



# Safe Start Early Childhood Mental Health Services

Child Saving Institute



Heartland Family Service





For families with  
children age five and  
younger

- Parent-Child Relationship Assessment
- Parent-Child Psychotherapy
- Family Support Services

# SAFE START Program Goals



- To strengthen or repair the parent-child bond
- To promote the child's social and emotional development
- To minimize harmful developmental consequences of disruptions in care giving because of abuse or neglect.



# Referral Criteria

- Children age birth through 5 years
- Victims of, or at risk for, abuse, neglect, trauma or exposure to violence
- Child may be living in the home or in a foster placement.
- Referral question is about the quality of parent child interaction and/or child's developmental status
- Referral at earliest possible stage of HHS involvement is optimal for this program.

# Additional Referral Indicators

- Child has had multiple disruptions in care-giving
- Child has been severely abused or has witnessed extreme violence
- There are concerns about development (cognitive, physical, language, social, emotional)



- Pilot Project with Nebraska Department Health and Human Services
- Since September 2006,
  - 17 families referred
  - 13 families assessed
  - 18 children assessed



# Infants and Young Children in the Child Welfare System

- Cognitive Delays
  - Very high risk of below average cognitive development
- Language Delays
  - 14% under 5 years are more than two standard deviations below the norm
- Temperament/Emotion Regulation
  - Higher rates of insecure attachment; lower compliance
- Physical Development
  - Shorter; smaller head circumference
  - 59% either over or under weight (3x greater than normal population)



– Source: Zero to Three

# Infants and Toddlers in Foster Care

- Separated suddenly and often traumatically from parent
- Prior history often included trauma, stress, deprivation
- Disrupted placements



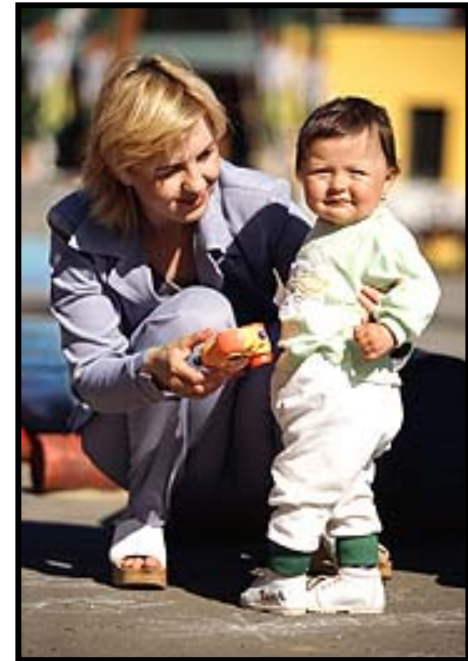
# Infants and Toddlers in Foster Care

- One of five foster care placements is an infant
- Babies under one make up 25% of the children in the child welfare system
- 76% of child abuse fatalities occur to children under age four
- Infants remain in foster care twice as long as older children
- Babies experience “foster care drift” – multiple foster care placements



# Protective Factors

- A healthy, positive parent-child bond is a fundamental protective factor against abuse, neglect and multiple other risks
- Children are highly sensitive to changes or disruptions in primary care giving
- Care givers need to be attuned to the child's cues and needs in order to promote healthy attachment



# Signs of Concern

- Lack of eye contact
- Weight loss or failure to gain
- Lack of responsiveness
- Sensory processing problems
- Rejects, resists, or fails to respond to being held or touched; difficult to comfort
- Unusually difficult or aggressive behavior



# Safe Start Challenges

- Engagement of parent
- Completing within time frame
- Communicating what the case manager needed to know



# Applicability to Adoption Unit

- Aid in the transition between foster and adoptive placement
- Identify potential problems between the child and adoptive parent(s) and address in therapy
- Promote secure attachment when adoptive parent may require support and direction in doing so
- Assess suitability of a particular or prospective adoptive parent in regard to their capacity to promote secure attachment
- Prevent disruption or failure of a placement
- Other ideas ?



# Parent-Child Relationship Assessment

- A structured, observation-based, multi session assessment of the relationship between parent and child
- Model developed by Joy Osofsky, PhD and colleagues; expert in child exposure to violence
- Based on the “Prevent” Assessment model used in the Miami Safe Start Initiative



# Assessment Components

- Initial interview of parent or parents for personal, family, and child history
  - Structured observation of parent #1 and child
  - Structured Observation of parent #2, foster parent, or other caregiver and child
  - “Ages and Stages Questionnaire:” Developmental observation and evaluation of child with parent or other caregiver
- 
- Observation sessions are videotaped
  - Interactions are objectively rated according to specific dimensions of parent child relationship and interaction
  - Morning times preferred for assessment due to age of child but can be flexible as needed



## Observations through one way mirror

- Free play
- Bubbles
- Clean up and transition to new activity
- Several brief interactions around developmentally appropriate toys
- Brief separation (or withdrawal of parent's face for infant) and reunification of parent from child
- Therapist ratings are based on these observations

# Parent-Child Relationship Scales

## Joy Osofsky, PhD

- Objective ratings of parent child interaction
- Used to develop treatment recommendations
- Used as measure of outcome of therapy or other recommended interventions



# Parent Observations Rated

- Positive Affect
- Withdrawn/  
Depressed
- Irritability/Anger/  
Hostility
- Intrusiveness
- Behavioral  
Responsiveness
- Emotional  
Responsiveness
- Positive Discipline



# Child Observations Rated

- Positive Affect
- Withdrawn/  
Depressed
- Anxious/Fearful
- Anger/Hostility/  
Irritability
- Non-Compliance  
Toward Parental  
Instruction
- Aggression Toward  
Parent
- Enthusiasm
- Persistence with Task
- Reunion: Emotional  
and Behavioral  
Responsiveness



# Inclusion of Both Parents and Other Caregivers

- Reason for referral may relate to abilities of one or both parents
- If both parents are involved in care-giving we prefer to do observations with both mother and father
- Observation of other significant caregivers such as foster parent or grandparent is also productive
- Assessment documents strengths as well as problems; shows child's relationships with various caregivers



# A Note About Including Foster Parents

- Observing the foster parent and child can be beneficial...
  - To contrast the young child's responses to caregivers other than the parent
  - To address questions about the child's adjustment to foster care and "fit" of placement; for which intervention may help

# Assessment Report and Recommendations



- Summary of presenting issue and results/recommendations
  - Relational treatment needs: how to build on the strengths in the parent child relationship and what the specific issues are to be addressed in the dyadic therapy, if recommended
  - Developmental intervention needs

# Follow Up Options

- Parent-Child Relationship Therapy
- Parent-Child Relationship Therapy and Family Support
- Other referrals as appropriate for therapy, parent education and support
  - Young Parents Program
  - Substance Abuse or Mental Health Treatment



## 8-month-old child

- Experienced severe physical abuse by mother at 3 months of age
- When observed at eight months he is wary in his mother's presence; avoids eye contact, does not babble or use sounds, does not seek her out for comfort, does not react to her withdrawal (turning away)
- He might look autistic or developmentally delayed...

# Mother's reaction

- She is visibly nervous in her child's presence
- She seems afraid to touch or comfort him
- She verbalizes concern that he might fall and hurt his head as they play

- When observed with his foster mother, he is physically less tense, maintains closeness to her, looks at her, and responds to sounds

# Important Information

- The infant's capacity to relate to a caregiver is intact
- He is on track developmentally
- He is specifically afraid of his mother
- His mother is afraid and unsure of how to interact with and comfort him
  - This becomes the focus of dyadic treatment

# Parent-Child Psychotherapy



- 26-week course of dyadic therapy
- Promotes and strengthens a close, safe, and nurturing relationship between parent and child
- Observation, guidance, and coaching of the parent
- Deals with parent's unresolved early abuse or trauma which interferes in the present
- Promotes adjustment/attachment as child transitions from foster care to home
- One hour weekly, in-office

# Models for Parent-Child Therapy

- Parent Child Interaction Therapy
- Interaction Guidance
- “Watch, Wait and Wonder”



# Treatment Outcomes

- Improved parent-child relationship
- Progress toward permanency goals
- Improvement in child developmental status
- Improvement in parental level of depression
- Reduction of abuse/neglect



# Therapy Approach Includes

- Behavior-based interventions
- Parent support and coaching
- Interactive parent-child play
- Verbal interpretation of transactions between parent and child.



# Family Support

- Adds supervision, practice, and support
- Planned and coordinated with Parent Child Psychotherapy goals.
- Average of three hours per week
- Home-based

# How is Safe Start Different than Intensive Family Preservation?

- It focuses intensively on the relationship between parent and child, **one dyad**, rather than the issues of the entire family unit and home management
- It addresses how the parent's trauma/abuse history may be activated and function as an obstacle when raising this child
- Outcome is *relationship change leading to behavior change* rather than parenting and family skill focus of IFP
- Office based for a controlled, distraction free environment and capacity to videotape and review with parent
- Family Support can be home based to incorporate generalization at home

# How is Safe Start Different than Mental Health or Substance Abuse Treatment?

- Focus on relationship more than individual psychological, behavioral or emotional functioning
- Parent must be sufficiently stable to be present with the child and tolerate the emotional intensity of the therapy
- Any individual therapy or treatment for MH or SA **SHOULD CONTINUE** during this dyadic therapy. We would not ask parents to discontinue an effective and necessary treatment

# Training and Preparation for Safe Start

- Initial development and training funds were provided through the Family Drug Court
  - Joy Osofsky trained the original Safe Start practitioners in the summer of 2005
  - Practitioners attended Diagnostic Classification training (DC 0-3 – new categories for children birth to 3) in Fall 2005 and 2007
  - HHS Sponsored training with Paula Zeanah and Julie Larrieau in October 2006 and May 2007
  - Total of approximately 50 hours of training specific to early childhood mental health and parent-child relationship

# Proposed Changes as Pilot Continues

- Case Conference at beginning and conclusion of assessment and during the therapy
  - What specific issues are you concerned about in the child's adjustment/attachment?
  - Do you have questions or concerns about the adoptive or prospective adoptive parents' needs and ability to attach with the child?
  - Is progress being made?