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The Psychological Center provided a family oriented mental health consultation service to 17 delegate agencies who had contracts with Head Start programs in 1966-67. This paper presents an overview of the services which an interdisciplinary staff of 52 professionals provided to 6,780 families and 1,500 agency staff members. Gerald Caplan's (1964) model, which suggests that consultants are most efficient when they are not staff members, was followed. Each agency was assigned two or three consultants. Specific program areas are discussed as follows: (1) program-centered administrative consultation, where consultants served as resource people in minor policy making areas; (2) consultee-centered administrative consultation, where consultants helped staff to work as a team; (3) consultee and client-centered consultation, which helped staff members develop adaptive ways of working with children and parents; (4) direct service to children, with formal and informal evaluation and procedures designed to aid staff to provide a therapeutic classroom environment; (5) the impact of children's aides, 23 of whom worked with the most severely disturbed children; and (6) short-term counseling for parents, individually or in groups. The author concludes that the Caplanian model is ideally suited to community action programs since it provides support for inexperienced staff. (NG)

A MENTAL HEALTH CONSULTATION PROGRAM FOR PROJECT HEAD START*

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The Office of Economic Opportunities guidelines for Operation Head Start requires that psychological services be provided to the families participating in this program. This very important requirement enables psychologists to provide these services to a segment of the population whose mental health needs have never been served. It also enables psychologists to hold important leadership roles in comprehensive community mental health programs.

The purpose of this paper is to present a broad overview of a mental health consultation program developed at The Psychological Center, Los Angeles, for Project Head Start. The Psychological Center has administered three programs for the Economic and Youth Opportunities Agency of Greater Los Angeles (EYOA): two covering the period from March 1966 through August 1966; the other covering the period from September 1966 through August 31, 1967. This paper will report on the program administered for the year beginning September 1966.

It is hoped that this report of our experience will help others who may become involved in planning and administering similar community mental health programs.

RELATIONSHIP BETWEEN HEAD START AND THE PSYCHOLOGICAL CENTER

Local administration of the Head Start program was effected through various Head Start "Delegate Agencies" - community organizations which contracted with EYOA to provide both staff and facilities for implementing the program in the various poverty areas. Seventeen such agencies participated in the 1966-1967 program. They included such organizations as the Los Angeles County School System, the Archdiocese and other church groups, and the Los Angeles Urban League.

The Psychological Center provided mental health consultation services to these 17 delegate agencies. We extended our services to the 6,780 children and their families enrolled in the program from September 1966 to June 1967; to the additional 1,260 children enrolled from June through August 1967; and to the more than 1,500 Head Start staff members.

The Psychological Center worked cooperatively with EYOA in developing the broad parameters of the mental health program. Final programs at each delegate agency varied somewhat in accordance with the character of the agency and the particular skills of the mental health consultants assigned to the agency. Decisions affecting the assignment of mental health consultants were made in cooperation with agency administrators. Professional standards in terms of level of skill and professional conduct required of the mental health consultants were established and maintained by The Psychological Center.

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The separation of the consultation program's administration from delegate agency administration followed Gerald Caplan's (1964) suggestion that consultants are more effective when they are not agency staff members. Consultants can thus act impartially and remain neutral and objective in the face of the manipulative efforts of special pressure groups in the consultee institution. In addition, more channels of communication are open for the interchange of privileged communication.

This separation seemed particularly valuable in the Head Start setting, where staff members were unusually concerned about their capacity to function in their job and were fearful of the powerful authority of delegate agency administrators.

THE CONSULTING STAFF

Beginning in September 1966, an interdisciplinary staff of 52 mental health professionals provided services to Head Start's 6,780 families and 1,500 staff members. By using a large number of part-time consultants, we were able to meet the needs of the community quickly, flexibly, and with highly competent individuals.

In selecting mental health consultants, consulting and other professional experience in relation to preschool children and families similar to those in Head Start weighed more heavily than academic degree. We made every effort to recruit mental health professionals from minority groups. Placement in supervisory or subordinate positions as well as pay scales were based entirely on professional experience and adequacy, not on academic degree.

As of June 1967, the academic background of the mental health consultants was distributed as follows:

15 Clinical Psychologists, Ph. D. level
2 Educational Psychologists, Ed. D. level
16 Psychologists, M.A. level
7 Psychologists, B.A. level
5 Psychiatrists
2 Psychiatric Residents
3 Psychiatric Social Workers
1 Social Worker, B.A. level
1 Community Action Program Group Worker

Mental health consultants worked together in teams formed on the basis of professional skills and experience with the population served by the particular delegate agency e.g., Spanish-speaking consultants were placed at agencies serving large numbers of Spanish-speaking families. Each agency was assigned a team of two to three consultants. At least one individual in every team was experienced in one of the following areas: (1) mental health consultation, (2) child development and/or nursery school education, (3) counseling of socially deprived adults. The member of the team with the most consulting experience was placed in the supervisory position. In addition to his usual consulting function, the supervisor served as laision between the Coordinator of the Mental Health Program at The Psychological Center and the delegate agency administrator. He was also responsible for the team's effective functioning in the agency. Consulting teams met regularly - usually weekly - to share their experiences in the agency and to give each other training, support, and supervision in their particular area of expertise. By the end of the year, all consultants were capable of consulting with staff, evaluating children, and counseling Head Start parents.

THE MENTAL HEALTH CONSULTATION PROGRAM

Consultants offered various forms of staff consultation to the delegate agency staff. Following Gerald Caplan's (1964) model, these may be categorized as: (1) program-centered administrative consultation, (2) consultee-centered administrative consultation, and (3) consultee and client-centered case consultation.

Direct service offered included observation and evaluation of children, supervision of Children's Aides (Fox, 1967), and short term parent counseling. Approximately 70% of consultants time involved staff consultation, 30% direct service.

Program-Centered Administrative Consultation

Mental health consultants had no mandate to be involved in the broad policy-making area of administration, though a few project directors did use the supervising consultant as a resource person in this area. The scope and effectiveness of the consultation program at individual agencies depended in large measure upon the effect of these high-level decisions upon agency staff members' attitudes, feelings, and ability to function in teams.

Consultants were involved in helping staff members plan programs at lower levels, e.g., curriculum development, staff-development workshops, parent participation programs, etc. Here, we served as resource people, emphasizing the mental health aspects of staff programs.

Consultee-Centered Administrative Consultation

Perhaps the most valuable staff consulting time was spent in consultee-centered administrative consultation. This involved helping staff members implement a coordinated team approach through role clarification, resolution of personality conflicts, and improvement of communication skills. Mental health consultants were the only agents in Head Start with the mandate to perform these much needed services for staff.

Inter-staff conflicts arose largely from staff members finding themselves suddenly employed in new and poorly defined roles and having to work in complex teams with unfamiliar, usually inexperienced co-workers. In addition, prejudice was a disruptive factor in many staff teams. It was not until about the fourth month of the program that staff and consultants felt able to openly discuss this issue. Authority conflicts were frequent. In part this was related to individual personality qualities, in part to the fact that many staff members were in their first supervisory positions and many in their first jobs.

Methods employed to help staff establish positive working relationships involved some consulting with individual staff members. However, we more often worked with natural staff groups. These groups usually were comprised of the various components of a site team - Child Development Supervisor, Teacher and Assistant Teacher, Social Worker and Social Work Aide, Nurse and Assistant Nurse, and often young people from the Neighborhood Youth Corps. Other groups were formed comprised of members of one agency component, e.g., all social workers, all teachers, etc. These groups were most successful when problem-centered and when terminated upon resolution of the problem. Some on-going groups were established, but these tended to be threatening to staff and administrators alike. All but one on-going group was terminated.

The frequency of themes involving staff-staff and staff-administration conflicts increased during the first half of the year, probably as a function of the trust and respect consultants earned with time. These themes decreased in frequency toward the end of the year at all agencies, but the reason for the decrease differed with the character of the agency.

Among what may be termed "growth-promoting agencies," staff members felt free to express their feelings of inadequacy in their roles and to deal openly with interpersonal conflicts. Project directors were interested in staff reaction to administrative decisions and were flexible enough to correct deficiencies where possible. Staff learned to work together to cope with situations which could not be changed.

Among what may be termed growth-inhibiting agencies, project directors seemed alienated from staff. Communication of staff reaction to administrative decisions resulted in little change. Staff's fear of authority increased and they perceived administrative decisions affecting staff as punishment. Staff members tended to abandon efforts to communicate freely with other team members, and felt frustrated with the tremendous effort required to work cooperatively with ever-changing teams. Staff focused increasingly on keeping their jobs and working in their own area.

Among growth-promoting agencies, frequency of consulting themes involving inter-staff and staff-administration relationships decreased as problems were solved and problem-solving techniques were learned. Among growth-inhibiting agencies, frequency of these themes decreased as staff became alienated and were no longer willing to attempt to cope with difficult staff and agency relationships.

In addition to requests for help with staff-staff and staff-delegate agency relationships, consultants received requests to help staff develop effective relationships with various community agencies, e.g., the Bureau of Public Assistance and other referral sources. It was found that many staff members had little information about these community agencies; some did not know how to get the information; some were reluctant to make contact with the authorities in these agencies.

Consultants generally made some suggestions about how to locate a community agency, but let the staff member actually get the information. Some staff members were reluctant to contact the agencies. Consultants supported them until they could make the contact and sometimes modeled effective behavior through role-play. We did not make contacts for the consultee unless a child would be in danger of losing his opportunity for help because of consultee inadequacy.

Consultee-Centered and Client-Centered Case Consultation

The goal of case consultation in Head Start was to help staff members develop adaptive and creative ways of working with children and parents. The time spent in this area of consultation increased as the time spent in staff-centered administrative consultation decreased.

Both individual and group format were used in case consultations. Individual consulting contacts were generally arranged at the request of a staff member; they also occurred informally during site visits. Both consultants and staff members soon found that the consulting sessions were more valuable with other team members present. As a result, on-going case-conferences were established.

These group consulting sessions were valuable in maximizing staff's understanding of the case and in developing a consistent approach to the family being discussed. They also seemed to have "transfer" value to staff management of other cases. The group process was especially helpful for those who would perceive a request for help as a sign of their own inadequacy. Through case-conferences, these staff members were able to talk indirectly about their problems with children and parents until they felt secure about directly requesting help.

In addition to the more traditional forms of case consultation discussed above, consultants participated in didactic staff training workshops throughout the year. Here, as in other consulting contacts, we guarded against accentuating staff tendencies to view consultants as unassailable authorities. Thus, instead of formally lecturing to large staff groups, we spoke in small groups where discussion was more likely to be open. Staff members were free to question, to use case material for better understanding of general principles, and to develop their own ideas.

At the beginning of the year, consulting themes in relation to children centered on teachers' inability to understand or cope with specific behavior, e.g., aggression, withdrawal, separation anxiety. Also, staff tended to perceive as aggressive some of the behavior which consultants labelled creative and intelligent. As the year progressed, staff perception of children became more like that of the consultants. Also, social workers began to request consultation in regard to child-family relationships. Teachers and social workers together began to request consultation regarding children who were reacting to traumatic experiences which occurred in the home and which should have involved some type of legal action for the protection of the child. These included child-beatings, severe child neglect, sexual molestation by a parent, and child abandonment.

At the beginning of the year, consulting themes in relation to parents centered on staff's feelings of inadequacy and requests for help in establishing case-work relationships. Toward the end of the year, social workers, like teachers, felt frustrated when parents would not take their "advice" regarding effective child management techniques. Throughout the year, social workers and nurses asked for help in parent counseling relationships.

Consultants' activities which proved most effective in case consultation included:

(1) Maximizing the information available to staff through direct teaching and through widening staff's perception of relevant data.

(2) Encouraging the staff to apply principles from successful past experiences in evolving meaningful solutions to present problems.

(3) Supporting such staff techniques as giving praise and individual attention to the client (child or parent), providing the client freedom to express feelings within a framework of realistic limits, and setting up situations in which the client could succeed.

Many Head Start staff members used their professional relationships with mental health consultants as models for staff relationships with Head Start children and parents.

Direct Service to Children

The regular consulting staff did not "treat" children. It was our belief that, if we were to accept the therapist role, we would usurp the legitimate growth-facilitating function of the teaching staff as well as undermine our own strength as mental health consultants. We believed that the Head Start classroom was the best agent for promoting positive social and emotional growth in the children. Thus, our energies were primarily focused on those procedures which would help staff provide a therapeutic environment for all the children and would help teachers develop special skills required to deal with the children they sought to refer for therapy. A Children's Aide program (see below) was developed to work with the most disturbed children.

All Head Start children were routinely observed and informally evaluated as consultants visited sites throughout the year. Approximately 6% of the children were formally evaluated. Children thought to be mentally retarded, brain damaged,or schizophrenic, were referred to suitable community agencies. Consultants used the evaluative data for the remaining children in case-consultation with staff.

Consultants based most of their findings on careful observation, personal interaction with the child, and anecdotal records. Evaluative instruments used included the Draw-A-Person, the IPAT, the Stanford Binet, and the Riley Screening Test (Riley, 1967).

Children's Aides

The Children's Aide program (Fox, 1967) was innovated during the year to provide direct service to the most severely disturbed and disturbing children. Aides ranged in age from 50 to 15. They included retired professionals, housewives, college and high school students, and school dropouts. They were alike in that they could easily relate to children in a warm, accepting way; were not threatened by highly aggressive children; could accept supervision from the Mental Health Consultant; and could work cooperatively with the teacher and assistant teacher in the classroom setting.

Under the supervision of a mental health consultant, Children's Aides formed therapeutic relationships with children who would have been dropped from the program without this individual attention.

In the first nine months of the program, 23 Aides formed relationships with 29 Head Start children. All but two of these children were rated "improved" by the agency staff and the mental health consultants. These relationships began as intense, one-to-one encounters, three to four days per week, three and one-half hours per day in the Head Start classroom. As the child became more secure, the Aide involved the teaching staff and/or other children in the relationship. The relationship was gradually terminated, with the Aide spending less and less time with the child and the child becoming increasingly involved with the on-going Head Start program. These relationships usually terminated within three months, though Children's Aides could continue the relationship if the consultant felt this advisable. Some children were assigned Children's Aides only to retain them in the program while the Head Start social worker and nurse found a suitable mental health agency and prepared the family for the transition.

Direct Service to Parents

Mental Health Consultants assigned to delegate agencies provided direct service to parents in three settings:

(1) In individual sessions. Consultants met with individual parents at the sites. The consultant's primary function here was to help define the problem and give the parent some support. Problems discussed were both child and adult centered. Consultants saw parents individually from one to six sessions, with teachers and social workers often attending these meetings. Parents having particular difficulties with their children or their life situations were then referred to parent education or parent counseling groups.

(2) In parent education groups. Consultants served as resource people in the parent education groups organized at most agencies. Consultants brought child development information to these groups in the form of motion pictures, books, and discussion material.

(3) In parent counseling groups. Consultants established short-term parent counseling groups at Head Start sites. The viability of these groups was largely dependent on the availability of consulting time, the commitment of the parents, and the support of the teachers and social workers.

In addition to the above, The Psychological Center established counseling facilities for the most severely disturbed parents. These facilities were staffed with highly skilled psychologists and psychiatrists who provided individual and group psychotherapy to parents referred by agency social workers.

All the parent education, counseling, and psychotherapy groups were open-ended and attendance quite irregular. Many parents were motivated to work out their problems in counseling, but were faced with too many obstacles to permit regular involvement. For example, it was not uncommon to find a parent unable to attend a meeting because her husband was jailed, one of her children hospitalized, or she herself too depressed to get up and dress. On the other hand, it was also not uncommon to see Spanish speaking women regularly participating in counseling groups through an interpreter.

The relationship between parent and Head Start child was the major topic discussed in all contacts with parents. Parents wanted information about child growth and development and about specific child management and discipline techniques. Consultants tried to help parents better understand their children's behavior, offering interpretations such as, children demand attention because they are afraid. Consultants also encouraged parents to attempt new ways of relating to their children. Suggestions included giving the child attention and approval with less emphasis on discipline, developing more and better verbal communication with the child, encouraging the child to do things for himself, and spending more time with the child in constructive activities.

Parents also discussed marital problems, the one-parent family, non-Head Start "problem children," and financial difficulties. Toward the end of the program, parents increasingly spoke of their own feelings of loneliness, guilt, and frustration with their personal and social environments.

Our direct service to parents did not overlap the roles of regular Head Start staff, who lacked both training and time to establish counseling relationships with parents. It did, however, provide a form of in-service training to

social workers who attended the various counseling sessions. This in-service training enabled social workers to cope more effectively with parents who were unable or unwilling to attend counseling groups.

CONCLUSION

This paper has presented an overview of the mental health consultation program developed by The Psychological Center for Project Head Start in Los Angeles County. Some general conclusions may be drawn from our experience which may prove useful to mental health professionals involved in other community action programs.

Community action programs are intended, not only to provide service to the disadvantaged, but also to provide opportunities for career development and community growth. It is unfortunate that the two goals are often contradictory. Inexperienced staff members are asked to perform tasks which highly skilled professionals have found difficult. The service available to the client tends to be poor until staff members become proficient in their roles.

Mental health consultation based on the Caplanian model permits staff members to learn problem solving techniques applicable in all phases of their work; it supports staff members until they gain confidence in their ability to function in their new roles; it helps staff members develop skills essential for working in close team relationships. Through the consultation process, the staff member can learn within the context of his own particular work situation. He can develop his own individuality and creativity, maximize his feeling of competence, and enhance his sense of personal and professional worth.

A community mental health program such as the one described is ideally suited to the needs of agencies and individuals assuming the responsibilities of community action programs.

In conclusion, it may be said that it seems highly significant that psychologists were invited to develop and administer this mental health consultation program. In the development of this program, ideas and concepts were drawn from clinical experience - social psychology, child and developmental psychology, social work, psychiatry, and related fields such as anthropology and sociology. Although the manner and technique of optimum synthesis of these varied concepts yet remains to be worked out, it appears abundantly clear that the above-mentioned disciplines due in fact, have much to contribute to the mental health field in general, and to programs such as Head Start, specifically. The fact that, in this case, a psychological agency was chosen to be the synthesizer of these diverse areas of skills and knowledge is considered a compliment and honor. It is our hope that psychology will continue to respond vigorously to the challenge of the mental health needs of the nation.

The psychologist's unique position as both clinician and trained behavioral scientist well qualifies him for a position in the vanguard in the field of community mental health.

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