

Supporting Healthy Attachments and Development for Children, Adolescents and their Parents

Kim Coe and Russ Bermejo

Center for Children and Family Futures

Honorable Caren Loguercio and

Dr. Marian Silverman

Suffolk County, New York



Acknowledgment

This presentation is supported by Grant #2019-DC-BX-K013 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.



This project is supported by Grant # 2019-DC-BX-K013 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.

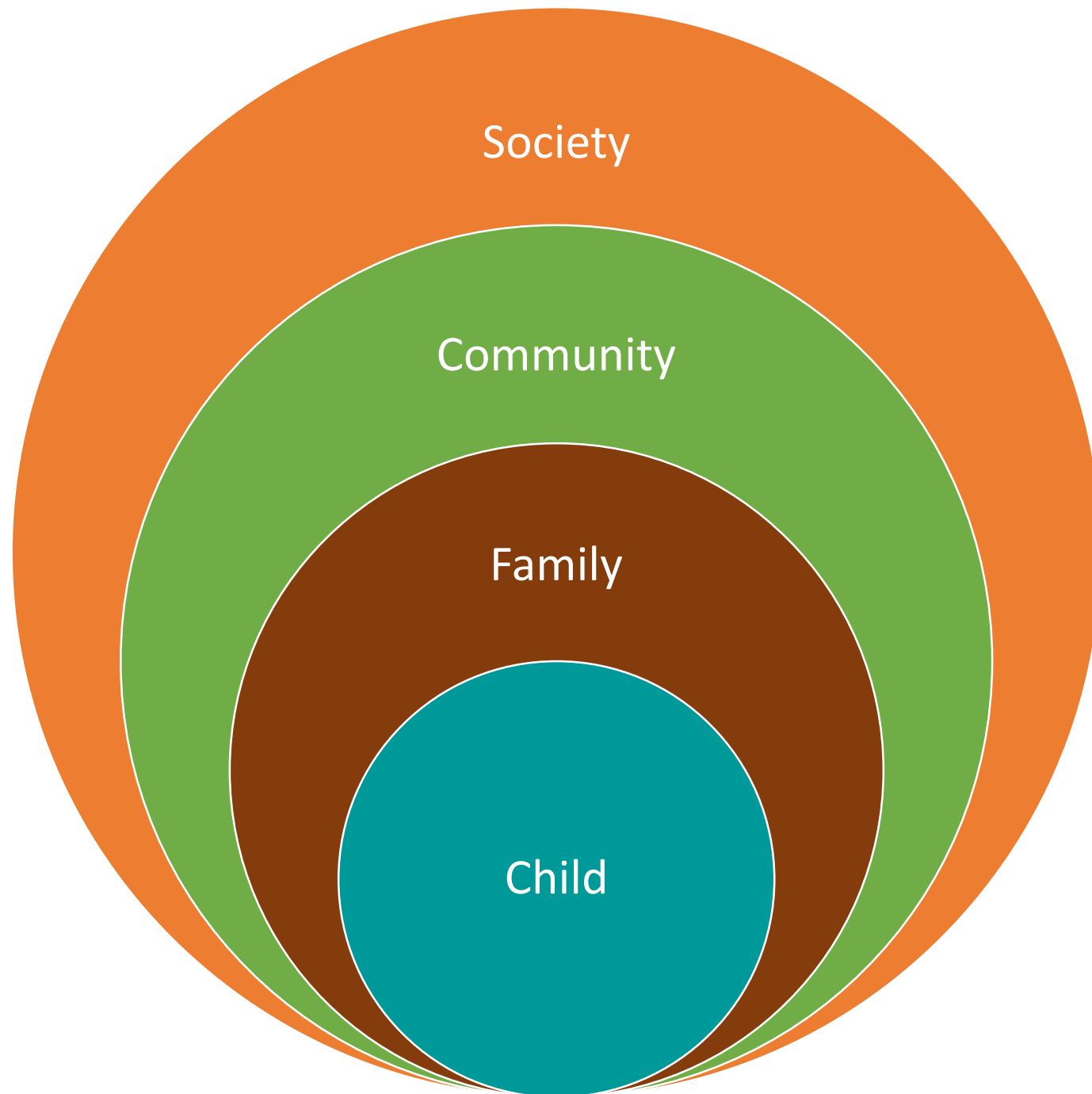
*Why does the parent-child
relationship matter?*

**“There are two gifts
we should give
our children**

One is roots.

The other is wings.”

- Hodding Carter



“Relationships are the agents of change and the most powerful therapy is human love.”

- Bruce D. Perry

“Relationships matter: the currency for systemic change was trust, and trust comes through forming healthy working relationships. People, not programs, change people.”

- Bruce D. Perry

Provide evidence-based services to children and parents including services that address the parent-child dyad



Independent Living



Importance of Social Capital for Adolescents

~~*Independent Living*~~
Inter-

- Connect with **family and other caring adults**
- Connect to larger **community** to build a sense of rootedness
- Give young people opportunities to develop **relational competencies** and skills to navigate school, work, interpersonal, and family life

Family of Origin Matters

Most kids

Stay home

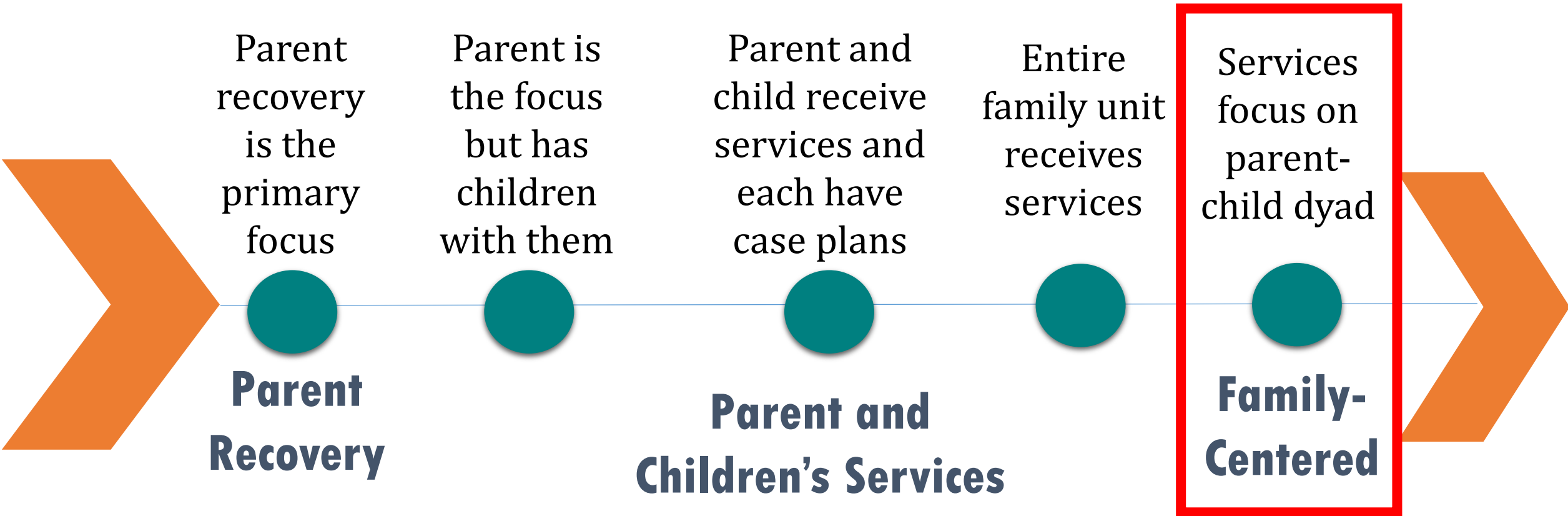
Go home or

Will find home

“The propensity to make strong emotional bonds to particular individuals is a basic component of human nature.” - John Bowlby

#BetterTogether
#IamBecauseWeAre

How Family-Centered Is Your Drug Court?



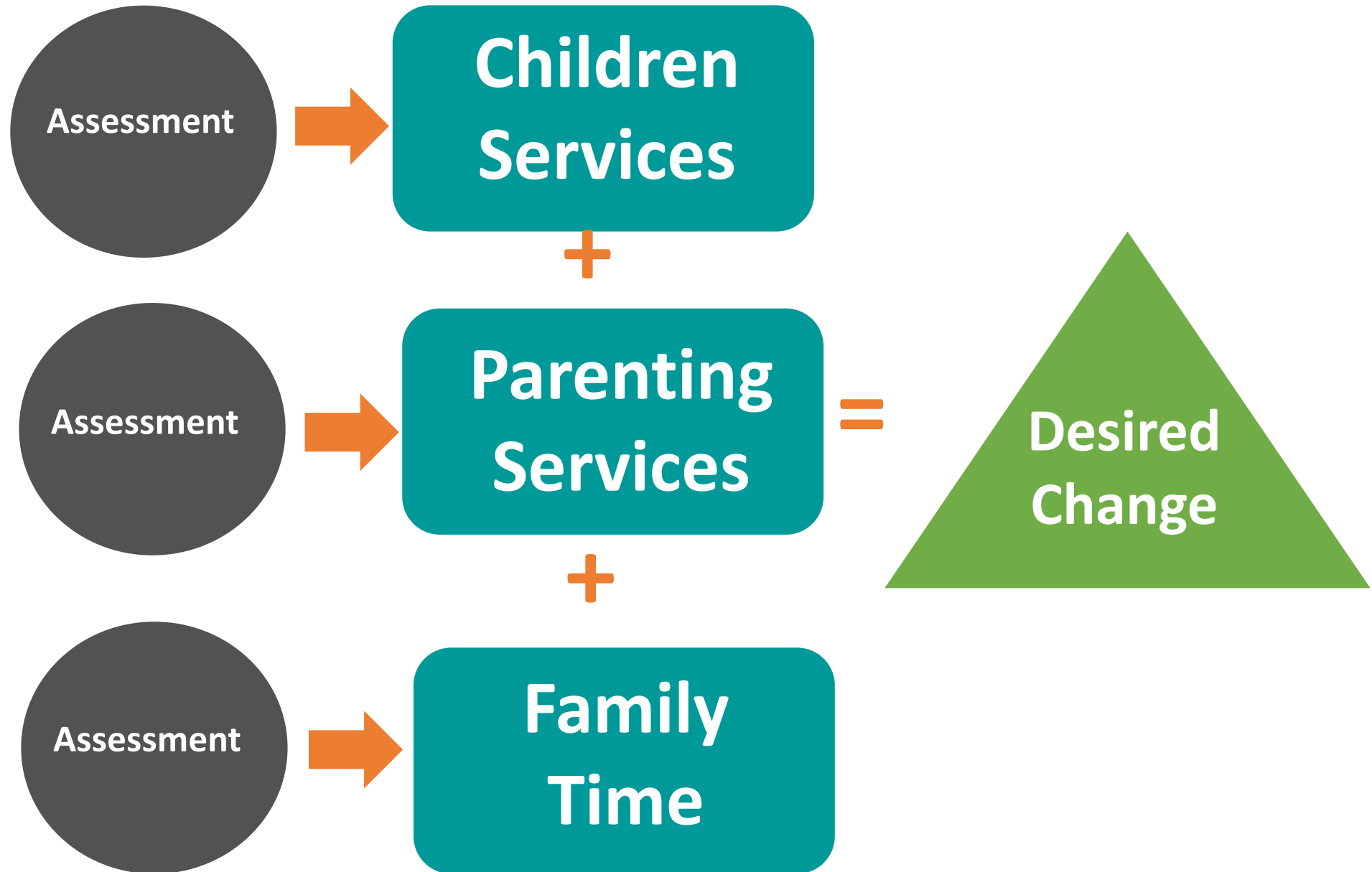
How did you do it?

Judicial Leadership & *Shifting Culture*

Suffolk County, New York



**#IamBecauseWeAre
#BetterTogether**



Assessment First – Always!

Why?

- Match services to what families need
- Build thoughtful case plans that move parents from one service program to next

How?

- Use both qualitative and quantitative tools to capture the quality of the parent-child interactions, the competencies of the parent to meet their child's developmental needs and the child's attachment

What?

- There are tools for everything – *“It's the team, not the tool.”*
- What are you are trying to assess? Treat? How will you share information?

Assessment

Assessment

Assessment

How are you conducting

Child and Family

Assessments

Suffolk County, New York

Children Services

Selection and Implementation Considerations


- What do children need? What tools will you use to assess needs?
- Areas of focus include neuro-developmental; attachment-based; social, emotional, and behavioral; trauma; and school readiness
- What is your capacity for training?
- Will you be able to sustain it beyond grant-funding?
- How will engage parents? How will educate parents about interventions and their role?
- How will you engage resource parents and kinship caregivers?

Parenting Services

Selection and Implementation Considerations

- Do programs meet needs of mothers, dads and diverse family configurations?
- Are the programs evidence-based?
- Does it have a parent-child component?
- Do parents understand expectations and the goals to be achieved?
- When will it be offered? Is it sequenced with other components to accommodate other factors, including readiness, early recovery, etc?
- How do providers document progress in strengthening the parent-child relationship?

Substance Use Disorder Treatment Contents: Parenting Skills and Education Training - More Examples

Intervention	Population of Focus	Objective	Duration	Delivery setting	Website
Incredible Years (separate programs for parents, teachers, and children)	Parents or caregivers of children 0-12 years old teachers of young children, and children ages 4–8	To promote social and emotional competence and prevent, reduce, or treat behavioral and emotional problems in young children	18 to 30 weeks	Community agency, outpatient clinic, school, birth-family home, foster or kinship home, hospital, or workplace	http://www.incredibleyears.com/
Nurturing Fathers Program	At-risk fathers and families experiencing moderate levels of dysfunction (any age children)	To teach parenting and nurturing skills to men through the promotion of healthy family relationships and knowledge of child development	13 weeks	State or local community agency, school, church, prison, etc.	http://nurturingfathers.com/
Parent-Child Interaction Therapy	Children ages 2–7 with behavioral and parent-child relationship problems and their parents/primary caregivers 	To decrease negative externalizing behaviors, increase social skills and cooperation, and improve the parent-child attachment relationship	10 to 20 weeks	Community agency or outpatient clinic	www.pcit.org
SafeCare	Parents with a history or risk of child abuse and neglect (any age children)	To teach parents how to interact positively with their children and respond appropriately to challenging behaviors, recognize safety hazards in the home, and how to respond appropriately to symptoms of illness or injury	18 to 20 weeks	Adoptive home, birth-family home, or foster or kinship home	www.safecare.org
Triple P Positive Parenting Program	For parents and caregivers of children ages 0–16	To inform parents and caregivers about strategies for promoting social competence and self-regulation in children	Varies	Community agency, outpatient clinic, school, adoptive home, birth-family home, foster or kinship home, hospital, or residential care	www.triplep.net

How are you conducting

Child and Family

Assessments

Suffolk County, New York

What is

Child-Parent

Psychotherapy (CPP)

Suffolk County, New York

Child-Parent Psychotherapy (CPP)

- CPP is an evidence-based, multi-dimensional approach to assessment and treatment for parents or primary caregivers and young children (ages 0-5), which aims to re-establish normal developmental functioning in the wake of trauma and domestic violence
- Incorporates attachment theory by considering how attachment bonds are formed between child and caregiver
- The primary goal is to restore the child's cognitive, behavioral and social functioning by supporting and strengthening the relationship between parent-child
- For more information, visit: www.childparentpsychotherapy.com

Family Time

Why it Matters

- Children and youth who have **regular, frequent contact** with their families are **more likely to reunify and less likely to re-enter foster care** after reunification (Mallon, 2011)
- Visits provide an important **opportunity to gather information** about a parent's capacity to appropriately address and provide for their child's needs, as well as the family's overall readiness for reunification
- Parent-child contact (visitation): Research shows **frequent visitation increases the likelihood** of reunification and **reduces time** in out-of-home care (Hess, 2003)

Family Time

Key Assessment Considerations

- Ages of children – younger children need higher frequency
- Siblings - located in different placements?
- Children with special needs – emotional, behavioral, developmental

Age Range	Frequency with Parents	Frequency with Siblings	Duration
0-12 months	Daily if possible; 3-5x per week	One or more times per week	At least 60 minutes
12-24 months	Daily if possible; 2-4x per week		60-90 minutes
2-5 years	Daily if possible; 2-4x per week		1-2 hours
6-12 years	At least 1-3x per week		1-3 hours
13-18 years	At least 1-2x per week		1-3 hours

Sources: Weintrub (2008); Child Welfare Capacity Building Collaborative; Child Welfare Information Gateway, 2015)

Frequent & Quality

- Parent-child contact should be frequent, consistent, and occur at developmentally appropriate intervals
- Children at different developmental stages require different amounts of parent-child contact to create and nurture familial bonds
- Consistent and predictable intervals reassure children that the parent has not abandoned them and that it is safe to invest in the relationship
- Family-friendly locations with opportunities for age-appropriate interaction allow for the development of healthy family interaction
- The setting should be conducive to normal parent-child interaction appropriate to the child's age and development

How do you facilitate

Family & Sibling *Time*

Suffolk County, New York

Family Time

Implementation Considerations

How will your team:

- Remove barriers and support frequent and quality family time?
- Recognize visitations as a right and need vs. a privilege, reward, or incentive?
- Ensure frequency and duration is guided by needs of child and family vs. the capacity of the child welfare worker or logistics—best interest of the family or of the system?
- Provide concrete feedback on parent-child interaction vs. observation, surveillance?

Family Time

Assessing Desired Change



- Conduct post-visitation debriefs with everyone, especially the family
- Be mindful of resource parent or relative caregiver feedback when child returns home; expect emotionality/sadness/anger
- How are you supporting parents to integrate skills they learned during family time, especially with children with special needs?
- Focus and build on the positives and existing strengths

Family Time

Collaboration Considerations

- Are you building organizational cultures that recognize importance of parent-child relationships and role of family time in achieving positive outcomes?
- Is there a shared commitment in co-parenting and creating least restrictive environments?
- How are engaging foster and kinship caregivers to support quality and frequent family time?

Why is collaboration essential and what does it look like?

Infrastructure | Information Sharing | Decision Making

*The bottom-line of our
collaboration:*

*How are
families
doing?*

Tell us more about

Behavioral Benchmarks

Phase Structure

Suffolk County, New York

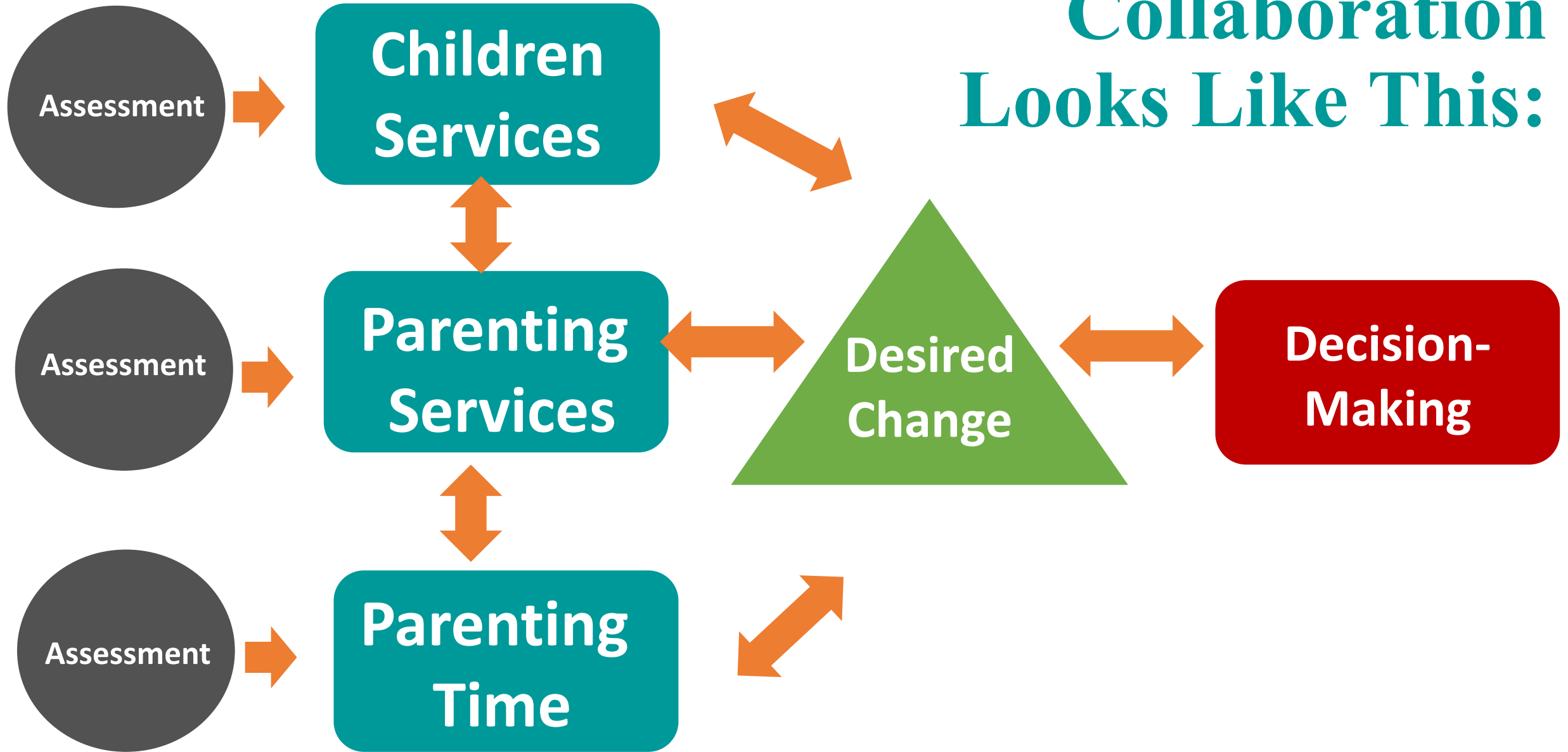
Phase	Tasks with Children
1st Milestone	<ul style="list-style-type: none"> • What are your children's names and ages? • What are some of your favorite things to do with your children?
2nd Milestone <i>(at least 30 days after 1st)</i>	<ul style="list-style-type: none"> • I am making my best effort(s) to support my children's needs (emotional, medical, developmental, etc.) • I am following any safety plan or any restrictions that are in place regarding my contact with my child(ren)
3rd Milestone <i>(at least 60 days after 2nd)</i>	<ul style="list-style-type: none"> • I am consistently attending parenting time with my child(ren) and demonstrating good supervision and care of them • I am aware of and/or participating in my child(ren)'s medical care (if applicable). The most recent contact I had was: _____ • I am aware of and/or participating in my child(ren)'s schooling and/or daycare (if applicable). The most recent contact I had was: _____ • I have had contact with my child(ren)'s counselor in the past month (if applicable). The counselor's name is: _____

Milestones	Tasks with Children
<p>4th</p> <p>Milestone</p> <p><i>(at least 60 days after 3rd)</i></p>	<p><i>May require Court and/or CPS approval</i></p> <ul style="list-style-type: none"> • I am consistently having unsupported parenting time along with overnights • I am consistently attending parenting time with my child(ren) and demonstrating good supervision and care of them • I am aware of and/or participating in my child(ren)'s medical care. The most recent contact I had was: _____ • I am aware of and/or participating in my child(ren)'s schooling and/or daycare. The most recent contact I had was: _____ • I have had contact with my child(ren)'s counselor in the past month (if applicable) • I am attending my child(ren)'s counseling session when requested • I am aware of and/or attending early intervention meetings for my child(ren) and participating in services (if applicable)
<p>Recommitment to Recovery</p>	<p><i>May require Court and/or CPS approval</i></p> <ul style="list-style-type: none"> • I have discussed the circumstances of my relapse with my CPS Caseworker • I am consistently attending parenting time with my child and following the safety plan while demonstrating good supervision and care

Collaboration Looks Like This

- Have you established **a shared vision** that recognizes the importance of strengthening the parent-children relationship and family-centered and community-based approaches? How are families doing (vs. what are agencies doing)?
- Have you developed **information sharing protocols** that receives information across agencies and multi-levels, from direct service providers to managers?
- Have you developed a process for **resolving barriers**?

Collaboration Looks Like This:





Desired Change

- How are you capturing and **assessing desired changes** in the family regarding the quality of the parent-child relationship – i.e. changes in beliefs, skills, responsive parenting.
- How have the case plan services **helped reduced the parental risk factors** that brought the case into the system initially?
- How are you **ensuring family voice** by asking for their feedback and perspectives about services, their progress, and their relationships?

Decision-Making

- How are you connecting progress in treatment, children and parenting services and to inform **decision-making regarding family time?**
- What are the criteria for **readiness for reunification and case closure** - and does the parent know how those decisions are made?

You do not have to divert
resources from treating
parents to help their
children

- Children and families have multiple and complex needs
- Serving these needs will require more resources
- Build collaborative partnerships and seek out existing resources

Who are your

Community-Based
Partnerships

Suffolk County, New York

A network diagram is constructed on a white surface using pushpins of various colors (red, green, purple, yellow, blue, pink, white) as nodes. Black string is used to connect these nodes, forming a complex web of triangles and other geometric shapes. The network is dense on the left side and becomes sparser as it extends towards the right. The text "Collaboration Looks Like This:" is written in a teal, italicized serif font in the upper right quadrant.

*Collaboration Looks
Like This:*

**Community
Mapping**

Q&A | Discussion

Contact Information

Kim Coe

Russ Bermejo

Center for Children
and Family Futures
www.cffutures.org

fdc@cffutures.org

(714) 505-3525

