of ideas and subjective emotional experiences.

This section of the chapter has provided a synopsis of Developmental, Individual-Difference, Relationship-Based (DIR) theory. Within this context, an attempt has been made to describe Greenspan's (2001) Affect-Diathesis Hypothesis and its contention that the link between affect and motor-planning and sequencing is a challenge for a range of children, especially those with neuro-developmental difficulties. Concurrently, this section has drawn attention to DIR's contention that a child's sensory-motor differences can be harnessed in an effort to modify sensory and affective interchanges between caregiver and child to mobilize the child's functional capacities to their optimal levels. Now this chapter turns to a discussion of the relationship between the problem of

inadequate quality daycare and the two theoretical constructs this study has utilized in interpreting that problem. Integrated into this discussion is a comparison of these two theoretical constructs as well as an overview of each theory's contribution to the other in addressing the critical influence of quality of care on children's development.

An Analysis of the Connection between the Phenomenon of Interest and the Two Selected Theoretical Constructs

As has been explicated elsewhere in this study, there is an urgent need for improving the quality of daycare accessible to the vast majority of children, especially those living in poverty and/or with neuro-developmental disabilities (Greenspan & Weider, 2006; Johnston & Brinamen, 2006). Concurrently, there are numerous barriers to quality improvement efforts at almost every imaginable level (Peisner-Feinberg et al.,1999). The researcher has selected two theoretical constructs with which to interpret the critical influence of quality care in young children's live: the IPP/DCC theory set and DIR theory.

The investigator has chosen each of these theories because of the unique contribution each makes to examining the phenomenon of limited quality care. Moreover, through the present study, the researcher has discerned that each theoretical construct relates to the phenomenon in particularly relevant ways. Equally significant, the researcher has found that each construct holds the potential for contributing new modes of understanding and addressing this crisis-level problem.

However, it must be noted that the insights and contributions of each theory only very partially address the phenomenon of compromised systems of child care attempting to care for the increasing numbers of children with acute social-emotional needs. For

example, it has been beyond the scope of this study to explore in-depth the policy issues impinging upon caregivers' abilities to provide the warm, responsive care which young children need. The researcher acknowledges that an examination of policy-level influences on childcare is essential to an improvement of quality care. This is especially germane as the present study has often cited findings from research such as that of the Cost, Quality, and Outcomes [CQO] Study Team and Blau (2001) which indicate that the core impediments to quality care are related to lack of funding (CQO Study Team, 1995).

Within this context, however, each theory seems uniquely suited to partially address specific challenges embedded within the complexity of the care-giving endeavor. Now this chapter turns to an analysis of each construct's potential contributions to a new understanding of supporting providers and children with already existing systems of childcare. Then, this discussion will endeavor to describe how each theory may inform the other to strengthen existing supports for children, families, and providers.

The Relationship between the Daycare Consultants' Formulation of Mental Health Consultation to Childcare and Developmental, Individual-Difference, Relationship-Based Theory

Daycare Consultants Contribution to DIR Theory

Daycare Consultants' (DCC) formulation of mental health consultation to childcare considers all levels of influence upon caregivers' capacities to promote children's development (Johnston & Brinamen, 2006). In this regard, it is particularly suited to informing the implementation of Developmental, Individual-Difference, Relationship-Based theory within already existing systems of childcare. In other words, the Daycare Consultants' model supplies an ecological context within which the

important contributions of DIR theory are more likely to be appreciated and subsequently applied by care providers. Precisely because DCC's consultative stance pays attention to understanding providers' subjective experiences, collaboration with providers, and hearing and representing all voices within a daycare center (Johnston & Brinamen, 2005), DIR strategies for mobilizing children's functioning can become located within the web of relationships which so powerfully influence children's development.

Moreover, integral to the Daycare Consultants model is regular, consistent, on-going consultation to childcare (Johnston, 2000). This practice furnishes providers with a means to continually reflect upon a child's functioning. Further, this approach allows the consultant and the caregivers to consistently assess any given plan of action and its effectiveness. In this context, applications of DIR theory can be tailored to the particularities of a specific daycare center. Furthermore, those applications can be modified through the collaboration between consultant and staff (and consultant and families) as children progress, regress, or plateau in development.

Further, DCC's consultative stance entails, "creating and holding a space to meaningfully consider children's experience, development, and needs" (Johnston & Brinamen, 2006, p. 17). This stance holds the potential for enriching the implementation of DIR theory and practice within early childhood programs. In this regard, the possible benefits for particular children, as well as for all children in the group, can be considered.

Additionally and importantly, the DCC model furnishes a means for addressing inter-staff issues related to multiple providers attempting to support a child's development (Johnston, 2000). Chapter V of this study illustrated DIR guidelines and strategies for supporting children with disorders of relating and communicating within

early childhood programs. These strategies include providers' efforts to furnish children with appropriate sensory and affective supports. In that chapter, a particular regard was given to illustrating the positive role that Weider and Kalmanson (2000) posited classroom aides can play in mobilizing children's functional capacities.

However, as noted by Pickett (2002), most states have not been able to provide appropriate training and supervision to aides working with children in early childhood inclusion programs. Even in the rare instances when training and supervision are furnished, the dynamics which underlie care providers' distortions of one another's intentions go mostly unaddressed. The DCC model, though, explicates a means for supporting care provider's experiences of one another. As has been previously described, when care givers have a more accurate picture of one another, the potential emerges for them to join together in service of the child's positive development (Johnston & Brinamen, 2006).

This section of the chapter has explicated the contributions which DCC theory and practice make to the implementation of DIR strategies within already existing systems of childcare. A particular regard has been given to describing the potential that DCC's ecological approach to service delivery holds for meaningful applications of DIR practice, especially for the growing numbers of children with disorders of relating and communicating. Now this discussion moves toward an explication of DIR theory's contributions to the DCC model.

DIR Theory's Contribution to Daycare Consultants' Approach to Mental Health Consultation to Childcare

Daycare Consultants approaches its work with providers in the hopes of supporting them in their capacities to consider to underlying meanings of children's behaviors. Therefore, DCC takes a particular stance to helping providers think about practices typically employed within early childhood settings which attempt to redirect, manage, or extinguish children's challenging surface behaviors (Lovaas, 1987). DIR theory potentially adds to DCC's approach. Its emphasis on seeking to understand children's individual sensory-motor processing systems may give consultants a new means of reframing children's functioning with care providers.

Greenspan's (2001) Affect-Diathesis Hypothesis makes a significant contribution to the relationship-based approaches to mental health consultation to childcare, such as that of Daycare Consultants. In particular, children with disorders of relating and communicating (such as autistic spectrum disorders) will benefit from consultants' recognition that the child's challenges in connecting intention to motor planning and sequencing underlie such disorders. With a consideration of this underlying process, mental health consultants will perhaps be better able to support care providers' thinking about the experiences of children with neuro-developmental disabilities.

A heightened awareness of the interrelation of affective and sensory experiences for children with disorders of relating and communicating may be useful as consultants endeavor to think with providers about individual children. Specifically, such knowledge may help consultants consider with providers developmentally-informed approaches to facilitating the affective or sensory regulation of children who easily become

dysregulated. This is especially relevant for mental health consultation to children because an estimated 50 percent of all preschool children with special needs participate in regular early childhood programs (Odom, et al., 2004).

Additionally, Greenspan (1999) and Greenspan and Weider (1998) have posited that the DIR model benefits a range of children, not just those with neuro-developmental disorders. As delineated previously in this study, increased incidences of adverse childhood experiences such as trauma, abuse, exposure to violence, and the effects of poverty and racism exert their own negative influences over children's developmental trajectories (Fass & Cauthen, 2005; Osofsky, 1999). Children contending with such experiences present a variety of challenges to daycare providers. These children can demonstrate an array of behaviors, such as impulsivity, irritability, aggressivity, and withdrawal (Koplow, 1996).

According to Greenspan and Weider (1998), children affected by these issues also need to have their individual affective and sensory processing systems taken into consideration. With this in mind, mental health consultants in early childhood can add to the theories which inform their work. More specifically, Greenspan (1999) has argued that affective and sensory processing systems are crucial determinants of ego development. In this regard, DIR theory seeks to inform the foundation from which psychodynamically informed interventions, including relationship-based consultant.

For example, Pynoos, Steinberg, and Piacentini (1999) have described the perplexing self-states which frequently occur in young children effected by trauma. According to Pynoos, Steinberg, and Piacentini (1999) without knowing why, a traumatized child may experience physiological alarm and extreme negative emotions.

Further, this child's functioning may be marked by sudden shifts in alertness, attention, confusion, and distortions of other's intentions. DIR theory posits that such children also benefit from modifications of the sensory environment and in caregiver affective exchanges with the child (Greenspan & Weider, 1998).

This section of the chapter has sought to describe the contributions which DIR theory makes to relationship-based approaches to mental health consultation to childcare, such as that conceptualized at the Infant-Parent Program's Daycare Consultants component. The researcher has postulated that consultants' heightened awareness of the interrelation between children's affective and processing systems benefits their efforts in supporting providers and a range of children. Now this chapter turns to a discussion of the strengths and weaknesses of this study's methodology and conclusions.

Strengths and Weaknesses of Methodology and Conclusions

Strengths

The foremost strength of this study is that it has explored the childcare experiences which affect millions of young children and their potential developmental trajectories (CQO Study Team, 1995; Peisner-Feinberg et al.,1999). The researcher has given a particular regard to critically analyzing the inadequate care to which children living in or near poverty have access. To this end, this study has utilized findings from numerous research projects which demonstrate the critical need for improving quality of care for all children, especially those with extraordinary sets of needs.

Additionally, the researcher has chosen two theoretical constructs, both of which have been carefully constructed through many years of thought and practice with young

children and their caregivers (Greenspan & Weider, 2006; Johnston & Brinamen, 2006). Moreover, this study has demonstrated that each conceptual framework is uniquely positioned to interpret and partially address quality of care issues. Further, each construct has been shown to compliment and contribute to the other's way of intervening on behalf of vulnerable children.

Weaknesses

As delineated in Chapter II, for the integrity of this study it has been essential for the researcher to disclose personal and professional perspectives regarding the theories selected as well as reasons for choosing them. The researcher's past and present interests in both theories are perhaps the most significant potential sources of methodological bias. More explicitly, first as an early childhood educator and then as an early interventionist, the researcher has drawn on DIR theory to understand the underlying meanings of children's behavior. Familiarity with DIR theory led to the researcher to discover and appreciate the approach to infant-parent psychotherapy and mental health consultation to child care influenced by transactional and relational views of development.

Indeed, as a social work student at Smith College School for Social Work, the researcher trained for two years at the Infant-Parent Program (IPP) University of California, San Francisco. The researcher first trained as a mental health consultant to childcare in IPP's Daycare Consultants component. Then the researcher trained as an infant-parent psychotherapist at IPP.

The researcher has attempted to ground DIR and IPP/DCC theory within the literature and empirical studies on interventions for daycare aged children with acute

social and emotional needs. Moreover, the researcher has endeavored, when possible, to examine the empirical studies on approaches counter to the theoretical models selected. However, the potential biases which limit this study's methodology may also influence its conclusions because the former inevitably informs the latter. Concurrently, it is the researcher's hope that this study's safeguards against bias (most evident in an exploration of empirical studies on contrasting approaches to early intervention) will mitigate against such predisposition.

Recommendations for Further Study

In undertaking this study, the researcher has discerned many areas of research needed in the literature on inadequate care and its potential effect on children, especially vulnerable children. Particularly because this study has examined systems of care, the researcher believes that further research regarding the socio-cultural determinants promoting collective denial of the crisis evident in insufficient levels of care for the youngest members of society is needed. Without such research, it is difficult to imagine that awareness of the problems described in the present study will reach a much-needed wider population.

Additionally, there is a call from those within the fields of policy (Johnson & Knitzer, 2005) and early childhood mental health (Osofsky, 2004) for further studies regarding the efficacy of mental health consultation to childcare. Indeed, Chapter IV described empirical research on consultation to childcare, drawing attention to researchers' conclusions that studies of this intervention are new; subsequently, many more are necessary (Green, Simpson, Everhart, & Vale, 2005). Further, researchers have

commented that most unknown about mental health consultation to childcare are the specific practices which make it an effective intervention (Alkon, Ramler, & MacLennan, 2003).

Indeed, in Gilliam's (2005) study on expulsion rates among pre-school aged children, while findings strongly suggest that regular, consistent, on-site consultation drastically reduced expulsion rates, the data did not reflect a clear cause. Gilliam (2005) posited that perhaps other causes, such as, "...greater overall level of resources in programs where consultants are made available" (p. 12). However, Gilliam also argued that given the drastic decrease in expulsion rates indicated in the data, further consideration of mental health consultation is warranted.

Similarly, because Developmental, Individual-Difference, Relationship-Based theory is relatively new (Greenspan & Weider, 2006) its efficacy has yet to be demonstrated (Faja & Dawson, 2006). As described in Chapter V, Greenspan and Weider (1997) have acknowledged that the population of children studied in an examination of DIR model efficacy was not representative of children with autistic spectrum disorder. Perhaps more importantly for the present discussion, Ozonoff, Dawson, and McPortland (2002) have remarked that because there are no empirical studies comparing the DIR model to other forms of early intervention, it is difficult to know which intervention most benefits children with disorders of relating and communicating.

Therefore, needed are further empirical studies on the efficacy of DIR theory in supporting children with neuro-developmental levels to their optimal development capacities. Moreover, because the present study has examined children's experiences of

childcare, the researcher notes a particular need for studies on the application of DIR theory in early childhood settings. Such studies are especially necessary given the increasing numbers of children with acute social-emotional in childcare (Raver & Knitzer, 2002).

An Innovative Intervention within Mental Health Consultation to Childcare: Therapeutic Shadowing

Unfortunately, it has been beyond the scope of this study to investigate an innovative role emerging within Daycare Consultants' conceptualization of mental health consultation to childcare. With years of practice and reflection, Daycare Consultants has cultivated an understanding of children's and daycare staffs' needs (Johnston & Brinamen, 2006). In this regard, DCC practitioners have come to realize that particular children require support which exceeds the efforts of the consultant and provider thinking together to foster the child's positive social-emotional development. As DCC's awareness of these extreme needs has grown, DCC has developed a new role within its relationship-based approach to mental health consultation to childcare, the *therapeutic shadow*.

Through DCC's formulation, therapeutic shadowing is warranted when a consultant and a child's caregivers have determined together that a child's functioning in the classroom exceeds the care which can be provided. Additionally and importantly, the child's needs may be so extreme as to place him or her at risk for being expelled from the daycare center. According to Daycare Consultants, at its most fundamental level, the role of the therapeutic shadow is to help a child stay maintained within the regular daycare classroom (K. Johnston, personal communication, April 17, 2007).

The therapeutic shadow is distinct from prevailing notions of individual support within the daycare classroom (i.e., aides and paraprofessionals) for many reasons. First, therapeutic shadowing is embedded within the consultation endeavor. Specifically, within Daycare Consultant's conceptualization, therapeutic shadowing is only offered as a service when a consultant has an established, on-going working relationship with a daycare center's staff. With this relationship firmly in place, the therapeutic shadow can join the ongoing collaborative efforts on behalf of the child (K. Johnston, personal communication, April 17, 2007).

Second, the therapeutic shadow endeavors to apply the principles of Daycare Consultant's consultative stance previously described in this chapter and further explicated in Chapter IV. In doing so, the therapeutic shadow locates efforts to support the child within the contexts of mutuality of endeavor with providers; attempting to understand providers' subjective experiences; considering all levels of influence on providers' capacities to furnish responsive care; and hearing and representing all voices within daycare classroom, especially the identified child's (Johnston & Brinamen, 2006).

Third, through DCC's conceptualization, the therapeutic shadow comes to this role with previous experiences leading groups of children, including children with extraordinary needs. Further important to this position is prior experience collaborating with daycare providers, either as daycare provider or within a related role in early childhood programs. Even with such experience, Daycare Consultants perceives that regular, ongoing reflective supervision is essential to the therapeutic shadow's ability to hold and make use of the interactional processes within the daycare classroom (K. Johnston, personal communication, April 17, 2007).

Daycare Consultant's consultation experiences have in some measure demonstrated the efficacy of therapeutic shadowing for fostering children's positive sense of self and others in the daycare settings. Nowhere is this positive development more evident than in the dramatic decrease in expulsion rates for children who receive DCC's therapeutic shadowing services (K. Johnston, personal communication, April 17, 2007). Concomitantly, after a reasonable search, the researcher has ascertained that therapeutic shadowing is not yet included in the literature on early childhood mental health.

Weider and Kalmanson (2000) have addressed a new role for early childhood education classroom aides in supporting children's affective and sensory organization. Wallace (2002) has commented on the positive benefits inherent in regular meetings between provider and aide for the express purpose of discussing children's needs and planning contingent interventions. However, neither of these writings has addressed the positive mutative effects of the relationship between the child's primary care providers and the intervener providing individual support for that child within the providers' classroom.

According to K. Johnston (personal communication, April 17, 2007) Daycare Consultants' therapeutic shadowing endeavors hold new hope for partially mitigating against the myriad barriers to vulnerable children receiving the especially skilled and sensitive care they require. For this reason, research on the efficacy of therapeutic shadowing is warranted. As previously described, findings from Gilliam's (2005) research indicated: 1) that preschool-aged children are three times more likely than Kindergarten through twelfth-grade children to be expelled from their programs and; 2) care provider access to regular, consistent, on-site mental health consultation appeared to

drastically decrease expulsion rates. Particularly because therapeutic shadowing, as conceptualized by Daycare Consultants, may be an additional measure within mental health consultation to prevent expulsion, investigations into its efficacy will be useful to the fields of social work, early childhood mental health, and early childhood special education.

This section of the chapter has described further areas of study needed to build knowledge on improving quality of care in existing systems of childcare. In particular, the researcher has drawn attention for further empirical studies examining the salient elements of efficacious practices in mental health consultation to childcare. Additionally, the researcher has concluded that while Developmental, Individual-Difference, Relationship-Based (DIR) theory appears promising for supporting children with disorders of relating and communicating within early childhood programs, demonstrations of its efficacy are lacking in existing studies. Therefore, further empirical studies on the applications of DIR theory are needed.

The researcher has given a particular regard to describing an innovative role within DCC's formulation of mental health consultation to childcare: therapeutic shadowing. Because this role is new, it has yet to be studied. However, according to anecdotal observations, therapeutic shadowing appears to benefit children with a range of acute social-emotional needs, especially those in jeopardy of being expelled from their daycare programs. With these potential benefits in mind, DCC's approach to therapeutic shadowing merits investigation. Now this study turns to a discussion of the implications of DCC's approach to consultation and DIR theory for social work practice, education, and policy.

Implications for Social Work Policy

This chapter has given a particular regard to explicating the implications of Daycare Consultants' practice of mental health consultation to childcare and DIR theory for social work practice. Each of these theoretical constructs also represents a practice model for promoting the positive social and emotional development of vulnerable children in early childhood programs. However, numerous recent concerns have arisen regarding the dearth of mental health professionals trained in early childhood mental health.

Perhaps the most vocal cry has come from Shonkoff and Phillips (2000) in their landmark publication From Neuron to Neighbors: The Science of Early Childhood

Development:

Given the substantial short- and long-term risks that accompany early mental health impairments, the incapacity of many early childhood programs to address these concerns and the severe shortage of early childhood professionals with mental health expertise are urgent problems (p. 21).

Complimenting such outcry are both the broad and detailed recommendations for addressing the critical lack of early childhood mental health professionals, especially those prepared to work within daycare systems.

For instance, Knitzer (2002) of the National Center for Children and Poverty has called upon policy makers to:

Invest in mental health and child development consultants who can help the children, the families, and the teachers implement evidence-based preventive and early intervention strategies related to social and emotional competence as well as enhance classroom quality and effective management practices (p.3)

Osofsky (2004) also cited the need for infant and child mental health services, commenting on their scarcity. Further, Osofsky (2004) remarked that even when such services exist, they are most often, "...fragmented and disconnected from the settings and services most frequently used by young children and families" (p. 5).

With the intersection of scarcity of and urgent need for early childhood mental health services in mind, this section now turns to a discussion of specific policies recommended by those concerned with quality of care and mental health issues in early childhood programs. The first set of recommendations to be described come from the (2000) Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. In this report, former Surgeon General Sacher (2000) set recommendations for fostering children's social and emotional health, articulating this as a national priority. The most pertinent recommendations of the Surgeon General's Report (2000) for the current discussion are:

- 1) Promoting the recognition of mental health as an essential part of child health.
- 2) Integrating family, child and youth-centered mental health services into all systems that serve children and youth.

- 3) Eliminate the racial/ethnic and socioeconomic disparities in access to mental healthcare services.
- 4) Train frontline providers to recognize and manage mental health issues (pp. 3-4).

Within this context, Cohen, Onunaku, Clothier, and Pope (2005) have called on legislators and policymakers to address even more specific policy recommendations regarding the critical need for clinicians competent in early childhood mental health issues:

- 1) Create special training projects in higher education to recruit and graduate early childhood mental health clinicians, including those who are bilingual.
- 2) Include early childhood mental health in agency professional development initiatives.
- 3) Review licensure and certification requirements to ensure that they do not create barriers for professional development in mental health consultation (p.9).

These recommendations refer to the lack of policies and society structures with which to promote mental health consultation to childcare. Implied in such recommendations is the lack of funding for such programs.

However, it is beyond the parameters of this study to directly explore the implications for funding of needed policies. Concurrently, recommendations for utilizing existing funding streams to create early childhood mental health initiatives are forthcoming by organizations committed to access of early childhood mental health

services by all children. Chief among these organizations is the National Center for Children and Poverty (2007) and Zero to Three: National Center for Infants, Toddlers, and Families (2007). Each organization provides an array of policy funding recommendations.

This discussion has called attention to the urgent need for clinicians with training in early childhood mental health. In particular, this section of the chapter has delineated specific policy recommendations which warrant the consideration of policymakers. Now this discussion turns toward the implications of the present study's findings on social work practice and education.

Implications for Social Work Education and Practice

Implications for Social Work Education

The policy recommendations just described have direct implications for social work education. Of special relevance are two specific of Cohen, Onunaku, Clothier, and Pope's (2005) recommendations mentioned above. First, Cohen, Onunaku, Clothier, and Pope (2005) advocated the creation of projects in higher education with the specific intent of training early childhood mental health clinicians, including bilingual clinicians. Some such programs within social work education exist. For example, Columbia University School for Social Work offers a joint Masters Program with Bank Street College of Education in early childhood special education (Bank Street College of Education, 2007). Additionally, Loyola University's Social Work Program provides joint Masters degree with the Erickson Institute in child development (Erickson Institute, 2007). However, the need for more such collaborations is great.

Second, Cohen, Onunaku, Clothier, and Pope (2005) argued for including early childhood mental health in agency professional development initiatives. This recommendation speaks for the need for graduate schools of social work to increase field placements in agencies serving children within daycare centers and other early childhood programs. Moreover, based on this study's findings, the researcher recommends that graduate schools of social work explore placing students specifically within agencies practicing relationship-based mental health consultation to childcare. Such an opportunity will promote the development of a much-needed service and will allow students to train in a model addressing socio-cultural, systems, group, family, and individual processes.

Johnston and Brinamen (2005) have elucidated the core components of training in mental health consultation to childcare offered at the Infant-Parent Program's Daycare Consultation component, University of California, San Francisco. These training components include didactic seminars, a clinical conference, and individual clinical supervision. Since DCC's training considers all levels of influence upon a child's development, argued Johnston and Brinamen (2005), it benefits trainees planning on a career in childcare consultation and those hoping to practice in more traditional settings.

Implications for Social Work Practice

The foremost implication of this study's findings for social work practice is for social workers to pay attention to and further address the lack of access to adequate quality care for most children living in or near poverty, especially those with vulnerable developmental profiles. The insufficient supply of good quality childcare and early

childhood mental health services is what former Surgeon General Sacher (2000) has deemed a national health crisis. Clinical social work, with its dedication to helping the person within his or her environment (NASW, 1999), is uniquely suited to advancing children's rights to have their emotional, behavioral, and developmental needs cared for contingently.

Embedded within this implication is the need for social work practitioners to address the disparate impact which lack of good quality childcare and access to mental health services has on African-American boys. As explicated in Chapter III, findings from Gilliam's (2005) research strongly suggest that African-American boys are placed at much greater risk for expulsion from their daycare centers than any other group of children. However, data from Gilliam's (2005) study also indicate that care providers' access to regular, on-site mental health consultation may drastically mitigate against expulsion rates.

Without the benefit of such consultation, though, a pattern of disproportionately high levels of expulsion rates for African-American young boys seems likely to continue. Inherent in this disturbing phenomenon are social dynamics similar to those delineated by educator and education reformer Jonathan Kozol (1992) in his book Savage Inequalities: Children in America's Schools. In this publication, Kozol (1992) explicated the racist social and public school structural mechanisms which maintain an educational system barring poor African-American children from quality education. The findings from Gilliam's (2005) investigation of preschool expulsion rates indicate that educational opportunities for African-American boys living in or near poverty are jeopardized even before they enter Kindergarten.

Regarding specific clinical social work practices, much of this chapter has attempted to explicate the usefulness of each theory to new understandings of work with children in early care programs. This is especially the case in the discussions of each theory's contributions to the other. Further, this chapter has called attention to each theory's usefulness as a practice model for early childhood mental health services.

However, the researcher acknowledges the need to draw explicit, over-arching connections between each theory and the field of clinical social work. For example, two elements of Daycare Consultants approach to mental health consultation potentially add to the practice of school social work (Koplow, 2002). First, it is the researcher's hope that the transactional perspective of development which considers all of the adult relationships effecting a child's development will influence social workers' thinking about the nature of relationships in all group settings for children, including elementary, middle, and high schools.

Second, and more specifically, the author hopes that DCC's consultative stance will influence social workers in their work with all who care for young children. The stance of attempting to understand another's subjective experience while simultaneously trying to keep in mind all levels of influence on a caregiver's ability to keep the child's experience in mind is a complex undertaking (Johnston & Brinamen, 2006). However, endeavoring to do just this holds great benefit for our society's youngest members.

Turning to the implication of DIR theory for clinical social work practice, the findings of this study suggest two most salient components of this conceptual frame for practitioners to consider in working with children and their providers. First, clinical social work education includes an attempt to instill in workers that social and

psychological processes underlie human development and behavior (Berzoff, Melano, Flanagan, & Hertz, 2002). DIR theory adds to the clinical social workers' frame of reference about human motivation. In particular, within DIR theory consideration of a child's unique, biologically-based individual sensory processing systems is essential in assessing a child's social-emotional functioning (Greenspan, Degangi, & Weider, 2001). In this regard, appreciation of the sensory processes which underlie children's developmental profiles enhances social workers' capacities to match their interventions with children's needs.

Second, the DIR approach to intervention provides the field of social work with a particular model of working within interdisciplinary teams on behalf of children and their families (ICDL, 2006). Specifically, the DIR practice model advocates for all providers intervening with a child and family (i.e., mental health professionals, speech/language pathologists, occupational therapists, educators, and medical professionals) to collaborate with one another and as a team in an effort to create a joint picture of the child and family's needs (Greenspan & Weider, 2006). Most pertinent to social workers' attempts to improve quality of care in existing systems of childcare, are workers' collaborations with early childhood education and care professionals.

Early childhood education professionals can further enrich social workers' understandings of children's functioning and needs within group settings. For example, early childhood educators draw on theorists from developmental psychology such as Piaget (1974); social-cognitive theorists such as Vygotsky (1978) and Rogoff (1991); early childhood education theorists such as Shapiro and Mitchell (1992); and anti-bias early childhood curriculum developers such as Derman-Sparks (1989) to inform

developmentally appropriate education and care practices (Bredekamp & Copple, 1997). In this regard, it behooves social workers to seek out interactions with early childhood educators as sources of information on children's developmental needs within groups. More importantly, it is essential that social workers collaborate with care providers to understand their subjective experiences of caring for particular children (Pawl & St. John, 2000).

Implications for Case Illustration

This section of the chapter revisits the case illustration offered in Chapter III. Such retrospection is undertaken in an attempt to demonstrate the potentially ameliorative effect of the Daycare Consultants' model of mental health consultation to childcare and Developmental, Individual-Difference, Relationship-Based theory and practice approach on impingements to good quality childcare. First this section will re-introduce the dilemmas previously described in this case illustration. Then this discussion will apply the theories/practice models mentioned above. A special regard will be given to explicating the implications of each theory to improving quality of care for vulnerable children.

The case illustration furnished in Chapter III presented the Sunny Days daycare center. Sunny Days is embedded within many systems of funding and administration. Recently, a little girl name Rosie entered into this daycare system. Although currently cared for by her loving and responsive grandparents, just before coming to Sunny Days, Rosie spent a few months with her mother, Jenny, sleeping in a frightening shelter at night and wondering the city during the day. During those months, Jenny's functioning become erratic as her schizophrenic symptoms took over her ability to judge what was

safe for her and her young daughter. Equally if not more significantly, perhaps, due to the impairments caused by her symptoms, in character she was a drastically different mother than the one Rosie had known throughout her life.

Upon her arrival at Sunny Days, Rosie entered into a classroom life punctuated by the seemingly chaotic and aggressive behavior of a four-year-old African-American boy named Harry. While undiagnosed, Harry's functioning within this group setting appeared to indicate the possibility of a disorder of relating and communicating. For instance, he often withdrew in response to various sensory stimuli or lashed out at peers who inadvertently disrupted the self-absorbed familiar routines upon which he relied in order to stay internally organized.

Rosie and Harry were cared for by Phong and Barbara. Phong felt inordinately responsible for caring for the children in the room, including challenging children like Rosie and Harry. Subsequently, she often felt depleted; at once fond and resentful of children with difficult behaviors; and guilty for having such feelings. She perceived that she was unduly burdened because her co-care giver, Barbara was so often withdrawn, as off in her own little world. At the same time, Phong had never felt comfortable discussing these issues with Barbara, nor did the center's director, Betty feel able to furnish these providers with this much-needed time for discussion.

A few weeks after her arrival, Rosie joined with Harry in his erratic play and social interactions. Separate, each had behaviors difficult for Phong and Barbara to manage; together each child's dysregulation quickly intensified. Indeed, so powerful was their joint disorganization that during these times other children in the room also became frenzied and rambunctious. Moreover, Harry had hit and pushed his peers so often that

parents began complaining to the director, Betty. Since Harry's aggressivity and impulsivity had only increased over time, Betty saw no alternative but to expel Harry from Sunny Days.

In desperation, Betty called a local organization which provided mental health consultation to childcare. This organization provided the type of relationship-based consultation developed at Daycare Consultants. Sara became the consultant to Sunny Days. Although Betty had indicated that she wanted consultation solely around Rosie's and Harry's behavior, Sara took a consultative stance of inclusive interaction, anticipating that these children's social-emotional functioning was influenced by all the relationships within their worlds (Johnston & Brinamen, 2006).

Indeed, soon Sara was attending to the multiple relationships and many layers of influence compromising Rosie's and Harry's providers' abilities to offer these children the sensitive care their histories and developmental profiles required. Sara's initial contact was with Sunny Day's director, Betty. Through a series of conversations with Betty, Sara was able to form the beginnings of a collaborative working relationship with her. In this way, Sara began thinking with Betty about her reasons for viewing expulsion as the only viable option for restoring harmony in the Caterpillar Room, led by Phong and Barbara. Moreover, over time, Sara and Betty were able to figure out how to provide these caregivers time to meet with one another and, additionally, time to meet as a time with Betty.

As Betty came to trust Sara she shared with her the worries underpinning her belief that the center would be best served by Harry leaving the center. Parents of other children in the room had started to complain about Harry's and Rosie's behavior,

especially Harry's. A growing number of these parents were becoming convinced that their children were not safe at Sunny Days. Moreover, some of them had threatened to complain to licensing board. Betty had dealt with licensing before in a similar situation; in that previous experience there had been significant ramifications for the center. At the same time, Betty was moved to tears as she expressed her genuine fondness for Harry and her strong, personally-held belief that children should not be expelled from their centers.

Having made an attempt to understand Betty's subjective experience of the center's current dilemma and its particular impact on her role as director, Sara was able to move toward empathy of Betty's seemingly untenable position. Moreover, Sara was now disposed to represent Betty's voice to staff members and parents (Johnston & Brinamen, 2006). She began this endeavor by first asking Betty if Betty might be comfortable sharing her dilemma with those other adults in order for them to understand her wishes for Harry to stay in the center combined with the real experience of his harming (even if unintentionally) other children.

Betty said that she was not comfortable sharing her reasons with the staff and parents; this way of relating to others at work was new to her. Therefore, Sara asked Betty if it would be alright if she, as consultant, shared the general meaning of Betty's current stance to these important people in Harry's life. In asking this, Sara explained that her purpose was to support these other members of the center in more accurately perceiving Betty's intention (Johnston, 2000).

Sara proposed to Betty that she might convey something to others such as, "Betty genuinely wants what is best for Harry. At the same time, his frequent hitting is unsafe for him and the children in his room. She has a wish for things to be better for everyone

and is thinking and working in the hopes of a plan that will benefit him and the other children.” Betty liked the sound of this and gave Sara permission to share her intention with others at the center involved in this issue.

In this and many other ways, Sara attempted to support members of this childcare community in attributing more accurate meanings to one another’s ideas and behaviors. This stance was especially important in the Caterpillar Room where Phong’s resentment of Barbara was growing. First through individual meetings with Barbara and then as a participant in Phong and Barbara’s weekly meetings, over time Sara was able to support Barbara in recognizing her own experience of caring for young children when she often felt so blue. Additionally, Sara was able to support Barbara expressing to Phong in small, comfortable some of the reasons for her withdrawal in the classroom. Further, Sara was able to think with Phong and Betty about how one or both might begin to talk to Barbara about the need for her to be a more active and attuned caregiver.

The progression of more positive relationships between the members of this community was in no way linear. Further, even though staff members and parents were developing in their capacities to think about others’ intentions, their relationships continued at times to be marked by distortions, misunderstandings, and impasses. Importantly, though, they had begun to have more authentic relationships with one another and this set the foundation for them to come together around a more consensual understanding of Rosie’s and Harry’s needs (Waldstein, 2000).

Within this relation context, Sara was then able to support staff and family members in reframing Rosie’s and Harry’s surface behaviors. In Rosie’s case, a psychodynamic understanding might have been primary in Sara’s efforts to help

important caregivers appreciate the experiences which underpinned Rosie's social-emotional functioning. For instance, Sara might have used dynamic theories to help provides consider how Rosie's history of being cared for by a mother struggling with mental illness, the subsequent radial shift in her mother's affective and interactional states, and the separation from and temporary loss of her mother have converged to inform Rosie's behaviors in the Caterpillar Room (Johnston & Brinamen, 2006). Concurrently, DIR theory expanded Sara's ability to make Rosie's internal experience known to her caregivers.

For example, based on her history of homelessness with an unstable mother, Rosie may be contending with the physiological alarm, extreme negative emotions, and distortions of other's intentions characteristic of children with the Post Traumatic Syndrome Disorder-like symptoms described by Pynoos, Steinberg, and Piacentini (1999). With such sensory reactivity influencing Rosie's affective experiences of her peers, especially Harry, her seemingly chaotic behavior can be better understood. Moreover, these very difficulties can be harnessed to support Rosie in regulating her sensory and affective experiences within groups (Greenspan & Weider, 2006).

Within their working relationship, Sara tried to help Phong and Barbara slow down their thinking about Rosie. During a series of meetings with them, Sara was able to incrementally reframe with Phong and Barbara a picture of the sensory processes which underpin Rosie's functioning. One of these conversations triggered Barbara's memory of a recent incident in which Rosie, upon becoming dysregulated, retreated to the little tent inside the Caterpillar Room.

Barbara often felt most comfortable reading to one or two children in the book area, located next to the tent. Therefore, she was able to observe what happened to Rosie next. Barbara recounted how over the span of fifteen minutes, Rosie gradually became calmer and calmer. During this time, Rosie intermittently glanced in Barbara's direction, seeming to be interested in the book Barbara was reading out loud. Later, Rosie came out of the tent and snuggled into Barbara's side, requesting she read another book.

Sara used Barbara's example to discuss with this team the possibility that the tent provided just the right sensory environment for Rosie to reorganize herself. Further, because Rosie was able to control the timing of her sensory reorganization (Greenspan & Weider, 1998), she was able to make use of the positive educational and care-giving experience Barbara could provide. While Barbara stationing herself in the book corner was problematic for group management, it seemed like a good fit for Rosie's sensory needs. Barbara's sharing of this incident became the impetus for further DIR strategies utilizing Rosie's individual sensory needs.

The usefulness of DIR theory in making sense of and responding to Harry's developmental needs was even more direct. In conversations with Sara and Barbara, similar to those described above, Phong shared a specific recollection of Harry's characteristic running around. During this particular instance, though, he happened to lie down on the rug and wriggle around. Another child, Louise, perhaps tired of Harry's odd behavior, threw a bean bag chair on top of him, then climbed on top of the bean bag, and looked down at him as he lay squished. As Phong raced across the room to stop the aggressive outburst she rightfully anticipated would ensue, she was surprised that Harry

was looking back at Louise and that each child was giggling, apparently having a good time.

Phong's idea became the catalyst for these two providers trying out a game they called "the sandwich." There was something in being squeezed that seemed to calm Harry. Additionally, the bean bag seemed to provide a distance between Harry and Louise that Harry's visual processing system needed in order to make sense of the expressions on Louise's face (Smith & Gouze, 2004). Phong's "sandwich" idea led to others which utilized the very challenges in Harry's sensory processing system which caused him to so easily become disorganized. In appreciating his individual sensory differences, Phong, Barbara, and Sara were able to consider a new array of supportive activities for Harry (Greenspan & Weider, 2006). During this process, Phong began to feel like the competent caregiver she had yearned to be.

This case illustration leaves open the question of Harry's and Rosie's continuation at Sunny Days. Perhaps Sara, using principles of both Daycare Consultants' consultative stance and Developmental, Individual-Difference, Relationship-Based theory was able to support this childcare community's members in providing these two children with the sensitive skill they required. However, perhaps staff and family members, with Sara's support, decided that either child's needs could not be adequately met at Sunny Days. Even if this were the case, Sara could support this community in thoughtfully considering a plan of transition for either child between this childcare center and another. This thinking and planning benefits rather than disrupts a child's development. As such, it is drastically different than the act of expulsion.

Summary

In summary, Daycare Consultants' conceptualization of mental health consultation to childcare and Developmental, Individual-Difference, Relationship-Based (DIR) theory have been demonstrated to provide measures partially addressing the exigencies of quality of care issues within existing systems of childcare. This study has generated findings which enhance social workers' understanding of the complex dynamics influencing childcare endeavors as well as the experience of vulnerable children receiving unstable and insufficient levels of care. Further, the findings suggest that a relationship-based approach to mental health consultation to childcare, especially one utilizing DIR theory, can have a profound effect on the web of relationships informing young children's development.

Concurrently, a review of empirical studies indicated that while some investigations have pointed to the strengths of either approach in improving children's experiences of childcare, knowledge in this arena is limited. Therefore, further research regarding the connection of each theory to the phenomenon of inadequate care and its potential effects on vulnerable children is greatly needed. The lack of research in this area speaks to the author's hope that the current investigation will alert social workers to this underemphasized field of study.

Overall, the findings have underscored the need for interdisciplinary and inclusive interaction approaches to intervening with young children and childcare communities in which they develop. Further, they have contributed to an understanding of the compromised sensory processing systems which underpin the social-emotional functioning of children with vulnerable developmental profiles. The relationships

between inadequate childcare for children living in or near poverty, especially those with extraordinary sets of needs, a relational approach consultation with childcare communities, and DIR theory merits dedicated and sustained attention from the field of social work.

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