Columbia University and Harvard University

Project Title:
The Emotional Health of Low-Income Children Over Time: Influences of Neighborhood, Family, Head Start, and Early School Experiences

Grantee:
Center for Children and Families -- Columbia University

Project Funding Years:
1997-2002

Project Staff:
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Project Abstract:
The Emotional Health study focuses on the emotional health of low-income children and their parents. We are particularly interested in children who are enrolled in Head Start, vis-à-vis emotional self-regulation, mental health attitudes and services within Head Start, and coordination of services, especially child care.
We are collecting new data as well as interfacing with the ongoing Project on Human Development in Chicago Neighborhoods (PHDCN). The PHDCN consists of a longitudinal study and a community survey. Community survey data were first collected in the mid 1990's with 9000 respondents. Community survey data include regular, multi-faceted assessments of 343 Chicago neighborhoods (approximately 700 census tracts) via neighborhood expert interviews, census data, and systematic observation. A second community survey is being conducted to coincide with the 2000 U.S. census (data collection to continue through 2001). The longitudinal study focuses on children and youth in 80 neighborhood clusters (about 160 census tracts) throughout the city. The longitudinal study employs an accelerated, longitudinal design with seven cohorts: 0, 3, 6, 9, 12, 15, and 18. Each cohort has approximately 1000 children, who are followed regularly. In-depth information on child and family development (in addition to neighborhood data) are being gathered. The PHDCN is currently in its third wave of data collection (expected to continue through December 2001).

Currently, our research focuses on the following four main areas of interest:

1. What are the perspectives of Head Start parents and Head Start staff on young children's emotional health? Specifically, what are considered appropriate and inappropriate/problematic behaviors? How do Head Start parents and Head Start staff encourage appropriate behaviors and manage problematic behaviors? What are the perspectives of Head Start parents and Head Start staff on the use of mental health services?

2. Is it possible to measure the following key aspects of preschool children's emotional health in children from low-income families in home and/or in center-based observational assessments: child motor control, cognitive control, impulse control, delay of gratification, sustained attention, and executive attention; and, if so, what are the psychometric properties of these assessments (reliability, validity, internal consistency, etc.)?

3. How does self-regulation in preschool children relate to home environment, neighborhood environment, and other child outcomes such as cognitive development?

4. What is the quality of child care in Chicago neighborhoods? Further, how does quality of child care in Chicago neighborhoods relate to other key aspects of the neighborhood such as collective efficacy?

Sample:
Focus Groups: N=46
Self Regulation Assessment Development: N=116
Self regulation data in PHDCN: N=1200 children from the Age 00 cohort

Measures:
Motor Control
Turtle and Rabbit
Walk-a-Line
Circles

Cognitive Control
Animal Sounds
Bunny Hop
Colors
Head and Feet
Parrot and Dragon

Impulse Control Delay of Gratification
Gift Wrap
Forbidden Toy
Snack Delay

Sustained Attention
Drawing Game

Selected Findings and Publications:
Results from our focus groups with Head Start staff from 5 different programs indicate that strategies for addressing children's mental health issues vary within the context of 2 different management models (Lara, McCabe, Brooks-Gunn, 2000). In "Horizontally"-Managed Centers (where collaborations among teachers, directors, and parents are typical) the facilitation of child social and emotional self-regulation development is a key strategy for addressing children's mental health problems. In "Vertically"-Managed Centers (where behavior problems are resolved in a more hierarchical fashion) authoritarian techniques (e.g. "time out") are commonly used.

As part of the Games As Measurement for Early Self-Control (GAMES; McCabe, Hernandez, Lara, & Brooks-Gunn, 2000; McCabe, Hernandez, Rebello-Britto, Brooks-Gunn, 2001) project, we have developed three batteries that tap emotional self-regulation and are appropriate for use in homes and classrooms. The batteries specifically measure children's motor-, cognitive-, and impulse-control, as well as sustained attention. In the individual-video battery, children are assessed one-on-one with an adult tester. Child behaviors are coded based on repeated viewings of the videotape. In the group-video battery, children are assessed in small groups (4 familiar peers). Again child behaviors are coded from videotape. Finally,
in the live battery, children are simultaneously assessed and their behavior scored by one administrator. Currently, 1200 4-year-olds (followed since birth) are being assessed with "Live" emotional self-regulation tasks as part of the PHDCN project. Plans for using the individual and group batteries are currently under development.

Publications:


Presentations:

addressing specific problems. Presented at the Person-Based Approaches to Understanding Behavior, Mental Health, and Outcomes, NIMH conference, Bethesda, MD.


**University of New Mexico**

*Project Title:*  
Systematic Early Detection and Self Determination Approach for Mental Health Intervention in Head Start

*Grantee:*  
Special Education/At-Risk Program, College of Education, University of New Mexico

*Project Funding Years:*  
1997-2002

*Project Staff:*  
Loretta A. Serna, Elizabeth Nielson, Steven R. Forness

*Project Abstract:*  
This project is a partnership between the University of New Mexico and the Albuquerque Youth Development, Inc., for the purposes of improving mental health of Head Start children and their families. The project emphasizes use of two critical approaches. The first is the Early Screening Project (ESP), a multiple-gating procedure for early detection and screening that is not only extremely user-friendly for Head Start staff but also provides multiple sources of teacher, parent, and observational data on potentially high-risk children. The second is a 10-week Self-Determination Curriculum, a primary prevention approach to develop protective factors in both children and caregivers that not only enhances the Head Start curriculum but also serves a universal strategy from which nonresponders can be targeted for the next levels of intervention in the primary grades.

The research design not only takes advantage of the pre/post-testing capabilities of the ESP but also follows Head Start subjects into kindergarten and first grade. A "rolling wait list" design enables control classrooms in each previous year of the project to serve as experimental classrooms in the following years, for added practical benefit. In addition to quantitative analyses, qualitative data from classroom ethnography and focus groups will be used to enhance the interventions at the end of each Head Start