Pathways to Professional Development

Building Foundations in Infant and Early Childhood Mental Health

Clinical Work with Young Children in Foster Care

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Pathways to Professional Development: Building Foundations in Infant and Early Childhood Mental Health

Pathways to Professional Development was developed to build workforce competence and to prepare professionals working in the perinatal and birth to 5 periods

- 30 webinars focused on the foundations of Infant and Early Childhood Mental Health.
  - Provided live virtually
  - Recorded for viewing as LMS modules

- Diagnostic Classification of Mental Health And Developmental Disorders of Infancy and Early Childhood (DC:0-5) offered virtually and in-person.

  - View all offerings here→ https://www.mcsilverta.org/special-initiatives/pathways-to-professional-development/

The aim is to develop a well prepared and competent workforce trained to **identify** and address mental health concerns early, to **promote** awareness of mental health, to **prevent** long-term problems and to **intervene** to help children stay on developmental track.

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Who we are

These trainings are funded by the New York State Office of Mental Health (OMH) and provided by the New York Center for Child Development (NYCCD) in collaboration with CTAC.

- **New York Center for Child Development** (NYCCD) has been a major provider of early childhood mental health services in New York with a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice.

- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

NYCCD and McSilver also run the **NYC Perinatal + Early Childhood Training and Technical Assistance Center (TTAC)** which offers ongoing training and technical assistance for those working during the perinatal period to age 5

https://ttacny.org/

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Topics/Learning Objectives

- Characteristics of young children in foster care and the complex needs of their caregivers
- The child welfare system as a context for this work
- Complicated clinical issues
- Evidence-based therapeutic interventions for young children in foster care and their caregivers
- Other ways that early childhood professionals can help children, parents and kinship/foster parents
- Resources for children and families

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A VULNERABLE TIME OF LIFE

- Very young children in foster care face vulnerabilities in their development, and in their trajectories and experiences in the child welfare system.
- This is especially the case for children who enter the child welfare system within their first year of life.

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Very Young Children and the Child Welfare System

- Children under 5 are over-represented among children who are placed in foster care
- Newborns, and infants under 1 year of age, account for much of this disparity
- Families of newborns and infants are more likely to be investigated for child maltreatment than families of older children
- Investigations are more likely to be substantiated
- Following an investigation, newborns and infants are more likely to be removed from their parents and placed in foster care

(Child Trends based on data from Adoption and Foster Care Analysis and Reporting, updated 2023; New York City Family Policy Project, 2023)

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Child Welfare System Trajectory Newborns and Infants

- Newborns and infants under 1 stay in foster care longer than older children
- They are more vulnerable to repeat maltreatment whether they are in foster care or home with their families
- A significant percentage of infants under age 1 who are reunited with their parents return to foster care
- Multiple (more than 2) foster care placements are typical
- Rates of termination of parental rights is higher for children who enter care as infants than is true in cases involving older children

Additional Demographics

- There is great disparity in the rate of investigation, removal, and foster care placement for Black families

- A large number of removals of newborns and infants from parents has been due to parents' substance use disorders

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New York City Family Policy Project October 2025:

Most recent data shows marked reduction in reports, investigations and placement in foster care

- By 2024, the number of ACS investigations for parental substance abuse during the newborn period dropped by almost 80%
- For Black mothers of newborns allegations declined by nearly 90%
- Falling reports of drug use have led to a decline in investigations and removals of newborns
- ACS cases involving newborns fell almost 50% between 2017-2024 (numbers fell sharply in the last 3 years)
- Newborn entries into foster care fell by 37% between 2019-2023
- For infants, ACS involvement fell less dramatically, but still significantly, with reports dropping by 20%, and foster care entries declining by 23% from 2019-2023.
- Despite reductions, newborns and infants who come to the attention of ACS remain much more likely to enter foster care after an investigation than older children; 1 in 4 newborns entered foster care after an ACS investigation; and Black families continue to be overrepresented.

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Vulnerable Stage of Development

- Critical period for the development of attachment, language and cognitive development, self-regulation, social competencies and school readiness
- Secure attachment mediates all of these competencies as does protection from trauma, excessive stress, and adversity
- Exposure to traumatic events, and disruptions of primary attachments, have their most deleterious impact in these earliest years of life

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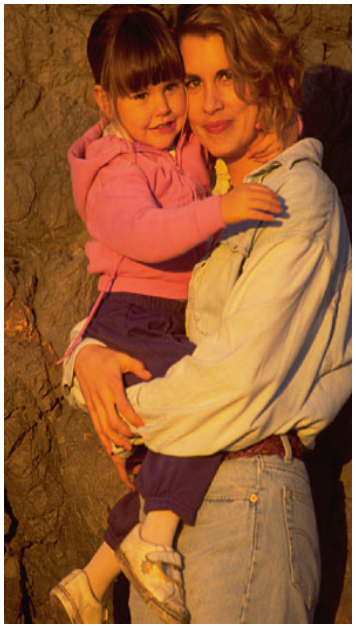
Multiple Levels of Risk and Adversity

- Prenatal exposure to drugs and alcohol
- Late, limited or no prenatal care
- High rates of prematurity and low birth weight
- Poverty
- Housing insecurity or homelessness
- Multiple caregivers and/or multiple changes in caregivers
- Intergenerational patterns of insecure attachment
- Unmet needs (safety, shelter medical care, hunger, physical and emotional comfort)
- Chaotic lifestyle/no routines to support regulation
- Neglect, physical and/or sexual abuse, exposure to violence and other forms of trauma (adult criminal activities and arrests, substance abuse, sexual activity)

Attachment Disruptions

- Parental incapacitation
- Parental death
- Parental incarceration
- Abandonment
- Removal from parents
- Multiple moves in foster care
- Reunification with parents



TOXIC STRESS

"Strong, frequent, and/or prolonged activation to the body's stress-response system *in the absence of adult support*"

(Shonkoff, 2010, p. 360)

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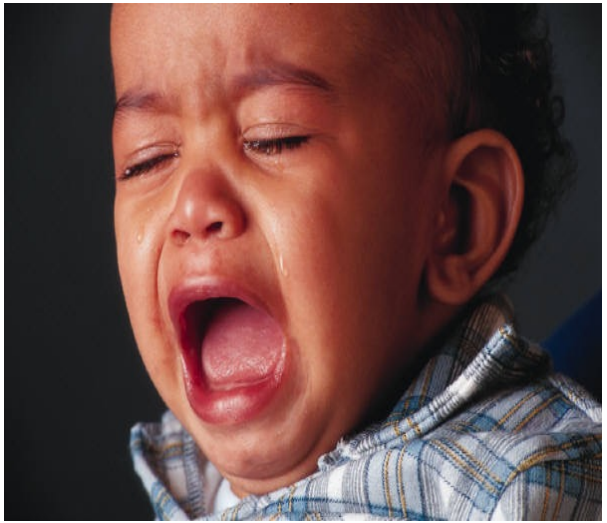
Adverse Childhood Experiences

In a study of children followed by the National Survey of Child and Adolescent Well Being, 38% of children had experienced 4 or more adverse childhood events by the time they were 2 years old.



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Complex Needs of Parents

- Many were in foster care as children or otherwise known to the CWS
- Many had difficult childhoods with high numbers of adverse childhood experiences
- Financial Stress/Poverty
- Homelessness/housing insecurity
- Few, if any, social supports
- Mental health problems
- Substance use disorders

- Victims of violence/violence exposure in the past and present
- Cognitive limitations/learning difficulties
- Low level of educational achievement
- Criminal charges/justice system involvement
- High levels of conflict, stress in family

(Wulczyn, Ernst, & Fisher, 2011)

Child Welfare System

- Multiple professionals and limited communication between them
- Frequent turnover of caseworkers and attorneys
- Punitive/critical stance toward parents
- Parents distrustful of the system
- Little preparation of foster parents (child's specific history; psycho-education about trauma; positive behavior management)
- Over-crowded foster homes
- Working foster parents, dependent on childcare
- Multiple moves due to sibling reunification, child behavior problems, emerging relatives
- Less than optimal visit practices
- Confusion about confidentiality
- Confusion about/problems with consent and decision making
- Loss of services each time child moves
- Long delays in court process and permanency planning
- Limited expertise in infant and early childhood development including attachment theory and research and developmental neuroscience including the brain-based stress response
- Limited use of appropriate interventions

History of Poor Outcomes

CHILDREN

- Health / medical problems
- Developmental problems
- Emotional/behavioral problems
- Placement breakdowns
- Long periods of instability
- Poor access (or not timely access) to corrective/therapeutic services)
- Poor access to high quality early education services

PARENTS

- High levels of conflict with child welfare staff
- High levels of conflict with children's foster parents
- Missed visits with children
- Inconsistent compliance with services
- High levels of recidivism of mental health problems and substance use disorders
- Maltreatment recurrence

Behavioral Characteristics of Young Children in Foster Care

- Dysregulation (sleep, frequent and easily provoked tantrums)
- Heightened arousal, anxiety, startle reactions
- Negative mood (irritability, depression)
- Affect disorders (flat or constricted)
- Over-activity, impulsivity
- Aggression
- Sexual behaviors
- Hyperphagia; food hoarding
- Indiscriminate social behavior
- Fears (diaper changes, bathtubs, men, being alone)
- Limited play or exploration
- Self-injurious behaviors
- Developmental regressions

Common Clinical Disorders (DC:0-5 Framework)

- Neurodevelopmental Disorders (developmental delays, attention deficit disorder)
- Post-traumatic Stress Disorder
- Complicated Grief Disorder of Infancy/Early Childhood
- Eating Disorder - Hyperphagia
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Relationship disorders

Complex Trauma

- Early-life onset exposure to multiple, chronic and prolonged traumatic events, most often of an interpersonal nature.
- These exposures occur within the child's early caregiving system – the social environment that is supposed to be the source of safety and stability in the child's life - and include physical and emotional neglect, physical, emotional and sexual abuse, and exposure to domestic violence
- Complex trauma describes the dual problem of children's exposure to traumatic events and the impact of this exposure on immediate and long-term outcomes
- Domains of Impairment: Attachment, Biology, Affect Regulation, Dissociation, Behavioral Control, Cognition, Self-Concept
- Eligible for health home services/care coordination

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Typical Child Welfare Interventions/ Service Plan Requirements

- Parenting classes (usually group based)
- Anger management
- Substance use disorder treatment
- Mental health services for parents (generic)
- Sometimes, referral to EI but not usually effective
- No interventions that address the specific parenting problems that resulted in maltreatment or that target parent-infant interactional difficulties
- Few trauma focused interventions
- Insufficient focus on parent-child relational repair

Service Plan Concerns

- Typical child welfare interventions for parents are generic, and don't emanate from a thorough assessment of the child, parent, or parent-child relationship in order to specifically target the problems that resulted in maltreatment and removal
- Typical child welfare interventions do not work with the child and parent together, thus obscuring the interactional problems that occur between them, and leaving them unavailable for intervention

System Imposed Concern

Prolonged court processes impede the development of attachment between child and parent which is a critical foundation for successful reunification, or they contribute to attachment disruption by working toward reunification when a child has already consolidated attachment with an alternate caregiver (i.e., foster parent)

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Complex Clinical Issues

- Children with complicated clinical presentations and co-morbidities
- Multiple parents/caregivers
- Multiple perspectives to hold
- Multiple systems involved

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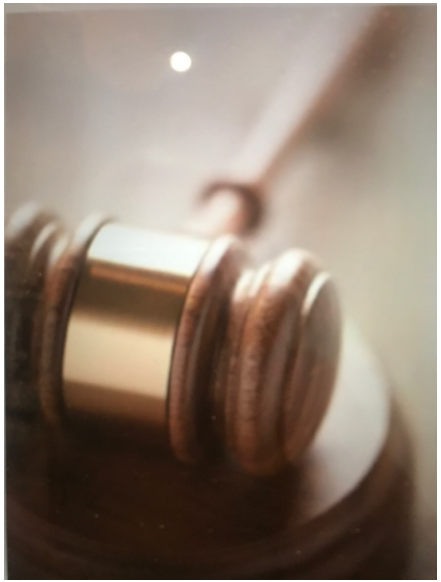
Multiple Caregivers

- One or two parents: can be respondent parent(s), and/or non-respondent parent
- Foster parent(s): kinship or non-related (who get along, or don't get along with parents)
- Other members of the extended family who may come forth immediately, or later; who may want visits with child; who support or don't support parents' efforts to reunify with child; who may have prior history with child welfare system
- System strongly leans toward family as preferred resource

Multiple Practitioners
Legal and Child Welfare Team

- Child's attorney (Legal Aid Society)
- Parent's attorney (each respondent parent has his/her own attorney)
- Foster agency caseworker
- ACS or DSS caseworker
- ACS attorney (FCLS)
- Family Court Judge



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Service providers

- Pediatrician
- Early intervention provider(s)
- Childcare providers/preschool teachers
- Power of Two coaches
- Child or dyadic therapists
- Parent’s individual therapists, substance use disorder counselor

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Multiple Perspectives to Hold: Parents' Experience

- Anger
- Sadness/Grief
- Shame
- Feel judged
- Not safe to ask for help
- Trauma-based dysregulation of affect, behavior
- Overwhelmed by service requirements
- Jealousy of or conflict with foster parent
- Confusion (system complexity)
- No voice; no choice; helpless; powerless

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Multiple Perspectives: Foster parents

- Over-extended
- Lacking information
- Conflicts in role
- Attached to child, but may not stay in relation to child
- Responsible, but not authorized to make decisions
- Can be fearful of parent
- Can feel anger toward parent
- For kinship providers – history with parent
- Uncertain of, unpredictability of outcome

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Multiple Perspectives: The Child's Experience

- Fear
- Adrift, Disoriented – unfamiliar people, bed, foods, routines, language, culture
- Sadness; grief
- Lacking the exuberance of early childhood
- Conflicted loyalties
- Social referencing
- Secrets
- Rejection/unworthy of love
- Helpless
- Bowlby – On knowing what you are not supposed to know, and feeling what you are not supposed to feel

Multiple Points of Stress for Young Children

- Neglect
- The event(s) that resulted in removal
- Removal from parent
- Children's Center
- Visits with parents
- Transitions between caregivers/homes
- Parent/foster parent conflict
- Moves in care
- Loss of foster parents; loss of other children in the home
- Reunification adjustments

Consider Child's Emotional Safety

- Parental exchanges at police precincts
- Caseworker transports child to appointments or visits

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Visits

- Necessary and important
- Highly correlated with reunification
- Often stressful for child and parent
- Supervised or unsupervised; at the foster agency or in the community
- May occur in small spaces with insufficient toys/materials and little privacy
- No opportunity for parents' caregiving (feeding, bathing, putting to sleep)
- Highly triggering for parents and children
- Often severe dysregulation in children after visits

Clinical Issues for Therapists

- Limited/incomplete information on child's history
- Child has limited information (may or may not have ever lived with parent; may not know that foster parent is not parent; does not know why not living with parent or where parent is; does not know/is not told why he is moving)
- Is it ok to discuss with child?
- Child likely knows more than others think

Personal Issues for Clinicians and Consultants

- SADNESS
- Anger
- Frustration
- Vicarious trauma

Who receives services?
Who do we have access to?

- Foster parent initiates referral
- Foster agency initiates referral
- Foster parent agrees/doesn't agree with referral
- Foster parent makes herself accessible to the therapy? (doesn't see herself as relevant to child's problems)
- Tendency to judge, protect child from, parent
- Parents told to participate in child's therapy

Trauma Informed Approach to Parents

- Two thirds of parents (63%) of young children in foster care have experienced 4 or more ACEs
- Trauma negatively affects the parts of the brain involved in planning, evaluating situations, thoughtful decision making, and problem solving.
- This leads to difficulty with scheduling, keeping appointments, and making appropriate safety judgments

(Zero to Three: Putting the Science of Early Childhood to Work in the Courtroom, 2019)

Understanding Parent Behavior as Trauma Responses

- Avoidance: coming to the foster agency for visits, or to court, may remind parents of the trauma of their child's removal, or of their own childhood histories in foster care
- Fight or flight response: Over-reactive to stressors, focused on threats, behavioral dysregulation or agitation
- Mistrust of relationships and authority figures
- Feelings of helplessness and hopelessness
- Substance use disorders are often strategies to cope with intolerable feelings and body sensations (associated with fear, stress, anxiety and depression)

Therapeutic Approaches to Parents

- Therapeutic stance of positive regard
- Look for personal strengths and underscore them
- Explain things repeatedly as needed
- Attempt to solve problems of daily living
- Support appointment keeping (text reminders, calendars)
- Psycho-education about trauma responses – theirs, and their child's
- Psycho-education regarding children's attachments
- Highlight parenting strengths and children's positive response to parent
- Acknowledge pain of repeated separations
- Ask about visit supports
- Provide ideas on ways of playing and interacting with infants and young children

Work with Foster Parents

- Psycho-education about the impact of neglect, trauma and attachment disruptions on very young children and on their behavior
- Responsive support to expressed needs
- Guidance on behavior management in the context of trauma and loss
- Importance of touch, comfort
- Acknowledge and address their conflicts in role
- Assistance with referrals and complex systems

Therapeutic Goals for Children

- Create a trauma narrative
- Create a narrative around separations
- Explanations in general (child doesn't know that foster parent is not birth parent; adoption)
- Pictures, picture albums
- Resist collusion with avoidance
- Developmental monitoring
- Preschool consultation

Evidence-Backed Therapeutic Modalities

- Child Parent Psychotherapy (CPP)
- Attachment and Bio-Behavioral Catch Up/
- Power of Two
- FILM: Filming Interactions to Nurture Development, (video-coaching) Phil Fisher, University of Oregon

For parents:

- Parenting Journey
- Circles of Security

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Child Parent Psychotherapy (CPP)

- A dyadic, relationship based and trauma-informed therapy for children 0-5 and their primary caregivers
- Based in psychodynamic, attachment and trauma theories; also provides developmental guidance and assistance with problems of daily living
- Goals are to help families “speak the unspeakable” in order to help child process the traumatic events they have experienced and to restore the child’s emotional safety and trust in the caregiver; to support and strengthen the parent-child relationship as a vehicle for healing and recovery
- Typically involves weekly sessions that use play as a modality for insight and communication, and lasts approximately 10-12 months depending on the family’s needs
- Key outcomes include reduced child and parent PTSD symptoms and depression, improved attachment security, decrease in child behavior problems, and reduction in biomarkers of the eroding impact of stress

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Attachment and BioBehavioral Catch-up (ABC)

- A 10-session, in-home coaching intervention for caregivers of children 6 -24 months, who have experienced adversity
- Structured curriculum that also uses “in the moment” feedback to highlight positive parenting
- Targets responsive parenting, child-led play, reduction in parental frightening behavior and parent insight into the impact of their own “shark music” on their interactions with the child.
- Goal: To promote child’s secure attachment and reduced behavior problems by helping caregivers provide nurturing care, follow their child’s lead with delight and avoid frightening or overwhelming behaviors
- Key outcomes include increased parental sensitivity, higher rates of secure attachment, and normalized diurnal cortisol patterns (improved biological regulation).

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Filming Interactions to Nurture Development (FIND/FILM)

- A strength-based video-coaching program for caregivers of young children that focuses on identifying and reinforcing positive interactions
- Designed as a brief high-impact intervention, though session count can be flexible; builds on and leverages existing caregiver strengths
- Goal is to build caregiver capacity and confidence by reinforcing naturally occurring , supportive and responsive interactions
- Key outcomes include improved responsive caregiving, enhanced quality of parent-child interactions

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Caregiver-Directed Interventions

Circle of Security

- A manualized, video-based program designed to enhance attachment security
- Uses a circle metaphor to help caregivers be a “secure base” for exploration and a “safe haven” for comfort
- Group protocol consisting of 8-10 weekly sessions
- Goal: to improve caregivers’ understanding of their child’s emotional needs, enhance parental reflective functioning (the ability to understand their own and their child’s mental states
- Key outcomes: increased parental sensitivity, higher rates of secure attachment, reduced caregiver depression, improved caregiver self-efficacy

Parenting Journey

- A group-based, non-didactic and trauma-informed program that focuses on the parent’s well being. It is strengths-based and helps parents reflect on their own upbringing
- Typically, 12 weeks, with weekly 2-hour sessions that usually include a shared, nurturing meal
- Goals: To help parents identify their strengths, increase self-care, understand how their past affects their parenting and create a nurturing family environment.
- Key outcomes include parental resilience, improved parent-child communication, reduced parental stress and isolation and stronger social support networks

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Other Interventions

Quality Parenting Initiative (QPI)

-High quality and informed parenting
-Relationship between parent and foster parent
-Developmentally informed transitions between caregivers

- **Infant Toddler Courts**

- Strong Starts Court Initiative
- Safe Babies (Zero to Three)

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Other Important Goals

- Support all children's important relationships
- Support the relationship between parents and foster parents
- Advocate for developmentally appropriate transitions for children
- Suggest/provide therapeutic support for visits

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Where Else Can We Make a Difference?

- High quality early care and education programs – Head Start and Early Head Start reduce maltreatment
- Home visiting programs
- Developmental monitoring
- High quality evaluations that include developmental assessment and assessment of social emotional concerns
- Diagnostic clarification
- Model a trauma informed, strength-based approach to parents
- Psycho-education to foster parents about trauma, neglect, attachment disruptions; prevent placement breakdown
- Psycho-education to parents (calling foster parent mommy; wariness about entering visit without foster parent)
- Importance of touch, language rich environment

Resources for Children and Families

- Special picture books that address issues of trauma and separation
- Sesame Street in Communities
- Resources for children with incarcerated parents
- Rise Tip Sheets for Parents
- Rise video about Visits
- Picture albums for babies/toddlers
- ACS visit policy and visit coaching
- ACS Pre-Birth Planning

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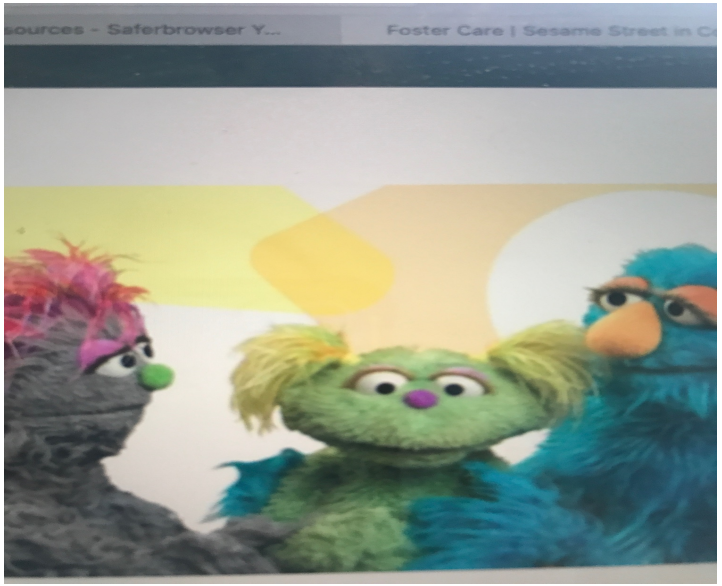
Sesame Street in Communities

- Muppet in foster care, Karli, and her “for-now parents”
- Interactive storybook, printable activities, videos
- New focus on trauma
- Tool kit for children with incarcerated parents
- Self-calming
- Autism



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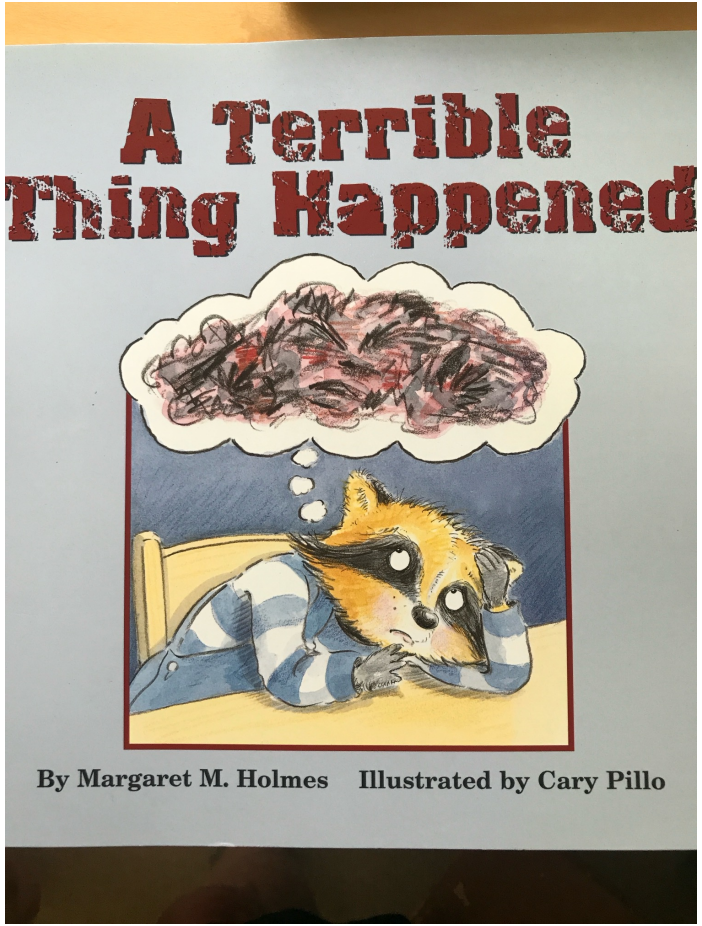
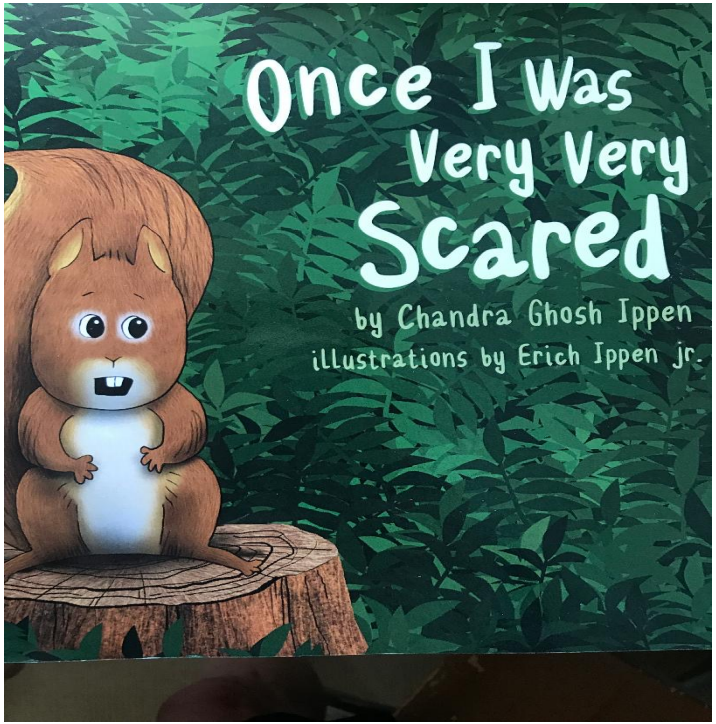
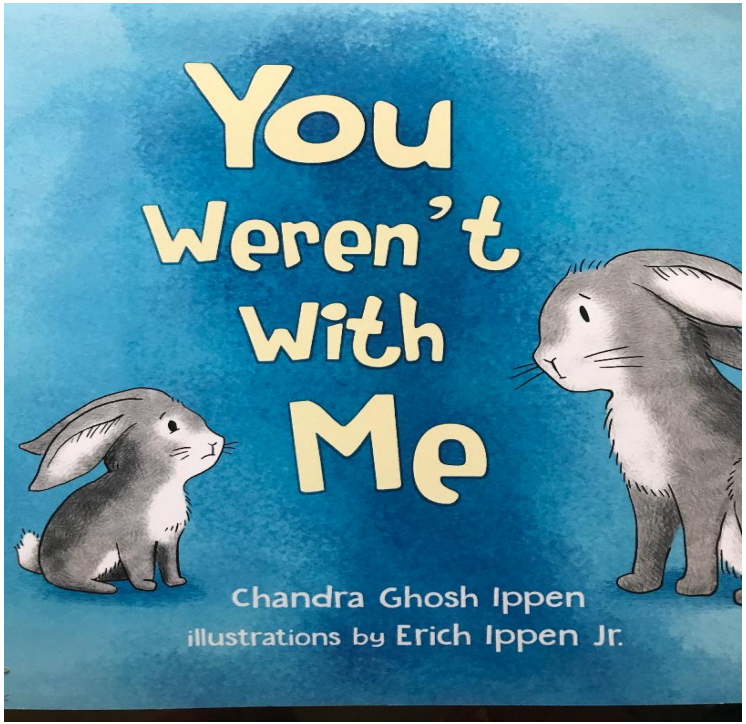
Therapeutic Resources for Working with Young Children and Families



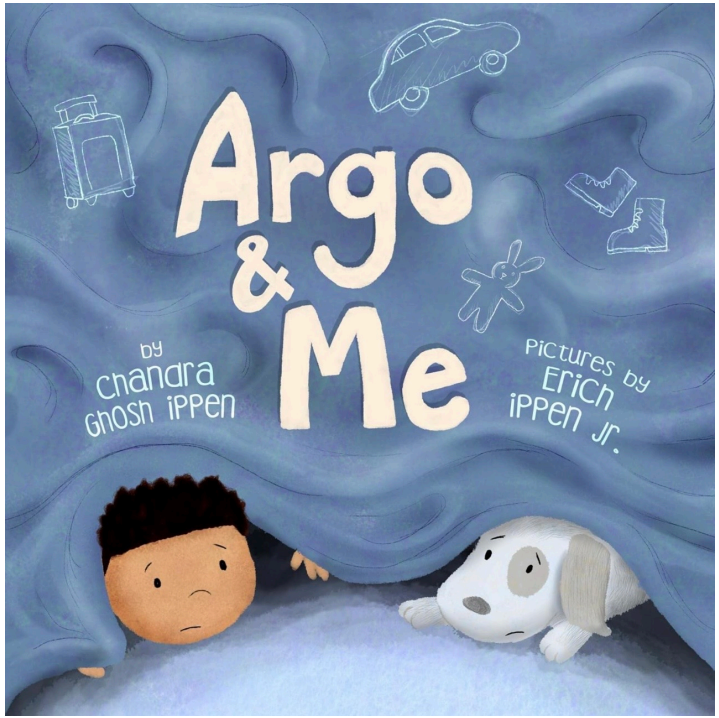
Books by Chandra Ghosh Ippen



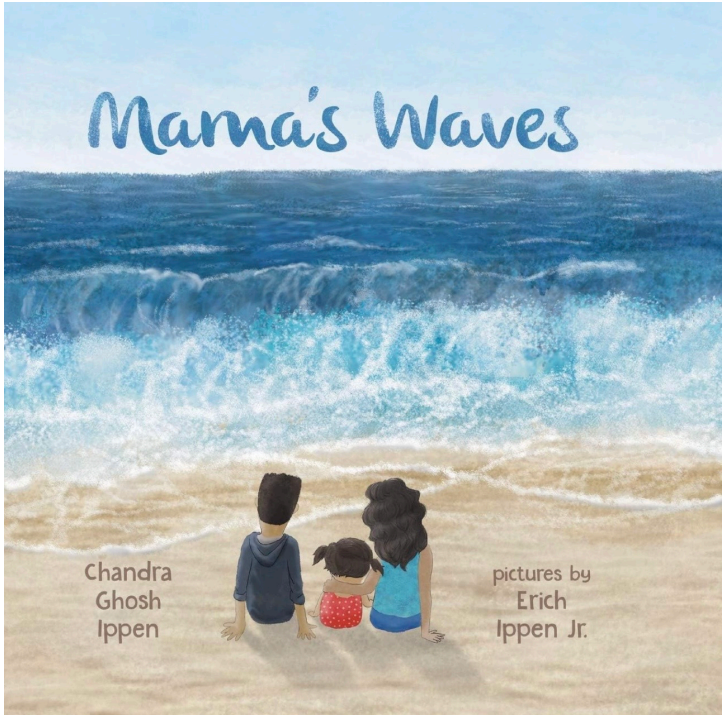
Separations



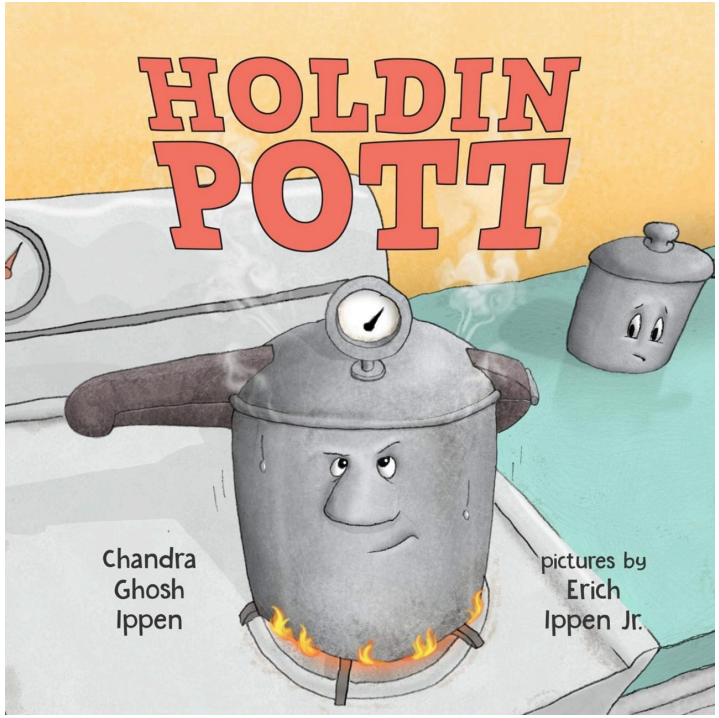
Multiple homes



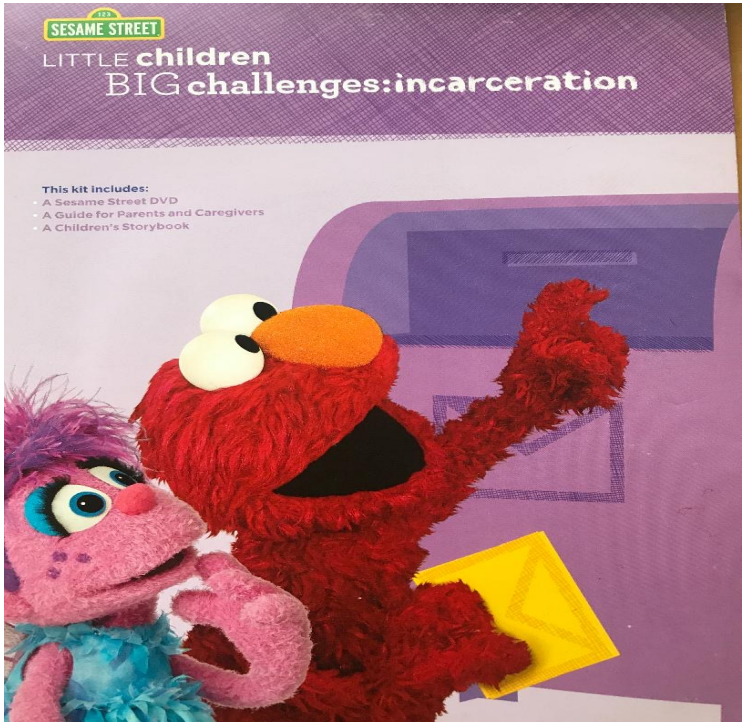
Fluctuations in parental functioning



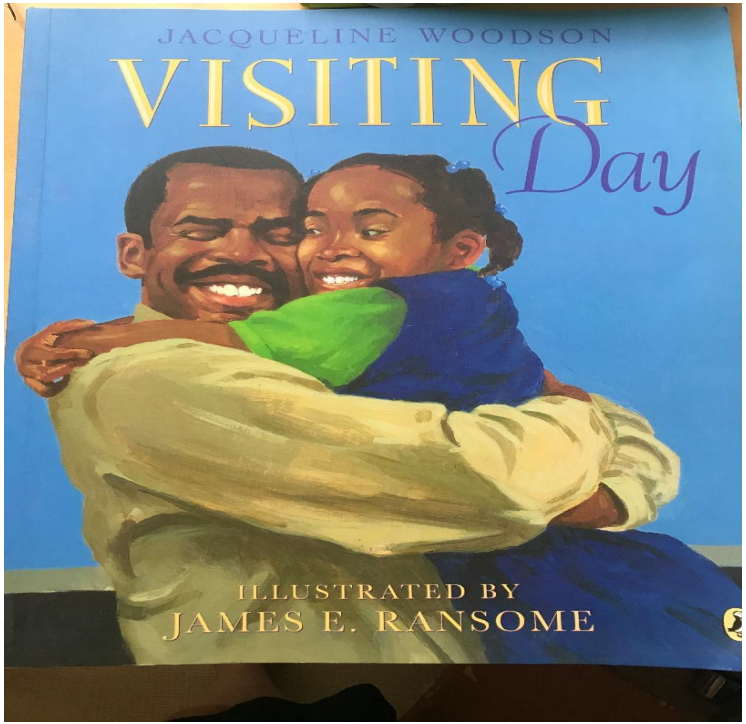
Coping with stress



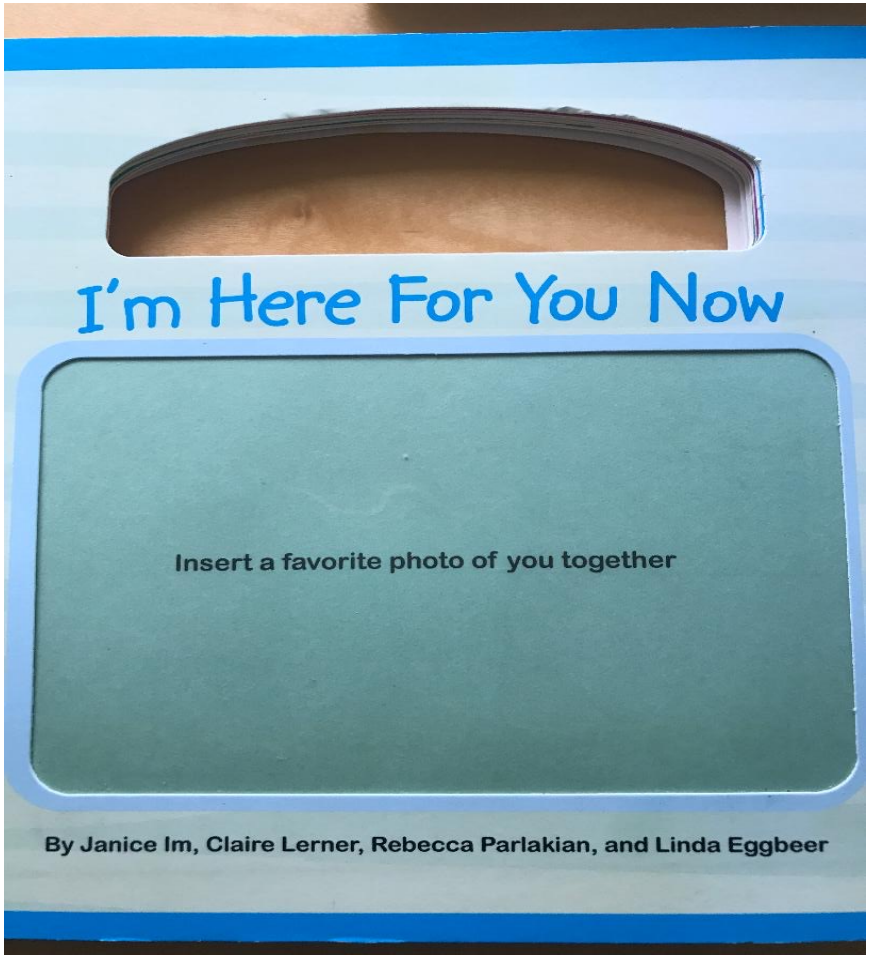
Sesame Street Tool Kit



Children with Incarcerated Parents



I am Here for You Now



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Rise

WRITTEN BY PARENTS IN THE CHILD WELFARE SYSTEM

ADOPTION: BROKEN BONDS

ISSUE #32 | SPRING 2017

Heartbroken

At 9, my daughter was allowed to choose adoption

BY SHARKKARAH HARRISON

IN 2013, I PLACED my oldest daughter in foster care because I didn't know how to help her. She was 6 when she started to say that she hated me and her siblings and didn't want to live with us anymore. One day, after I told her that she could have a piece of cake only after she did her homework, she said, "I hate you, Mommy," and "I want to kill myself," over and over.

I had an open child protective case at the time and was afraid of my agency knowing that something was wrong with my family. But I was so shocked and scared that I called my caseworker. She told me to take my daughter to the hospital.

Six days later, the hospital discharged her saying she was the best-behaved child there. But at home she pushed her siblings and hit them with a broom. When I tried to stop her, she hit me and tried to run out the door. I felt heartbroken. I wanted to help her but I didn't know why she was hurting.

PHOTO BY STEVEN ZEISWITZ

Sharkkarah and her youngest child

GOOD AND BAD MOTHER

I'd spent much of my childhood in foster care, and my own children had already spent six months in care because I'd used excessive corporal punishment.

At the time, I was a good mother and a bad mother. I loved my children, who were 2, 3 and 6 when they came home from care the first time. I hugged and kissed them. I took them to the movies and the pool. We had water balloon fights and played in the park.

But other times I'd be mad at the world because I didn't have enough money, mad at my kids for messing up their room, and I would curse and beat them if they got me really mad. After, I'd hug and kiss them and tell them I was sorry. Somehow they'd still love me. That's what surprised me.

When they came home from foster care, I promised them they wouldn't go in again. But when my daughter started acting up, I was afraid that child protection would take all my children. Three days after she came home from the hospital, I felt like I had no choice but to place her in foster care.

HEARTBROKEN

A month later, my daughter told her new worker that she'd been molested and that I knew and did nothing to stop it. In truth, I was completely unaware.

After I found out, my heart felt like it was broken, literally. I felt like I'd had a stroke. I'd been molested and not protected when I was a child. I felt horrible that I'd been unable to protect my own child. I felt unworthy to be my children's mother even though I loved them so much.

When I visited, I wanted to hug my daughter and say, "I'm sorry that this horrible thing happened to you but I'm here for you and I will help you get help." But the agency said that if I talked to my daughter about it, I would only upset her. They kept me from her like I was the one who violated her.

For several weeks after that, I stopped going to visits because it was too painful to face my daughter. Eventually I became so overwhelmed—I was also homeless—that I placed my other two children.

I reassured them that I would be back. But I felt so bad for failing them that I did not go to the planning conference at the agency and I was off track with services for the next two months.

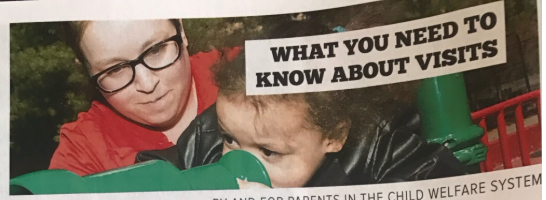
GAMES AND TALK

What helped me start working to bring my children home was remembering being in foster care myself. I never wanted my children to feel as lonely as I'd felt. So I began talking to a therapist about my past and present problems. I found support groups, and anger management and parenting classes. Eventually, I began to have the space and the skills to be a calm and loving parent.

After six months, I gained unsupervised visits. The first half hour was supervised. But after that, my children and I had time together without anyone watching or judging. We'd play board games like Tic Tac Toe and Jumping

Continued on page 2

Rise TIPS



WHAT YOU NEED TO KNOW ABOUT VISITS

BY AND FOR PARENTS IN THE CHILD WELFARE SYSTEM

Visiting Do's & Don'ts

Below are general guidelines about visits. However, every case is different. Ask your caseworker and your attorney about your case.

1. VISITS WITH YOUR CHILDREN SHOULD:

- Start within a week of your child entering foster care
- Take place for at least 2 hours each week and more often for infants and toddlers
- Be unsupervised as much as possible

2. BEYOND VISITS, YOU CAN:

- Ask for contact by phone or email (If you have a positive relationship with the foster parent)
- Exchange photos and letters
- Participate in children's medical visits, school conferences and activities

3. VISITING TIME SHOULD INCREASE IF YOU'RE:

- Attending consistently and on time
- Paying attention to your child for the whole visit
- Showing progress on the goals in your case — not just attending programs, but showing behavior changes related to the safety concerns in your case
- Being nurturing and loving

4. YOUR CASEWORKER REPORTS TO THE COURT WHETHER YOU:

- Attended your visit
- Came on time
- Called in advance if you were going to be late or had to reschedule
- Gave your attention to your child the whole time
- Disciplined your child appropriately
- Kept anger and frustration out of time with your child

5. YOUR VISITS MAY BE SUPERVISED, OR BE SET BACK TO SUPERVISED, IF:

- There's a concern that your child will be unsafe with you
- You are not showing a change in being able to keep yourself and your child safe
- You are not taking steps to address mental health problems or addiction
- There's a concern you will run off with your child
- There's a concern that you will influence your child's testimony in court

6. IT'S RARE BUT YOUR VISITS MAY BE CANCELLED ON THE SPOT IF YOU:

- Are drunk or high
- Act aggressively or make threats
- Hit your child – including "popping" your child – or threaten your child
- Blame, shame, or threaten your child in any way, especially saying that it's your child's fault that you have a case
- Can't calm down even after a warning
- Arrive very late without calling

How to Self-Advocate

1. Talk to your caseworker and lawyer about your visiting plan and ask for a copy of the court report.
2. Ask your caseworker to explain exactly what you need to do to make progress and ask for feedback after each visit.
3. Keep a "Visiting Notebook." Write down:
   - Whether you attended and if you were on time;
   - How the visit went;
   - If your visit was cancelled and why, and whether it was made up.
4. If your visit is cancelled, speak to your caseworker to reschedule. If your visits are not made up, show your Visiting Notebook to your caseworker's supervisor, a parent advocate and to your lawyer.

Please note: These are general gu
that may not apply in eve

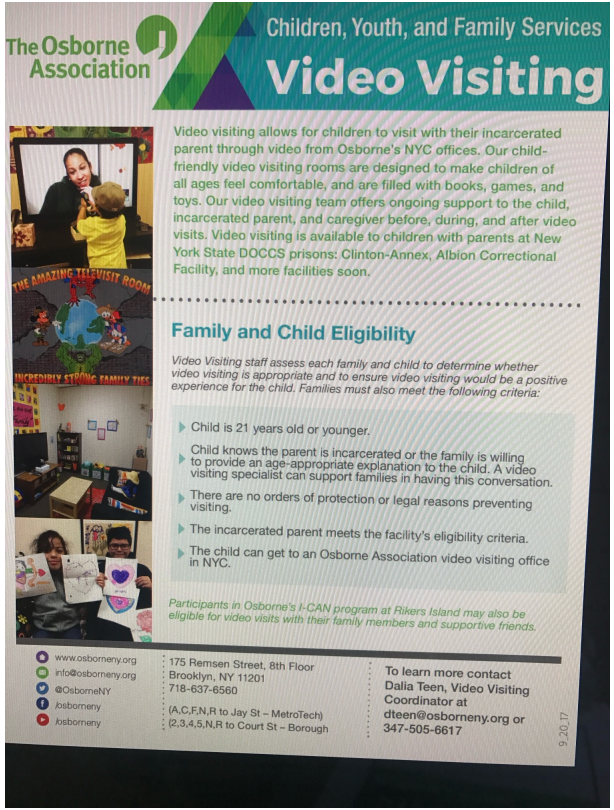
Rise

Building a Bridge

Stories about connections between parents and foster parents.

Video-visiting with Incarcerated Parents

- Osborne Association
- Child Center of New York
- New York Public Library
- ACS: CHIPP Program



New York City Perinatal + Early Childhood Mental Health Network

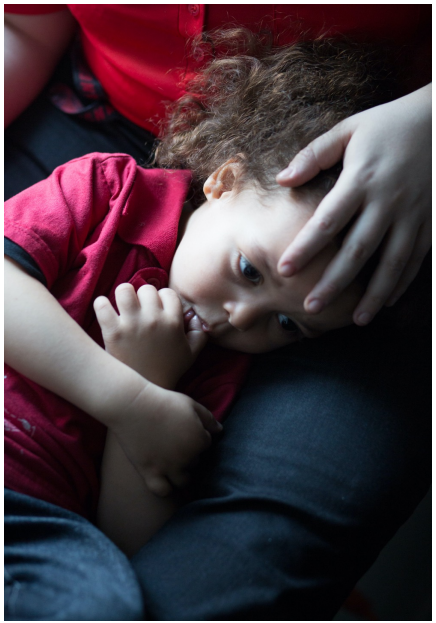
To refer a family or request information, contact your nearest clinic:

- Association to Benefit Children
  - **Phone: 929-288-4320**
- Northside Center for Child Development
  - **Phone: 212-426-3400**
- The Child Center of New York
  - **Phone: 718-530-6892**
- OHEL Children's Home and Family Services
  - **Phone: 800-603-6435 (800-603-OHEL)**
- Staten Island Mental Health Society, a division of Richmond University Medical Center
  - **Phone: 718-448-9775, ext. 551**

The Perinatal + Early Childhood Mental Health Network is managed by the New York City Department of Health and Mental Hygiene

Child-parent Psychotherapy and Other Dyadic, Relational Interventions

- Family Peace Program – Columbia Presbyterian
- Safe Horizon (CPP)
- Parent Infant Center – Mount Sinai Morningside
- Butterflies Program at University Settlement
- ABC at Forestdale
- Rising Ground
- Child Study Center at NYU Langone
- Building Blocks – New Alternatives for Children
- Baby and Me (SCO and Graham Windham)
- Children's Aid Society
- Annie Bergman Outreach Program



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Building Foundations in Infant and Early Childhood Mental Health

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Reunification Supports

- Power of Two
- ACS Specialized Preventive Programs (CPP)
- Home Visiting Programs (Healthy Families, Parent Child +)
- Early Head Start
- High quality early childhood programs

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QUESTIONS?

REFLECTIONS TO SHARE?

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References for Interventions

Child Parent Psychotherapy (CPP):

- Lieberman, A.F., Ghosh Ippen, C., & Van Horn, P. (2015). *Don't Hit My Mommy: A Manual for Child-Parent Psychotherapy with Young Children Exposed to Violence and Other Trauma (2nd ed.). Guilford Press.*

Attachment and BioBehavioral Catch-Up (ABC):

- Dozier M., & Lindhiem, O. (2017). Attachment and Biobehavioral Catch-up: An intervention for infancy and early childhood. *Clinical Child and Family Psychology Review, 20(4), 519-536.*
- Dozier, M. Peloso, E., Lewis, E. Laurenceau, J. P., Shrout, P.A. & Cooper, E.B. (2008). Effects of an attachment-based intervention on the cortisol responses of young children in foster care. *Development and Psychopathology, 20(3), 855-871.*

FIND (Filming Interaction to Nurture Development

- Fisher, P.A., Small, J., Jordan, S., O'Connor, T.K., Toth, K., & Biegel. D.E. (2016). Filming Interactions to Nurture Development (FIND); A scalable , video-coaching intervention to improve parent-child interaction. *Child Welfare. 95(5), 7-27.*

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References for Interventions

Circle of Security (COS)

- Cooper., G., Hoffman, K., Marvin, B., & Powell, B. (2009). *The Circle of Security Intervention: Enhancing attachment in early parent-child relationships.* Guilford Press.

Parenting Journey

- Parenting Journey, Inc. *Program Manual: Parenting Journey 1.*
- Shah, L.L., & Shick, E.P. (2018). *Parenting Journey Evaluation Final Report: Summary of Findings.* The Heller School for Social Policy and Management, Brandeis University.

- Quality Parenting Initiatives (on the web)
- Safe Babies Infant Toddler Court Program (Zero to Three)

Additional References

- Brightpoint: The Role of Head Start in Reducing Child Maltreatment and Child Welfare System Involvement. October 2025
- Chinitz, S., Guzman, H., Amstutz, E., Kohchi, J., & Alkon, M. (2017). Improving outcomes for babies and toddlers in child welfare: A model for infant mental health intervention and collaboration. *Child Abuse and Neglect,* 70:190-198.
- Cooper, J.L., Banghart, P., & Aratani, Y. Addressing the mental health needs of young children in the child welfare system. *National Center for Children in Poverty*, September 2010.
- Dozier, M., Albus, K., Fisher, P. & Sepulveda, S. (2002). Interventions for foster parents: Implications for developmental theory. *Development and Psychopathology,* 14: 843-860.
- Dozier, M., Dozier, D., & Manni, M. Attachment and biobehavioral catch-up: The ABCs of helping infants in foster care cope with early adversity. *Zero to Three*, April/May 2002: 7-13.
- Lieberman, A.F. & Van Horn, P., Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment. (2008). New York: Guildford Press
- NYC Family Policy Project (2023). New Data Brief: Newborns and Infants. Retrieved online.
- NYC Family Policy Project (2025). New Data: Newborn and Infant Child Welfare Involvement Drops Sharply. Retrieved online.
- Silver, J.A., Amster, B.J., & Haecker, T. (1999). *Young Children in Foster Care.* Baltimore: Paul H. Brookes.
- Sullivan, A.D.W, Merrill, S. M., & Bush, N.R. Intervening After Trauma: Child-Parent Psychotherapy Treatment is Associated with Lower Pediatric Epigenetic Age Acceleration, *Psychological Science, 35(9)*
- Vig, S., Chinitz, S., & Shulman, L. (2005). Young children in foster care: Multiple Vulnerabilities and complex service needs. *Infants and Young Children, 18(2): 147-160.*
- Wulczyn, F., Ernst, M., & Fisher, P. Who are the Infants in Out-of-Home Care? An epidemiological and developmental snapshot. Chapin Hall Issue Brief, May 2011.

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