



## Primary Project Standards

### Overview

Children’s Institute defines a Primary Project program as: A proactive program with therapeutic benefits that utilizes trained paraprofessionals to facilitate a warm, trusting and growth-promoting relationship through the use of developmentally appropriate play strategies with young children. Primary Project operates within a school environment to foster the development of pre-k through third grade children’s social and emotional capabilities.

The standards outlined in this document represent the *minimum* criteria for successfully operating and maintaining Primary Project. Certified Primary Project programs will continue to improve their practices through training, supervision, and consultation among program participants.

The core components of Primary Project are:

- I. A focus on young children
- II. Early screening and appropriate selection of children
- III. Use of paraprofessionals in a direct service role
- IV. Use of mental health professionals as supervisors, consultants, and leaders
- V. Use of ongoing outcome and process evaluation
- VI. Integration of Primary Project within the school and community settings

In addition to the six structural components outlined above, these standards also identify four more categories to be considered in the certification process:

- VII. Use of developmentally appropriate child-centered play-based strategies
- VIII. Playroom functionality and conduciveness to working with young children
- IX. Ongoing development for mental health professionals and paraprofessionals
- X. Clearly articulated practices

## **I. A Focus on Young Children**

- A. Children participating in Primary Project are pupils in prekindergarten through third grade classrooms in the school. Sessions are approximately 30 minutes in length. Children in Primary Project are seen individually for no more than two consecutive cycles. A cycle is typically one school semester or 12-15 sessions.
- B. Children's progress is reviewed after one cycle and decisions to graduate or keep a child in the program for another cycle are made based on individual child need. If a child is in need of a more intensive intervention, the child is referred to the appropriate program.

## **II. Early Screening and Selection**

- A. All children in each targeted grade level are considered for participation through a screening process that is conducted four to six weeks into the school year.
- B. At least two methods are used to screen children for Primary Project and one is a standardized rating scale:
  - 1. Standardized rating scale, such as:
    - (a) Teacher-Child Rating Scale (T-CRS 2.1)
    - (b) Anxious, Moody, Learning-Revised (AML-R)
    - (c) Clinical Assessment of Behavior-Teacher Form (CAB-T)
  - 2. Direct observations in classrooms
  - 3. Teacher Referral
  - 4. Parent Referral
  - 5. Review of school records
  - 6. Informal Observations (other than primary classroom)
- C. Children selected for Primary Project exhibit mild adjustment difficulties that can or may be associated with a current situational crisis such as divorce, moving to a new school, having trouble making friends. Children selected for Primary Project should not have major adjustment difficulties or serious emotional difficulties.
  - Children for whom Primary Project is not appropriate include those with conduct disorder or oppositional defiant disorder, chronic or severe depression and/or anxiety, or attention deficit hyperactivity disorder.
- D. Participation in Primary Project does not serve as an alternative to special education placement.

- E. Data from screening is reviewed by the Primary Project team with input from parents when available. For children with difficulties that cannot be served within the scope of Primary Project, efforts are made to secure appropriate support.
- F. Generally, children selected for Project have mild adjustment difficulties. However, it is believed that some children included in Project may have difficulties that exceed the mild range. It is assumed that children with more severe difficulties do not account for more than 10% of the total number served in the program. For example, if you are serving 100 children, 10 children may be experiencing more than mild adjustment difficulties.

### **III. Use of paraprofessionals in a direct service role**

- A. Child Associates have as a minimum:
  - 1. A high school diploma, and
  - 2. Life experiences involving healthy interactions with young children.
- B. Each Child Associate has completed (or has a plan to complete within the first four months of employment) at least twelve (12) hours of training in the following core areas:
  - 1. Building healthy relationships
  - 2. Understanding school culture and related policies
  - 3. Facilitating healthy communication
  - 4. The importance of play, including developmental stages of play and the relationship of play to learning
  - 5. Child development
  - 6. Data collection
  - 7. Child-centered play
  - 8. Limit setting
  - 9. Multicultural development
  - 10. Confidentiality and privacy
- C. Child Associates with more than one year of experience will participate in a minimum of six additional hours of training each year of employment.

- D. Child Associates act within the parameters of their training and supervision.
  - 1. Activities appropriate for Child Associates are:
    - (a) Establishing relationships with children
    - (b) Participating in assignment, progress and other Project conferences
    - (c) Participating in training and supervision
    - (d) Maintaining brief notes on what happens during the play sessions
    - (e) Distributing, collecting and scoring screening and assessment measures under the supervision of the mental health professional; records are clearly organized
    - (f) Scheduling play sessions with time for breaks, lunch, clean-up and writing notes
    - (g) Communicating with teachers and other school staff
    - (h) Preparing and maintaining the playroom
  - 2. Activities inappropriate for Child Associates include the following:
    - (a) Providing mental health treatment or therapy to children
    - (b) Administering and/or scoring psychological tests
    - (c) Making referrals for outside treatment
- E. Child Associates participate in a minimum of 24 hours of individual and group supervision with a mental health professional each school year.
- F. Child Associates try to serve 12 or more children for every 15 hours of employment.

#### **IV. Use of mental health professionals as supervisors, consultants, and leaders**

- A. Mental health professionals must have a master’s degree in a mental health field such as counseling, social work, or psychology and have completed the introductory two-day Primary Project training (12 hours).
- B. The mental health professional is responsible for supervising Child Associates and overseeing Primary Project training and daily activities. The mental health professional:
  - 1. Coordinates and supervises screening and selection of children for participation
  - 2. Provides ongoing individual supervision of Child Associates; group supervision can be rotated with individual supervision.
  - 3. Provides some of the training that Child Associates receive
  - 4. Is encouraged to attend training with the Child Associates they supervise
  - 5. Is encouraged to attend supervision training
  - 6. Meets during the year with staff and parents concerning issues such as selection, screening, and child progress
  - 7. Facilitates assignment, progress and other conferences
  - 8. Is available for consultation (emergency and ongoing) about Project children
  - 9. Ensures that evaluation measures are completed in a timely manner
  - 10. Represents Primary Project in public relations arenas, such as PTA or School Board meeting
  - 11. Uses data, if available, to make program improvements
  - 12. Formally evaluates Child Associates at least once a year
- C. The mental health professional provides weekly individual and group supervision of Child Associates.
  - Professionals must engage in a minimum of 24 hours of supervision of Child Associates each school year.

#### **V. Use of ongoing outcome and process evaluation**

- A. Site is able to provide tangible evidence of outcome and process evaluation procedures:
  - 1. Progress notes
  - 2. Evaluation tools
  - 3. Related forms used at the site

- B. Information is used to provide program feedback.
  - This can be demonstrated through documentation of at least one yearly team meeting for program review and improvement planning.
- C. Information is shared with key stakeholders such as parents, teachers, and administrators.
  - This can be demonstrated through documented evidence of dates of presentations, informal meetings or written information shared on outcome or process evaluation.
- D. Evaluation is conducted at least every 2-3 years.

## **VI. Integration of Primary Project within the school and community settings**

- A. Child Associates and mental health professionals are able to demonstrate through narratives, case examples and/or documentation that:
  1. Primary Project is viewed as part of the school, not as a peripheral program.
  2. Parents are contacted and welcomed to discuss their child’s participation in the program.
- B. Teachers and administrators are included, as appropriate, in screening, selection, conferences and goal setting.
- C. Program procedures include communication between staff and families.
- D. Staff, families and schools work together to set goals for each child.
- E. Parents are introduced to participating professionals and paraprofessionals and have an understanding of the Primary Project program.
- F. Parents are able to view a Primary Project playroom.
  - Project staff members should answer any questions parents have in reference to the program.

## **VII. Use of developmentally appropriate child-centered play-based strategies**

- A. Child Associates and mental health professionals understand their program’s child-centered philosophy and are able to articulate it to others.
- B. Child Associates are able to demonstrate through narratives or case studies that their practice reflects facilitative child-centered helping skills. These include the use of:
  1. Empathy (staff members respond to the range of children’s feelings and temperaments)
  2. Reflection
  3. Visual, verbal and emotional attending
  4. Tracking
  5. Active listening
  6. Nondirectiveness
- C. Child Associates and mental health professionals recognize that each child has special interests, talents, and a personal style and temperament.
- D. Child Associates and mental health professionals recognize the range of children’s abilities.

- E. Child Associates and mental health professionals recognize and understand the differences in cultural style and language.

**VIII. Playroom functionality and conduciveness to working with young children**

- A. There is sufficient space for activities.
- B. The space is arranged well for a range of play.
- C. Children can easily get materials out and put them away by themselves.
- D. Materials are expressive in nature.
- E. Children can arrange materials and equipment to suit their activities.
- F. There is adequate and convenient storage space for equipment, materials, and personal possessions of staff members.
- G. Equipment for active play is safe.
- H. Materials are developmentally appropriate for the age range of the children in the program.
- I. Materials reflect the languages and cultures of the families served.
- J. Materials are in line with the styles, abilities, and interests of the individuals in the program.
- K. The playroom space provides privacy for children and Child Associates.

**IX. Ongoing development for mental health professionals and paraprofessionals**

- A. Child Associates with more than one year of experience will participate in a minimum of six additional hours of training each year of employment.
- B. Mental Health professionals are encouraged to attend training with the Child Associates they supervise.

**X. Clearly articulated practices**

- A. Staff members are aware of school policies, including, but not limited to, emergency procedures and child safety.
- B. New staff members are given a comprehensive orientation to the Primary Project philosophy.
- C. The program has established procedures to manage emergencies.
- D. Written program policies and procedures, including emergency procedures and confidentiality policies, are reviewed with staff members.
- E. Staff members file their records of session activities in a secure area, and destroy notes and records at the end of service.
- F. Child Associates or supervisors keep parents informed about Primary Project.
- G. Parents of children in Primary Project have an open invitation to meet with the Child Associate who is working with their child.