DOCUMENT RESUME

ED 112 586 EC 073 809

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TITLE A New Professional for the Total Integrated Care of Children: The Child Mental Health Specialist.
SPONS AGENCY National Inst. of Mental Health (DHEW), Rockville, Md.
PUB DATE Apr 75
NOTE 14p.; NIMH Grant No. MH-13426-02

EDRS PRICE MF-$0.76 HC-$1.58 Plus Postage
DESCRIPTORS *Child Care Occupations; Course Content; *Educational Programs; *Emotionally Disturbed; Exceptional Child Education; Higher Education; Junior Colleges; *Mental Health; *Practicums; Professional Training; Program Descriptions; Psychopathology; Specialists
IDENTIFIERS *Child Mental Health Specialist

ABSTRACT

Described is a 2-year program to train child mental health specialists (CMHS) in providing care services to normal and emotionally disturbed children. Training of the child care professional is seen to involve three major areas: parenting (becoming aware of and dealing with the feelings of the disturbed child), clinical management (understanding and responding to the child's behavior), and fundamental education (acquiring skills in teaching normal as well as abnormal children, assessing developmental stages, and remedying learning disturbances). A 2-year CMHS training program is cited which provides training for degree at three levels (art associate's, baccalaureate's, and master's). The trainee is reported to participate in supervised training in clinical settings with children presenting a broad range of psychopathology (such as schizophrenia and antisocial tendencies). Provided is a list of academic courses taught for each level of the training program. (SB)

A NEW PROFESSIONAL FOR THE TOTAL INTEGRATED CARE OF CHILDREN-- THE CHILD MENTAL HEALTH SPECIALIST***

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***The Training Program is supported by NIMH Grant No. MH 13426-02.

1550 Hillcrest Road
Santa Barbara, California

April 1975

Childhood as a developmental stage, as we know it now, has gradually evolved over the past several centuries in association with, and as a result of, sociohistorical forces. The result of these forces have come to full fruition in this century in regard to medical and physical care of children, in regard to child welfare, education, and to a considerable extent, also, in regard to socialization. But we have not dealt with the full potential of the psychological development of the child. This is particularly the case in the child mental health field.

A review of the literature and statistics will convincingly show that there are tens of thousands of children who need expert assistance--statistics range anywhere from two to five percent of the child population in the United States, and in certain poverty areas, far higher than that (1960, 1975). Somewhere between three and four million children come yearly to the attention of law enforcement agencies for delinquent acts (1974, 1975). The incidence of severely disordered children in this country, according to conservative estimates of the Joint Commission on Mental Health, amount to six hundred thousand who need expert care and treatment in residential and day treatment centers. In a recent report (1972) on a survey conducted under the auspices of the Joint Information Service of the American Psychiatric Association, repeated references were made to the lack of adequately trained personnel for the care and treatment of disturbed children and adolescents as being the single most important factor for not providing adequate services to these children.

Although many of us have talked for years about the urgent need for a new child care professional, and some of us have, in fact, established some training programs for child care personnel in recent years, most of us have not developed a clear picture about the functions and the kind of training the new professional should receive. In fact, we

have not even been able to agree on a name--how to call the new professional. Many of us have different designations for the new care person--child care worker, child care practitioner, educateur specialize, psycho-educateur, child mental health specialist--to name only a few of the names which are being used or are being proposed for use. Without wa. ing for a moment to overlook the importance of the name for the new child care professional, more important than the name of the professional is the definition of his functions and the requirements for his training. What sort of a personality makeup, and what sort of a background should we look for in selecting candidates for training to become Child Mental Health Specialists? What kind of training should he or she get, and where should he or she get it? And for how long a period should it be--two years, three years, or four years? What sort of a curriculum should we develop and, hopefully, standardize nationwide? What competencies should the new child care professional develop, and in what capacities should he or she function? In a negative way, we could attempt to answer this question by saying that we should not train the new professional to be a technician whose training would prepare him or her to the use of a limited number of clinical skills in a residential treatment setting. The new professional care , rson should not be trained in a way to equip him or her to function as a care person who would have performed well in the Fifties and Sixties. In our fast-moving dynamic society, conditions of care and treatment of children may be assumed to change rapidly. New knowledge, new insights, and new concepts are emerging; and we should train our new child care professional not only to acquire competencies and skills in line with our present knowledge, but also prepare him, too, with knowledge how to function in five, ten, and fifteen years from now and beyond. He or she should be trained not only to deliver services to certain types of children such as delinquent, psychotic, brain-damaged children, or

children with severe learning disturbances. He or she need be trained to deal with the whole child rather than concentrating on pathology and specific treatment techniques. The training should be grounded, above all, in child development. By that is meant not only to acquaint the student with a series of milestones which is now taught in most colleges and even in some clinical settings; but the care person should be educated and trained to understand the psychodynamics of child development, to understand the transactional process between the child and his environment, and acquaint himself/herself with the critical or transitional points in the child's development which may be of crucial importance for preventive intervention as well as for care and treatment when the child has developed psychopathology in later childhood. The new child care professional should be able to meet the total emotional needs of the normal child as well as a disturbed child, and should be able to interact with the total child and meet his broad spectrum of needs in any given stage in his development. The curriculum should be broad based and provide the new professional with skills in communication and understanding of the learning disturbances and the special techniques for remediation of learning disturbances, skills in arts and crafts and recreational skills.

One could summarize the three large components in which a new child care professional should be trained under three headings: (1) parenting, (2) clinical management, (3) fundamental education. Parenting is more inclusive than knowledge and skills about how to establish relationship with a disturbed child, and is more inclusive than modeling on a conscious level. Parenting in this context is based on the proposition that a parent's emotional investment in a child is a reciprocal process, like most meaningful relationships are, and is of crucial importance for the child care professional. The child care professional has to be trained to become aware of the broad spectrum of

feelings which a disturbed child may evoke, and the overwhelming feelings of frustration which may result from this in daily living with a child. Not only does he need to become aware of these feelings, but he has to learn how to deal with them and transform his reactions into personal and professional growth and development.

Clinical management is a term borrowed from Winnicott and is similar to but more inclusive than Fritz Redl's concept of the life-space interview. The care and treatment of severely psychotic children requires much more than verbal communication. It often involves total management of the child. It involves understanding of the child's behavior as a form of communication on a symbolic level. It requires sensitivity and clinical skills to respond by providing the child with an auxiliary ego and to enable the child to develop coping mechanisms to deal with the internal strains and stresses as well as with environmental demands.

Education is meant, as used here, in the broadest sense as well as in its most fundamental sense--through the process of identification with the care person. A Child Mental Health Specialist needs to acquire skills in the methodology of teaching normal children as well as children with learning disturbances and a broad spectrum of atypical children. The new professional needs to be trained in the assessment of the developmental stages of a child and should be able, also, to master skills of remediation in many kinds of learning disturbances. Under education is also meant the teaching of arts and crafts and recreational skills. The Child Mental Health Specialist should be at home in the caring for a child in a residential and day treatment facility, in a normal classroom, and in a public classroom for disturbed children. He should be at home on the playgrounds, in the workshop and, when needed, in the intimacy of a Satellite Treatment Home or in the child's own family setting. The training should be broad based not only as to contents

but to locale as well, and the entire community should be made into a training experience for the new professional. By that is meant the child's family home, the neighborhood, police station, the normal classroom and the special classroom, and the various agencies dealing with the child's welfare and legal protection, and all other aspects of the child's daily living. The training of the Child Mental Health Specialist must also involve learning ways and means of dealing with NORMAL children. Trained personnel must know and have experience with the normal development of children. It is vitally important that disturbed children are not regarded as psychotic but as children. A disturbed child should not be viewed as the "appendage" to the illness as is so often done in institutional settings. In the treatment of the disturbed child the normal behavior needs to be emphasized, and the psychotic or pathological behavior needs to be de-emphasized.

It was the role of the registered nurse which played such an important part in the progress of medicine that we envisioned as a model for the new child care professional in the child mental health field. With this in mind, we have established, in the spring of 1970, a two-year Child Mental Health Specialist training program at the Children's Treatment Center of the Camarillo State Hospital. In the first two years of the program we selected applicants only who were college graduates. It was thought that college graduates would be more mature than either high school or junior college graduates. They already had been trained to think in a disciplined manner. They were older and more capable of handling children since they were further removed from being adolescents themselves and, thus, more able to adapt a parental role. A year later we established another training program for high school graduates towards an A.A. degree, and in 1973 we added another two-year training program towards a Bachelor's degree. The

program now consists of three different levels: the Art Associate's, the Baccalaureate's and Master's level. During the two-year training period the candidate spends most of his time rotating through a variety of clinical settings. More specifically, the training program curriculum includes around twenty to twenty-five hours of supervised clinical training per week and ten to twelve hours of academic class work. The greater part of this clinical training takes place in twenty-four-hour care settings for disturbed and delinquent children. The remainder of the clinical training is divided among different settings which deal with both normal and disturbed children. These settings include nursery schools, day treatment centers, child guidance clinics, day care centers, normal and special education classes, Satellite Treatment Homes, children's wards in general hospitals, etc.

The clinical experiences which the trainee receives are closely integrated with the academic teaching which also takes place in a clinical setting. The academic classes are conducted by members of an interdisciplinary team who have a clinical background and who are clinically active members of the treatment staff. The core of the academic curriculum deals with normal child development together with the different child development theories and observational experiences, problems of childhood and adolescence, the motor-perceptual assessment and remediation and theories of learning disabilities, the physical care of children, crises management, first aid course, theory of behavior management together with the management of specific problem areas, the management of groups, discipline techniques, the preparation of records and reports, working with parents and disturbed children, and an introduction to professional disciplines.

To be more specific, in the training program towards an Art Associate's degree, the following academic courses are taught:[1]

Child Growth and Development I
Observations in the Nursery School
Supervised Participation in the Nursery School of Normal Children
General Psychology
Child, Family and Community
Individual Counseling
Psychopathology of Childhood
Directed Studies in Early Childhood Development -- Behavior Modification
Interpersonal Relations -- Group Counseling
The Exceptional Child II (Including Remediation Techniques)
Child Growth and Development II -- Adolescence and Delinquency
Family Counseling
Speech and Language

The B.A. academic courses comprise the following subjects:

Developmental Psychology I
Communication Disorders I
Group Counseling Techniques
Child Psychology II -- Adolescence
Psychopathology of Childhood
Behavior Modification
Disturbed Adolescent
Communication Disorders II
Exceptional Child Practicum
Dependent Child -- (Court, Probation, Battered Child, etc.)
Drug Abuse
Family Counseling
Crisis Intervention
Community Resources

The M.A. academic courses comprise the following subjects:

Theories of Child Development
Medical Aspects of Child Management

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[1] Prepared with the help of the Training Committee and the collaboration of Moorpark College for the A.A. program and the California Lutheran College for the B.A. and M.A. training programs.

Childhood Psychopathology
Child Development I
Learning Disabilities I --
Motor Perceptual Assessment and Remediation
Counseling Seminar I --
Individual Counseling Techniques
Child Development II -- Adolescence
Learning Disabilities II --
Speech and Language Assessment and Remediation
Counseling Seminar II --
Behavior Modification Techniques
Crisis Intervention Seminar
Diagnostic Testing
Learning Disabilities III -- Reading (Normal)
Counseling Seminar III --
Group Counseling Techniques
Learning Disabilities IV --
Reading Assessment and Remediation
The Disturbed Adolescent
Counseling Seminar IV --
Parent and Family Counseling Techniques
Learning Disabilities V -- Arithmetic (Normal)
Research Methodology and Statistics
Counseling Seminar V --
Play Therapy Techniques
History and Philosophy of Education
Learning Disabilities VI --
Arithmetic Assessment and Remediation
Special Project Course
Counseling Seminar VI --
Social Work Seminar
Student Teaching (Normal and EH)
Counseling Seminar VII --
Satellite Home Practicum
Thesis

The academic classes take up between eight and twelve hours weekly of the student's time.

The clinical practicum in which every trainee is involved, regardless of the level of training and academic classes, consist of direct work with children, under staff supervision, of no less than twenty hours (and often extends to thirty hours) a week. The clinical practicum is divided into six rotation services of four months'

duration, with different groups of children ages three to sixteen, and includes a broad spectrum of psychopathology, including childhood schizophrenia, autism, children with antisocial tendencies, severe learning disabilities, and a variety of children's borderline problems. Over a twenty-four months' period the trainee is exposed to many aspects of child and family problems. Each trainee carries at least one child in supervised individual therapy during the two years of his training. A six months' minimum of group counseling experience is required before graduation as well as ongoing interaction with the child's family.

In addition, the student participates in a speech and language clinic, learns to assess problems, and functions as an assistant to a speech and language therapist. This participation is extended to motor-perceptual assessment and remediation, prevocational training, recreational therapy, self-care skill training, classroom management, milieu therapy, Satellite Home experience, etc. The trainee also is a participant-observer in diagnostic and treatment staff conferences like other staff members who are involved in the treatment of a child. Each trainee is expected to develop basic parenting skills and clinical management of the children in the cottage area to which he is assigned.

The Master's degree student is also expected to design and implement treatment programs as a member of a multidisciplinary team and to complete an experimental demonstration Master thesis. Upon graduation a student either has earned an Associate of Art's degree, a B.A. degree in psychology, or a Master's degree in education or special education. All degrees include a certificate of experience in working with mentally disordered and emotionally disturbed children and children with learning disabilities. The M.A. includes an elementary teaching credential.

Due to the rapid changes in our social structure, our value system and in our treatment philosophy, it has become necessary to train contemporary personnel in such a fashion that their skills are sufficiently versatile and flexible so that they do not become obsolete in ten or twenty years. Care should be taken that contemporary trainees are able to meet changing needs. Parochial training should be avoided because this may lead to obsolescence. For instance, psychiatric technicians who were traditionally trained in custodial care of patients have not been adequately trained for the changing focus of treatment in a hospital-type setting. As a result, the change in treatment focus has jeopardized their continuing employment. Contemporary training of child care personnel, therefore, should insure that such people are able to adopt a variety of roles in a variety of employment situations. They should be able to apply their talents wherever they are needed in whatever mental health situation, whether it is a hospital, a community mental health center, a day care center, a special education class in a school situation, a foster home, or other situation. Such well-trained manpower in the child mental health field will make it possible to provide children with a broad spectrum of needed services in their own home community without dislocation and without fragmentation.

In training the new professional, we need a more comprehensive, multidimensional and--in its special human meaning--an ecological approach: the real-life settings within which people behave (1968)--to the training of the new mental health professionals. Such persons need to be trained to think innovatively and creatively in their approach to treatment and preventive services in the child mental health field. In order to achieve this, the entire community should be looked upon as a training place. The young trainees should learn how to reach young children and adolescents long before

they have serious problems. In other words, they should be trained to deal with mental health problems at the source--preventively.

The analysis of the critical requirements of dealing effectively and successfully with emotionally disturbed and delinquent children shows that the Child Mental Health Specialist must be able to deal with the TOTAL child and his many-faceted needs in his own total environment. He must be able to respond, interact, and relate to the child with the empathy and sensitivity of a good parent, the information and knowledge of a special teacher, and the basic tools and skills of a child therapist. He must understand the symbolic meaning of the children's behavior as expressed in their daily interaction with grownups and respond to these symbolic communications in a manner which will lead to a successful restructuring of the child's emotional life. In addition, it is essential that the Child Mental Health Specialist be made cognizant of, and learn to deal successfully with the tremendous frustrations which result from spending many hours daily with mentally ill and delinquent children in intimate conditions.

Thus, the Child Mental Health Specialist must be a person capable of working in the area of prevention in addition to working with children with minimal pathology or with very severely disturbed children.

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April 1975

REFERENCES

1. California State Department of Health (1960). Mental Health Survey of Los Angeles County (1957-1959); Sacramento, California.

2. Berlin, I. N., M.D., Editor, (1975). Advocacy for Child Mental Health. Brunner/Mazel, Inc., Publishers, New York.

3. Schimel, J. L. (1974). "Problems of Delinquency and Their Treatment," in Volume Two of American Handbook of Psychiatry, pp. 267-274. Basic Books, Inc., Publishers, New York, 1974.

4. Children Without Justice (1975). By the National Council of Jewish Women.

5. The Joint Commission on Mental Health of Children: Crisis in Child Mental Health: Challenge for the 1970s. Harper and Rowe, New York, 1970.

6. Glascote, R., et al. (1972). Children and Mental Health Centers: Quoting The Joint Commission on Mental Health of Children, pp. 23-24. Publishers: The Joint Information Service, American Psychiatric Association, Washington, D.C.