PSYCHIATRIC CONSULTATION FOR PROJECT HEAD START

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The following is a brief review of consultative experiences with a major Project Head Start installation in the greater Los Angeles area undertaken during the 1965 summer program. Certain conclusions about the appropriate nature of psychiatric contributions to Project Head Start evolved out of the summer's efforts. It is hoped that they will be of some aid to those who are engaged in planning and organizing future programs for preschool children in economically deprived areas and who anticipate participation from the mental health professions.

REVIEW OF EXPERIENCES

The Participants

Shortly after the program began, the Chief of the Department of Child Psychiatry at Cedars-Sinai Medical Center, along with various staff members of the Department, offered to respond to requests for psychiatric-type consultation from the Los Angeles Center for Early Education, which was administering 66 Child Development Centers (CDCs) in the Southern California area. This was to be an unpaid service.

A liaison person from Center for Early

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Education was designated to maintain daily contact with Chief of Child Psychiatry and to transmit consultation requests as they arrived at the Center from teachers in the various CDC's under its wing. It was made clear to head teachers at the CDC's that requests should not be made directly by them to Cedars-Sinai but should be made to the Center for Early Education's central office, which would then forward the request to Cedars-Sinai.

During the nine weeks, 32 of the 66 head teachers asked for such consultation. The total number of children for whom they initially sought consultation was 62. The Department was able to respond to 26, with the help of three outside psychiatrists: Dr. Justin Call of UCLA; Dr. Richard Casady of West Los Angeles; and Dr. Gerald Lubin of Los Angeles Children's Hospital. A few more would have received consultation had it not been for the Watts riots, which closed a major area for several days near the end of the summer's program.

The 26 consultations done by the Department were handled by 13 individuals. In several instances, the opportunity was used to introduce Department fellows in child psychiatry to the field experience. The professional backgrounds of the participating consultants were as follows:

1. Nursery school teacher (formerly head teacher at Cedars-Sinai)
2. Psychiatric social workers
3. Child psychiatrists
4. Clinical psychologist
5. Child psychiatry fellows

Consultation Procedure

Consultation reports of approximately one typewritten page were requested from each consultant. Recommendations for referral or additional study were to be a part of the written report and would be forwarded through the central office of the Center for Early Education to the head teacher. She was to transmit the recommendation back to the parents involved. Each consultant was encouraged, however, to respond "on the grounds" to the teacher's needs and to interact with parent or child as seemed indicated. Actual mechanics of later follow-up were deferred to the teacher as just noted. In those instances where additional study or specific referral was felt to be needed, the consultant first called the potential agency or clinic to clear the way for the probable referral.

In each instance, the liaison person notified the head teacher of the CDC that was to receive consultation early enough so that she could ask the parents (usually mother) to be present. A specific time was designated. In all instances but two, the mothers appeared. In several cases the head teacher arranged for a volunteer to pick up the mother from work in order to meet the consultant and then to return her. In these cases, the mothers sacrificed working time to appear.

Content of the Consultations

The time involved with a single consultation averaged about an hour and a half. The consultant chatted first with the teacher, then circulated in the room or yard, attempted to relate in some fashion to the specific child, then talked for awhile in a separate room or in a quiet corner with the mother. Further discussion followed with the teacher, either about general matters or about the specific problem, and a report was subsequently written.

In most instances, meaningful observations of the child were possible even on a very brief basis. Gross and finer motor behavior could be evaluated, overall affect was observable, social interaction could be noted, and language could be informally surveyed. The teacher's brief reviews completed the picture. The history that could be taken from the mothers in 15 or 20 minutes was usually enough to provide a review of pregnancy or postnatal crises (physical or emotional), overall home environment, sibling relationship, and mother's current psychological status. Evaluation of intrafamilial dynamics was almost impossible, not only because of the brevity of the meeting, but, in many cases, because of the confusion of household inhabitants, the unclarity of who the actual father was, the absence of the natural father in many instances, and the failure of such fathers as