

Fourth Siftings: Critical Needs

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Issues in this section require a more comprehensive approach, often including outside therapists or other intervention.

Critical Needs: These are problems that have remained the same, intensified, or become more pervasive through all previous siftings. They are the boulders that do not sift out. And, as with any heavy load, we need help in lifting, or in this case, facing and meeting the needs of a troubled child and her family.

Because we have sifted through all other possibilities and the problems have not resolved but instead have continued, intensified, or multiplied to include additional troubling behaviors, we now must face the most challenging behaviors of all.

Some of these will have a biological basis, such as ADHD, autism, Asperger's Syndrome, bipolar disorder, or hearing, speech, and physical delays. Biological problems are met with behavioral, medical, and therapy-based treatments. The sooner interventions begin, the higher the level of remediation. Diagnosed and treated early, these conditions can also be prevented from turning into emotional problems, thus avoiding the repeated frustration children face when appropriate help is not provided.

Psychological and emotional problems also will be recognized in this sifting. Abuse, both physical and sexual, may surface. The impact of family situations we recognized in earlier siftings may have proven too deeply-rooted to be sufficiently addressed with the adult understanding offered before. There are other times when children require the support of counseling and therapy.

Whatever the troubling behavior, it is in this last critical needs' sifting that the child, her family, and we must now seek additional help. Sometimes a child can remain in a program as recommended support and help are implemented. Other times, a child will need to be placed in a program dedicated to children with similar needs. A combination of these may also be called for. A smaller care setting, individual care, or at-home care with a family member and an outside regimen of therapy are other possibilities.

And finally, there are times when a child must be asked to leave a program, despite our inability to locate another program where he/she might receive help. And sometimes this happens when family members refuse to seek outside help or to cooperate with providers in doing so. The bottom line is that if the present program cannot meet a child's needs, no one benefits by continuing it.

Few of these options are easy. The situation is emotional for everyone. Whenever a child's development diverges from typical expectations, there is a grieving for the childhood that will never be as it was envisioned. One of the key tasks during this sifting is showing empathy,

compassion, and support for the child and family. We cannot make these boulders disappear, but we can lighten their weight whenever possible.

TEMPLATE 1

Fourth Siftings: Critical Needs

Step One: Discover

1. *WHAT* are this child's specific behaviors of concern? Are they the same as when we began addressing them? Have they grown worse? Have new behaviors been added? (Example: Perhaps the problems began with disruptive behavior at circle time but have since escalated to yelling at teachers and kicking and hitting classmates throughout the day.)
2. *WHAT* has been done to address this child's behaviors (at home, at school, elsewhere)? Review all past documentation. Double-check that both teachers and family members have done what they agreed to do. If not, set a time frame to implement previous plans. Evaluate effectiveness as in previous siftings.
3. *WHEN* and to what extent has communication with family members taken place? Review all past documentation. Be sure to find out what additional steps a family has already taken to get help for this child. (Example: Ask family members if this child has been diagnosed with special needs of any kind. Is there therapy taking place? Even though you have worked with the family for a long time, never assume that they have not sought help on their own. Find out now.)

Step Two: Decide

1. *WHY* might past efforts not have worked? Review your records to identify places a child's needs may have been overlooked or not met effectively. This is a final chance to "resift" and ensure thoroughness.
2. *WHAT* has been the level of cooperation and consistency between home and school? (Example: Punitive discipline, predominantly spanking, continues at home in spite of the parents' agreement to use other forms of discipline, after a possible relationship between the child's hitting at school and being spanked at home was identified.) If the previous agreement was honored, evaluate the results. If it was not and will not be, proceed to seek outside help. A program cannot successfully address challenging behavior without cooperation.

3. *WHAT*, if anything has NOT been tried? (This may require going back to a previous level of sifting.) Again, we want to be sure our previous siftings have been thorough so that nothing “falls through the cracks” in this process.
4. *HOW* else can the needs of this child be met? What outside resources and help seem most appropriate?

Step Three: Do

1. *PROVIDE* resources and referrals by *DOING*: Identify the names of agencies and professionals most likely to be able to evaluate the needs of this child. Offer to provide information to families about outside professionals, and request written permission* authorizing you to do so. Locate the names of available therapeutic programs in your area.
2. *LISTEN AND OFFER SUPPORT* and empathy by *DOING*: (Example: Listen without judgment. Acknowledge that this is a difficult and scary process. This may mean that actual plans will have to be worked on at a subsequent session – giving family members time to process emotions. When we are frightened, sad, or angry, our ability to think logically is diminished. Therefore, proceeding further at this point may be useless. Listen and commiserate, then schedule an additional meeting for planning.**)

DECIDE: Can the current setting provide the type of support this child needs? If this is a possibility, develop a new course of action based upon recommendations of medical or other professionals.

3. Always try to *SEND* a child *TO* something else – rather than simply *AWAY* from the current program. Work with a family to explore alternate care options.
4. When a family will not seek or authorize help, we must still act. If a program cannot meet a child's needs, we must be honest enough to say so and discontinue the child from that program, even without a plan in place for other options.

Step Four: Refine

1. Be thorough.

- Help and encourage families to pursue needed therapeutic input.
 - Request more than one evaluation, if necessary.
 - Review and process evaluation results and recommendations with family members.
 - Provide follow-through for needed help.
 - Continue to consult with outside professionals
 - Make program modifications where possible.
 - Provide transition help out of a program and, where possible, into another.
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2. This is the final step. There are no more siftings. This child and family need extra help *now*.

* Appendix E: Sample “*Permission to Refer*” and “*Release of Information*” forms.

**Appendix F: What If... Is Something is Wrong with My Child? (excerpted from *The Top Ten Preschool Parenting Problems* by Roslyn Ann Duffy, *Hard Topics* (Exchange Press, 2008), p. 305.