Infant and Early Childhood Practice of Licensed New York State Psychologists

By

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ABSTRACT

Despite expanding opportunities for master's and doctoral level practitioners to provide services to the zero-to-five population in school and clinical settings, little quantitative and qualitative information exists as to the types and frequencies of these services, who is providing them, and to whom. In an effort to discern how evaluative, consultative, and intervention services are provided to infants and preschoolers, the New York Association of Early Childhood and Infant Psychologists (NYAECIP) undertook a study of the practice characteristics of school and licensed psychologists working within New York State (NYS), the Infant and Early Childhood Psychology Survey. This survey was created to obtain information regarding the demographic characteristics of practitioners, data regarding direct service with children and families, frequency and satisfaction of consultation/collaboration, as well as information regarding clinicians' training with infants and preschoolers (i.e., zero-to-five years of age) and their needs for continuing education. This survey not only provides a comprehensive picture of the early childhood practitioner, but also highlights underserved clinical populations, barriers to service consultation, perceived knowledge and skill deficiencies, and needs for further training.

The present study focused on the forms of direct and indirect service that NYS licensed practitioners provide to preschoolers and infants. The Infant and Early Childhood Psychology Survey, revised and tailored to doctoral level practitioners, was mailed to 2,851 practitioners across New York State, a randomized sample representative of approximately one third of NYS licensed practitioners. Of the 825 surveys that were

returned, 194 indicated that they work with the early childhood population and these responses comprised the sample for this study. Analysis of the surveys indicate that the licensed practitioner offering services to the zero-to-five population is almost never a university trained early childhood specialist, but more frequently a general practitioner who has extended his or her work to the early childhood population. Profiles of service delivery emerge across practice settings. Licensed psychologists employed in schools display a more constricted repertoire of service provision than licensed practitioners in private practice settings.

Client characteristics, including age, ethnicity, and diagnosis are related to the forms and frequency of services provided. Across all forms of direct and indirect service, service frequency increases with the age of the client. Certain trends regarding service provision are related to ethnicity. Compared to Caucasian consumers, Hispanic infants, toddlers, and families are more likely to receive therapeutic services for their preschoolers. Distinct patterns of service delivery (i.e., evaluation, consultation, and direct service) are indicated by respondents for the services they provide to various clinical early childhood populations. For neurologically based disorders evaluation is the most frequently provided service. Populations that are at-risk receive direct service and evaluative services most frequently. For DSM-IV diagnostic categories most often associated with preschoolers, direct service is most often provided with the exception of communication disorders, in which evaluative services are most frequently employed. A lack of distinction is indicated among assessment, consultation, and direct service offered to children with disorders generally diagnosed in infancy. Finally, analysis of consultation/collaboration patterns of respondents suggest a distinctive pattern of

consultation for practitioners in private practice; these professionals generally utilize monthly consultation, while on-site early intervention and preschool psychologists may consult with a multitude of child-care professionals, sometimes on a daily basis.

By documenting patterns of service delivery, this study provides valuable insight into potentially underserved aspects of the zero-to-five population. Results of the current survey offer a description of the varied work of NYS psychologists providing services to the early childhood population. Issues bearing upon generalizability are reviewed, future research needs are highlighted, and training needs are discussed.

CHAPTER I

Introduction

Early childhood practice is a recently developed specialization of psychology, with opportunities for both master's and doctoral level practitioners to offer services to infants and young children. Mandates in federal legislation, an evolving zeitgeist recognizing the critical nature of early childhood as essential for normative cognitive and emotional development, and an expanding differentiation of direct and indirect clinical services have all contributed to the expansion of early childhood psychology. Much less distinct, however, is the evolution of early childhood psychological services, and how psychological practice has adapted to the identified needs of the zero-to-five population.

The provision of psychological services to the early childhood population is accomplished by professionals from varying training disciplines, educational backgrounds, and areas of specialization (Widerstrom, Mowder, & Willis, 1989). Not only are multidisciplinary teams a frequent component of assessment and intervention, but also licensed psychologists with particular areas of expertise may provide highly specialized services unique to their area of training. Consequently, a licensed practitioner with a specialization in developmental psychology employed in a hospital would likely be providing disparate services to that of a school psychologist employed in a preschool setting. Indeed, professionals with areas of specialization such as clinical, counseling, developmental, school, pediatric neuropsychology, and education psychology have

differentiated areas of expertise and have opportunities to work with a diverse set of client populations.

This proliferation of early childhood specializations has allowed practitioners to provide services to a varied and increasing base of identified disorders of early childhood. Within the zero-to-three population alone, identified clinical disorders include: mood, affect, regulation, adjustment, sleep, eating, and relationship disorders (Zero To Three/National Center for Clinical Infant Programs, 1994). There are also a variety of cognitive/developmental conditions requiring assessment, consultation, and/or intervention, including children with developmental disabilities, cognitive impairments, and the autistic spectrum disorders. Additionally, working with children who are medically compromised, such as those in a Neonatal Intensive Care Unit (NICU) is a highly individualized specialization within the early childhood field (Meyer, Lester, Boukydis, & Bigsby, 1998). Additionally, practitioners may be working with children suffering from a variety of environmental hardships, including parental psychopathology, separations from parent, and abuse/neglect. One impetus for the expansion of services to the zero-to-five population has been a series of legislative doctrines that have mandated a variety of services to identified children.

The transition towards an inclusive model for children in the zero-to-five population with handicapping conditions began with Public Law 93-380 and was further expanded by P.L. 94-142. Indeed, P.L. 94-142 established 11 handicapping conditions, including learning disabilities, and mandated that an Individualized Education Plan (IEP) be created for every child with a handicapping condition (Mowder, 1979). This legislation reshaped the role of the school psychologist, created changes in school

psychology training programs, and required services for children as young as three years old. Further mandates for services, by P.L. 99-457, expanded the right for all children with handicapping conditions three-to-five, and established a state grant program for zero-to-three handicapped children (Short, Simeonsson, & Huntington, 1990). P.L. 101-476 reauthorized the legislation as the Individuals with Disabilities Act (IDEA) adding autism and traumatic brain injury as disabilities covered under IDEA (Altshuler & Kopels, 2003; Atkins-Burnett & Allen-Meares, 2000). However, as individual states were left to interpret the law to develop their own programs, it appeared that some states were not complying with the law's requirements (Altshuler & Kopels, 2003). Further revisions in 1999 allowed for the inclusion of children with ADHD to be included in the category of "other health impaired" and expanded the term "developmental delay" allowing for the label to be utilized with children up to the age of nine.

Clearly this legislation has had a direct impact on the practice of both master's and doctoral level school psychologists. The mandates for service provision to both school age children with handicapping conditions as well as preschoolers with developmental delays are apparent (Altshuler & Kopels, 2003). Service provision within the scope of school psychology may occur in Early Intervention (EI), Head Start programs, as well as specialized preschool, and school-age programs (Bagnato, Neisworth, Paget, & Kovaleski, 1987; Harmon, 2002). What is not clear is if and how this legislation has influenced licensed practitioners who practice beyond the scope of school settings (e.g., private practice, community mental health centers, hospitals, or private and public agencies). Have these mandates for increased service provision for the

early childhood populations affected the scope of early childhood practice for licensed practitioners?

Previous research has explored both the training and practice of school psychologists, with some specific focus on services/training with the early childhood population. Data collected in the early 1980's indicates particular weaknesses in school psychology programs in preparing practitioners for working with preschoolers (Graden, Christenson, Ysseldyke, & Meyers, 1984). Surveys were conducted to assess both students' and practitioners' perceptions of the adequacy of training in master's, specialist's, and doctoral school psychology degrees. In assessing their perceived quality of training, students rated preschool assessment as their least competent area of assessment, with no significant difference indicated between their perceived competency and those of practicing school psychologists. Congruently, both practitioners and students indicated that assessing the preschool child was the area in which they required additional training. However, studies of trends in early childhood training in professional disciplines suggest that these training deficits are not being addressed (Bailey, Simeonsson, Yoder, & Huntington, 1990). While the study provides some insight into the early childhood practice of the master's and doctorate school psychologist, there is a dearth of research regarding the practice of the licensed practitioner within and beyond school settings.

The role of the early childhood school psychologist has continued to expand, influenced by a variety of factors. The push towards service integration between the multiple agencies that may be assisting children and families (Paavola, et al., 1996) places psychologists further towards the forefront of coordinating services for the

preschool population. Likewise, Nastasi's (2000) formulation for the future of the school psychologist as the center of providing comprehensive health care for children is grounded in interdisciplinary collaboration. From the individual assessment specialist to macro-models of practice, the multidisciplinary necessity of work with preschoolers has become an endemic facet of the work. For this reason, examinations of early childhood practice expand beyond individual practice characteristics and examine the interdisciplinary nature of practitioners' work.

To gain a firm understanding of the types of services being provided by early childhood psychologists, a two-part study was undertaken by the New York Association of Early Childhood and Infant Psychologists (NYAECIP). The first study involved a survey, which was sent to members of the New York Association of School Psychologists (NYASP) to obtain information regarding the demographics, direct service and consultation/collaboration characteristics, training, and continuing education needs of school psychologists working with the zero-to-five population.

Information gleaned from this first study (n=214) suggests that early childhood school psychologists in New York are primarily non-doctoral (63.6%), and over 87% are trained with a specialization of school psychology (Kumar, 2003). In the obtained sample, a substantial increase in service provision was noted as the age of the children increased. Respondents indicated that 13.7% provide services to infants, 38% to toddlers, and 84.9% to the preschool population. Psychologists with a doctoral degree were noted to be more likely to provide family therapy and consultation than non-doctoral school psychologists. Because few of the respondents in the school psychology survey only reported having the credential of state licensure (n=11) it was not possible to assess

relationships between licensed practitioners who reported having state certification and those who did not. The utilization of consultation was also examined in this first study, with patterns noted related to consultation within home-based, center-based, and private practice contexts (Sweeny, 2002). As the number of respondents who indicated they consult in private practice was a small subset of the obtained sample (n=31), the results of the NYAECIP survey of school psychologists must be examined cautiously and may not generalize to the licensed practitioner population.

Although the results gathered from the first NYAECIP survey provide insight into school psychology practice with infants and young children, the obtained information does not comprise the totality of mental health services offered to preschoolers. While school psychologists provide a substantial component of services to children within a variety of preschool programs, unlicensed practitioners are limited in the scope of their work, as they are unable to provide services within the context of private practice. Although the initial study discerned differences between doctoral and non-doctoral school psychologists, the nature of the population sampled limited the distinction between specializations, as over 87% of the sample reported school psychology as an area of specialization (Sweeney, 2002). For this reason, the initial study of school psychology practitioners was followed by a second exploration, this time licensed practitioners were surveyed.

This second study addresses three research questions. First, how are practitioners' differences (e.g., degree specialization) related to the provision of early childhood psychological services, and do other variables such as experience and practice settings relate to service provision? Second, are client variables such as age, ethnicity,

socioeconomic status, and clinical presentation related to service provision? Third, what are the factors associated with the use, frequency, and satisfaction of consultation for the licensed practitioner, and what are the barriers that prevent consultation and collaboration?

CHAPTER II

Review of the Literature

In providing services to the early childhood population, licensed psychologists may assume numerous roles in their work with young children. Licensed practitioners comprise psychologists from various fields of specialization, including clinical, school, counseling, educational, developmental, neuropsychology, as well as combined degree programs. The early childhood licensed clinician may serve as a psychological evaluator to assess whether a child qualifies for Early Intervention (EI) services, run an infant/mother program providing both preventive and intervention services to families (Broussard, 1997), act as a therapist within a day treatment preschool, or possibly provide mental health consultation services to day care workers enhancing their interactions with difficult children and increasing their job satisfaction (Osterweil & Plotnik, 1989). As diverse as these services appear, they only begin to describe the settings and forms of services that may directly and indirectly be provided to the zero-to-five population.

Theoretical Perspectives

The focus of psychology on the meaningfulness of preverbal and early childhood experience can be traced back to the early development of psychological theory. Early psychodynamic theory developed by Freud conceptualizes the young child as motivated by internal forces that drive development (Weatherston, 2001). In his early works, Freud postulated that children were born as sexual creatures and that the sexual "life" of

children reaches its peak between the ages of three-to-five (Freud, 1905). Freud posits that personality development is contingent on successfully negotiating early psychosexual stages of growth. Failure to negotiate these stages successfully could lead to disruptions in development later emerging in adult pathology. Thus Freud identifies infancy and early childhood as critical periods of emotional development. Freud's work stimulated other research into the importance of the early stages of development, such as the developmental stages outlined by one of his contemporaries, Erik Erikson. Erikson identified a series of psychosocial crises that must be resolved across the lifespan, beginning in infancy (Erikson, 1950). The first stage, basic trust versus basic mistrust, is when the developmental struggle of the infant is to internalize the caregiver, believing that the caregiver will provide the infant's basic needs. The crises outlined by Erikson occur in the social context of the family, emphasizing the role that parental figures have in assisting infants and young children in resolving these psychosocial crises (Weatherston, 2001).

Ethologically oriented psychologists have also focused their attention on the relationships between infants and caregivers. John Bowlby posits that the formation of an early attachment between an infant and parent is crucial to early development, and a fundamental component of human behavior (Bowlby, 1988). The importance of the attachment relationship and its implications for healthy development, are the basis for attachment theory. Bowlby noted that direct studies of newborns in foster homes, institutions, and hospitals provided detailed information regarding the newborn deprived of consistent attention. Bowlby indicates that the results of this deprivation became evident at several weeks of age, as these newborns present with a variety of deficits,

including problems with feeding, weight gain, lack of initiative, and failure to interact with adults (Bowlby, 1953). Attachment theory has been furthered by a number of theorists, most notably Mary Ainsworth, who qualitatively assessed children's attachment to caregivers by utilizing the "strange situation." Ainsworth and colleagues assessed mother-infant dyads with children between 12 and 18 months of age. After being separated from their mothers, Ainsworth observed children's reactions when reunited with parents, rating attachments as either secure or anxious (Ainsworth, Blethar, Waters, & Wall, 1978). Current literature classifies attachment relationships in the categories of secure, insecure-avoidant, insecure-ambivalent, and disorganized (Main & Cassidy, 1988). The quality of attachment between infant and caregiver is found to be a strong predictor of a child's future social relationships. A child with a secure attachment figure is able to utilize the parent as a "base" of exploration, who can confidently explore their surroundings but maintain a place for comfort and support when needed.

Psychologists and developmental specialists have also explored the development of appropriate language and cognitive abilities. Jean Piaget, a developmentalist, assessed through observation of his own children how infants and young children explore and learn from the world around them. Piaget postulates that cognitive development progresses through a series of increasingly complex stages or periods. The sensorimotor period, from birth-to-two years, is subdivided by Piaget into six stages in which the infant progresses from utilizing innate reflexes to developing internal symbolic representations of objects. In this manner, the infant is learning about the "construction of reality," a basic operating manual for the workings of the universe (Piaget & Inhelder, 1966/1969). Piaget's work suggests that the learning process extends as far back as early infancy, and

asserts that learning occurs by developing more complex cognitive constructs, or schemas, which are continually adjusted as new information is learned. Since learning is a progressive process, it is therefore logical that early cognitive delays could have severe implications for the child's ability to learn more complex information.

Other researchers have also examined the process of infant and early childhood development, with an emphasis on the contextualized environment in which learning occurs. Lev Vygotsky examined the reciprocal relationship between parent and child, noting that relationships must be assessed within the social-cultural-historical context in which they take place. Vygotsky was particularly interested in how young children learn, and identified the concept of the "zone of proximal development" (Vygotsky, 1978). The zone is defined as the distance between actual ability and potential ability, given the assistance of more capable peers and adults. Both the ability of the child to integrate new information and the sensitivity of the parent to the child's needs are therefore essential for optimal cognitive development. As will be seen throughout the review of infant and early childhood mental health, this view of contextualized development and learning has become a central component for any assessment or intervention plan.

The works of these seminal researchers laid the foundation for comprehending the first few years of life as not only a period of extensive growth and development, but also as marked by critical periods in which tremendous strides and setbacks may occur. Intervention within this period must therefore be viewed as not only a possibility, but also a crucial necessity, as the implications of unremediated gaps in development can be plainly seen as devastating across the lifespan.

Observation/Assessment

Engaging infants and young children requires not only the development of a working relationship with a child, but an entry into the family system. As young children must be observed and assessed within the context of their caregivers, the practitioner must be sensitive to the familial structure, dynamics, and any factors, past or present, affecting the family. Administering services to the infant population exceeds the requirements of learning particular therapeutic techniques and appropriate developmental/cognitive assessment instruments. An infant practitioner must blend developmental theory with knowledge of pediatric neurophysiology, possess specialized skills of informal observation, assess the relevant social, cultural, familial contextual factors, as well as possess the ability to form a working alliance with caregivers (Gilliam & Mayes, 2000; Munoz-Millan, 1998). Even with all of the requisite skills, the early childhood psychologist faces unique challenges when providing services for infants. As the infant is in a constant state of growth, it is impossible to attain a static representation of the young child. Additionally, the clinician is dependent on the reports of others to gain information regarding infants, who cannot report for themselves (Zeanah & Boris, 2000). For this reason, obtaining and integrating information from multiple sources and in multiple domains is essential for the clinician (Gilliam & Mayes, 2000).

In meeting and assessing a new family, the clinician focuses on aspects of the caregiver/child dyad, such as the affective quality of the interaction, separation and reunion responses, exploratory behaviors of the child, and the child's reaction to the parent when anxious or upset (Boris, Fueyo, & Zeanah, 1997). All of these elements comprise the "attachment relationship." Further information obtained during such an