To Our Colleagues and Friends...

The complex life histories of the young children we work with at the Early Childhood Center and, too often, the severity of their symptoms, require constant consideration of the types of interventions needed to promote their development. This year we have had a strong focus on trauma. Little and young as they are, many of the children we work with at our centers have already experienced multiple traumatic events by the time we meet them. In an effort to provide the best possible therapeutic interventions, our staff and trainees have organized and participated in trainings by nationally recognized experts in therapeutic intervention for traumatized infants, toddlers and preschool age children, using both cognitive-behavioral and attachment-based approaches. These therapeutic modalities are incorporated into our individual, dyadic and group interventions with children and their caregivers.

Our newest outreach project, the Infant-Parent Court Affiliated Intervention Program, operates in close collaboration with the Bronx Family Court, and works dyadically with parents and young children who are struggling with the adverse impact of inter-generational transmission of trauma. Two of our new publications reflect our focus on trauma. One reports the results of a project that compared the efficacy of different trauma screeners for young children, and one describes how our outreach projects in pediatric clinics, early care and education programs, and in various components of the child welfare system, identify children who have been impacted by trauma and bring on-site support services to the children and their caregivers in the different venues in which they participate.

The Early Childhood Center had a record number of applicants to our training program this year. We are happy to welcome 14 new trainees this year, and to have 3 trainees staying for an additional year. We are also impressed by the diversity of the professional disciplines represented in our applicants, including neonatology, occupational therapy, and nursing in addition to psychology and social work.

The following articles provide a sense of the array of services and approaches we have developed over the years in response to the needs of children with particular presenting concerns or life histories, or in response to opportunities we have gleaned working collaboratively with other systems. As always, we welcome your inquiries and visits and look forward to our continuing work together.

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Professional Activities

—Susan Chinitz, PsyD, Director

- Susan Chinitz & Anne Murphy did a Grand Rounds presentation for the NYC/HHC Family Court Mental Health Services team on Assessing Parent-Child Interaction.
- Susan Chinitz gave a workshop to the ACS Brooklyn Preventive/Early Childhood Learning Collaborative on the impact of trauma on preschool age children.
- Denise Giammanco presented on Interventions for Preschool Children with Challenging Behaviors at the United Cerebral Palsy Associations of NYS.
- Ethel Teichberg presented on the Emotional Development of Children in Foster Care at the Association of University Centers on Disabilities, Washington DC (2009) and also on Grandparents as Caregivers for Children with Developmental Disabilities at the Southwest Conference on Disabilities.
Collaboration with Bronx Family Court & Child Welfare Professionals

The Infant-Parent Court Affiliated Intervention Project is a program that is being implemented by the Early Childhood Center in conjunction with the Bronx Family Court. The program is based on a similar model of intervention developed by the Miami Dade County Dependency Court that has demonstrated success in working with high-risk parents and their children. The intervention seeks to improve those parenting practices that resulted in the family’s involvement with the child welfare system. Young children who come to the attention of the court often have complicated histories which can include traumatic experiences such as neglect, physical/sexual abuse, parental substance abuse, parental mental illness and prolonged or frequent separations from their parents. Often, these young children have disrupted relationships to “special and significant” people in their lives.

The goal of the Infant-Parent Project is to help parents engage in nurturing and positive interactions with their children, ages birth to three years, in an attempt to repair or establish more secure parent-child relationships. The intervention consists of at least 26 weekly parent-child sessions. Often, these sessions are opportunities for the parents to see their children who are residing in foster care and a chance to develop their relationship. Some of the key components of the treatment involve: developmental guidance, providing corrective attachment experiences for parents and children, providing parents with the opportunity to reflect upon and review their responses to their children in relation to their own histories and guiding parents’ behaviors with their children.

A central feature of the Project is its communication with the Court system. The Project provides detailed reports, and often in-person testimony, describing parents’ and children’s strengths and vulnerabilities, as well as recommendations, to attorneys and judges. It is the goal of the Project that planning for these young children be informed by an understanding of the parent-child relationship.

Parents who are now completing the program, have begun to share their experiences with the Project. One mother, who has been attending the Project for a year, and is our first “graduate”, had her older child removed from her care due to excessive corporal punishment. She acknowledges that she hurt her son through usage of a belt that left him with bruises. Her son went into foster care. When she had a new baby about a year later, her child was at-risk of going into foster care. The Court system wasn’t sure that she could safely be with her newborn, given all that had occurred with her son. She was referred to the Infant-Parent Court Affiliated Intervention Project by a Bronx family court judge who sought to preserve the parent-child relationship, but also wanted the family monitored and supported.

---Miriam Alkon, PsyD

"What has been most helpful has been getting professional opinions about how to raise a child properly. We aren’t given a handbook when we have a child. It’s great to have a guide, this time around, about how to be a better parent....When my older son was acting out, everyone around me would say he needs a beating. That’s not the way to go about things. So now I have professional guidance. But I was being fed negative information about parenting before. You guys in the Project are more positive and give me ways of handling things that aren’t so negative. I really got into trouble before because I was listening to others around me about parenting. Now I have both of my kids with me.”
The Early Childhood Center not only serves children, but also the needs of children’s caregivers. We run several types of groups for parents including a Spanish Parent Group, which meets every week on Tuesday for an hour and a half. It is comprised of parents and caregivers, including foster parents, from several Central and Latin American countries. Some are citizens, some are residents and some are undocumented. However, they all have several things in common. All have children who have developmental delays and/or behavioral problems. Their children range from just a few months of age to preteens. The identified patient is usually around three to six years old. All are in the lower income bracket and struggle with finances. All are displaced from their homelands, causing sadness and confusion. Many have few social supports and have had abusive or neglectful childhoods. Some are in or have been in abusive relationships and have little knowledge of their rights. We have discussions about the difficulties of being undocumented in this country and try to find legal or other assistance to address all their questions. We discuss the child welfare and school systems, which are confusing and sometimes, impossible to negotiate alone.

The group provides a safe and nurturing environment, where current and past issues are discussed and interpreted. We asked members to talk about why they attend this group and why they continue to feel the need for sharing parts of their lives in a group setting, something that is foreign to many.

“I’ve learned to express my feelings. I’m not alone with my problems. Other problems seem worse than mine.”

“I feel empty when I don’t come.”

“We get help with issues of legal problems, emergencies, housing and help with the rights of our children.”

“I learned to cry and that the group will comfort me.”

“I got over some of my anxiety about speaking in public.”

“I don’t have too much patience but I’ve learned to understand child development and to have realistic expectations. There is always some anxiety, but I work on it. I’ve also learned the use of rewarding for good behavior and ignoring bad behavior.”

“We have the opportunity to listen to others and talk about what works for them with regard to changing behaviors.”

“I learn new things and how to be a better mother to my children.”

“I’ve learned that I need to have patience. I never had patience before and it’s hard. I’m working on that.”

Comments like these further encourage our commitment to helping parents feel a bit more comfortable in deciding how to raise a difficult or different child. Many parents agreed that it was they who had to change to meet the needs of their children. We always work on more appropriate expectations and stress how one’s own upbringing may interfere with those expectations. The group is considered a “family”, totally confidential, caring and informative. Time is spent on the unique needs of the parents and children, never forgetting that children do best when there is good communication. Many times, a more relaxed and happier parent leads to a more relaxed and happier child. Our goal is provide a space for this to happen.

---Ellen Endick, LCSW & ECC Spanish Speaking Parent Group
Our collaboration with Montefiore Medical Center continues with great success! Our original Healthy Steps site, the Comprehensive Family Care Center at 1621 Eastchester Road, is now in its fourth year of operation, thanks to original funding from the Altman Foundation and a second round of funding from the Price Family Foundation. In addition, the Altman Foundation has generously funded a second Healthy Steps site at another Montefiore clinic, the Family Care Center at 3444 Kosuth Avenue. We have also received a generous grant from the Tiger Foundation and a small grant from Edith Glick Shoolman Children’s Foundation to expand the scope of our services in both programs. Between the two sites, we will serve over 2000 at risk young children and families per year, and educate hundreds of medical students, pediatric residents, and attending physicians regarding the importance of infant mental health and development.

Dr. Andrew Racine is the Director of the Division of General Pediatrics at Montefiore, and as a result of his wisdom, foresight, and general commitment to the infants and toddlers of the Bronx via these programs, he is the 2010 recipient of the New York Zero to Three Emily Fenichel Award. This award was presented to Dr. Racine at the annual New York Zero to Three Conference in May. Rahil Briggs, the director of the Healthy Steps programs, was honored to introduce Dr. Racine and provided an overview of his professional history.

We continue to travel to professional meetings near and far. Dr. Briggs participated on a panel discussing ‘Promoting a Healthy Childhood by Identifying and Treating Maternal Depression’ at The New York Center for Children Annual Meeting in June, 2009.

---Rahil Briggs, PsyD

Group Attachment Based Intervention

CERC & New School awarded Einstein Institute for Clinical Translational Research Award

Group Attachment Based Intervention (GABI) refers to the clinical model, which has been developed into a treatment manual for the parent-child psychotherapy groups at the Center for Babies, Toddlers and Families. The parent-child group intervention is based on attachment theory with the goal of preventing children’s disorganized attachments, which are known to lead to deleterious child mental health outcomes. The group model fosters support for socially isolated families and their birth to three year old children. GABI meets for 90 minutes, three times weekly, with mornings and afternoon options to accommodate the needs of highly stressed families. The efficacy of this intervention has been pilot tested in collaboration with Drs. Howard and Miriam Steele of the Center for Attachment Research at the New School for Social Research with funding from Einstein’s Institute for Clinical and Translational Research. The pilot study attempts to identify evidence of a trend away from disorganized attachments to more secure parent-child relationships. Some preliminary work is being done looking at cortisol patterns as well as the presence of susceptibility genes with collaborators from other departments at Einstein. The GABI treatment model and preliminary findings have been presented at international and national attachment conferences.

--- Anne Murphy, PhD
Building Better Schools from the Inside Out

Preschool teachers are challenged by children’s disruptive, aggressive and explosive behaviors in the classroom that derail their ability to provide cognitively stimulating programs. Children enter school with a range of skills, temperamental differences and life experiences that guide their behavior. Once in school each child is expected to adjust to separation, a student-teacher relationship and peer interactions. Sometimes the process is seamless but in any classroom the likelihood is that at any point during the day a student will have a tantrum or hit another child and that the best laid plans of any teacher will fall apart while dealing with a screaming child who is running around the class. Teachers feel frustrated, frazzled and impotent.

Preschool consultation by mental health clinicians is an attempt to address these concerns in the class. ECC has provided consultation services to several schools in the Bronx. Teachers report that working with a consultant provides clarification of a child’s ability and behavioral presentation. It supports their interaction with parents and helps them understand family concerns. The staff develops capacity in understanding children, partnering with parents and accessing relevant services.

Teacher’s Perspective

It has rightly been said that “The way a twig is bent, a tree is inclined.” The importance of early childhood education cannot be underestimated; the formative years, ages 0-5, are the most significant years in child development. What a child learns at this stage can greatly enhance his overall educational process and plays a vital role in the successful progression of all his future education endeavors. As a Universal Pre-K teacher I witness this every day; children are eager to learn and become their own person. Unfortunately it is not always easy sailing for each child, because each child is so different. I have come to understand how developmental delays can affect the formative years of a child.

Teachers can sometimes pick up on signs that some things quite not right, but because of fear of labeling, and having to discuss their concerns with parents, don’t always address the situation. This is where having mental health professionals at schools is of great importance. This year at Bronx House, my place of employment, we were blessed to have the services of clinicians from the Rose F. Kennedy Children’s Evaluation and Rehabilitation Center. They were there to support both teachers and parents in the success of the children from our program. They made their services available as well as helped obtain information on outside services if needed for a child’s well being. Their help has made our program a much stronger one and I am confident that together we are protecting this critical period for children’s learning and social development and eventually the success of each child’s education.

---Denise Giammanco, MA

SPANISH PARENT GROUP

ECC is now offering the Incredible Years Parent Training Series in both Spanish and English. The groups run for 20-week cycles, with fall and spring sessions.

---Teresa D.J. Batista, BS  Head Teacher, Bronx House
PROMOTING BETTER SLEEP IN CHILDREN

Pediatric sleep problems are universal. The prevalence of parent-reported sleep problems in children is about 25%, most common in the early years. Many types of sleep problems are common in all cultures. Problems such as resistance at bedtime, awakenings, lack of sleep, bedwetting and daytime sleepiness tend to be common. Of particular concern is insufficient sleep in school-aged and adolescent children, which is linked to the influence of technology (be it TV viewing, computers, videogames), the impact of family lifestyles with working parents and contribution of academic demands and school schedules. Cosleeping, whether cultural or due to overcrowding may impact on sleep behaviors as well.

School age children need somewhere between 9-12 hours of sleep at night. Most children should fall asleep between 15-30 minutes of getting into bed. They should be able to rouse easily at the time they need to get up and should remain alert all day. They should not need a nap and should not be yawning or falling asleep in school.

Sleep problems affect the health of children, their ability to learn, performance in school and in family dynamics as well. Lack of sleep can lead to more accidents or injuries, memory, concentration and performance problems, slower reaction times, mood issues and behavior problems.

Tips for Addressing Sleep Problems in Children:

- Make sure the child is getting a good deal of varied activities during the day and physical activity and fresh air. This aids in decreasing stress levels and helps children to relax. Limit TV watching to no more than 2 hours/day.

- Establish a regular bedtime each night and do not vary it by more than one hour on weekends or holidays. Similarly the waking time should not vary by more than one hour from weekday to weekend.

- No food or drink, (especially carbonated or caffeinated) within an hour of bedtime. Child should not have access to drinks or food in bed.

- Keep the noise level in the house low and make after dinner play quiet and low activity.

- A bedroom routine needs to be established whether it be a warm shower or bath, playing cards or story reading. Children need special time with a parent at this time of separation. Television should not be in a child's room and should not be used to help put the child to sleep.

- The room should be darkened (a night light is often helpful) and room temperature should be comfortable.

- If you give a child one or two transitional objects like a favorite plush animal, blanket or book, this may help with separation. Parents should not get into bed with a child in order to get them to sleep. If this is difficult, they should consult their pediatrician or sleep specialist.

Establishing good sleep hygiene is optimal at an early age, but it is never too late to teach a child good sleep habits.

---Merryl Schechtman, MD

For additional information contact:

The National Sleep Foundation
The National Center on Sleep Disorders Research at the National Institutes of Health
(301-435-0199)
American Sleep Apnea Association
(202-293-3650)
LEARNING TO IDENTIFY & TREAT

TRAUMATIC STRESS

Many of the young children we see at the ECC have experienced multiple traumas before reaching the age of five. These traumas include neglect, abuse, domestic violence, community violence, medical procedures as well as early separations and losses. Often young children come to our attention because of their developmental and behavioral difficulties, but the impact of these traumatic events on their young lives and their symptom presentation is often overlooked. More and more we see the importance of identifying the traumatic events and providing appropriate trauma informed treatment for our children and families. In addition, we often need to advocate for these children when other agencies neglect to acknowledge and address the traumatic histories.

Sometimes the traumatic events are well documented and come to our attention at the time of intake. We see many children in foster care, who are removed from their biological families due to their exposure to trauma and this is clear in the initial referral. Other traumatic events become known to us over the course of treatment as the children and caregivers reconstruct their life stories together. One example of this is a four year-old boy seen at ECC who presented with PTSD symptoms including sleep difficulties, nightmares, aggressive behavior, distractibility and repetitive doll play involving figures of policemen. He had lived with a stable, nurturing foster family since infancy and his foster mother could not immediately identify any events that might precipitate his symptoms. Only after a few months of sessions did the child begin to comment on an event that occurred two years before involving an older sister who lived in the same foster home. At that time his sister had a violent outburst, which involved yelling, hitting, cursing and throwing furniture, including a chair, which hit the toddler in the head. His foster mother tried to attend to him while restraining his sister. Police and medical personnel arrived and both the boy and his sister were taken to the hospital in the same ambulance. His sister was immediately removed from the foster home and placed in a residential treatment program. As a result of this incident, the young boy experienced not only a physical injury, exposure to violence, the confrontation with the police and medical personnel, but also the loss of his biological sibling who did not return to the foster home. His foster mother had not initially reported this incident, possibly because it was also very stressful and upsetting for her. Once her foster son began speaking of the incident, she willingly participated in creating a trauma narrative of the event with him.

Young children affected by trauma present with regulatory difficulties, difficulties forming secure attachments, and behavioral difficulties including tantrums, aggressive behavior and non-compliance. Many of these children meet criteria for a full diagnosis of Post Traumatic Stress Disorder. Recently some of the staff at ECC conducted a pilot study of 51 young children living with their biological families. We found that between 10% and 35% of these children suffered from PTSD, depending on which diagnostic criteria was used. Clearly the rates are even higher among children living in foster care. Sometimes children with PTSD are mistakenly given other psychiatric diagnoses including ADHD, disruptive behavior disorder or anxiety disorder.

At ECC we are trying to become more skilled at accurately identifying the symptoms of trauma in order to provide more appropriate interventions. One step in this process is to find a valid and efficient way to identify PTSD in our population of young children. Our pilot study looked at the validity of a proposed Child Behavior Checklist PTSD scale, a subscale of the Achenbach Child Behavior Checklist, a measure, which we give routinely at intake. We found that this subscale did not adequately differentiate the children with PTD from those with other developmental and behavioral difficulties. We are now looking at the usefulness of other trauma scales, which might be administered both at intake and periodically through the course of treatment.

Clinicians at ECC have recently attended trainings focusing on the impact of trauma on early development. In June 2009 we sponsored a two-day workshop with Dr. Michael Scheeringa, a psychiatrist from Tulane University with expertise in early childhood PTSD. Dr. Scheeringa discussed how to accurately identify PTSD in young children and he presented a cognitive behavioral approach to treatment. In April 2010 some of our staff attended a workshop on Trauma in Infancy and Early Childhood given by Dr. Patricia Van Horn of the Child Trauma Research Project at San Francisco General Hospital. Dr. Van Horn described the effect of trauma on early neurophysiological, cognitive and emotional development emphasizing the important role of attachment relationships. She also discussed the use of child-parent psychotherapy as an effective intervention with children exposed to violence. Other staff members attended a recent presentation by Dr. Daniel Schecter at the New York Zero to Three spring conference entitled, “Interrupting Intergenerational Cycles of Violence and Abuse”. The staff at ECC continues to participate in supervision and in service trainings, which help us address the issue of trauma with more skill and empathy. In addition, we work closely with other agencies and organizations including the family courts and the Administration for Children’s Services to provide community support for families at risk. Hearing about the traumatic histories of the children and families we serve can be upsetting and overwhelming. Ongoing training and collaboration will help us provide more successful interventions.

---Joanne Loeb, PhD
The Advocates for Children’s Robin Hood Project has linked our two organizations, making the Early Childhood Center an official partner of this well-known educational advocacy group. This linkage permits Early Childhood Center staff to refer to AFC children who are not getting appropriate services through the Early Intervention Program, the Committees on Preschool Special Education or the Department of Education’s special education programs for school age children. Upon our referral, Advocates for Children investigates the nature of the problem, provides technical assistance to the family or the child’s ECC therapist to help them resolve the problem, or, in particularly concerning cases, provides direct advocacy for the family, including participation in service plan meetings. To date, almost 20 families have been referred by ECC to AFC, and all have had successful resolution to their educational planning problem. As an additional component of this relationship, AFC provides training to ECC staff on topics selected by our team to help clinicians and trainees understand the special education system, develop advocacy skills themselves, and to mentor parents in the process of securing services for their children. Periodic in-person meetings between key staff of our two organizations assist in good communication and effective team building.

This year, several charitable organizations have helped ECC to enhance the quality of life for the children who received services at our centers. The Robin Hood Foundation’s Summer Youth Volunteer program provided an organized trip to the Bronx Zoo for families that have been part of an intensive parenting group that meets at CBTF three times a week. Ten summer high school youth volunteers enjoyed the day with eight families taking them through the many exhibits and rides in the park. Children, caregivers and siblings were able to enjoy a beautiful summer day filled with tons of fun and laughter.

The hot weather of summer, combined with limited resources, can become a stressful time for many of our families of children with developmental and behavioral issues. This adds a lot of strain to the parent-child relationship. Each year we work hard to find affordable activities and camp-like settings appropriate for children with special needs. The Carol A. Posen Fund has given many of our caregivers the opportunity to provide a better summer environment for their children by providing stipends for summer camp or other recreational activities.

The winter holidays also become a strain for already-stressed parents. The families at the Leonia High School in New Jersey, have consistently and generously provided children with gifts year after year. We are also greatly appreciative of the Robin Hood Foundation for the opportunity to be a part of their Corporate Amazon Wish List which allows charitable contributors the chance to donate toys and necessities to the children and their families.

Finally, with continued support of the federal Reading is Fundamental (RIF) program, we are able to distribute books to children every few months, enriching their minds and imagination and preparing them for school.

We appreciate the support!