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## Improving outcomes for babies and toddlers in child welfare: A model for infant mental health intervention and collaboration

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### ABSTRACT

Children under three comprise a sizable and growing proportion of foster care placements. Very young children who enter the child welfare system experience disruptions of critical attachments that are essential to this formative stage of brain development, as well as other traumatic events, leaving them at great risk for lifelong impairments. To reverse these concerning outcomes, babies who have been removed from their homes require intensive, relationship-based interventions that promote secure attachment to a primary caregiver and holistic attention the child's developmental needs. Child welfare decision-makers must be informed of infant brain development and knowledgeable about the particular needs and circumstances of each child. This article describes a model with these features that has been developed and tested in the Bronx, New York, one of the nation's poorest urban counties with high rates of foster care. The Project utilizes evidence-based Child-Parent Psychotherapy (CPP) as its core intervention, and emphasizes collaboration and information sharing—driven by the CPP clinician—with judges, child welfare workers, attorneys and other social service and mental health providers, thereby encouraging developmentally and relationally informed case planning and permanency decisions. The model is evaluated using pre and post treatment psychosocial measures and program outcome data. Results indicate improvement in parenting interactions, positive child welfare outcomes (including increased rates of reunification, fewer returns to foster care), and improved safety and wellbeing. Results highlight the need for child welfare practices to be more closely aligned with the current science of infant brain development, and to incorporate a specialized approach to address the unique needs of infants.

### 1. Introduction

Infancy is the most plastic and receptive period in human development, as well as the most foundational. Neglect, abuse, and disturbances and disruptions of critical attachments during this formative stage of brain development can derail neurodevelopment and result in lifelong impairments. In contrast, sensitive, nurturing care and healthy and stimulating environments can set a foundation for physical and emotional well-being, healthy relationships and the development of skills needed for success in school and beyond. Infants who come to the attention of the child welfare system have already experienced adversity, but are still within a sensitive period of neurological, cognitive/linguistic, and social emotional development during which high quality interventions can make an important difference in shifting the balance between risk and protective factors.

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While the overall number of children in foster care has decreased in recent years, the number of very young children in care is increasing nationally, both in total numbers and as a proportion of all children entering care (Annie E. Casey Foundation, Kids Count Data Center, 2015, Casey Family Programs, 2013). Nationally, children under age three make up 46.3% of all substantiated cases of victimization, and account for an astounding three-fourths (73.9%) of maltreatment fatalities (U.S. Department of Health and Human Services, 2015). Infants and toddlers constitute a disproportionately large percentage of first-time admissions to foster care, and they stay in foster care longer than children entering care at older ages (Wulczyn, Ernst & Fisher, 2011). Of great concern is the finding that nearly one in three infants who are reunited with their parents return to foster care (Wulczyn, Chen, Collins & Ernst, 2011).

Parents of infants who have been placed in foster care most often have complex histories and multiple adverse experiences of their own, starting in childhood and persisting through their childbearing years (Hudson, 2011). Compared to parents of older children, parents of infants in foster care are more likely to abuse drugs or alcohol, to be victims of prior or active domestic violence, to have a serious mental health problem, to have been recently arrested, to struggle financially, and to have high levels of stress in the family. A larger percentage has a childhood history of abuse or neglect themselves (Wulczyn, Ernst et al., 2011).

It is not surprising, therefore, that outcomes for infants and toddlers in foster care have historically been poor. They have significantly higher rates of medical, developmental and behavioral problems than their non-child welfare involved age peers resulting from pre- and post-natal stressors on the developing brain and neuroendocrine systems (Shonkoff, Boyce, & McEwen, 2009), as well as from the psychological experiences of neglect, abuse and loss. In a study of infants followed in the National Survey of Child and Adolescent Well Being, 38% of children known to the child welfare system had accrued more than four adverse childhood experiences by the time they were two years old (Stambaugh et al., 2013).

Despite these realities, and despite all that is known about the importance of these earliest years, current approaches in child welfare too often fail to take the special needs of infants into account. A survey of child welfare policies and practices conducted in 2013 by Zero to Three and Child Trends revealed that few states have policies that differentiate services for infants and toddlers from those for older children, or have implemented promising approaches to meeting the unique needs of children under three (Child Trends and Zero to Three, 2013). While most infants come into care due to parental dysfunction, and though there is almost universal acceptance of the critical importance of children's attachment as a necessary and important foundation for healthy social emotional development (van IJzendoorn & Sagi, 1999), few practices have a relational focus or provide evidence-based interventions that are specifically designed to promote nurturing parenting and children's secure attachment. Few child welfare interventions address the complex traumatic experiences that are common in the histories of both the children and their parents, and which may be pivotal for achieving lasting reunification, family stability, and the goal of child well-being (Jones Harden, 2007).

A meta-analytic review of interventions aimed at improving maternal-child attachment security (Letourneau et al., 2015) found a large effect size for those that targeted maternal sensitivity and/or reflective functioning. While, overall, such interventions were effective at promoting maternal-child attachment and maternal child interaction, effects were greatest for maltreated children, and for mothers and children affected by socioeconomic adversity and maternal depression. Studies that provided attachment-based psychotherapies for maltreated young children improved children's attachment security and their representations of self and other to a significantly greater extent than psychoeducational/didactic skill-based parenting interventions (Cicchetti, Rogosch & Toth, 2006; Toth, Maughan, Manly, Spagnola & Cicchetti, 2002). Other studies showed that Family Court collaboration with an academic medical center that assessed and identified the mental health needs of young children in foster care and their parents, and provided needed mental health interventions, reduced maltreatment recidivism (Zeanah et al., 2001; Constantino et al., 2016). Collaboration between child welfare and infant mental health practitioners is clearly important and has been found to be effective. It is, however, still a relatively rare and underutilized partnership for child welfare involved families.

## 2. Project rationale

The Infant Parent Court Project was developed in 2009 by the Early Childhood Center of the Albert Einstein College of Medicine, a clinic that offered relationship-based developmental and social emotional interventions for children birth through five. The Project was developed in collaboration with the Bronx Family Court. The Bronx is a borough in New York City that has the highest rates of poverty and child welfare system involvement in the state. According to the NYC Administration for Children's Services (ACS), in 2013, 711 Bronx children under the age of three entered the child welfare system; half of these children were placed in foster care (personal communication with NYC ACS, 2014).

The Infant Parent Court Project was developed to address the following shortcomings in the approaches typically used by the child welfare system when very young children are involved:

- Interventions for parents whose infants or toddlers have been removed due to maltreatment are often generic (e.g. parenting classes) and do not emerge from a thorough assessment of the child, parent, or social context in order to specifically target the problems that resulted in maltreatment and removal.
- Dyadic or relational interventions are rarely used, thus obscuring the interactional problems that occur between parent and child, and leaving them unavailable for intervention.
- Courts do not typically refer to relational interventions, as court personnel are usually unaware of evidence-based practices in the field of infant mental health and/or have no access to resources for dyadic services for young children and their parents.
- Court personnel typically do not have access to comprehensive information related to psychotherapeutic treatment progress, thus limiting their ability to use such information to inform permanency planning.
- Prolonged court processes either impede the development of the attachment between child and parent, which is a critical

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