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Young Children in Child Welfare: Assessment and Treatment Issues 2000-2008

Early Childhood Assessment: Why, What, and How?

Snow, Catherine E. Van Hemel, Susan B.

National Research Council of the National Academies. Committee on Developmental Outcomes and Assessments for Young Children.

2008

Abstract unavailable.

http://books.nap.edu/catalog.php?record_id=12446

Assessing Posttraumatic Stress Disorder Using the Trauma Symptom Checklist for Young Children.

Pollio, Elisabeth S. Glover-Orr, L. Ellen. Wherry, Jeffrey N.

2008

Journal of Child Sexual Abuse

17 (1) p. 89-100

Publication Information: Binghamton, NY : The Haworth Press, Inc.

Haworth Press

10 Alice Street

Binghamton, NY 13904-1580

Tel: 800-429-6784

Fax: 800-895-0582

getinfo@haworthpressinc.com

Available From: <http://www.haworthpress.com>

This pilot study assessed the performance of the Trauma Symptom Checklist for Young Children (TSCYC) in correctly classifying the presence or absence of PTSD, as determined by the Diagnostic Interview for children and Adolescents-Parent (DICA-P). Participants included 34 children, ages 4-12, referred for outpatient treatment. The 11 PTSD-positive participants scored significantly higher than the 23 PTSD-negative participants on scales assessing intrusive symptoms, arousal symptoms, and total posttraumatic stress (PTS). A model including the PTS-Intrusion, PTS-Avoidance, and PTS-Arousal scales, and the sexual concerns, dissociation, and anger/aggression scales correctly classified 100% of the PTSD-negative and 72.7% of the PTSD-positive participants. These findings suggest that the TSCYC may be used as an economical and time-efficient screening device for PTSD. (Author abstract)

Development and Psychometric Refinement of a Measure Assessing Young Children's Exposure to Violence: Parent Report of Children's Experiences.

Berent, Rusti. Crusto, Cindy A. Lotyczewski, Bohdan S. Greenberg, Susan R. Hightower, A Dirk. Kaufman, Joy S.

2008

Best Practices in Mental Health

4 (1) p. 19-30

Lyceum Books, Inc.

5758 S. Blackstone

Chicago, IL 60637

Tel: 773-643-1902

Fax: 773-643-1903

lyceum@lyceumbooks.com

Available From: <http://www.lyceumbooks.com/>

The purpose of this article is to present a new brief measure for efficiently and effectively identifying children who have been exposed to violence. The tool was derived from an epidemiological survey of children's experiences completed by parents and was designed to be practical and nonthreatening. The instrument was completed by the parents of 215 children ages six years old and younger. Psychometric evidence indicates satisfactory internal reliability (Cronbach's alpha = 0.82), and the measure also yields consistent results over time. In addition, it relates appropriately and as expected to another measure of violence and trauma exposure, which indicates validity. While the new measure is still under development, it has implications for use by service providers of young children and their families. (Author abstract)

Developmental Screening and Assessment Instruments with an Emphasis on Social and Emotional Development for Young Children Ages Birth through Five.

Ringwalt, Sharon.

National Early Childhood Technical Assistance Center.

2008

National Early Childhood Technical Assistance Center

517 S Greensboro Street

Carrboro, NC 27510

Tel: (919) 962-2001

Fax: (919) 966-7463

nectac@unc.edu

Available From: <http://www.nectac.org/>

Sponsoring Organization: United States. Dept. of Education.

In recent years, there has been a growing emphasis on the mental health and social and behavioral developmental needs of very young children. In response, state administrators and local providers of early intervention and preschool programs have worked to strengthen their screening and assessment of children's social and emotional development. To meet this need,

NECTAC compiled this product. This list of instruments was gathered through a review of: the infant mental health literature, states' Part C and Part B-Section 619 Web sites, screening and assessment texts, and publishers' Web sites. The screening instruments include both those that address multiple developmental domains as well as those that focus on the social-emotional developmental domain. The screening instruments are further sub-divided into those which must be administered by professionals and those that may be completed by family members or other caregivers. The information for each instrument includes a description, the age range for which the instrument was validated, the time to administer, the scoring procedure, psychometric properties, and requirements for administrators, and a link to, or address for, the publisher or source of more information. (Author abstract)

<http://www.nectac.org/~pdfs/pubs/screening.pdf>

The Case for Relational Therapy with Young Children in Foster Care (Chapter 6 in Foster Care Therapist Handbook: Relational Approaches to the Children and Their Families).

Lee, Robert E. Stacks, Ann M.

Child Welfare League of America.

2008

Child Welfare League of America (CWLA)

2345 Crystal Drive, Suite 250

Arlington, VA 22202

Tel: 703-412-2400

Fax: 703-412-2401

order@cwla.org

Available From: <http://www.cwla.org/>

Abstract unavailable.

Parent-Child Therapy for Traumatized Young Children in Foster Care (Chapter 7 in Foster Care Therapist Handbook: Relational Approaches to the Children and Their Families).

Davies, Douglas

Child Welfare League of America.

2008

Child Welfare League of America (CWLA)

2345 Crystal Drive, Suite 250

Arlington, VA 22202

Tel: 703-412-2400

Fax: 703-412-2401

order@cwla.org

Available From: <http://www.cwla.org/>

Abstract unavailable.

Intervening with Foster Infants' Foster Parents: Attachment and Biobehavioral Catch-Up (Chapter 12 in Foster Care Therapist Handbook: Relational Approaches to the Children and

Their Families).

Lewis, Erin. Dozier, Mary. Knights, Michelle. Maier, Mallory.

Child Welfare League of America.

2008

Child Welfare League of America (CWLA)

2345 Crystal Drive, Suite 250

Arlington, VA 22202

Tel: 703-412-2400

Fax: 703-412-2401

order@cwla.org

Available From: <http://www.cwla.org/>

Abstract unavailable.

Assessing Emotional Neglect in Infants.

CECW Information Sheet #59E.

Wotherspoon, Evelyn. Gough, Pamela.

Centre of Excellence for Child Welfare (Canada)

2008

The aim of this information sheet is to describe the importance of assessing emotional neglect in infants, defined as children between birth and two who are not yet able to talk. (Author abstract)

<http://www.cecw-cepb.ca/files/file/en/EmotionalNeglectInfants59E.pdf>

Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment.

Lieberman, Alicia F. Van Horn, Patricia.

2008

Guilford Press

72 Spring Street

New York, NY 10012

Tel: (800) 365-7006

Fax: (212) 966-6708

info@guilford.com

Available From: <http://www.guilford.com/>

This text describes child-parent psychotherapy (CPP), an empirically supported treatment that engages parents as the most powerful agents of their young children's health development. Chapter 1 presents a detailed overview of CPP as a relationship-based treatment for mental health problems of infancy and early childhood. It describes the integration of different theoretical perspectives into a multifaceted treatment approach that includes systematic attention to the child and the family in the context of their developmental, cultural, and ecological circumstances. The range of stressors facing young children and their impact on brain development are addressed in Chapter 2, along with the continuum of mental health and relationship difficulties that encompass temporary and circumscribed perturbations, more

generalized and lasting disturbances, and pervasive, entrenched disorders. Chapter 3 outlines CPP theoretical goals, therapeutic modalities, and core clinical competences for treatment across the range of problem severity. The role of initial assessment as the foundation for a comprehensive treatment plan is described in Chapter 4, and Chapter 5 illustrates the implementation of CPP with children and parents showing mental health perturbations. Chapters 6 and 7 discuss the treatment of a child, mother, and father with problems in the disturbance-disorder end of the continuum in the context of domestic violence followed by an acrimonious divorce, and CPP variations in response to specific challenges. Clinical difficulties inherent to the CPP focus on the child-parent relationship are described in Chapter 8 through four case examples, and Chapter 9 places clinical intervention in the context of the system of care that must often be enlisted to collaborate on behalf of the child and the family. The final chapter offers a reflection on the clinical enterprise in the context of the external constraints and internal pressures experienced by therapists. Case examples are used throughout the text to illustrate key concepts. Numerous references. (Author abstract modified)

Authentic Assessment for Early Childhood Intervention: Best Practices.

Bagnato, Stephen J.

2007

Guilford Press

72 Spring Street

New York, NY 10012

Tel: (800) 365-7006

Fax: (212) 966-6708

info@guilford.com

Available From: <http://www.guilford.com/>

Grounded in a developmental framework, this book addresses ways to screen and evaluate diverse populations of children from infancy to age 6. It demonstrates how authentic assessment can serve as the foundation for designing and monitoring effective, high-quality programs that promote optimal learning and development. Chapter 1 reviews professional standards for the assessment of preschool children and presents best-practice guidepoints in five key areas: the collaboration of professionals and families in planning and implementing assessments; individualized and appropriate assessments for the child and family; assessments that provide useful information for intervention; professionals that share information in respectful and useful ways; and professionals that meet legal and procedural requirements and recommended practice guidelines. Chapters 2 and 3 discuss how authentic assessment can prevent the mismeasure of young children and the foundations for authentic assessment of typical and atypical early development. The best contexts for authentic assessment are discussed in Chapter 4, and Chapter 5 explains how professionals can use natural observations to assess young children. Chapters 6 and 7 describe how authentic curriculum-based assessment works, and using clinical judgments to guide parent-professional team decision making for early intervention. Chapters 8-10 discuss how authentic assessments can be used to assess young children with severe disabilities, how to

use functional behavioral assessment with preschoolers, and the proper approaches for detecting, classifying, and intervening with children who have temperament and self-regulatory behavior problems. Final chapters address how authentic assessment can be used to plan for kindergarten transition and steps for implementing an authentic program evaluation to measure early childhood intervention outcomes. Each chapter includes a summary of best-practice issues that are addressed and best-practice guidepoints. Numerous references.

Psychopharmacological Treatment for Very Young Children: Contexts and Guidelines.

Gleason, Mary Margaret. Egger, Helen Link. Emslie, Graham J. Greenhill, Laurence L. Kowatch, Robert A. Lieberman, Alicia F. Luby, Joan L. Owens, Judith. Scahill, Lawrence D.
2007

Journal of the American Academy of Child and Adolescent Psychiatry.

46 (12) p. 1532-1572

Publication Information: Hagerstown, MD : Lippincott Williams & Wilkins.

Lippincott Williams and Wilkins

16522 Hunters Green Parkway

Hagerstown, MD 21740

Tel: 800-638-3030

Fax: 301-223-2400

orders@lww.com

Available From: <http://www.lww.com/>

Systematic research and practice guidelines addressing preschool psychopharmacological treatment in very young children are limited, despite evidence of increasing clinical use of medications in this population. The Preschool Psychopharmacology Working Group (PPWG) was developed to review existing literature relevant to preschool psychopharmacology treatment and to develop treatment recommendations to guide clinicians considering psychopharmacological treatment in very young children. This article reviews the developmental considerations related to preschool psychopharmacological treatment, presents current evidence bases for specific disorders in early childhood, and describes the recommended algorithms for medication use. The purpose of this effort is to promote responsible treatment of young children, recognizing that this will sometimes involve the use of medications. (Author abstract)

A Universal Checklist for Identifying Infants and Toddlers Eligible for Early Intervention (including, Early Intervention Referral Checklist).

Dunst, Carl J. Trivette, Carol M. Hill, Glinda.

Orelena Hawks Puckett Institute. Center for Improving Community Linkages. Tracking, Referral and Assessment Center for Excellence.

2007

TRACE Practice Guide

2 (1) Tracking, Referral and Assessment Center for Excellence (TRACE)

Orelena Hawks Puckett Institute 18A Regent Park Blvd.

Asheville, NC 28806

dunst@puckett.org

Available From: <http://www.tracecenter.info/>

Sponsoring Organization: United States. Dept. of Education.

This TRACE Practice Guide includes a description of the development and use of a universal checklist for identifying infants and toddlers that may be eligible for early intervention. The checklist was jointly developed by the Tracking, Referral, and Assessment Center for Excellence (TRACE) at the Orelena Hawks Puckett Institute and the American Academy of Pediatrics (AAP) in collaboration with and input from the University of Wisconsin Waisman Center (Madison) and the TRACE Project Officer. The checklist was specifically developed to facilitate and streamline the identification of potentially eligible children without the need to administer screening or developmental tests and was designed to be used by primary referral sources to make referrals to early intervention. (Author abstract)

http://www.tracecenter.info/practiceguides/practiceguides_vol2_no1.pdf

Addressing the Needs of Young Children in Child Welfare: Part C -- Early Intervention Services

Bulletin for Professionals

Child Welfare Information Gateway

2007

Child Welfare Information Gateway

Children's Bureau/ACYF 1250 Maryland Avenue, SW Eighth Floor

Washington, DC 20024

Tel: 800.394.3366 703.385.7565

Fax: 703.385.3206

info@childwelfare.gov

Available From: <http://www.childwelfare.gov>

The Part C referral provisions in CAPTA and IDEA offer child welfare administrators an opportunity to expand the array of supports and resources for young children and their caregivers in order to enhance child well-being. This bulletin provides examples of State efforts to implement the new referral provisions and provides lessons learned about accessing early intervention services for children and families identified by the child welfare system. It includes background information about child welfare and early intervention, promising strategies, funding strategies, resources, and contact information for State and local programs.

<http://www.childwelfare.gov/pubs/partc.cfm>

<http://www.childwelfare.gov/pubs/partc.pdf>

Effective Components of Community Prevention and Intervention Programs for Young Children Exposed to Violence.

Ortega, Sandra. Beauchemin, Antoine. Goots, Michelle.

2007

Protecting Children

22 (3 & 4) p. 96-108

American Humane
63 Inverness Drive East
Englewood, CO 80112
Tel: 303-792-9900
Fax: 303-792-5333
http://www.americanhumane.org/site/PageServer?pagename=wh_contact

Available From: <http://www.americanhumane.org/>

This article provides examples used by the Safe Start Demonstration Project in Pinellas County, Florida, to prevent and reduce the impact of exposure to violence. It discusses lessons learned and challenges faced when integrating community services and providing home-based interventions to families. Implications for practice, policy, and research are explored. 1 table, 3 figures, and 20 references.

Building a Collaboration One Day at a Time : Integrating Infant Mental Health Into a Residential Drug Treatment Program.

Heffron, Mary Claire. Purcell, Arlene. Schalit, Jackie.
Zero to Three.

2007

Zero to Three.

27 (4) p. 34-40

Publication Information: Washington, DC : Zero To Three.

Zero to Three: National Center for Infants, Toddlers, and Families

2000 M Street, NW, Suite 200

Washington, DC 20036

Tel: 202-638-1144 800-899-4301

Fax: 202-638-0851

0to3@zerotothree.org

Available From: <http://www.zerotothree.org>

Families in Recovery Staying Together (FIRST) is a team from Children's Hospital Research Center at Oakland that has joined in collaboration with two local perinatal residential drug treatment programs to create early childhood mental health services at those sites. The authors highlight the collaboration strategies and challenges the partners have experienced during the first year of operation. The success of the collaboration is due to strong leadership; a clear definition of roles, relationships, and program goals; sensitivity to the different priorities and regulations of the systems governing the women in drug treatment and the grant-funded mental health services; open communication; and ongoing opportunities for reflection and problem-solving.

Young Children's Exposure to Intimate Partner Violence: Towards a Developmental Risk and Resilience Framework for Research and Intervention.

Gewirtz, Abigail H. Edleson, Jeffrey L.

2007

Journal of family violence.

22 (1) p. 151-163

Springer

233 Spring Street

New York, NY 10013

Tel: 212-460-1500 800-SPRINGER

Fax: 212-460-1575

service-ny@springer.com

Available From: <http://www.springer.com/>

This article employs a developmental risk and resilience framework to examine the impact of exposure to intimate partner violence on young children, particularly those facing economic hardship. In doing so, it reviews and weaves together two separate literatures, one on emotional and behavioral development in high-risk settings and the other on children exposed to adult domestic violence. The article ends by pointing to the need for further research and the promise that early interventions hold for helping children who are exposed to intimate partner violence and living in poverty. (Author abstract)

Attachment and Trauma : An Integrated Approach to Treating Young Children Exposed to Family Violence (Chapter 6 in Attachment Theory in Clinical Work With Children : Bridging the Gap Between Research and Practice).

Busch, Amy L. Lieberman, Alicia F.

2007

Publication Information: New York, NY : Guilford Press

Guilford Press

72 Spring Street

New York, NY 10012

Tel: (800) 365-7006

Fax: (212) 966-6708

info@guilford.com

Available From: <http://www.guilford.com/>

The need for clinicians to use a combined attachment and trauma framework when intervening with children who have experienced domestic violence and other traumatic life events is emphasized. Strategies for using attachment relationships to facilitate children's recovery from trauma are described, and a case study is presented to illustrate how child-parent psychotherapy can be used to disentangle the reciprocal impact of attachment and trauma and return children to a healthier developmental course. 47 references.

Could Dialectical Behavior Therapy Help Young Children in Foster Care Circumvent the Long-Term Effects of Early Trauma?

Theiss, Diana.

2007

Michigan Child Welfare Law Journal

11 (2) p. 33-41

Chance at Childhood Program

Law and Social Work Clinic 541 E. Grand River Avenue

East Lansing, MI 48823

Tel: (517) 432-8406 1-866-725-8406

Fax: (517) 432-8409

chanceatchildhood@ssc.msu.edu

Available From: <http://chanceatchildhood.msu.edu/>

This paper explains the prenatal and postnatal trauma children in foster care have experienced and how Dialectical Behavior Therapy (DBT) can be used to address the difficulties faced by children who have been traumatized. DBT is described as a way to teach and promote acceptance of self, personal histories, and current situations while simultaneously actively helping the client work toward changing unhealthy or problematic thoughts, emotions, or behaviors. Core elements of DBT are explored and include: a biosocial theory of the disorder, a conceptual framework of stages of treatment, a clear prioritizing of treatment targets within each stage, delineation of the functions treatment must serve, treatment modes that fulfill those functions, and several sets of acceptance strategies, change strategies, and treatment strategies. The impact of prenatal drug abuse and abusive and neglectful parenting are reviewed, and the benefits of using DBT and mindfulness with foster children are highlighted. 27 references.

http://chanceatchildhood.msu.edu/pdf/CWLJ_winter_1.pdf

Early Intervention as Prevention : Addressing Trauma in Young Children.

Groves, Betsy McAlister.

Child Witness to Violence Project (Boston Medical Center)

2007

Focal Point.

21 (1) p. 16-18

Research and Training Center on Family Support and Children's Mental Health

PO Box 751

Portland, OR 97207-0751

Tel: 503-725-4040

Fax: 503-725-4180

rtcpubs@pdx.edu

Available From: <http://www rtc.pdx.edu/>

This article focuses on the need for early intervention to address child traumatic stress in young children. The article also describes the characteristics of effective intervention. (Author abstract)

<http://www rtc.pdx.edu/PDF/fpW0705.pdf>

Need for Early Intervention Services Among Infants and Toddlers in Child Welfare.

National Survey of Child and Adolescent Well-Being Research Brief: Findings from the NSCAW Study ; no. 8.

National Data Archive on Child Abuse and Neglect. United States. Administration for Children

and Families. Office of Planning, Research and Evaluation.
2007

ACF Office of Planning, Research and Evaluation (OPRE)
370 L'Enfant Promenade, S.W.
Washington, DC 20447

Available From: <http://www.acf.hhs.gov/programs/opre/>

The Early Intervention Program for Infants and Toddlers (P.L. 99-457), now known as Part C of the Individuals with Disabilities Education Act (IDEA), was established by the federal government in 1986 "to encourage states to expand opportunities for children less than 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services." After the child is assessed to determine the need for services, an Individualized Family Service Plan (IFSP) is developed in collaboration with the child's caregiver. A legal document, the IFSP is written to identify goals and individualized supports and services that will enhance the child's development. Little research is available to help us understand how many infants and toddlers involved in maltreatment investigations are in need of Part C services or to what extent such children have already been served under Part C and/or are later referred to special education services and have an Individualized Education Plan (IEP). This research brief examines the need for and provision of an IFSP during the first 3 years of life among infants and toddlers involved in investigations of child maltreatment. The brief asks the following questions: (1) What percentage of infants and toddlers involved with Child Welfare Services (CWS) need early intervention services, based on criteria that states use? (2) What percentage receives an IFSP? (3) What child and maltreatment characteristics predict having an IFSP? (4) What percentage of infants and toddlers later has an IEP? and (5) What percentage of those who ever had an IFSP transition to an IEP? (Author abstract)

http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/need_early_intervention/early_intervention.html

http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/need_early_intervention/early_intervention.pdf

Modeling the Impact of Formal and Informal Supports for Young Children With Disabilities and Their Families.

Bailey, Donald B. Nelson, Lauren. Hebbeler, Kathy. Spiker, Donna.
RTI International.

2007

Pediatrics

120 (4) p. e992-e1001

American Academy of Pediatrics

141 Northwest Point Boulevard

Elk Grove, IL 60007-1098

Tel: 847-434-4000

Fax: 847-434-8000

kidsdocs@aap.org

Available From: <http://www.aap.org>

OBJECTIVE. The purpose of this work was to examine factors related to perceived impact of early intervention on children with disabilities and their families. **METHODS.** A nationally representative sample of ~2100 parents completed a 40-minute telephone interview near their child's third birthday. Structural equation modeling examined the relationships between 3 support variables (quality of child services, quality of family services, and family/community support) and 2 outcomes at 36 months (impact on child and impact on family) and determined whether these relationships were mediated by 2 perceptual variables (optimism and confidence in parenting) or moderated by 5 demographic variables (poverty, maternal education, ethnicity, age of initial Individual Family Service Plan, and health at 36 months). **RESULTS.** Perceived impact of early intervention on both child and family were significantly related to each other. The quality of child services was related to impact on the child but not on the family. The quality of family services was related to both child and family impact. Informal support was not related to perceived impact on children or families but was strongly related to confidence in parenting and optimism. Neither optimism nor confidence in parenting mediated the relationships between services or supports and perceived impact. Minority families and families of children with poor health reported lower quality of services, but these characteristics did not moderate the relationships between services and perceived impact on the child. However, both poverty status and minority status were associated with perceptions of impact on the family. **CONCLUSIONS.** Findings reinforce the role of high-quality services in maximizing perceived impact. They also highlight the important role of informal support in promoting optimism and confidence in parenting. Poverty status, minority status, and poor health of the child are salient factors in predicting lower perceived quality of and benefit from services. (Author abstract)

<http://pediatrics.aappublications.org/cgi/content/full/120/4/e992>

<http://pediatrics.aappublications.org/cgi/reprint/120/4/e992>

Review of Mental Health Screening Instruments For Use With Young Children Involved With Child Welfare Services.

McCrae, Julie S.

2007

This study reviews mental health screening instruments that have been designed primarily for use with young children. The purpose is to provide child welfare agencies and their constituents an empirical review of screening tools particular to the needs of child welfare-involved families. Because young children are often overlooked for mental health services, the focus is on instruments designed to capture the unique needs of this group. Some instruments are reviewed that span a wider age-range. The study begins with an overview of qualities used to assess screening and other psychological measures, followed by the review of the instruments, and a summary of recommended instruments. (Author abstract)

Early Intervention for Infants and Toddlers With Disabilities and Their Families: Participants, Services, and Outcomes: Final Report of the National Early Intervention Longitudinal Study

(NEILS).

Hebbeler, Kathleen. Spiker, Donna. Bailey, Don. Scarborough, Anita. Mallik, Sangeeta. Simeonsson, Rune.

SRI International. United States. Dept. of Education.
2007

For more than 20 years, federal law has recognized the importance of providing early intervention (EI) services to infants and toddlers with disabilities and their families. State systems to serve this population have been established and refined since the federal grant program and its accompanying requirements governing EI were created in 1986. Every state provides EI services, although the states differ in regard to a number of dimensions, including the lead agency that administers the program, the constellation and organization of local programs that provide services, and how services are funded. This National Early Intervention Longitudinal Study (NEILS) report presents the key findings from a national longitudinal study that followed children who were identified when younger than 3 years of age as meeting their state's eligibility criteria for EI and whose families were subsequently provided with those services. NEILS is the first and only national look at important policy issues such as which children and families are being served in EI programs, what services they receive, and what outcomes they experience. This report summarizes some of the key findings from this 10-year study and notes their implications for policy, practice, and additional research. (Author abstract)
http://www.sri.com/neils/pdfs/NEILS_Report_02_07_Final2.pdf

Strategies for Improving Outcomes for Young Children: A Catalogue of Evidence-Based Interventions.

Williams, Kathryn. Fildes, Dave. Marosszeky, Nick. Matete, Sheila. Grootemaat, Pam. Findlay, Carrie.

Victorian Government Department of Human Services. University of Wollongong. Centre for Health Service Development.
2007

http://www.office-for-children.vic.gov.au/_data/assets/pdf_file/0008/62783/swoc_catalogue_of_evidence_v1.pdf

Young, Wounded, and Black : the Maltreatment of African-American Children in the Early Years (Chapter 2 of Interpersonal Violence in the African American Community : Evidence-Based Prevention and Treatment Practices).

Issues in Children's and Families' Lives.

Harden, Brenda Jones. Nzinga-Johnson, Sekile.

2006

Publication Information: New York : Springer.

Springer

233 Spring Street

New York, NY 10013

Tel: 212-460-1500 800-SPRINGER

Fax: 212-460-1575

service-ny@springer.com

Available From: <http://www.springer.com/>

This chapter provides an epidemiological and developmental profile of the overrepresented young African-American children in the child welfare system and identifies strategies to prevent the maltreatment of young African-American children and their entry into the child welfare system. Evidence-based prevention and treatment programs that have been effective with this population are described, as well as culturally and developmentally sensitive interventions. The role of fathers in child welfare interventions is also discussed. 1 table and 174 references.

Parenting interventions for drug-dependent mothers and their young children: the case for an attachment-based approach.

Suchman, Nancy. Pajulo, Marjukka. DeCoste, Cindy. Mayes, Linda.
2006

Family Relations : Interdisciplinary Journal of Applied Family Studies

55 p. 211-226

Available from: National Council on Family Relations

Allen Press P.O. Box 1897

Lawrence, KS 66044-8897

Tel: (800) 627-0627 x221

Fax: (785) 843-1274

tjones@allenpress.com

Maternal substance abuse is the most common factor involved when children come to the attention of the child welfare system. Although there is a clear need for clinical trials to evaluate parenting interventions for drug-dependent women, few studies to date have systematically examined the efficacy of interventions for this population. We first review six published reports of outpatient interventions that aimed to enhance the caregiving skills of substance-abusing mothers caring for children between birth and 5 years of age. After discussing implications of these preliminary studies, we then describe an attachment-based intervention that addresses these implications and has demonstrated preliminary feasibility in a pilot trial. (Author abstract)

Early Childhood Comprehensive Systems Plan Vision : A Culturally Responsive, Comprehensive and Accessible Service Delivery System for Young Children That Links Service Providers, Empowers Families, and Engages Communities.

Alaska. Dept. of Health and Social Services. Office of Children's Services.

2006

Publication Information: Juneau, AK : Alaska. Dept. of Health and Social Services, Office of Children's Services.

Available from: Alaska Dept. of Health and Social Services

Office of the Commissioner 350 Main Street, Room 404 PO Box 110601

Juneau, AK 99811-0601

Tel: 907-465-3030

Fax: 907-465-3068

TDD/TTY: 907-586-4265

karleen_jackson@health.state.ak.us

Available From: <http://www.hss.state.ak.us/>

The purpose of the Early Childhood Comprehensive Systems Project is to build and implement systems that support families and communities in their development of healthy children who are ready to learn when they enter school. The Plan represents the past, present, and future. It incorporates the thinking from several past planning efforts as well as new ideas and solutions; recognizes the needs of today's young children and their families; promotes "best practices," those proven to be most successful; and gives us a vision for the future. The Plan does not intend to represent everything currently underway for young children, but strives to address systems gaps and identify improvements needed to assure that Alaska's young children have the greatest opportunity for positive health and developmental outcomes. (Author abstract)

<http://www.hss.state.ak.us/ocs/childplan/ECCSChildplan.pdf>

Early interventions with young children and their parents in the US (Chapter 5 in Enhancing the well-being of children and families through effective interventions : international evidence for practice).

Hanson, K. Lori. Morrow, Connie E. Bandstra, Emmalee.
2006

Available from: Jessica Kingsley Publishers

400 Market St. Suite 400

Philadelphia, PA 19106

Tel: 800-821-8312

Fax: 215-269-0363

orders@jkp.com

Available From: <http://www.jkp.com>

This chapter explores evidence on the effectiveness of early interventions with young children and their parents in the United States. It discusses the proliferation of early intervention services, the focus of early intervention programs, and evidence drawn from general developmental research and early intervention research. Positive outcomes from early interventions are shared, and key program characteristics that impact success are identified. 2 tables.

Infant and early childhood mental health : a comprehensive developmental approach to assessment and intervention.

Greenspan, Stanley I. Wieder, Serena.

2006

Available from: American Psychiatric Press

1400 K St., NW

Washington, DC 20005

Tel: (800) 368-5777

Fax: (202) 682-6248

order@appi.org

This book presents a comprehensive developmental approach for assessing the mental health of young children and for providing developmentally appropriate intervention. The developmental, individual-differences, relationship-based (DIR) model is described that identifies functional developmental level, considers individual differences in sensory processing, sensory modulation, and motor planning, and explores the child's relationships with caregivers. Chapters 1 and 2 describe the model in detail, its theoretical and philosophical underpinnings, and the functional emotional stages of development. Chapters in Part 2 focus on principles of assessment and treatment. Step-by-step instructions are provided for conducting a comprehensive evaluation of a child and family, along with the Floortime assessment and intervention tool, and a six-step intervention process. Chapter 5 describes how to tailor interventions to different kinds of infants and children, and Chapter 6 discusses interventions that involve working primarily with a child's parents. Part 3 explains assessment and intervention strategies appropriate for different classes of childhood disorders: interactive disorders, regulatory-sensory processing disorders, and neurodevelopment disorders of relating and communication. The final part describes models for prevention and early intervention programs, including a model for a comprehensive preventive intervention program for infants and young children in families facing multiple challenges to healthy development, and a model for programs to promote healthy emotional, social, and intellectual growth in all infants and children. Numerous references.

Snapshots: Incorporating Comprehensive Developmental Screening into Programs and Services for Young Children.

McCann, Carey E. Yarbrough, Karen.

Ounce of Prevention Fund.

2006

Ounce of Prevention Fund

33 W. Monroe St., Suite 2400

Chicago, IL 60603-5400

Tel: 312-922-3863

Fax: 312-922-3337

info@ounceofprevention.org

Available From: <http://www.ounceofprevention.org/>

Comprehensive developmental screening is a process to identify children who may have or may be at risk of a developmental delay or disability and need further evaluation. It is not an achievement test, but a series of snapshots of a child's development across all domains -- language, cognitive, physical, motor, sensory, and social-emotional. Snapshots describes key best practice elements for a process of screening and explores different methods for implementing developmental screening in a variety of programs and services for very young children, including child care, home visiting, and several health care settings. (Author abstract)

http://www.ounceofprevention.org/includes/tiny_mce/plugins/filemanager/files/Snapshots%20-%20FINAL.pdf

Developmental Services for Young Children in Foster Care: Assessment and Service Delivery.

Stahmer, Aubyn C. Leslie, Laurel K. Landsverk, John A. Zhang, Jinjin. Rolls, Jennifer A.

2006

Journal of Social Service Research

33 (2) p. 27-38

Haworth Press

10 Alice Street

Binghamton, NY 13904-1580

Tel: 800-429-6784

Fax: 800-895-0582

getinfo@haworthpressinc.com

Available From: <http://www.haworthpress.com>

High rates of developmental delay in children in foster care make it important for the foster care system to provide early identification of developmental issues and facilitate intervention. This investigation examined the degree to which child welfare agencies encourage policies to assess children for developmental delay and link children to intervention agencies. Results indicate that half of counties studied have comprehensive developmental screening policies and two-thirds refer children for intervention. Counties with comprehensive policies were more likely to evaluate children, utilize specialists for periodic screening, refer to early intervention agencies and engage in joint service planning. (Author abstract)

Identifying Infants and Young Children With Developmental Disorders in the Medical Home : An Algorithm for Developmental Surveillance and Screening.

American Academy of Pediatrics. Council on Children With Disabilities. American Academy of Pediatrics. Section on Developmental Behavioral Pediatrics. Bright Futures Steering Committee. Medical Home Initiatives for Children With Special Needs Project Advisory Committee.

2006

Pediatrics

118 (1) p. 405-420

American Academy of Pediatrics

141 Northwest Point Boulevard

Elk Grove, IL 60007-1098

Tel: 847-434-4000

Fax: 847-434-8000

kidsdocs@aap.org

Available From: <http://www.aap.org>

Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home and an appropriate responsibility of all pediatric health care professionals. This statement provides an algorithm as a

strategy to support health care professionals in developing a pattern and practice for addressing developmental concerns in children from birth through 3 years of age. The authors recommend that developmental surveillance be incorporated at every well-child preventive care visit. Any concerns raised during surveillance should be promptly addressed with standardized developmental screening tests. In addition, screening tests should be administered regularly at the 9-, 18-, and 30-month visits. (Because the 30-month visit is not yet a part of the preventive care system and is often not reimbursable by third-party payers at this time, developmental screening can be performed at 24 months of age. In addition, because the frequency of regular pediatric visits decreases after 24 months of age, a pediatrician who expects that his or her patients will have difficulty attending a 30-month visit should conduct screening during the 24-month visit.) The early identification of developmental problems should lead to further developmental and medical evaluation, diagnosis, and treatment, including early developmental intervention. Children diagnosed with developmental disorders should be identified as children with special health care needs, and chronic-condition management should be initiated. Identification of a developmental disorder and its underlying etiology may also drive a range of treatment planning, from medical treatment of the child to family planning for his or her parents. (Author abstract)

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405>

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf>

**A Social-Emotional Assessment Method for Young Children in Foster and Residential Care:
The Attachment-Based Narrative Story-Stem Technique.**

Page, Timothy F. Heller, Sherryl Scott. Boris, Neil W.

2006

*Residential treatment for children and youth : the official journal of the American Association of
Children's Residential Centers.*

23 (3/4) p. 139-162

Publication Information: Binghamton, NY : The Haworth Press Inc.

Haworth Press

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Fax: 800-895-0582

getinfo@haworthpressinc.com

Available From: <http://www.haworthpress.com>

Standardized clinical assessments from the point of view of children are rare. A standardized narrative assessment measure, developed to assess children's perceptions of their caregiving environments, the Narrative Story-Stem Technique (NSST) was used with two fraternal twins, age 8, with histories of severe maltreatment and multiple foster placements. Their responses to the NSST indicate that they perceived their caregiving environments as unstable and unpredictable, though in noticeably different ways. Representations of certain family strengths

were also evident. The NSST can provide highly detailed information of great utility for treatment planning and intervention regarding children's perceptions of, and experiences in, their caregiving environments.

Testing children : a practitioner's guide to the assessment of mental development in infants and young children.

Preston, Phyllis.

2006

Available from: Hogrefe and Huber Publishers

Box 2487

Kirkland, WA 98083

Tel: (206) 820-1500

Fax: 734-485-0704 800-442-4329

info@highscope.org

This book aims to help the practitioner derive maximum benefit from the use of individual norm-based tests of mental development. It includes, but also goes beyond, an explanation of the psychometric expertise required to use such tests. Beginning with an exploration of the nature of mental development itself, the author explains how the very presence of the assessor impacts on the assessment process both in terms of perceptual idiosyncrasies and in terms of the effectiveness with which the interpersonal dynamics between child, carer and assessor are managed. This is a holistic guide to skilled observation, accurate interpretation, and effective reporting, which equips the reader to derive accurate conclusions in the best interests of the particular needs of the child under assessment. (Author abstract)

Screening young children in dependency drug court.

Katz, Lynne F. Sheinberg, Nurit. Claussen, Angelika H. Baker, Alison. Cohen, Jeri B.

2006

ABA Child Law Practice

25 p. 1, 6-9

Available from: American Bar Association, Center on Children and the Law

740 15th St. NW

Washington, DC 20005

Tel: 202/662-1720

Fax: 202/662-1755

orders@abanet.org

This article describes the results of a pilot project for developmental screening of infants and toddlers ages zero-to-three who parents were voluntarily enrolled in the Dependency Drug Court in Miami-Dade County, Florida. The context for this study as well as practice recommendations are provided. The project's goal was to determine the potential rates of developmental delays for this population, thereby making a case for referrals for developmental screenings. (Author abstract)

Early intervention for abused and neglected infants and toddlers.

Zero to Three Policy Center.

2006

Zero to three.

27 (1) p. 58-59

Publication Information: Washington, DC : Zero to Three

Available from: Zero to Three: National Center for Infants, Toddlers, and Families

2000 M Street, NW, Suite 200

Washington, DC 20036

Tel: 202-638-1144 800-899-4301

Fax: 202-638-0851

0to3@zerotothree.org

Available From: <http://www.zerotothree.org>

This article discusses the need for a strong connection between the child welfare and protection system and early intervention programs. It reviews provisions in the Child Abuse Prevention and Treatment Act that requires maltreated infants and toddlers to be referred to early intervention services, describes increasing collaboration between child welfare and early intervention systems, and recommends action steps for infant-toddler professionals. 4 references.

From science to public policy : early intervention for abused and neglected infants and toddlers.

Zero to Three Policy Center.

2006

Zero to Three: National Center for Infants, Toddlers, and Families

2000 M Street, NW, Suite 200

Washington, DC 20036

Tel: 202-638-1144 800-899-4301

Fax: 202-638-0851

0to3@zerotothree.org

Available From: <http://www.zerotothree.org>

Children who suffer abuse or neglect, or have parents who suffer from mental health problems (especially maternal depression), substance abuse, or family violence have as high a probability of experiencing developmental delays as do children with medical conditions that are automatically eligible for Part C services under the Individuals with Disabilities Education Act (IDEA). Early intervention programs that deliver carefully designed interventions with well-defined goals can positively affect the developmental trajectories of infants and toddlers whose life course is threatened by disrupted parenting. A strong connection between the child welfare/child protection system and Part C is therefore needed to ensure access to early intervention services that can provide significant benefits to abused or neglected children. This article is about the science of early childhood development, how it impacted on the creation of public policy, and the role you can play in advocating for effective implementation of that policy

within states. (Author abstract)

http://www.zerotothree.org/site/DocServer/CAPTA_IDEA.pdf?docID=1922

Including Parents, Foster Parents and Parenting Caregivers in the Assessments and Interventions of Young Children Placed in the Foster Care System.

Robertson, Anne S.

University of Illinois.

2006

Children and Youth Services Review

28 (2) p. 180-192

Elsevier

Customer Service Department 6277 Sea Harbor Drive

Orlando, FL 32887-4800

Tel: +1 (877) 839-7126

Fax: +1 (407) 363-1354

usjcs@elsevier.com

Available From: <http://www.elsevier.com/>

Since the release of Zero to Three's principles on assessment of young children, child welfare social workers and other professionals have improved ways to incorporate parents and parenting caregivers into their child's team. However, given the increasing numbers of young children coming into care, and their risk for long-term disability, it is imperative that child welfare social workers become the catalyst to improve options for all young foster children. This paper provides a brief overview of young children in the foster care system and discusses the role of parents and parenting caregivers in the assessment of young children. The paper then explores the interdependence of assessment and intervention and the challenges involved with including parents and parenting caregivers in the assessment of their children. The final section of the paper synthesizes the findings to make several recommendations to improve social work practice for young children in foster care and their families. (Author abstract)

Enhancing parents' interactions with infants and young children. (Chapter 10 in Early intervention with multi-risk families : an integrative approach.)

Landy, Sarah. Menna, Rosanne.

2006

Publication Information: Early intervention with multi-risk families : an integrative approach.

Available from: Brookes Publishing

P.O. Box 10624

Baltimore, MD 10624

Tel: (800) 638-3775

Fax: (410) 337-8539

custserv@brookespublishing.com

Available From: <http://www.brookespublishing.com>

This chapter discusses the need for parents to provide responsive and sensitive interactions with

children and suggests a number of interventions that have been shown to be effective in enhancing parent-child interactions. These are described as they pertain to various age groups of children, including infants, toddlers, and preschoolers; and for children who are typically developing and those whose development is compromised due to a variety of developmental delays or disorders. A list of additional resources is provided. 1 table. (Author abstract modified)

What fathers need : a countywide assessment of the needs of fathers of young children.

Buckelew, Sara M. Pierrie, Herb. Chabra, Anand.

San Mateo County Health Department.

2006

Maternal and child health journal

10 (3) p. 285-291

Available from: Springer

233 Spring Street

New York, NY 10013

Tel: 212-460-1500 800-SPRINGER

Fax: 212-460-1575

service-ny@springer.com

Available From:<http://www.springer.com/>

Realizing the paucity of data available concerning fatherhood, the Fatherhood Collaborative of San Mateo County, a public-private community partnership with leadership from the local Maternal, Child and Adolescent Health (MCAH) program, conducted a countywide needs assessment to ask fathers of young children about their personal and service-related needs in order to assist local stakeholders in expanding and improving services for families. Both quantitative and qualitative data were collected. A total of 204 fathers of children aged 0 to 5 years completed a 35-question survey. In addition, 80 fathers and community representatives participated in nine focus groups. A complex set of needed services for fathers in the county emerged from the assessment, including: father-child activities; parks and recreational activities; better schools; parenting classes; support groups; high quality, affordable childcare; and general legal assistance. Only one-half felt the county was doing a good or excellent job in supporting fathers. This assessment is one county's effort to collect data about fathers, from fathers, in order to shape MCAH programming to better serve families. This assessment may serve as a model for other MCAH programs interested in improving services for fathers and families. (Author abstract)

The authentic alternative for assessment in early intervention : an emerging evidence-based practice.

Bagnato, Stephen J.

Children's Hospital of Pittsburgh

2005

Journal of early intervention

28 p. 17-22

Available from: Council For Exceptional Children
1110 N. Glebe Road
Arlington, VA 22201
Tel: 1-888-CEC-SPED (232-7733)
Fax: 703-264-9494

service@cec.sped.org

Available From: <http://www.cec.sped.org>

Early childhood intervention requires assessment procedures that are designed and field-validated specifically for young children with disabilities, capture real-life competencies in everyday routines, help plan individual programs, and document incremental improvements in developmental competencies. Conventional tests and testing, which have dominated measurement in the field, fail to meet early intervention purposes and published professional recommended practice standards. Fundamental changes in assessment for early intervention are needed to produce practices that are authentic, universal, and useful. Due to the advocacy of parents and professionals working together, early childhood measurement is morphing into authentic assessment, the optimal alternative to conventional testing in early intervention. The research reported by Macy, Bricker, and Squires in "An Examination of the Validity and Reliability of a Curriculum-Based Assessment Approach Used to Determine Eligibility for Part C Early Intervention Services" is a welcome addition to the evidence-base for authentic and curriculum-based assessment in early childhood intervention that has quietly emerged over the past decade. (Author abstract)

Practice Parameter for the Assessment and Treatment of Children and Adolescents with Reactive Attachment Disorder of Infancy and Early Childhood.

Boris, Neil W. Zeanah, Charles H.

American Academy of Child and Adolescent Psychiatry. Work Group on Quality Issues.
2005

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Ave. NW
Washington, DC 20016

Tel: (202) 966-7300

Fax: (202) 966-2891

Available From: <http://www.aacap.org>

This parameter reviews the current status of reactive attachment disorder with regard to assessment and treatment. Attachment is a central component of social and emotional development in early childhood, and disordered attachment is defined by specific patterns of abnormal social behavior in the context of "pathogenic care." Clinically relevant subtypes include an emotionally withdrawn/inhibited pattern and a socially indiscriminate/disinhibited pattern. Assessment requires direct observation of the child in the context of his/her relationships with primary caregivers. Treatment requires establishing an attachment relationship for the child when none exists and ameliorating disturbed attachment relationships with caregivers when

they are evident. Coercive treatments with children with attachment disorders are potentially dangerous and not recommended. (Author abstract)

<http://www.aacap.org/galleries/PracticeParameters/rad.pdf>

Can early assessment make a difference in child protection? : results from a pilot study.

Faller, Kathleen Coulborn. Ortega, Mary B. Pomeranz, Elaine.

University of Michigan.

2005

Available from: University of Michigan, School of Social Work.

1080 South University Avenue

Ann Arbor, MI 48109-1106

Tel: 734-764-3309

Fax: 734-936-1961

ssw.webmaster@umich.edu

Available From: <http://www.ssw.umich.edu/>

Sponsoring Organization: Hasbro Children's Foundation.

This report discusses the activities and outcomes of the Early Assessment Project, a collaboration between a hospital-based child protection team and a team based in the school of social work at a large State university. The project was implemented in two counties and involved early and careful assessment and ongoing consultation on cases involving children seven and younger and their families, who are first time substantiated referrals to Child Protective Services. All child assessments involved two interviews (except when the child is too young to be interviewed), a medical exam, a developmental assessment, and screening for trauma and behavior problems. Although the target children for the Early Assessment Project were children 7 and younger, because the functioning of the child's family has a marked impact on child safety, well-being, and permanency, all family members were assessed and considered. The staff and faculty involved in the assessment then met with the Child Protection worker and other community professionals working with the family, and developed a plan for the family. To evaluate the effectiveness of the program, data was collected on 128 children, 64 of whom received the Early Assessment and 64 controls. In addition, worker of record data were obtained for 25 families. Overall, the data indicates that early, in depth assessment can result in better outcomes for abused and neglected children. Children who received Early Assessment services were both more likely to be with a parent or parents at follow-up and more likely to be in a placement intended to be permanent, when compared to controls. In addition, control children were more likely to be the subjects of re-reports for child maltreatment and of termination of parental rights than those who received the Early Assessment services. 28 references.

http://www.ssw.umich.edu/public/currentProjects/earlyAssessment/Early_Assessment_Child_Protection.pdf

Child protection assessment following serious injuries to infants : fine judgments.

The NSPCC/Wiley series in protecting children: the multi-professional approach.

Dale, Peter. Green, Richard. Fellows, Ron.

2005

Publication Information: Hoboken, NJ : John Wiley and Sons, Inc.

Available from: Wiley-Blackwell

111 River Street

Hoboken, NJ 07030

Tel: 1-800-825-7550 201-748-6000

Fax: 201-748-6088

info@wiley.com

Available From: www.wiley.com

This book is designed to assist child protection professionals and courts in making judgments on whether serious injuries to infants are due to abuse, and whether the home is safe enough for the child to return. Following an introductory chapter, Chapter 2 illustrates the graphic nature of severe physical maltreatment of infants and outlines the types and consequences of errors that occur in child protection practice. Chapter 3 reviews factors known to be associated with serious and fatal physical abuse and considers what is known about the individual personality and family characteristics of abusive parents. The following chapter examines the processes and outcomes of child protection interventions after referral to social services, the issues that arise when cases become subject to legal proceedings, and communication problems between professionals and agencies. Research findings on reunification rates and re-injury rates are also discussed. Chapter 5 reviews findings from a British National Society for the Prevention of Cruelty to Children study that explored child protection case management of infants with serious suspicious injuries from the perspective of two samples: 17 families where 19 infants had died, and 21 families referred to an independent assessment service. Chapter 6 examines the views of parents and other family members about child protection interventions, and Chapter 7 discusses diagnostic issues and dilemmas in relation to expert medical witnesses. Chapters 8 and 9 outline key approaches to undertaking child protection assessment in cases where infants have sustained serious suspicious injuries and highlight the necessity of assessing potential for change. The final chapter describes reasonable and unreasonable child protection interventions, and options that are available to the court at the disposal or welfare stage of care proceedings. Numerous references.

What works [website]: programs and interventions that may influence outcomes for youth and young children.

Child Trends Databank.

2005

Available from: Child Trends

4301 Connecticut Avenue, NW Suite 350

Washington, DC 20008

Tel: 202-572-6000

Fax: 202-362-8420

webmaster@childtrends.org

Available From: <http://www.childtrends.org>

The Child Trends DataBank includes information for over 60 indicators about the types of programs and interventions that may influence particular outcomes for teens and young children. Indicators for outcomes in the areas of child maltreatment, children in poverty, parental symptoms of depression, and family structure are included. Users may also search by subgroup (child, family, or community characteristics), age, or alphabetically by subject.

<http://childtrendsdatbank.org/WhatWorks.cfm>

A positive behavioural intervention for toddlers: parent-child attunement therapy.

Dombrowski, Stefan C. Timmer, Susan G. Blacker, Dawn M. Urquiza, Anthony J.

Rider Univ., Lawrenceville, NJ.

2005

Child abuse review : journal of the British Association for the Study and Prevention of Child Abuse and Neglect.

14 p. 132-151

Publication Information: Hoboken, NJ : Wiley InterScience.

Available from: Wiley InterScience.

111 River Street

Hoboken, NJ 07030

Tel: 800-825-7550

Fax: 201-748-5915

cs-wis@wiley.co.uk

Available From: <http://www3.interscience.wiley.com>

Parent-child attunement therapy (PCAT) is a promising intervention for toddlers (aged 12-30 months) who have experienced maltreatment. PCAT has two overall purposes: (1) to strengthen caregivers' relationship with their children; and (2) to facilitate caregivers' learning of appropriate child management techniques. PCAT represents an adaptation of parent-child interaction therapy (PCIT), which has been empirically documented in preschool and early elementary schoolchildren to improve behavioural adjustment and engender a stronger bond between caregiver and child. There is, however, a noted paucity of intervention research for toddlers, specifically maltreated toddlers. As toddlerhood represents a critical period for enhancing the relationship between caregivers and children and is a stage when youngsters are at increased risk for maltreatment, the objectives of PCAT become even more salient during the toddler years. The purpose of this study, therefore, is to introduce PCAT and then examine its effectiveness through a single case study of a 23-month-old maltreated toddler and his biological mother. Pre- and post-assessment measures included the Parenting Stress Index, the Dyadic Parent-Child Interaction Coding System (DPICS), the Achenbach Child Behavior Checklist (CBCL), the Emotional Availability (EA) Scales and the Eyberg Child Behavior Inventory (ECBI). The results of this study demonstrate the effectiveness of PCAT in increasing the number of positive caregiver-toddler interactions and enhancing the overall quality of the caregiver-toddler relationship. Practitioners will be able to use the techniques described in this manuscript to

improve the parent-toddler relationship and ameliorate many commonly experienced behavioural difficulties found among maltreatment-prone parent-toddler dyads. Therapeutic progress is easily charted so that effectiveness may be documented and termination of therapy may be easily discerned. (Author abstract) 45 references, 1 figure, 3 tables.

Clinical Interventions to Enhance Infant Mental Health: A Selective Review.

Zeanah, Paula D. Stafford, Brian. Zeanah, Charles H.

National Center for Infant and Early Childhood Health Policy.

Tulane University School of Medicine.

2005

UCLA Center for Healthier Children, Families and Communities

1100 Glendon Avenue, Suite 850

Los Angeles, CA 90095-6939

Tel: (310) 794-2583

Fax: (310)794-2728

chcfc@ucla.edu

Available From:<http://www.healthychild.ucla.edu/>

Sponsoring Organization: United States. Health Resources and Services Administration.

Maternal and Child Health Bureau.

This brief describes selected programs that represent current approaches in infant mental health. This is not an exhaustive review; rather, illustrative programs are selected that: a) Focus on the parent-infant relationship as a target of intervention; b) Have been implemented in primary, focused, or tertiary care settings, with low to high risk families; c) Demonstrate evidence of short or long term improvement in parent-infant relationships. (Author abstract)

<http://www.healthychild.ucla.edu/Publications/IMH%20Evidence%20Review%20FINAL.pdf>

Key points to diagnosing and treating drug exposed infants and children.

Deiter, Beth. Shah, Rizwan.

Blank Children's Hospital.

2005

Available from: Blank Children's Hospital

1200 Pleasant Street

Des Moines, IA 50309

Tel: 515-241-5437

Available From:<http://www.blankchildrens.org>

This fact sheet discusses key considerations in identifying and treating drug exposed infants and children, and describes the differences between methamphetamine and cocaine. Symptoms of methamphetamine use in adults are listed, followed by a list of symptoms indicating cocaine use.

<http://www.blankchildrens.org/documents/dab%20lecture.pdf>

Conceptual and Clinical Dilemmas in Defining and Assessing Role Reversal in Young Child-Caregiver Relationships. (Also published in Implications of Parent-Child Boundary

Dissolution for Developmental Psychopathology: "Who Is the Parent and Who Is the Child?")

Bellow, Shana M. Boris, Neil W. Larrieu, Julie A. Elliot, Ashley.

Tulane University, School of Medicine.

2005

Journal of Emotional Abuse

5 p. 43-66

Publication Information: Haworth Press, Inc., Binghamton, NY.

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10 Alice Street

Binghamton, NY 13904-1580

Tel: 800-429-6784

Fax: 800-895-0582

getinfo@haworthpressinc.com

Available From: <http://www.haworthpress.com>

Recent advances in theory and developmental science have contributed to a more thorough clinical understanding of role reversal in the young child-caregiver relationship. A comprehensive review of published literature in the areas of attachment theory, developmental capacities of the infant, child rearing practices, and parental beliefs was undertaken to determine how each of these areas inform the definition, assessment, and treatment of role reversal. It is suggested that a micro-analytic approach to the assessment of caregiver and young child interactions holds merit and may provide guiding principles for intervention. (Author abstract)

Mental Health Assessments for Infants and Toddlers.

Hill, Sheri L. Solchany, JoAnne.

University of Washington. Center on Infant Mental Health and Development.

2005

ABA Child Law Practice

p. 129, 134-140

ABA National Legal Resource Center for Child Advocacy and Protection

1800 M St. NW

Washington, DC 20036

Available From: <http://www.abanet.org>

This paper defines mental health in infants and young children as the capacity of the child from birth to three to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn. It discusses the goals of infant mental health assessments, kinds of cases in which such assessments are useful, and who should conduct the assessments. Qualifications of evaluators are described and include infant mental health training, experience with infants/toddlers, and skill in evaluating and diagnosing young children. Components of infant mental health assessments are then explained, as well as the tools that are typically used during the assessment, the types of information that assessments can offer the court and advocates, and pitfalls and challenges in conducting infant mental health

assessments. A list of warning signs that may indicate mental health problems in infants is provided. Case studies are also included.

<http://www.son.washington.edu/centers/cimhd/documents/ABAarticleIMH.pdf>

Handbook of Infant, Toddler, and Preschool Mental Health Assessment.

DelCarmen-Wiggins, Rebecca. Carter, Alice.

National Institute of Mental Health.

2004

Oxford University Press

2001 Evans Road

Cary, NC 27513

Tel: 800-852-7323

Fax: 919-677-1714

jnorders@oxfordjournals.org

Available From: <http://www.oxfordjournals.org/>

This handbook provides empirically based recommendations for the assessment of social-emotional and behavior problems in infants, toddlers, and young children. Part one includes three chapters highlighting the important aspects of a contextual assessment: development, culture, relationship, and ecology. The second part addresses the role of individual differences in temperament and regulation in assessing disorders in infants and young children. The following chapters examine the broader conceptual issues involved in diagnostic assessment in young children. Chapters consider psychiatric diagnosis in preschool children, diagnosing young children using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, and empirically based assessment and taxonomy. The fourth part addresses methodological issues involved in observation and developmental assessment. Problems in early state regulation, development, and disorders with an onset in infancy and toddlerhood are explored in the fifth part. Chapters address sensory modulation dysfunction, sleep disorders, and feeding disorders. The sixth part contains chapters that focus on assessment of specific major disorders commonly seen in clinical practice with preschoolers including: autism, affective disorders, anxiety disorders, posttraumatic stress disorder, attention deficit/hyperactivity disorder, and disruptive behavior. The final part addresses applied issues and measurement across a variety of settings including community-based, primary care, and preschool/Head Start settings. Numerous tables and references. (Author abstract modified)

Protecting children by strengthening families : a guidebook for early childhood programs.

Center for the Study of Social Policy. Strengthening Families Through Early Care and Education (Program)

2004

Publication Information: Washington DC: Center for the Study of Social Policy

Available from: Center for the Study of Social Policy (CSSP)

1575 Eye Street N.W., Suite 500

Washington, DC 20005

Tel: 202-371-1565

Fax: 202-371-1472

http://www.cssp.org/contact_us.html

Available From:<http://www.cssp.org/>;

Early childhood programs can play an important role in preventing child maltreatment by nurturing protective characteristics in families. This manual provides guidelines for implementing the Strengthening Families Approach, a framework based on the findings of a study conducted by the Center for the Study of Social Policy. Exemplary programs identified in the research utilized seven strategies to enhance family functioning, including encourage mutual support and networking, strengthen parenting skills, address family crises, refer families to services and opportunities, promote child social and emotional development, identify and intervene in child maltreatment, and respect parents. The guide outlines these concepts and provides self-assessment forms to determine status. Early childhood programs that are considering the application of the family strengths framework are advised to develop a culture of respect among staff, design the physical space to accommodate necessary activities, involve men, collaborate with child welfare staff, deliver family support services, provide mental health consultation, and serve families and children with special needs. Tips for implementing these elements and examples of effective programs are provided in the report. Numerous references and notes.

<http://www.cssp.org/uploadFiles/handbook.pdf>

Treating parent-infant relationship problems : strategies for intervention.

Sameroff, Arnold J. (Editor) McDonough, Susan C. (Editor) Rosenblum, Katherine L. (Editor)
2004

Publication Information: New York, NY : Guilford Publications.

Available from: Guilford Press

72 Spring Street

New York, NY 10012

Tel: (800) 365-7006

Fax: (212) 966-6708

info@guilford.com

Available From:<http://www.guilford.com/>

This book presents a range of therapies that address the connections between infant-caregiver relationships and infant mental health. Chapters describe ways to intervene in early interactional difficulties, promote more sensitive and responsive parenting, and support the healthy development of children and families. The volume begins by establishing an overarching model for understanding and dealing with different types of problems infant mental health. Choosing the therapeutic target and the most effective therapy for a given family are discussed, and specific therapeutic models are presented that emphasize collaborating with families to keep parent-child relationship on track. Chapters offer intervention guidelines and discussions of which clients will be best served by each treatment. Topics covered include: therapeutic

approaches to early relational problems; defining infant mental health using a developmental relational perspective on assessment and diagnosis; promoting and nurturing the caregiving relationships through interaction guidance; using psychotherapy as a relationship-based approach to the treatment of mental health disorders in infancy and early childhood; using the Lausanne triologue play paradigm for the therapeutic assessment of family interactions; using a sensory processing approach to support infant-caregiver relationships; using a multifocal neonatal intervention; the Steps Toward Effective, Enjoyable Parenting early intervention program; and using an integrated systems approach for treating parent-infant relationships in the context of maltreatment. The final chapter discusses therapeutic relationships in infant mental health and the concept of leverage. Numerous references.

Infant mental health interventions in juvenile court : ameliorating the effects of maltreatment and deprivation.

Lederman, Cindy S. Osofsky, Joy D.

2004

Psychology, public policy, and law.

10 (1) p. 162-177

American Psychological Association

750 1st St., NE

Washington, DC 20002

Tel: 800-374-2721 202-336-5500

Fax: 202-336-5502

TDD/TTY: 202-336-6123

order@apa.org

Available From: <http://www.apa.org>

The juvenile court has provided a fertile opportunity for the exercise of therapeutic jurisprudence since its inception a century ago. Unfortunately, until 1997 when the Adoption and Safe Families Act (ASFA) was passed, the parent (and not the child) was the center of the child welfare system. With the change in dependency law after ASFA, the juvenile court has a legal responsibility to focus on the well-being and safety of the child as its paramount concern. The juvenile court, acting in concert with the community in an interdisciplinary effort, can focus on healing the child while adjudicating the case and working with the family. Now that infants are the largest cohort of children in the child welfare system, an emphasis on the needs of infants and toddlers, a previously ignored population in juvenile court, can result in true prevention of intergenerational transmission of child maltreatment. (Author abstract)

Working with young children and their families : recommendations for domestic violence agencies and batterer intervention programs.

Early childhood, domestic violence, and poverty : helping young children and their families ; paper #5

Gewirtz, Abigail. Menakem, Resmaa.

University of Iowa. School of Social Work.

Tubman Family Alliance.

2004

Available from: University of Iowa
School of Social Work 308 North Hall
Iowa City, IA 52242
Tel: 319-335-1250
Fax: 319-335-1711

kate-kemp@uiowa.edu

Available From: <http://www.uiowa.edu/~socialwk>

Sponsoring Organization: David and Lucile Packard Foundation.

This paper is part of a series that explores how to mobilize community and programmatic resources to provide responsive help to young children and families affected by both domestic violence and poverty. It is designed to offer practical guidance to community-based agencies that work with families confronting multiple difficulties linked to poverty, and proposes a common practice framework for the multiple agencies and systems that families use as they seek safety and stability. This particular paper discusses strategies for ensuring the safety of children in families with domestic violence while providing services to adult victims of domestic violence. Part 1 of the paper provides an overview of programs serving adult victims of domestic violence and their children. It discusses resources for children within local domestic violence agencies, child-focused training within domestic violence agencies, State-level resources and standards for children's programming, and defining good practice with young children and their families. Strategies are offered for determining children's needs, assessing women's safety, support, and human needs, offering effective intervention, meeting the emotional and educational needs of young children, meeting security and attachment needs, providing for physical safety, offering transitions to permanent housing and longer-term interventions, and maintaining confidentiality and sharing information. Part 2 of the paper reviews batterer intervention programs and provides information on resources addressing parenting in programs for men who batter, assessing men who batter as parents, and effective parenting interventions in programs for men who batter. Policy and practice recommendations are provided for domestic violence programs and for batterer intervention programs. 43 references.

http://www.uiowa.edu/%7Esocialwk/paper_5.pdf

Young children exposed to adult domestic violence : incidence, assessment, and intervention (Chapter 3 of Protecting children from domestic violence : strategies for community intervention.)

Rossmann, B. B. Robbie. Rea, Jacqueline G. Graham-Bermann, Sandra A. Butterfield, Perry M.
2004

Publication Information: Chapter 3 of: Protecting children from domestic violence : strategies for community intervention. New York : Guilford Press.

Available from: Guilford Press
72 Spring Street
New York, NY 10012

Tel: (800) 365-7006

Fax: (212) 966-6708

info@guilford.com

Available From: <http://www.guilford.com/>

Approximately 10 million children are exposed to domestic violence each year, many of whom also experience symptoms of posttraumatic stress disorder and behavior problems that interfere in their development. This chapter reviews assessment and intervention strategies for children age 0 to 3 years and 4 to 6 years. Assessment is important for infants and very young children in order to identify the need for early intervention. Information should be collected from parents and by direct observation of the relationship between the child and caregiver, child temperament, language and cognitive skills, parent characteristics, and cultural and community influences on family functioning. Intervention for children age 0-3 should be placed in the context of treatment for the family affected by violence and address the psychological problems of the child, developmental deviations, parenting, home environment, and trauma. Home visitation programs have been successful in supporting mothers, encouraging positive relationship skills, and facilitating the use of community services. Assessments with preschool children should include observations of play as well as instruments such as the Wechsler Preschool and Primary Scale of Intelligence, third edition, Developmental Indicators for Assessment of Learning-Revised, and the Child Behavior Checklist. Some shelters and community agencies offer special programs for preschool children to improve their coping and social skills and to alleviate symptoms associated with exposure to violence. Promising models provide treatment groups for children and their mothers or teach the children how to resolve problems without aggression. Numerous references.

Young children and trauma : intervention and treatment.

Osofsky, Joy D. (Editor)

Louisiana State University.

2004

Publication Information: New York : Guilford Press.

Available from: Guilford Press

72 Spring Street

New York, NY 10012

Tel: (800) 365-7006

Fax: (212) 966-6708

info@guilford.com

Available From: <http://www.guilford.com/>

This book reviews the impact of severe stress on infants, toddlers, and preschoolers, detailing the effects on neurobiology, behavior, relationships, and overall functioning. Chapters describe a range of ways to team with parents, other caregivers, and broader support systems to facilitate healing and prevent further traumatization. Part 1 provides a brief overview of the effects of trauma on infants, young children, and their caregivers, and outlines the issues pertaining to

assessment and treatment. Theoretical and background issues related to traumatized youth and children are explored, including cultural issues related to young children and trauma, disrupted attachment disorder, and the impact of attachment and fearful arousal in infancy. Part 2 presents strategies for treatment approaches. Chapters discuss assessment and treatment for young children exposed to domestic violence, diagnostic and treatment issues for chronically abused and neglected children, relationship assessment for young traumatized children, identification, assessment, and intervention in a pediatric setting, and evaluation and treatment processes. Part 3 deals with innovative work by traditional and nontraditional first responders to reach traumatized children earlier and to develop interventions in nontraditional settings. Chapters 9 and 10 present different approaches for working with young traumatized children in juvenile court, while Chapter 11 discusses working with young traumatized children in the child welfare system. Chapter 12 discusses a partnership between law enforcement and mental health professionals in New Orleans. The final part presents an overview of existing and emerging research in the area of trauma and young children, and discusses how to deal with the feelings emerging from trauma work. Numerous references.

In whose arms? : using relational therapy in supervised family visitation with very young children in foster care.

Lee, Robert. Stacks, Ann M.
Michigan State University.
2004

Journal of family psychotherapy : the official journal of the International Family Therapy Association.
15 p. 1-14

Publication Information: Binghamton, NY : The Haworth Press, Inc.

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10 Alice Street

Binghamton, NY 13904-1580

Tel: 800-429-6784

Fax: 800-895-0582

getinfo@haworthpressinc.com

Available From: <http://www.haworthpress.com>

If reunification of a biological family is a reasonable goal in a foster care case involving infants and toddlers, relational therapies may be the psychotherapeutic treatments most indicated.

Working within the context of the family relationships addresses many of the perils of contemporary foster care for children in the earliest years of life, including lengthy stays and loss of supportive family bonds. A best practices research program Families in Transition (FIT) is described which uses court-ordered family visitation sessions as an opportunity for relational assessment and interventions. (Author abstract)

Young children's exposure to adult domestic violence : toward a developmental risk and resilience framework for research and intervention.

Early childhood, domestic violence, and poverty : helping young children and their families ; paper #6

Gewirtz, Abigail. Edleson, Jeffrey L.
University of Iowa. School of Social Work.
Tubman Family Alliance.
2004

Available from: University of Iowa
School of Social Work 308 North Hall
Iowa City, IA 52242
Tel: 319-335-1250
Fax: 319-335-1711

kate-kemp@uiowa.edu

Available From: <http://www.uiowa.edu/~socialwk>

Sponsoring Organization: David and Lucile Packard Foundation.

Research on risk, resilience, and protective factors can offer a framework for answering questions about the potential negative effects of domestic violence on child functioning and how children might be protected from them. Longitudinal studies of risk and resilience among high-risk children have revealed factors that enable children to overcome chronic adversity. Due to the paucity of data from longitudinal studies that look at exposure to adult domestic violence, the specific protective factors for these children are not yet known. A developmental risk and resilience perspective may, however, provide a framework to guide efforts to understand protective processes in the development of children exposed to domestic violence. This paper examines the impact on young children of exposure to adult domestic violence through a developmental lens focusing on risk and resilience. We review the major developmental tasks of early childhood and draw on existing literature about the effects of exposure to adult domestic violence on young children in order to chart its potential effects over the course of development in early childhood. In doing so, we bring together two separate literatures, one on development in high-risk settings and the other on children exposed to adult domestic violence. Unfortunately, these literatures have remained largely isolated from one another. This paper employs the integrative framework of a developmental risk and resilience perspective to weave these literatures together and suggest where additional research is needed. The paper ends by pointing to the promise that early interventions hold for helping children who are living in poverty and exposed to adult domestic violence. (Author abstract)

http://www.uiowa.edu/%7Esocialwk/paper_6.pdf

Assessing social and emotional behavior of young children (Chapter 13 of Behavioral, social, and emotional assessment of children and adolescents, 2nd ed.).

Merrell, Kenneth W.
2003

Publication Information: Mahwah, NJ : Lawrence Erlbaum Associates, Inc. (Chapter 13: Behavioral, social, and emotional assessment of children and adolescents, 2nd ed.)

Available from: Lawrence Erlbaum Associates.
Taylor and Francis Group, LLC. 325 Chestnut St., Suite 800

Philadelphia, PA 09106
Tel: 215-625-8900 1800-354-1420
Fax: 215-625-2940

Available From: <http://www.leaonline.com/>

This chapter on assessing the social and emotional behavior of young children begins with a review of an alternative diagnostic classification system for behavioral and emotional problems of young children. Five primary direct and objective methods of assessment with young children are then described: direct behavioral observation, behavior rating scales, interviewing techniques, sociometric approaches, and self-report tests. An innovative multiple-gating system for screening behavioral and emotional disorders of young children is presented, and best practices for effective social-emotional assessment of young children are discussed. The chapter closes with review and application questions. 2 tables and 2 figures. (Author abstract modified)

Don't Take My Kids: Barriers to Service Delivery for Battered Mothers and Their Young Children.

DeVoe, E. R. Smith, E. L.
Columbia University, New York, NY. School of Social Work.
2003

Publication Information: In: Geffner, R. A.; Igelman, R. S.; Zellner, J. (Editors). The Effects of Intimate Partner Violence on Children. Haworth Maltreatment & Trauma Press, Binghamton, NY.

Available from: The Haworth Maltreatment & Trauma Press, Inc.
10 Alice St.
Binghamton, NY 13904
Tel: 800-429-6784
Fax: 800-895-0582

getinfo@haworthpress.com

Available From: <http://www.haworthpress.com>

Using focus group methodology, this study explored experiences of and barriers to help-seeking among battered mothers of children under six years of age. Forty-three women from diverse socio-economic backgrounds who had experienced recent domestic violence participated in a series of focus groups in three sites in New York City. Topics included the impact of exposure to domestic violence on young children, talking with young children about domestic violence, parental stress, and support and intervention services. The findings suggest that women perceived punitive consequences upon reporting domestic violence, declined to seek services out of fear of child removal, and encountered few, if any, appropriate services for their young children exposed to domestic violence. The inherent tensions in practice philosophies among battered women's advocates and child protective services are discussed with specific attention to the conceptualization of exposure to domestic violence as a form of child abuse (i.e., neglect, failure to protect, emotional abuse). Implications for service delivery and policy are suggested. The authors assert that if exposure to domestic violence is to be considered a form of child abuse,

then the perpetrators of the abuse should be held accountable, rather than the victim. Children should not be removed from a non-abusive parent. Instead, support services should recognize the needs of mothers and their children in these situations. (Author abstract modified) 27 references.

Understanding and assessing the needs of families with young children in Centre County.

Greenberg, Mike. Nix, Robert. Whitesell, Wendy. Stokes, Anne.

Pennsylvania State University. Prevention Research Center for the Promotion of Human Development. John S. and James L. Knight Foundation.
2003

Available from: John S. and James L. Knight Foundation
Wachovia Financial Center, Suite 3300 200 South Biscayne Boulevard
Miami, FL 33131-2349
Tel: 305-908-2600

web@knightfdn.org

Available From: <http://www.knightfdn.org>

The purpose of this project was to understand and assess the medical and social service needs of low-income families with infants and young children in Centre County, Pennsylvania. Research clearly indicates that medical, familial, and psychosocial factors in the pre-natal period and during the first few years of life exert a substantial impact on later physical health, social and emotional functioning, and school readiness. At the request of the Knight Foundation, this project focused on examining the barriers low-income families encounter as they attempt to access services. It also focused on identifying additional services that would be helpful but are currently unavailable. (Author abstract)

http://www.knightfdn.org/research/economic/statecollege/102703_CentreCountyAssess.pdf

Assessment, evaluation, and programming system (AEPS) for infants and children. 2nd ed.

Bricker, Diane.

2002

Available from: Brookes Publishing
P. O. Box 10624
Baltimore, MD 21285-0624
Tel: (800) 638-3775
Fax: 410-337-8539

custserv@brookespublishing.com

Available From: <http://www.brookespublishing.com/>

The activity-based, field-tested AEPS links assessment, intervention, and evaluation for children from birth to six years who have disabilities or are at risk for developmental delays. Professionals can assess and monitor six key developmental areas in young children: fine motor, gross motor, cognitive, adaptive, social-communication, and social. AEPS helps identify educational targets tailored for each child's needs, formulate developmentally appropriate goals, conduct before and after evaluations to ensure interventions are working, and involve families in the whole process.

AEPS Test results can be used as a corroborating second source for determining a child's eligibility for services. Includes Administration Guide, Test for Birth to Three Years and Three to Six Years, Curriculum for Birth to Three Years, and Curriculum for Three to Six Years. (Author abstract modified)

Treating Infant-Parent Relationships in the Context of Maltreatment: Repairing the Ruptures of Trust.

Larrieu, Julie A.

Tulane Univ. Health Sciences Center, New Orleans, LA. Institute of Infant and Early Childhood Mental Health.

2002

Zero to Three

16-22

Publication Information: Zero to Three: National Center for Infants, Toddlers, and Families, Washington, DC.

Available from: Zero to Three: National Center for Infants, Toddlers, and Families

2000 M Street, NW, Suite 200

Washington, DC 20036

Tel: 202-638-1144 800-899-4301

Fax: 202-638-0851

0to3@zerotothree.org

Available From: <http://www.zerotothree.org>

The Institute of Infant and Early Childhood Mental Health of Tulane University Health Sciences Center provides multidisciplinary assessment and treatment for infants in foster care and their birth parents in preparation for the child's return home. Team members, including child psychiatrists, developmental psychologists, clinical social workers, pediatricians, and paraprofessionals, conduct a comprehensive family evaluation and recommend criteria for reunification to the child protective agency and the court. Interventions focus on individual family members as well as the children and consist of therapeutic visitation, infant-parent psychotherapy, and interaction guidance. The goal is for parents to develop the minimum level of skills necessary for reunification, with options to continue treatment to address the source of problems. This article reviews the important elements of treatment and reports the success of the program, which has significantly reduced the risk of maltreatment for participants. 6 references.

RETREAT, A Treatment Model For Abusive Families And Their Children Ages Birth Through Five

Leonard, Lisa M., PsyD

SPALDING UNIVERSITY

2002

Publication Information: 3063795 DAI-B 63/08, p. 3925, Feb 2003

Available from: UMI Dissertation Services

300 North Zeeb Road

Ann Arbor, MI 48106-1346

Tel: (734) 761-7400

Available From: <http://wwwlib.umi.com/dissertations>

It is estimated that two-thirds of the children who come into the custody of a child protective system are later returned to their biological parents (Child Maltreatment, 1999). Frequently young children are returned months, even years after being displaced from their family of origin. Multiple foster care placements and a potential for abuse at the hands of their care providers at a rate four times higher than with their biological parents, puts at risk children at continued risk for emotional and physical harm. Young children in particular it would seem are vulnerable to the effects of protection as well as the effects of harm. Legislative efforts have tried to speed the process by which permanency plans are made, and in terms of length of time in care without a plan, has been successful. However, frequently, permanency plans are made with insufficient data. RETREAT is a program designed to help the most vulnerable of children, those ages birth through five, stay with their parents in a supervised, safe environment while intensive assessment and treatment can occur. Treatment services approach all issues important to the family including addressing developmental delays for every family member, securing basic needs such as safe housing, employment, nutrition, therapeutic daycare for children, along with substance abuse and mental health treatment. The family's medical and dental needs will also be met. RETREAT has a collaborative philosophy that capitalizes on community strengths including partnerships with the private sector in entrepreneurial efforts. RETREAT also heavily relies on volunteerism. Relationships will be built with community agencies to avoid duplication of services and assure access to services is available for participating families. Outcome and family studies research will be conducted by the Research Institute on site. Consultation and community support will be provided as RETREAT reaches out into the community to help strengthen families. Copies of dissertations may be obtained by addressing your request to UMI Dissertation Services, 300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA. Telephone (734) 761-7400; Web-page: wwwlib.umi.com/dissertations.

Intervening With Foster Infants' Caregivers: Targeting Three Critical Needs.

Dozier, Mary. Higley, Elizabeth. Albus, Kathleen E. Nutter, Anna.

University of Delaware.

2002

Infant Mental Health Journal

23 (5) p. 541-554

Wiley Interscience

Available From: <http://www3.interscience.wiley.com/>

This article presents the theoretical and empirical rationale for an intervention that targets three critical needs of infants and young children in foster care. First, foster children tend to give behavioral signals that lead even nurturing caregivers to provide non-nurturing care. Foster parents, therefore, need services that help them to reinterpret children's behavioral signals. Second, some caregivers are not comfortable providing nurturance. When surrogate caregivers

do not provide nurturance to foster children, their children are at risk for a range of problematic outcomes. The second intervention component, therefore, targets caregiver difficulties in providing nurturance. Third, foster children are at risk for behavioral and biobehavioral dysregulation as the result of disrupted relationships with previous caregivers. The final intervention component helps caregivers provide children with a predictable interpersonal environment such that children develop better regulatory capabilities. (Author abstract)

Assessment, Intervention, and Research With Infants in Out-of-Home Placement.

Clyman, Robert B. Harden, Brenda Jones. Little, Christina.

University of Colorado Health Sciences Center.

2002

Infant Mental Health Journal

23 (5) p. 435-453

Wiley Interscience

Available From: <http://www3.interscience.wiley.com/>

Infants constitute a large and increasing proportion of youth in out-of-home placement. These infants have very high rates of medical illnesses, developmental delays, and substantial risks for psychopathology. They receive varying amounts of services from a complex and poorly integrated service system that includes four principal service sectors: the child welfare, medical, early intervention, and mental health service sectors. These service systems are currently undergoing major changes in their policies, organization, and financing, such as the introduction of managed care into the child welfare system. In this article, we provide an overview of what is known about infants in out-of-home placement. We then summarize approaches to infant mental health assessment and intervention from a comprehensive perspective that addresses the infants' multiple problems and acknowledges that they need to receive services from multiple systems that are undergoing rapid change. We conclude by highlighting a number of critical areas in need of research. (Author abstract)

Help or hindrance? : staff perspectives on developmental assessment in multicultural early childhood settings.

Schuman, Andrea.

2002

Mental Retardation

40 p. 313-320

Available from: Allen Press

810 East Tenth

Lawrence, KS 66044

Tel: 800-627-0326 785-843-1234

Fax: 785-843-1244

Available From: <http://www.allenpress.com/>

Staff members' views on developmental assessment in a multicultural early childhood setting are described and analysis of these views used to initiate a critique of current practice in assessment

and evaluation of young children. Staff members expressed opinions and beliefs along a range from endorsement to frank rejection of the utility, validity, and ethics of developmental assessment. Those who reject the practice expressed a "theory" of growth and change that is incompatible with current developmentalist orthodoxy. Opinions of "dissenters" (who stated that they do not believe assessment gives meaningful information about children) suggest alternative practice with greater authenticity for families and children who are not from European American mainstream backgrounds. (Author abstract)

Serious and Fatal Injuries to Infants with Discrepant Parental Explanations: Some Assessment and Case Management Issues.

Dale, P. Green, R. Fellows, R.

National Society for the Prevention of Cruelty to Children (England).

2002

Child Abuse Review

11 296-312

Publication Information: John Wiley and Sons, Inc., New York, NY.

Available from: Wiley-Blackwell

111 River Street

Hoboken, NJ 07030

Tel: 1-800-825-7550 201-748-6000

Fax: 201-748-6088

info@wiley.com

Available From: www.wiley.com

The objective of this study was to examine the challenges faced by child protection systems in the assessment and management of cases in which there are discrepant caretaker explanations for serious and fatal physical injuries to babies and infants. Thirty-eight case files or records of children younger than the age of two with serious or fatal physical injuries in the United Kingdom were reviewed to identify issues relating to types of parent/carer explanations, factors of concern in addition to the injuries, and child protection system responses to the families. Findings indicate that the initial safety response by child protection systems to babies with serious injuries with discrepant explanations can be inadequate. In 11 of the 17 fatal cases, case record reviews noted that professionals should have detected risks before the incident that led to the child's death. In several cases, the professionals failed to make an appropriate assessment when a concern was identified. Assessments of further risks are inconsistent, especially in cases where there are few other factors of concern apart from the injury. There is a need for the development of more systematic decision-making processes in the United Kingdom to standardize response in high-risk cases and to minimize false-negative and false-positive predictions of further risk. In particular, the Assessment Framework distributed by the British Department of Health should be revised to address risk factors for serious injury. 41 references, 3 tables. (Author abstract modified)

Evaluation of a Preventive Intervention for Maltreated Infants and Toddlers in Foster Care.

Zeanah, C. H. Larrieu, J. A. Heller, S. S. Valliere, J. et al.

Tulane Univ., New Orleans, LA. School of Medicine.

2001

Journal of the American Academy of Child and Adolescent Psychiatry.

40 214-221

Publication Information: Lippincott Williams and Wilkins, Hagerstown, MD.

Available from: Lippincott Williams and Wilkins

16522 Hunters Green Pkwy.

Hagerstown, MD 21740-2116

Tel: 800-638-3030 301-223-2300

Fax: 301-223-2400

Available From: <http://www.wwilkins.com/home/>

Sponsoring Organization: Louisiana State Office of Community Services.

The authors' objective was to determine the effectiveness of an intervention designed to improve outcomes for infants and toddlers in foster care. Records were reviewed for all children who were adjudicated as in need of care in a specific parish in Louisiana between 1991 and 1998. This period included 4 years before and 4 years after a comprehensive intervention was implemented. Children adjudicated between 1991 and 1994 were the comparison group, and those adjudicated between 1995 and 1998 were in the intervention group. After the intervention, more children were freed for adoption and fewer children were returned to their birth families than before the intervention. There was no difference in length of time in care before and after the intervention. With regard to the same child returning in a subsequent incident of maltreatment, relative risk reduction for the intervention group ranged from 53% to 68%. With regard to the same mother maltreating another child subsequently relative risk reduction for the intervention group ranged from 63% to 75%. A comprehensive preventive intervention for maltreated infants and toddlers in foster care substantially reduced rates of recidivism but had no effect on length of time in care. (Author Abstract Modified)

Innovations in Assessing and Helping Maltreated Infants and Toddlers in a Florida Court.

Lederman, C. S. Adams, S.

Miami-Dade Juvenile Court, FL.

2001

Zero to Three

21 16-20

Publication Information: Zero to Three, Washington, DC.

Available from: Zero to Three: National Center for Infants, Toddlers, and Families

2000 M Street, NW, Suite 200

Washington, DC 20036

Tel: 202-638-1144 800-899-4301

Fax: 202-638-0851

0to3@zerotothree.org

Available From: <http://www.zerotothree.org>

The Miami-Dade Juvenile Court is utilizing its position as an enforcer of policy to improve outcomes for families involved in dependency cases. The court is working with a multidisciplinary professional advisory group, the Florida State University Center for Prevention and Early Intervention, and other concerned individuals to modify current policies, as well as advocate for new policies that focus on child development and early intervention. Activities have included the development of an assessment protocol for children ages 12-30 months and 31-60 months, training programs for child protection workers about resources for early childhood services, and a lecture series about early childhood issues for court bailiffs, child protection workers, attorneys, judges, and police officers. Grants from the state and the federal Office of Juvenile Justice and Delinquency Prevention were used to test pilot projects to enhance the development and mental health of abused and neglected infants, such as a Head Start program for families referred from the court. 8 references.

Comparative Efficacies of Supportive and Cognitive Behavioral Group Therapies for Young Children Who Have Been Sexually Abused and Their Nonoffending Mothers.

Deblinger, E. Stauffer, L. B. Steer, R. A.

New Jersey Univ. of Medicine and Dentistry, Stratford. School of Osteopathic Medicine.
2001

Child Maltreatment

6 332-343

Publication Information: Sage Publications, Inc., Thousand Oaks, CA.

Available from: Sage Publications

2455 Teller Road

Thousand Oaks, CA 91320

Tel: 800-818-7243 805-499-0721 805-499-9774 (order pubs)

Fax: 800-583-2665 805-499-0871

info@sagepub.com

Available From: <http://www.sagepub.com>

Sponsoring Organization: National Institute of Mental Health (DHHS), Bethesda, MD.

The differential efficacies of supportive and cognitive behavioral group therapy models designed for young sexually abused children (ages 2 to 8) and their nonoffending mothers were compared. Forty-four mothers and their respective children participated in either supportive or cognitive behavioral therapy groups with the group format being randomly determined. The cognitive behavioral group for parents was designed to help parents cope with their reactions to the abuse so that they could support their children more effectively and learn communication and behavior management skills. The supportive groups for parents focused on issues of concern and empowered parents to resolve their problems related to their child's abuse. Although the children's groups provided the same information, the cognitive behavioral group used an interactive approach, while the support group used pictures, stories, and activity pages.

Repeated measures of multivariate analysis of variance (MANOVAs) indicated that the mothers who participated in cognitive behavioral groups reported greater reductions at posttest in their intrusive thoughts and their negative parental emotional reactions regarding the sexual abuse. The children treated with cognitive behavior therapy demonstrated greater improvement in their knowledge regarding body safety skills at posttest than did the children who received supportive therapy. However, the findings about behavior improvement are limited because few children and parents had problematic scores on the pretests. The lack of a "no treatment" control group and longitudinal data also limit the conclusions of the study. Despite the methodological problems of the research, the findings demonstrate the effectiveness of cognitive behavior therapy and strategies involving peer support for parents. (Author abstract modified) 53 references and 1 table.

Risk Assessment for Gonococcal and Chlamydial Infections in Young Children Undergoing Evaluation for Sexual Abuse.

Ingram, D. M. Miller, W. C. Schoenbach, V. J. Everett, V. D. et al.

North Carolina Univ. School of Public Health, Chapel Hill. Dept. of Epidemiology.
2001

Pediatrics

107 7 pp.

Publication Information: American Academy of Pediatrics, Elk Grove Village, IL.

Available from: American Academy of Pediatrics

141 Northwest Point Boulevard

Elk Grove, IL 60007-1098

Tel: 847-434-4000

Fax: 847-434-8000

kidsdocs@aap.org

Available From: <http://www.aap.org>

Sponsoring Organization: National Institute of Health (DHHS), Bethesda, MD. General Clinical Research Center.

Testing for gonorrhea (GC) and chlamydial (Ct) infection in children who are being evaluated for sexual abuse is invasive and costly. The authors developed selective criteria to limit unnecessary testing for these infections. Over a 10-year period (May 1988 to May 1998), clinical information was collected in a prospectively designed database for all children ages 0 to 12 years by the WakeMed Child Sexual Abuse Team in Raleigh, North Carolina. The study population comprised 3040 (2414 girls and 626 boys) of the 3064 children evaluated for sexual abuse. Children were interviewed, examined, and tested by culture for GC and Ct orally, rectally, and genitally. Information from referral sources, accompanying guardians, and previous recent physical examinations were recorded. Bivariate analyses and logistic regression were used to develop 2 sets of screening criteria to predict children at greatest risk of infection with: 1) GC and/or Ct (GC/Ct) and 2) GC alone. (Author abstract modified), 24 references, 6 tables.

<http://www.pediatrics.org/cgi/content/full/107/5/e73>

A brief preventive intervention assessment system of practice for use with young children, birth through five years, and their families. User's manual. 3rd ed.

Project AIMS : developmental indicators of emotional health.

Partridge, Susan E. Marsh, Jayne D.B. (Editor)

2001

Available from: National Child Welfare Resource Center for Organizational Improvement.

Muskie School-USM P.O. Box 15010 400 Congress Street

Portland, ME 04112-5010

Tel: 800-435-7543 207-780-5810

Fax: 207-780-5817

<http://muskie.usm.maine.edu/helpkids/contact.htm>

Available From:<http://muskie.usm.maine.edu/helpkids/>

Project AIMS attempts to address the need for a single system to target the emotional well-being of young children and their families. It is designed for all professionals who work with young children -- physicians, nurses, educators, mental health workers, psychologists, child development workers, day care providers, and others to help them identify children at risk for emotional problems, briefly assess the child and family strengths and difficulties, and guide appropriate intervention and support. Specifically, it addresses family issues of attachment, interaction, mastery and support the A-I-M-S acronym. This AIMS User's Manual begins with an introduction to the system, its development and field testing, materials it includes, appropriate applications, and limitations. The second part provides a how-to for gathering relevant information about families and children, integrating that data, providing support and feedback, and intervening with families to begin addressing any problems. Part III includes a sample exercise that illustrates how to use the materials, and Part IV contains a sample set of forms for children ages 2 mo, 18 mo and 4 yrs. (Author abstract)

<http://muskie.usm.maine.edu/helpkids/rcpdfs/aimsuser.pdf>

Treatment Issues of Adoptees Placed as Infants and as Older Children: Similarities and Differences.

Groza, V. Rosenberg, K. F.

2001

Publication Information: In: Groza, V. and Rosenberg, K. F. Clinical and Practice Issues in Adoption: Bridging the Gap Between Adoptees Placed as Infants and as Older Children. Bergin and Garvey, Westport, CT.

Available from: Bergin and Garvey

88 Post Road West

Westport, CT 06881

Available From:<http://www.greenwood.com>

The adoption research and clinical literature traditionally has addressed the needs of adoptees placed as infants and as older children separately. This introductory chapter attempts to bridge the practice and research findings in these areas, accenting the similarities and differences in the

two populations of adoptees. The analysis identifies issues related to the adoption process, family formation, abandonment, separation and loss, identity development, and attachment. The chapter concludes with recommendations for practitioners working with adoptees. Emphasis is placed on child-centered practice, adoption preparation, open adoption procedures, and the application of family therapy principles to adoptive families. Work should focus on family integration, grief and loss, and attachment. 71 references. (Author abstract modified)

The Incredible Years parent, teacher, and child intervention : targeting multiple areas of risk for a young child with pervasive conduct problems using a flexible, manualized treatment program.

Reid, M. Jamila. Webster-Stratton, Carolyn.

Incredible Years Parent Training Program. Association for Advancement of Behavior Therapy.

University of Washington.

2001

Cognitive and behavioral practice.

8 p. 377-386

Available from: Incredible Years

1411 8th Avenue West

Seattle, WA 98119

Tel: 888-506-3562 206-285-7565

LisaStGeorge@comcast.net

Available From: <http://www.incredibleyears.com>

Young children who present for treatment with oppositional-defiant disorder (ODD) and conduct disorder (CD) frequently exhibit these symptoms such as anxiety or depression. Parent training programs to treat these children must be flexible and comprehensive enough to address these issues. This article outlines a case in which the Incredible Years Parent, Teacher, and Child Training programs were used to treat a young boy, John, with ODD. His problems were pervasive and occurred at home, at school, and with peers. In addition to the ODD symptoms, John exhibited symptoms of ADHD as well as significant anxious and depressed behaviors. This case study outlines how a multimodal, manualized treatment can be applied flexibly to attend to individual family needs and address issues of comorbidity. (Author abstract)

<http://www.incredibleyears.com/research/article-odd-cd-01.pdf>

Developing Infant Mental Health Policy and Service Delivery in New Hampshire.

Wheatley, E.

Community Bridges, Bow, NH.

2001

Zero to Three

21 21-25

Publication Information: Zero to Three, Washington, DC.

Available from: Zero to Three: National Center for Infants, Toddlers, and Families

2000 M Street, NW, Suite 200

Washington, DC 20036
Tel: 202-638-1144 800-899-4301
Fax: 202-638-0851

0to3@zerotothree.org

Available From: <http://www.zerotothree.org>

The New Hampshire Association for Mental Health worked with the Children's Care Collaborative, a partnership between the state Department of Health and Human Services and the Department of Education, to establish a regional system of coordinated infant mental health services in 1999. The association and the collaborative recognized the need to link existing mental health and social services to create a continuum of care for children aged birth to six years old in every part of the state. The goals and structure of regional teams were developed with input from a variety of professionals concerned with infant mental health. Led by local directors of the early intervention and children's behavioral health programs, the teams also included parents and professional childcare providers, Head Start, preschool special education, and substance abuse prevention providers. The state streamlined funding for the regional teams and modified contract language and communication to support the initiative. During the first year of implementation, the teams developed a mission statement, identified existing services, conducted training on infant mental health for professionals and parents, offered training on assessment for social and emotional problems, and disseminated information to families about emotional development. Common challenges included the recruitment of parents and physicians, the lack of support for team members from their agencies, and limited funding for services.

Step by step : incorporating developmental screening into programs and services for young children. Birth-2-3 best practices.

Birth to Three Project ; issue no. 1.

Yarbrough, Karen W.

Ounce of Prevention Fund (Chicago, Ill.)

2001

Available from: Educational Resources Information Center

1009 Duke St.

Milltown, NJ 08850

Tel: (202) 638-2952

Fax: (215) 772-3125

apa@email.apa.org

Available From: <http://www.eric.ed.gov>

Sponsoring Organization: Robert Wood Johnson Foundation.

This brief, the first in a series exploring key issues of program quality and best practices within prevention programs for pregnant women and children from birth to 3 years of age, focuses on ways to incorporate developmental screening into programs and services for young children.

The brief defines developmental screening and discusses its role as a key preventive service for

all young children. Also described are considerations for setting up a developmental screening process in different types of programs, services, and settings. Key best practice elements for developmental screening are presented, related to screening frequency, the screening instrument, follow-up, and parent involvement. The brief also offers tips for working with parents in the screening process and provides information on commonly used developmental screening tools, including the Ages and Stages Questionnaires, the Battelle Developmental Inventory Screening Test, the Denver II Developmental Screening Test, and the Parents' Evaluation of Developmental Status. Finally, the brief lists additional organizational and Internet resources for information on developmental screening. (Author abstract)

<http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED462155>

Effective home visiting for very young children - 2 : approaches to intervention.

Outreach Partnerships (Michigan State University)

2000

Best Practices Briefs

1-12

Available from: Outreach Partnerships (Michigan State University)

Room 6, Kellogg Center

East Lansing, MI 48824

Tel: 517-432-2500

ASSETS@MSU.EDU

Available From: <http://outreach.msu.edu>

Home visitation programs for families with young children use one or more approaches, including service-based, with an emphasis on accessing community resources; information-based, with instructional activities for parents; behavior-based, with a focus on parent-child interactions; relationship-based with supportive counseling for the parent; and relationship-based with a psychotherapeutic intervention. This brief describes the strengths and weaknesses of each strategy and outlines the characteristics of successful home visitation programs. Evaluations have found that services are usually more effective with one segment of the population than with all families and that the type of intervention depends on the characteristics of the parent. For example, women who are depressed or who have limited social skills are more likely to complete services when a mental health approach is used instead of an intervention that focuses on information or resources. Other findings suggest that women who are not depressed or who are functioning at higher levels benefit from information and referral services. Women who are able to express their feelings also are more successful with relationship-oriented interventions. Effective programs adapt the following content areas to meet the needs of the parent and child throughout the intervention: concrete resources, parental self-efficacy, parent-infant relationships, child care practices, knowledge of child development, and relationships with extended family members.

<http://outreach.msu.edu/bpbriefs/issues/brief19.pdf>

Oklahoma Infants Assistance Program (OIAP) final project report [including "Infant parenting program home visitation manual," "Participation in perinatal substance abuse treatment : the utility of stage of change assessment" and "Application of stage of change theory to parenting behavior : validating the parenting readiness for change scale"].

Simpson, Sharon M. Aronson, Robert.

Center on Child Abuse and Neglect, Oklahoma City, OK

2000

Available from: Child Welfare Information Gateway

Children's Bureau/ACYF 1250 Maryland Avenue, SW Eighth Floor

Washington, DC 20024

Tel: 800.394.3366 703.385.7565

Fax: 703.385.3206

info@childwelfare.gov

Available From: <http://www.childwelfare.gov>

Sponsoring Organization: Children's Bureau

The Oklahoma Infants Assistance Program was established by the University of Oklahoma Health Sciences Center as a grant project to prevent the abandonment of drug exposed or HIV positive infants and children. The program was intended to provide culturally appropriate intervention services to a total of 210 at-risk families during the four-year grant period. Other objectives included the development of flexible treatment plans to meet the specific needs of the families, training seminars for professionals, and the collection of data about the number of abandoned infants and family characteristics. This final report describes the program activities, focus group findings, and publications prepared as part of the grant. Community awareness efforts, interdisciplinary cooperation, medical and substance abuse services, specialized parent training, in-home visitation, and domestic violence services are explained. The program served a total of 191 clients during the grant period. Staff made 4,382 contacts with clients, including group sessions, clinic visits, home visits, and phone calls. Group sessions addressed motivation, parenting skills, problem solving, and peer support. Clients also received individual counseling for support, substance abuse, case management, parenting, family planning, domestic violence, and medical treatment. Semi-structured interviews with two focus groups revealed that the clients' goals for the program were to reunite with their children and to learn to resolve problems regarding finances, employment, and housing. Clients at the introductory level were less satisfied with the home visitation services than clients in the more advanced group. The introductory group expressed more difficulties with transportation and time conflicts than reported by the growth group. The women indicated that substance abuse treatment services were helpful.

Reducing risks : implementing the Early Intervention Program for Infants and Toddlers in New York City.

Citizens' Committee for Children of New York.

2000

Publication Information: New York : Citizens' Committee for Children of New York.

Available from: Citizens' Committee for Children of New York

105 East 22nd Street 7th Floor

New York, NY 10010

Tel: 212-673-1800

Fax: 212-979-5063

TDD/TTY: 207-626-5282

info@cccnewyork.org

Available From:<http://cccnewyork.org>

This report discusses findings from an evaluation of early intervention services in New York City. The study investigated whether the implementation of the early intervention program conforms to State regulations and if the program's services led to desired outcomes for children. Data was collected from 10 early intervention service providers between February and May of 1999. Findings indicate children and families served in the programs fared better after receiving early intervention services and that New York City service providers, as well as City and State government officials, were generally pleased with the design and management of the early intervention system. Specific findings from the evaluation are shared, as well as recommendations that may be useful in providing and meeting the increasing demand for quality early intervention services for very young children. A list of components of State early intervention programs as required by the Individuals with Disabilities Education Act, is included in the report.

<http://cccnewyork.org/publications/Report-ReducingRisks.pdf>

Fragile Early Years: Assessing the Mental Health of Infants and Toddlers.

Wattenberg, E. (Editor).

2000

Publication Information: Presented at: The Fragile Early Years: Assessing the Mental Health of Infants and Toddlers, Minnesota Univ., St. Paul. Earle Brown Continuing Education Center.

Available from: Center for Advanced Studies in Child Welfare

Minnesota Univ. 205 Peters Hall 1404 Grotner Ave.

St. Paul, MN 55108

Tel: (612) 624-4231

Available From:<http://www.ssw.che.umn.edu/cascw>

Sponsoring Organization: Minnesota State Dept. of Human Services, St. Paul.

These proceedings contain the text of a presentation and discussion about evaluating parent-child attachment and infant mental health. The conference, which was attended by practitioners, emphasized the importance of secure attachment for healthy development. Five indicators of emotional connection between primary caregiver and child were described, including proximity, eye-to-eye contact, responsiveness of the caregiver, predominantly positive emotion, and information sharing by the caregiver with the infant. Low-income parents who have a history of insecure attachments themselves are particularly at risk for failing to develop a bond with their

child. Interventions and programs should focus on helping parents resolve past traumas and learn effective, positive methods of parenting. The role of child protection should be to assess why the parent is not functioning, determine the impact on the child, model appropriate behavior for the parent, involve other adults to stimulate the infant's development, and respond early to the ambivalence of the parent. The proceedings include a summary of the question and answer period as well as the comments of a panel of leaders in early education and social services. 7 references.

**Diverse Adaptations of Single Parent, Low-Income Families With Young Children:
Implications for Community-Based Prevention and Intervention.**

Jones, C. W. Unger, D. G.

Pennsylvania Univ., Philadelphia. Dept. of Child and Adolescent Psychiatry.
2000

Journal of Prevention and Intervention in the Community

20 5-23

Publication Information: Haworth Press, Inc., Binghamton, NY.

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10 Alice Street

Binghamton, NY 13904-1580

Tel: 800-429-6784

Fax: 800-895-0582

getinfo@haworthpressinc.com

Available From: <http://www.haworthpress.com>

Sponsoring Organization: Health Resources and Services Administration (DHHS), Rockville, MD. Maternal and Child Health Program.

Distinct family caregiving structures among low-income single parent families were identified. The relationships between these structures and family needs, social resources and family functioning were described. Unmarried low-income, primarily African-American mothers whose children were enrolled in community-based early childhood programs were interviewed. While global measures of functioning or distress were unrelated to type of family caregiving structure, there were significant differences with respect to specific sources of stress or conflict, stability of the caregiving structure across time, and perceived sources of primary support. Implications of these findings are discussed with respect to planning community-based services that build upon and strengthen family competencies. (Author abstract)