Anna Freud and early intervention/education: What can NAEYC and DEC learn?

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Abstract

Anna Freud was the administrator of programs for young children with special needs for most of her adult life. After her death, the National Association for the Education of Young Children (NAEYC) and the Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC) separately developed recommended practice guidelines for professionals and paraprofessionals working with young children (birth through age eight). The purpose of this article is to describe the major recommendations of NAEYC and DEC as compared to the writings and research of Anna Freud. While many of Anna Freud's ideas and practices have been incorporated into NAEYC guidelines known as the Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8 and the DEC document published as the DEC Recommended Practices: A Comprehensive Guide for Practical Application in Early Intervention/Early Childhood Special Education, Anna Freud's contributions in general early childhood education and early intervention/early childhood special education have gone unnoticed. Parallels in these two documents and Anna Freud's research are highlighted and recommendations are made for using Anna Freud's writings as a resource in future discussions concerning recommended practices in the fields of general and special early childhood education.

Key words: *Anna Freud, developmentally appropriate practice, DEC recommended practices, collaboratio*

INTRODUCTION

Anna Freud (1895-1982) was one of the first professionals to describe developmental disabilities as variations of typical child development (Freud, 1965). She and her collaborator, Dorothy Burlingham, spent their professional careers developing and implementing programs for both young children with special needs and typically developing children (Burlingham & Freud, 1944; Freud & Burlingham, 1974). From their research and practical experience with young children they provided recommendations for working with all children from birth through age 8 and beyond (Freud, 1965).

Shortly after Anna Freud died, the National Association for the Education of Young Children (NAEYC) became involved in developing standards for early childhood education. One of their first tasks in the 1980s was to publish developmentally appropriate practice (DAP) guidelines for teachers and child care providers who work with young children (Bredekamp, 1986, 1987). Both the 1986 and 1987 editions described developmentally appropriate practice for young children as *age appropriate* and *individually appropriate practice.* Between 1987 and 1997, developmentally appropriate practice received numerous criticisms for not addressing family diversity, cultural differences, and children with disabilities (Aldridge, 1996; Bloch, 1991; Bowman & Stott, 1994; Delpit, 1988; Hsue & Aldridge, 1995; Kessler & Swadener, 1992; Mallory & New, 1994; Williams, 1994). As a result, the leaders of NAEYC addressed the criticism and recommendations and revised DAP guidelines in 1997 to include culturally appropriate practice. In this edition, the guidelines also focused on the reflective decision making responsibilities of teachers and caregivers (Bredekamp & Copple, 1997). NAEYC revised the DAP guidelines again in 2009 but the basic components of age appropriate, individually appropriate, culturally appropriate, and teacher as reflective decision maker remained as basic components of DAP, although these concepts were presented using different terminology (Copple & Bredekamp, 2009). However, few early childhood educators realize that long before NAEYC developed DAP guidelines, Anna Freud had described age, individually, and even culturally appropriate guidelines, also providing recommendations for practice (Freud, 1965, 1981a, 1981b, 1981c, 1981d; Freud, Goldstein, & Solnit, 1984).

Similar to NAEYC, the Division of Early Childhood (DEC) of the Council for Exceptional

Children (CEC) decided to publish a recommended practices document for early intervention and early childhood special education. This resulted in the first edition of *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* (Sandall, McLean, & Smith, 2000). Based on research evidence, this volume explained five salient recommended practices for early intervention/early childhood special education that included assessment, child-focused practices, family-based services, interdisciplinary service delivery, and technology applications. In 2005, DEC recommended practices were expanded and revised, but maintained the five recommended practice areas presented in the first edition (Sandall, Hemmeter, Smith, & McLean, 2005). DEC is in the process of revising and publishing recommended practices again based on the most recent research evidence (Gargiulo & Kilgo, 2014). What is not known by numerous early interventionists/early childhood special educators is that Anna Freud published recommended practices for young children with special needs that included assessment recommendations, child-focused interventions, family involvement, and interdisciplinary services long before the DEC guidelines were developed (Edgcumbe, 2000; Freud, 1952, 1965 1981b, 1981c, 1981d, ; Freud & Burlingham, 1944, 1974; Peters, 1985; Young-Bruehl, 2008).

The purpose of this article is to describe Anna Freud's contributions to early intervention and education as a forerunner of developmentally appropriate practice and DEC recommended practices. A discussion is provided as to why Anna Freud's work is less known and referenced than other theoreticians who have influenced early childhood education and early intervention/early childhood special education such as her father, Sigmund Freud (1920), her former mentee and employee, Erik Erikson (1963), and others such as Jean Piaget (1932), Lev Vygotsky (1978), and Urie Bronfenbrenner (1979). Recommendations also are provided as to how to incorporate Anna Freud's contributions in future discussions of DAP and DEC recommended practices.

Anna Freud's Works as a Forerunner of DAP and DEC Recommended Practices

Anna Freud and Developmentally Appropriate Practice

While developmentally appropriate practice (DAP) guidelines are considerably more complex than just practices that are age appropriate, individually appropriate, culturally appropriate, and promote teacher and caregiver as reflective decision makers, the focus of this section concerning DAP is on these four components and how Anna Freud's work was a prelude or forerunner to them. Each of these practices will be described from the perspective of Anna Freud's research and practices.

Age appropriate practice

From the beginning of her teaching career in 1917, Ann Freud focused on age appropriate education for all students (Young-Bruehl, 2008). For young children she promoted (a) multiage grouping, (b) active learning, (c) the development of the whole child, and (d) differences between child and adult learning based on developmental considerations (Edgcumbe, 2000). During her early years as a teacher, Anna Freud taught in a multiage classroom where students learned by doing (Young-Bruehl, 2008). For active learning, she used the project method based on the works of John Dewey (1902) and William Heard Kilpatrick (1917, 1918). She focused on the whole child by developing a "coherent theory which gives due weight to all stages and areas of development from infancy to adolescence" (Edgcumbe, 2000, p. 85). Finally, she was able to explain the developmental differences between those of a child and an adult. Specifically, "in a 1962 paper for teachers she described the differences between the thinking of a child and an adult" (Edgcumbe, 2000, p. 88). From her extensive research on both children and adults, Anna Freud discovered that a child's thinking differs from that of an adult's in four important ways. She used her findings to emphasize the salience of age appropriate practice (see Freud, 1962).

Individually appropriate practice

Anna Freud and her colleague Dorothy Burlingham were also forerunners in the area of individually appropriate practice (Aldridge & Christensen, 2013). Beginning in 1952, Anna Freud and Dorothy Burlingham differentiated and provided many different types of services to meet the individual needs of very young children in London with whom they worked at the Hampstead Clinic (Coles, 1992). Their clinic expanded and "was soon supplemented by a day nursery, a well baby clinic, a day nursery for young blind children, mother-toddler groups, and from time to time other groups for children with handicaps of various kinds" (Edcumbe, 2000, p. 78). All of these programs were developed, in part, to meet the individual and specific needs of each and every child who attended the Hampstead Clinic (Peters, 1985). Further, each child's level of functioning was assessed so that an

individualized education program could be developed, implemented, and continually evaluated (Freud, 1965).

Culturally appropriate practice

Late in her career, Anna Freud became a pioneer in culturally appropriate practice. "Influenced by the methods and results of the Chicago Institute for Early Childhood Education…Anna Freud decided to change the Hampstead nursery's population (Young-Bruehl, 2008, p. 379). From this point forward Anna Freud became interested in culturally appropriate practice and learning from children and families of poverty. She restructured her own programs at the Hampstead Clinic to make this possible. "By 1966, the nursery children were predominantly poor, underprivileged, and often from homes of recent immigrations, particularly from Jamaica" (p. 379). Because of her extensive work on children in poverty, Robert Coles and Maria Piers (1969) dedicated their book, *The Wages of Neglect,* to Anna Freud. Further, Coles (1975) wrote about her cultural practices in *The Mind's Fate* (Young-Bruehl, 2008).

Teacher or caregiver as reflective decision maker

Another component of DAP is teacher or caregiver as reflective decision maker. Anna Freud not only supported and encouraged reflective decision-making; in addition, she developed an observation protocol to assist in data collection for making informed decisions. Professionals at the Hampstead Clinic were trained in observational methods. Daily observations and frequent meetings concerning each child's developmental needs and progress were part of the process used to prepare and encourage professionals and caregivers in the role of reflective decision makers. Assessment and observation from multiple professionals using various methods in different contexts, also working as reflective decision makers, were part of the Hampstead Clinic (Freud & Burlingham, 1974; Freud, 1981b).

Anna Freud and DEC Recommended Practices

Assessment, child-focused practices, family-based practices, interdisciplinary models, and technology applications are the five areas of the direct service guidelines of DEC recommended practices. Indirect supports include policies, procedures, and systems change along with personnel preparation (Sandall, Hemmeter, & Smith & McLean, 2005). As was the case with the developmentally appropriate practice guidelines, Anna Freud's research and writings were preludes or forerunners of the DEC recommended practices, with the exception of technology applications that Anna Freud did not address due to the limited nature of technology during her lifetime.

Assessment

Anna Freud was continually involved in the development of practical assessments that were used to develop diagnostic profiles for young children with special needs (Freud, 1962, 1965, 1981b; Peters, 1985). Over many years of direct experience with young children in numerous settings, particularly the Hampstead Clinic, she constructed a template for the diagnostic profile that is still used with individuals from birth through early adolescence (Edgcumbe, 2000; Freud, 1965). The diagnostic profile served as a comprehensive, developmental framework for all of the available observations, assessments, and information on a child. "Because it is a framework for thinking, diagnosticians and research workers are also made aware of gaps or unclarities in the profile itself so that it undergoes continuous modification while retaining its basic format" (Edgcumbe, 2000, p. 94). While each profile is adapted for a specific child, all diagnostic profiles have standard components. These include the reasons the child was referred, a description of the child, a personal family history and background, contextual influences, and appropriate developmental assessments (Freud, 1965).

The assessment chapter in the *DEC Recommended Practices* (Sandall et al., 2005) on assessment includes several statements that could easily be attributed to Anna Freud. Standard practice in assessment at the Hampstead Clinic under Anna Freud's leadership included several practices that are also recommended by DEC. These focused on information concerning the child's abilities, interests and needs that were gleaned from interviews and discussions with families. Further, information from multiple sources was used in assessment. Finally, children's abilities and needs in all developmental areas were assessed (Freud, 1965; Sandall et al., 2005).

Child-focused practices

Child-focused practices were a hallmark at the Hampstead Clinic (Edgcumbe, 2000). Anna Freud believed there were three things necessary to ensure child-focused practices. These included "the free interchange of affection between child and adult; on ample external stimulation of the child's inborn internal potentialities; and on unbroken continuity of care"

(Freud, 1964, p. 469). The *DEC Recommended Practices* (Sandall et al., 2005) incorporate analogous statements about child-focused intervention including "responsive adults" (p. 78), practices that "build upon the child's current skills and behavior" (p. 84), and continuity and "consistency" (p. 94) of intervention.

Family-based practices

Continual family involvement was a primary concern of Anna Freud's work with children for several decades. During World War II Anna Freud was the director of the Hampstead War Nursery. This program was for infants and young children who had been separated from their parents for specific reasons such as the hospitalization of the caregivers or the parents' absence due to war related work (Peters, 1985). "Unlike the typical British residential nurseries of the wartime, the Hampstead War Nursery made a point of involving the absent parents as much as possible in their children's lives" (Young-Bruehl, 2008, p. 249). Parents and family members were encouraged to be a part of the Hampstead War Nursery as often as they could.

While parents were an integral part of the Hampstead War Nursery whenever and as often as possible, Anna Freud decided that when young children had to be separated from their parents because of war, family groupings should be established to simulate family life as much as possible. To this end, six to seven children were assigned to one specific caregiver who was responsible for "parental" care during the absence of children's natural parents. Further, Anna and her associates studied the effects of young children separated by war from their parents and found that children did better with their natural parents even in excessively dangerous situations, such as when the children had to stay with their mothers or caregivers in bomb shelters (Freud & Burlingham, 1943).

The *DEC Recommended Practices* (Sandall et al., 2005) define family-centered intervention as "a philosophy or way of thinking that leads to a set of practices in which families or parents are considered central and the most important decision maker in a child's life…Service systems and personnel must support, respect, encourage, and enhance the strengths and competence of the family" (p. 119). Anna Freud's family-centered practices and research findings were exemplars of this definition. Anna Freud involved parents in every aspect of the programs she developed throughout her professional life, including in the most challenging contexts such as during war time (Freud & Burlingham, 1943).

Interdisciplinary models

Intentional and continual collaboration among disciplines was also part of Anna Freud's contributions to early intervention/education (Aldridge & Christensen, 2013). At the Hampstead Clinic, all professionals working with a child were involved in interdisciplinary assessment, planning, implementation and evaluation (Freud & Burlingham, 1974). The process still continues today at the Anna Freud Centre. For example, "the usual diagnostic procedure at the Hampstead Clinic (and now the Anna Freud Centre) is for the parents to have several interviews with a social worker, in which they present the problem and tell their story in their own way" (Edgcumbe, 2000, p. 95). A child also is seen by diagnosticians, psychologists, social workers, and other professionals. All information is developed into the previously mentioned diagnostic profile (Freud, 1965).

After data are collected, the interdisciplinary team of the parents and professionals meet to discuss the diagnostic profile and plan appropriate interventions for the child. Interdisciplinary collaboration does not end here. The team works collaboratively to implement the individualized plan and also to continually assess the developmental progress of the child (Edgcumbe, 2000; Freud & Burlingham, 1974).

Assessment, child-focused practices, family-based practices, and interdisciplinary models with young children with special needs were all pioneered by Anna Freud and her associates at the Hampstead Clinic and beyond (Aldridge, Kilgo, & Jepkemboi, 2014). However, because of the time period in which she lived, Anna Freud's work did not focus on technology applications, the fifth area of the DEC recommended practice guidelines.

DISCUSSION AND RECOMMENDATIONS

Although Anna Freud is not among them, several theorists were referenced in the original and subsequent documents and discussions concerning both DAP and DEC recommended practices. These include her father, Sigmund Freud (1932), her former employee and colleague, Erik Erikson (1963), Jean Piaget (1932), Lev Vygotsky (1978) and Bronfenbrenner (1979). Why have these theorists and researchers been considered important to DAP or DEC recommended practices and Anna Freud not? Possibilities include Anna Freud's promotion of her father's work, her work as a qualitative researcher, and the fact that she was a woman (Aldridge & Christensen, 2013).

Anna Freud's devotion to her father and her promotion of his work over her own contributions could

be a factor as to why her contributions to the DAP guidelines and the DEC recommended practice guidelines are less known. She even insisted that her home in London be turned into a museum dedicated to her father's legacy after her own death. "What is ironic is that her father did not study children, while Anna spent the major decades of her life studying children in detail" (Aldridge & Christensen, 2013, p. 103).

Another factor as to why Anna Freud is not referenced in the DAP or DEC recommended practice guidelines may be that Anna Freud's major studies involved qualitative research. According to Edgcumbe (2000), Anna Freud's investigations did not consist of "academic research groups. There were no randomly selected samples, control groups, rating scales, tests for reliability and validity, or statistical analysis of results" (p. 79). While DAP was designed from the expertise and professional wisdom of early childhood educators (Copple & Bredekamp, 2009), the DEC recommended practices were developed through rigorous procedures using evidence-based practices and relying predominantly on quantitative research methods (Sandall, et al., 2005).

Anna Freud also may have been marginalized because she was a woman (Aldridge & Christensen, 2013). Many of the theorists referenced in both documents, particularly in developmentally appropriate practice, are dead white western men. While the majority of early childhood educators and early interventionists/early childhood special educators are women, it is ironic that the theoretical and philosophical bases of their professions have rested on the works of privileged white males from the 20th century (Aldridge & Goldman, 2007; Burman, 2008).

There is hope, however, for recognizing Anna Freud's contributions in early intervention and early childhood education. Recently, an interest in Anna Freud's work as an educator has surfaced (Aldridge, Kilgo, & Jepkemboi, 2014; Britzman, 2003; McDevitt & Ormrod, 2007). Future iterations of DAP and DEC recommended practices are encouraged to include Anna Freud's work as a foundation for both documents. In addition, NAEYC and DEC can learn much from Anna Freud's example. For example, Anna Freud described the relationship between typical and atypical development and the need for research and practice to simultaneously consider both typical and atypical development (Freud, 1965). Thus, future collaborations between NAEYC and DEC could use Anna Freud's writings to consider ways to better serve both typically developing children and children with special needs in inclusive settings.

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