The Early Childhood Center has experienced significant growth and expansion this year. Most notably, we have opened our second site, The Center for Babies, Toddlers and Families, which was made possible by generous funding from the Robin Hood Foundation. The Center for Babies, Toddlers and Families offers the same relationship-based interventions for young children with developmental and/or behavioral concerns as the Early Childhood Center, with facilities perfectly designed for our infants and toddlers. The opening of the center, located at 1521 Jarrett Avenue, was celebrated on November 28, 2006.

We have also expanded the therapeutic modalities offered at both sites, all designed to promote the development of young children with challenges, and to strongly support their social-emotional competencies as well as the well-being of their parents and caregivers. To extend the range of supports for parents, we are pleased to now offer psychiatric services, including individual psychotherapy, to parents struggling with depression and unresolved trauma, as an adjunct to their children’s therapies. In addition, we have recently introduced a yoga and movement therapy program for our children, and one for parents, to expand their capacities for stress management and trauma symptom reduction.

In addition to the clinical work that occurs at our centers at CERC, we continue to offer infant mental health and early childhood developmental and behavioral support services in several other child-serving organizations and systems. These projects, funded by the Mental Health Committee of the New York City Council and the NYC Department of Health and Mental Hygiene, place our clinicians in primary pediatric care, foster agencies, preschools and child care programs, and in Bronx Family Court toward the goal of expanding capacity within all systems to support young children’s healthy development. New this year, we are collaborating with the Montefiore Medical Center, to offer a Healthy Steps Program at the Comprehensive Family Care Center, which partners developmental specialists with pediatricians to provide extra attention and developmental guidance to families during their babies’ first three years of life.

Finally, we have significantly expanded our training program for graduate students seeking clinical experience in infant mental health and developmental disabilities in early childhood. The training program offers full year externships that, in addition to clinical practica, include a formal didactic and seminar series.

We are inspired by the research, clinical and funding opportunities that have permitted us to grow and extend the array of services we can offer to very young, vulnerable children during this very dynamic and formative stage of development, and look forward to continued opportunities to collaborate with our partners in this important work.

--Susan Chinitz, PsyD, Director
Clinicians from the Center for Babies, Toddlers, and Families of ECC have been collaborating with the Department of Pediatrics of The Comprehensive Family Care Center (CFCC), an outpatient clinic of the Montefiore Medical Center. We have implemented two best practice models to address the well being of young children in the practice and their families.

First, Rahil Briggs, a clinical child psychologist from CBTF is co-located at the practice the equivalent of three full days a week, serving an infant mental health and development consultant. Via this consultation model, all children at the practice from birth through age three are screened and monitored (using a nationally normed and standardized screening tool) regarding their social emotional and behavioral development. Children are screened every six months during their well child visits, and all necessary follow up is provided, from facilitating referrals to intensive treatment. Dr. Briggs also delivers relevant education in infant mental health to all pediatric providers and 4th year medical students at the practice. After two years of implementation, more than 1500 children have been screened as part of their routine medical care and at least 600 of those have received consultation or therapeutic services.

In the Summer of 2006, CFCC (Rahil Briggs as the Principal Investigator and Susan Chinitz and Andrew Racine as Co-Investigators) became the proud recipient of a 3-year grant from the Altman Foundation to implement Healthy Steps for Young Children at the pediatric practice. Healthy Steps is a national program that supports young children's development and well being by the addition of a Healthy Steps Specialist (HSS) into the practice. The HSS follows families from their last trimester of pregnancy until the child's third birthday, serving as a developmental specialist in addition to the primary provider. At CFCC, the Healthy Steps program is offered to all first time mothers at the pediatric practice, and delivers a combination of home visits, intensive screening and assessment of maternal well being, psychosocial stressors, cognitive, motor, and social emotional development, autism, and attachment. Healthy Steps Specialists are Laura Krug, LCSW (Montefiore) and Karaine Sanders, PsyD (CBTF). The program is undergoing extensive evaluation, using a comparison group model, in the hopes of demonstrating the very important benefits of Healthy Steps in an at risk population.

---Rahil Briggs, PsyD

Clinical Services for Hispanic Families

The Early Childhood Center and the Center for Babies Toddlers and Families provide bicultural, bilingual services for very young children who are referred due to behavioral concerns, children's exposure to trauma, and/or developmental delay. The Hispanic families seen are from homelands that cross-continents, from Mexico, the Caribbean, Central and South America. They have been in the United States for a few months or for their whole lives, and may or may not have mastered the English language. The common denominator for all the families is their Latin heritage and parenting a toddler or preschool age child who is struggling with a behavioral or developmental challenge.

The interventions focus on the dyad as children learn through relationships with their caregivers in the home environment. A variety of services are available to families based on their need and availability. They can be seen in individual therapy, dyadic therapy, and/or group services for children and parents. Services are presented in a culturally competent manner and take into consideration the issues faced by immigration and adaptation to the United States culture. The therapeutic environment provides a milieu where families reflect on their childhoods and parenting styles without fear of criticism or judgment. Within the parameter of the clinic walls, families discuss concerns ranging from feeding and regulatory issues to the more life altering experiences they have endured with mental illness, substance abuse, domestic violence and child abuse. Each person is treated with dignity and respect - a staple of the Latin culture.

The group sessions are often a new experience for families who are isolated. It provides an emotionally safe venue for members to address topics never before spoken. As a result they learn about their children, community resources, treatment modalities and themselves. For many, the steps they take to help their child benefit the entire family. The process begins with the identified child's assessment and referral for programs/services, but extends to encompass sibling issues, parental enrollment in services that promote personal growth (ESL, GED, and/or the workforce), and clinical interventions to insure families' overall well being.

---Denise Giammanco, MS
Carmela Leon welcomes the bitter cold of New York winter. She blends easily into a crowd of bundled up, scarf-clad commuters on the train or bus. As she waits indoors of The Early Childhood Center for the therapy group to commence, Carmela does not take off her coat or loosen her scarf. Only after joining other women and some of their children in the therapy room does Carmela take off her outer layer of clothing revealing a distinct scar that runs across most of her neck. Carmela is a regular group member of Spanish-speaking women who are Survivors of Domestic Violence. The group meets weekly at The Early Childhood Center. The scar on Carmela’s neck is only one of several reminders of last summer’s assault during which her husband gauged her slowly and painfully with a kitchen knife in front of their four year old son, Jesus. Hailing from Mexico, Carmela is aware that the United States does not sanction domestic violence but she does not know what type of help is available to her or how she should handle Jesus’ temper tantrums that remind her of her husband’s rage.

At this particular group facilitated by trained professionals at the Early Childhood Center (Sadye Bartolomei, L.C.S.W., Denise Giammanco, MS, and Geraldine Narciso, Children’s Group Coordinator) women and their children are offered an array of services. As the women each tell their stories their children play close by. The children are not separated from their mothers because they are ALL survivors of domestic violence. The children have seen their mothers cry dozens of times before and, oftentimes, tell details of violent episodes in their family with more clarity than the adult. Jesus uses a crayon to draw lines on his arm showing the therapists what his father did to his mother. In this therapy group, the children learn that their mother’s sadness is understandable and so it is understandable when they are sad too. The children hear that they are not responsible for their mother’s pain. They learn, also, that their family will not have to continue living in scary situations and that mommy will not be sad forever. The group offers the children developmentally appropriate interventions while addressing the parent’s issues of fear, low self-esteem, depression and guilt.

Domestic violence is an epidemic raging across socio-economic and cultural lines all over the United States and abroad. Embedded within this epidemic are countless children who are physically and psychologically abused. Although women’s shelters are bulging with U.S. born women and their children fleeing from violence, a 2004 New York City Health Department report found that foreign-born, immigrant women are significantly more likely to be killed by their violent partners than U.S. born women. One explanation for this is that abusers take advantage of women who are unable to speak English and live in fear of deportation. These women are less likely to call police when they are attacked. Immigrant women must consider the consequences bestowed upon their extended family if their children’s father is jailed or deported.

At the Early Childhood Center, in addition to receiving therapeutic interventions, the group of survivors discusses services available in the United States that makes sense to their particular situation. For example, Carmela Leon has a criminal case pending against the father of her children but is considering dropping charges. Why? If he is caught and deported back to Mexico, he will likely take vengeance out against Carmela’s mother and brothers who live in the abuser’s hometown. “He’ll kill them”, she states without hesitation, “If he stays in the United States, I can keep away from him and he is away from my family.”

It is not exactly the American dream that most of us enjoy, but feeling that she can protect some loved ones is the beginning of Carmela’s growing sense of empowerment.

Parents in the Survivor’s group at The Early Childhood Center learn the multi-level impact of trauma on their children and themselves. They are encouraged to remember or imagine more peaceful times in their lives because they all deserve a life without fear.

Her scars remind Carmela daily that she has survived a nightmare. She speaks to her husband in her mind when she views the scars in a mirror, “You almost killed me, you monster. You almost killed me, but you did not. And I will raise my son free from you.”

--Sadye Bartolomei, L.C.S.W.
Help for children with ADHD found in The Incredible Years

One of the many challenges facing parents of children with Attention Deficit /Hyperactivity Disorder is figuring out whether their spirited child really has a problem that should be of concern. After all, aren't children supposed to be curious and active? And at what point does a parent shift their view from, 'Johnny is a free spirit’ to ‘Johnny is impulsive’?

Parents can seek diagnostic clarification in several ways. Evaluation centers ask questions of parents regarding the child’s functioning in various developmental and psychosocial domains including self-help skills, social skills, and frustration tolerance. There may also be a checklist to determine whether a child demonstrates enough characteristics to warrant a diagnosis of Attention Deficit/Hyperactivity Disorder. This is important information for a parent to know, but a diagnosis does not further equip parents to improve their child’s behavior.

Today, there is increasing concern about prescribing psychiatric medications for young children with ADHD. More and more, parents are eager to learn behavioral strategies to implement with their children to improve their social interactions and academic performance. Such techniques are effective on their own, but can also be an important adjunct in conjunction with medication.

The Incredible Years Parenting Program is a recognized, evidence-based program created by Carolyn Webster-Stratton, Ph.D. at the University of Washington. It is a comprehensive, strength-based 12 week program designed specifically for parents of young children with ADHD or other disruptive behavior problems, which has proven effective in reducing children’s aggression and behavior problems while increasing social competence and self-esteem. The Early Childhood Center has two clinicians, Denise Gianmanco, M.S. and Sadye Bartolomei, L.C.S.W., trained in the Incredible Years method of parent guidance and education.

Meeting once a week for twelve consecutive weeks, parents participating in this program at The Early Childhood Center read a handbook provided for them, The Incredible Years- A Troubleshooting Guide for Parents of Children Aged 2-8 years. The group facilitators both explain each chapter’s concepts and address the parents’ questions on a weekly basis. Parents also discuss videotapes and engage in role-play to enhance learning. The parents are strongly encouraged to practice the program’s principles along with a partner who knows the child well. The partner can be a co-parent, grandparent or close adult friend who will support and implement the program’s techniques along with the primary parent. Homework assignments are provided and reviewed on a weekly basis to give the parent’s feedback regarding their use of concepts and understanding of the material covered.

Parents completing The Incredible Years Program at The Early Childhood Center may expect a clearer understanding of how their child with ADHD or externalizing behaviors relates to the world, and why certain interactions encourage compliance while other interactions result in chronic misbehavior. Parents develop greater competence managing, understanding and appreciating their spirited youngsters. Simultaneously, the children develop better social skills, enjoy increased self-esteem and develop more pro-social coping mechanisms. Raising a child with Attention Deficit/ Hyperactivity Disorder or non-compliant behavior is undoubtedly challenging, but it can be an opportunity for personal growth and for discovering how much fun and imaginative such children can be.

Sadye Bartolomei, L.C.S.W.
The Preschool Consultation Project

With increasing reports of preschool children disrupting the flow of activities in childcare and preschool programs the Early Childhood Center initiated the Preschool Consultation Project (PCP), which co-locates early childhood developmental and behavioral specialists in neighborhood programs in the Bronx to prevent and/or intervene with behavioral concerns identified by administrators, teachers, and parents. The educators describe negative child behaviors that derail learning and social skill development such as increased levels of aggression and poor regulatory abilities. For some preschoolers, their disruptive behavior culminates in expulsion from preschool, with some children ending up in numerous centers before age 5. The PCP has been funded by New York City’s Children Under 5 Mental Health Initiative and provides support to administrators, staff training, family intervention and, most importantly, on-site clinical services for children at risk for failure in school and mental health problems. A total of five different programs have participated in the PCP, with additional site visits provided for short-term consultation in other centers when children who receive therapy at ECC experience problems in their childcare or education programs.

This project was modeled on best practices in the fields of early childhood education and mental health which set a vision for socially and emotionally responsive preschool programs as a means of decreasing behavioral problems in our youngest children. The ability to have clinicians partner with early childhood teachers helps children develop improved self-regulatory and interpersonal skills, problem solving abilities and pre-academic readiness skills needed as a solid foundation for learning. The preschool staff is supported in assessing and managing difficult or confusing behavior in children, building partnerships with parents, and utilizing community resources for family support.

Feedback from the preschools participating in this collaboration has identified the following changes in those programs served by this project: an environment focused on the desired behavior, teachers’ increased positive engagement with children, increase in children’s pro-social skills, and positive solutions within classrooms to resolve conflicts. Teachers report having a more expanded repertoire of strategies, increased competence interpreting child behaviors, and better skills in collaborating with families. One of the teachers summed up the intervention by saying: “I would not have kept this child in the program without the support of the PCP. I am surprised with his complete turn around in both social skills and learning, and now he will go to kindergarten and succeed. As for me, I know I can handle difficult children and will work more competently with them in the future.”

--Denise Giammanco, MS

Therapeutic Visiting for Children in Foster Care

When families are separated by the placement of children in foster care due to findings of abuse or neglect, the goal of the child welfare system is usually family reunification, yet little is typically done to help parents change those parenting behaviors that resulted in the child’s removal in the first place, or to guide more nurturing and protective parenting. Given the importance of the quality of parenting in promoting young children’s social emotional and behavioral development, and the upheaval wrought on parent and child by court-ordered separations, much help is often required to attain the goal of safe and stable reunification. Therapeutic visiting uses families’ regularly scheduled visits as a port of entry to child-parent psychotherapy toward the goals of improved parenting, parent-child relationships, and expedited permanency planning.

Therapeutic visiting may occur at foster agencies, at families’ homes, or in places in the community where parents and children would typically be together. It begins with an assessment of parents’ and children’s strengths and vulnerabilities, and facilitated linkages to other services (e.g., mental health, substance abuse, Early Intervention) that will help parents and children be better interactive partners for one another. In the primary intervention, a “Visit Coach” meets with the parent(s) before the visit to plan a visit that will meet the developmental and social emotional needs of the child(ren), then supports and guides the parent during the visit, reviews the visit with the parents afterwards, and begins to plan for the next visit. In the process of therapeutic visiting, parents learn to appreciate what their children need from them in the course of the visit, how they might engage their children, manage their behavior in a positive way, and how they can help their children tolerate the painful feelings that visits often engender, including the need to say good-bye each time and/or the realization that the child has attachments with foster parents. (continued next page)
The Early Childhood Center provides therapeutic visiting to families referred for this service by foster agencies in the Bronx, and by Family Court Judges. In addition, the Early Childhood Center is part of a consortium of providers in the Bridge Builders Collaborative, a community-based network of families, government and non-profit organizations working to develop innovative approaches to child welfare policy and practice and, in this capacity, and with grants from the Far Fund, The Viola Bernard Foundation and the Partnership for Family Supports and Justice, provides therapeutic visiting for families in the Highbridge area of the Bronx. The community-based program is a collaborative effort between the Early Childhood Center, the NYC Administration for Children’s Services, the Special Projects Division of the Office of Family Visiting and Parenting Education and the Foster Care Division of the Bridge Builders Collaborative.

Preliminary program evaluation shows that families who have benefited from this service have been granted more frequent and more liberal visits by judges, and some have attained the ultimate goal of reunification. The project has also raised awareness of the importance of family visits, has resulted in better collaboration between families, agencies and systems, and has contributed to practice changes.

--Marian Silverman, PsyD

Research Collaboration

We are very pleased to announce the receipt of an internal grant from the Children’s Evaluation and Rehabilitation Center to fund an ongoing pilot study where we are documenting positive changes in parent/child relationships with troubled attachment histories. In this study, we are focusing on parents and children who attend the parent/child psychotherapy groups at our Center for Babies, Toddlers and Families. Anne Murphy, PhD has coordinated these groups since 2001, where group interventions are based on attachment theory. This clinical/research collaboration is with Miriam Steele, PhD and Howard Steele, PhD at the Center for Attachment Research at the New School for Social Research. Drs. Steele are internationally regarded attachment researchers whose longitudinal studies have focused on parent/child attachment patterns spanning two decades.

--Anne Murphy, PhD

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