

ADDRESSING THE MALTREATMENT OF YOUNG CHILDREN

Preventive and Therapeutic Approaches

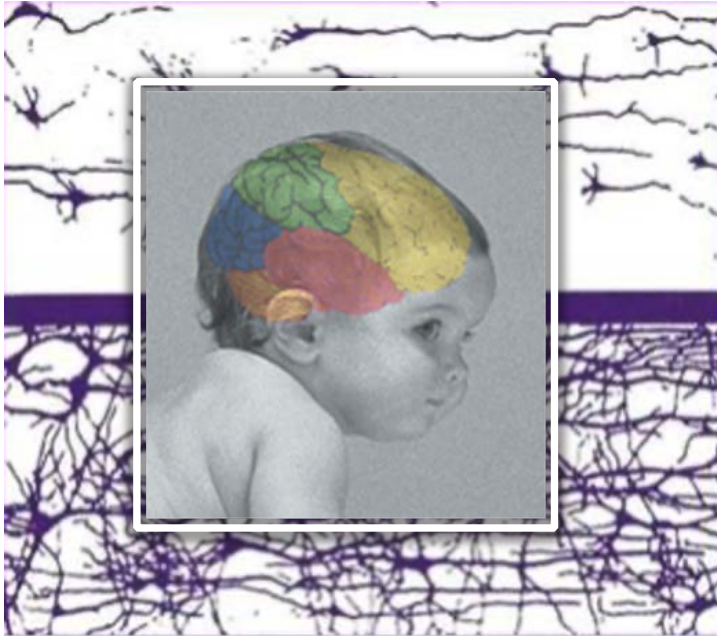


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Columbia University School of Social Work



AGENDA

- **Science of early childhood development**
- **Sequelae of maltreatment & child welfare involvement**
- **Prevention of maltreatment & promotion of well-being**
- **Therapeutic interventions to address maltreatment**
- **Early childhood system of care**



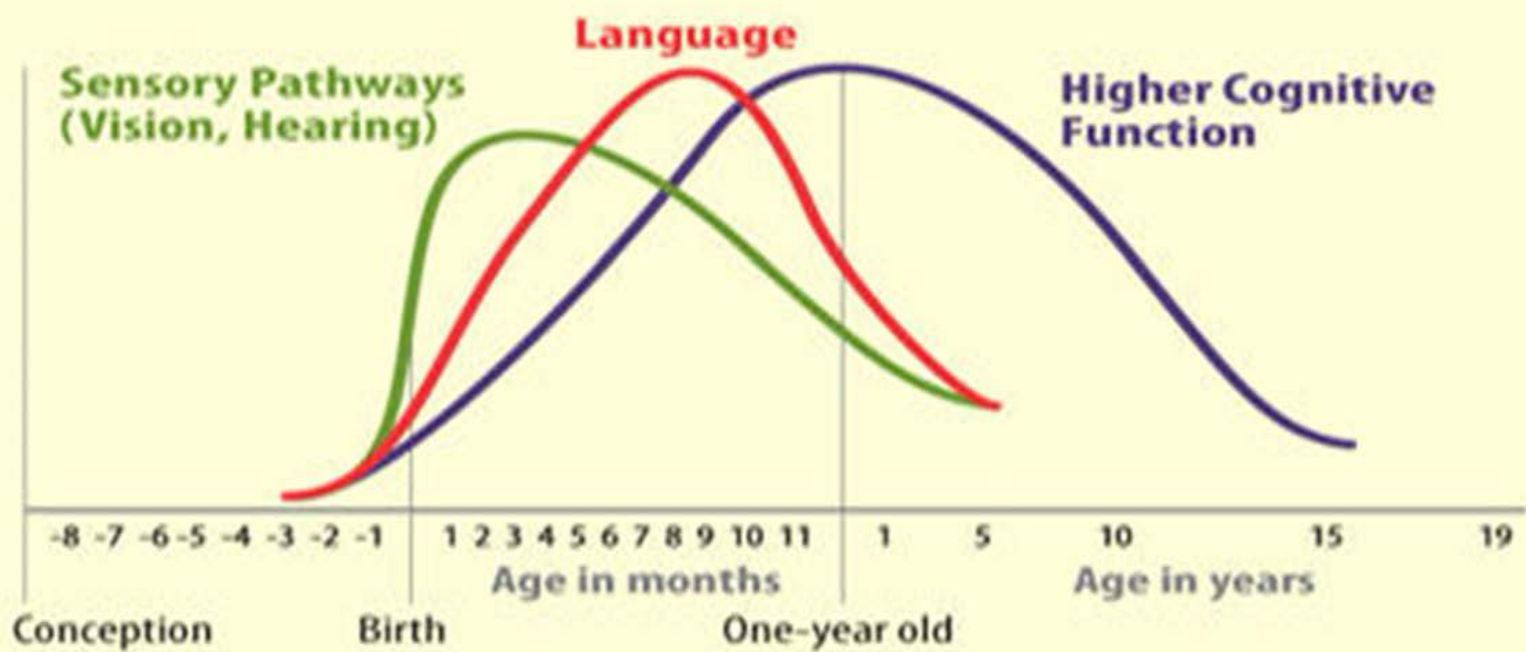
Baby's Brain

- Not fully developed at birth
- 75% growth by age 3; 90% by age 5
- **1 million neural connections per second**
- Peak of brain plasticity
- Brain structure and functioning dependent on relationships and experiences
- Compromised brain development in children experiencing maltreatment & instability



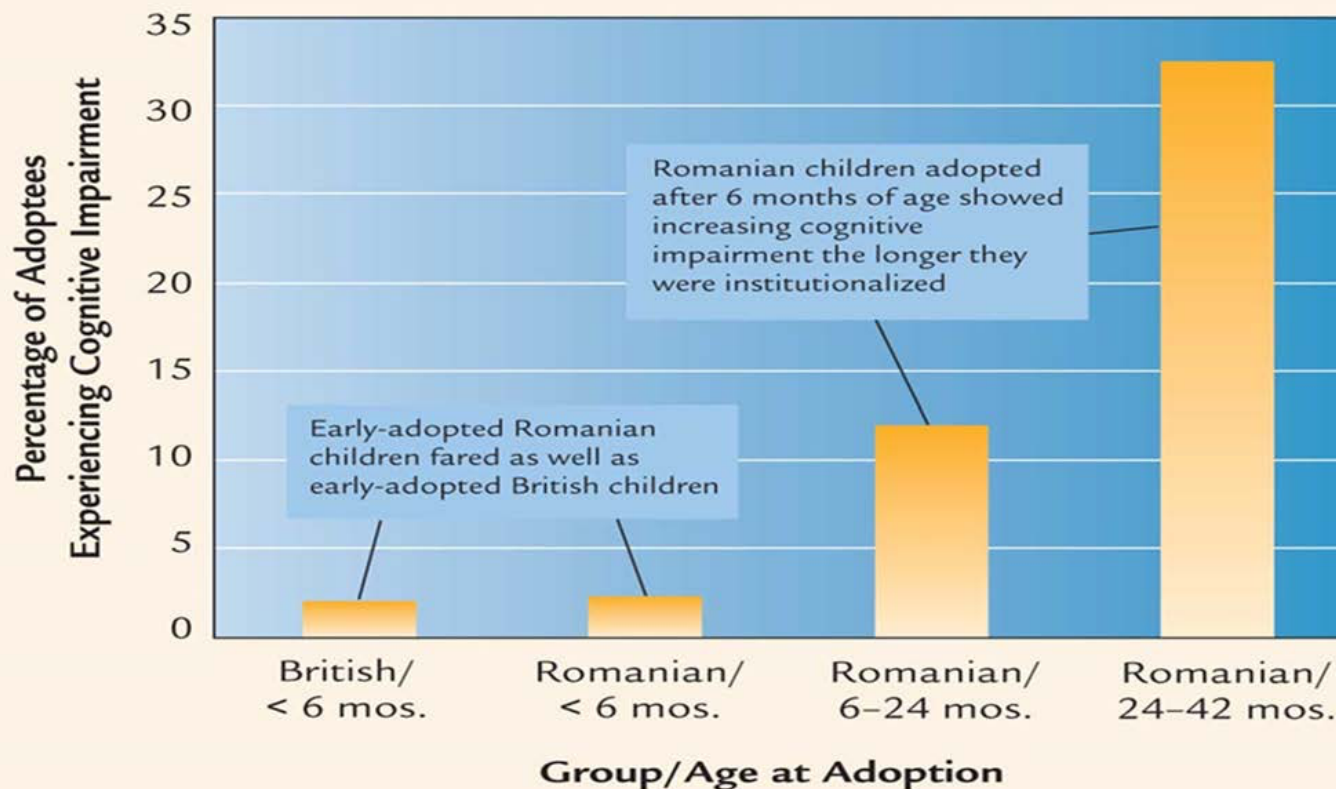
HUMAN BRAIN DEVELOPMENT IS GREATEST AT VERY YOUNG AGES

Synapse Formation and Retraction



SOURCE: C. A. Nelson in From Neurons to Neighborhoods, 2000

Timing of Adversity: Sensitive Periods



Bio-Developmental Framework

Shonkoff, 2010

Sources of Toxic Stress:

Chronic Poverty,
Racism, Trauma,
Maltreatment

Biological Embedding of Toxic Stress:

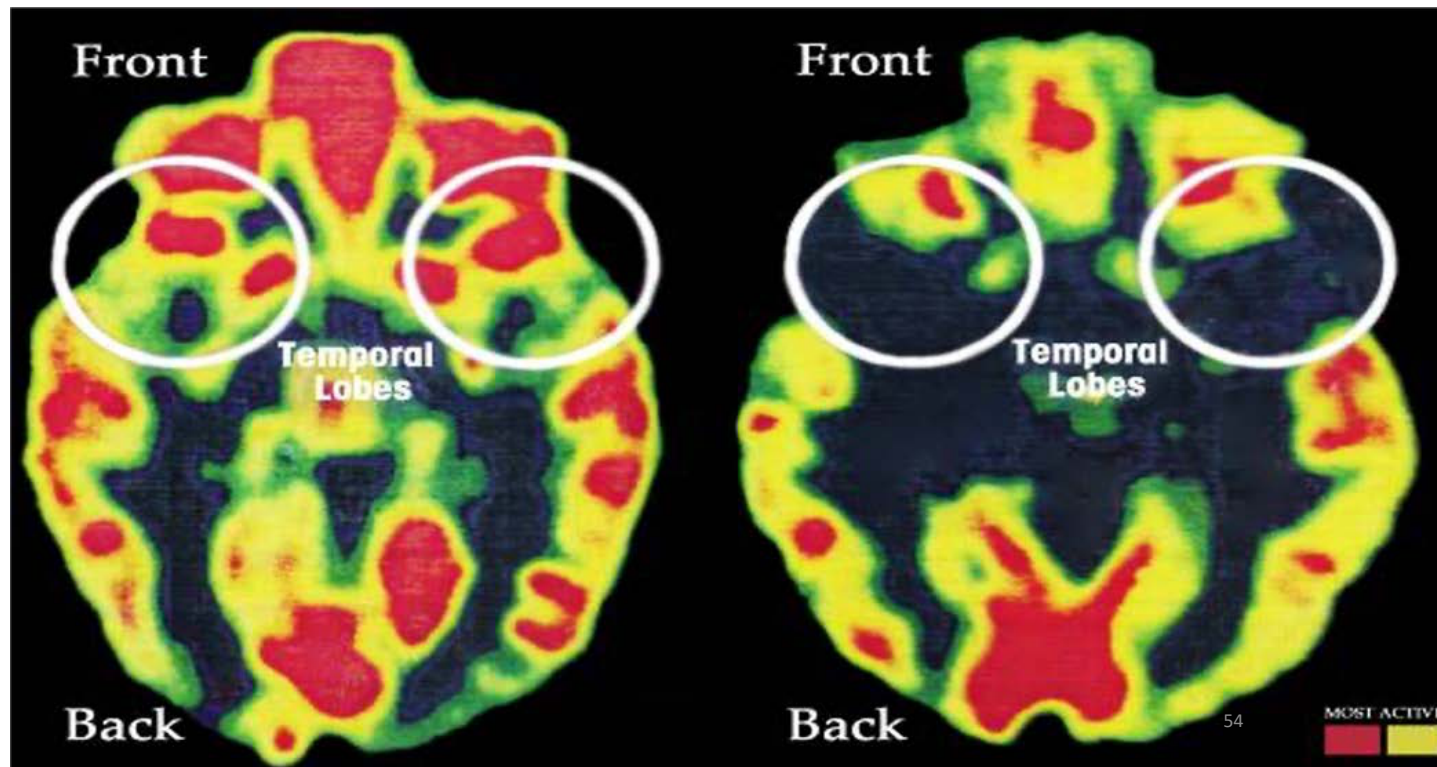
(Cortisol: Telomere,
Heart, Brain, Immune
System)

Child Outcomes:

physical and mental
health; cognition;
language; social-
emotional skills

TOXIC STRESS: Chronic activation of the body's stress response system in the absence of protective relationships.

Effects of Neglect on Children's Brains



Healthy Child

Child

Neglected

Courtesy of Dr. H.T. Chugani from the Children's Hospital of Michigan, Wayne State University

Physical Developmental Outcomes



- Sequelae of prenatal substance exposure
 - Prematurity/Low Birth Weight
- Growth Faltering
 - failure to thrive
- Abusive Head Trauma
 - Shaken Baby Syndrome
- Traumatic brain injury
- Injuries/diseases
- Increased illnesses
- Poorer medical care
 - Better for children in foster care

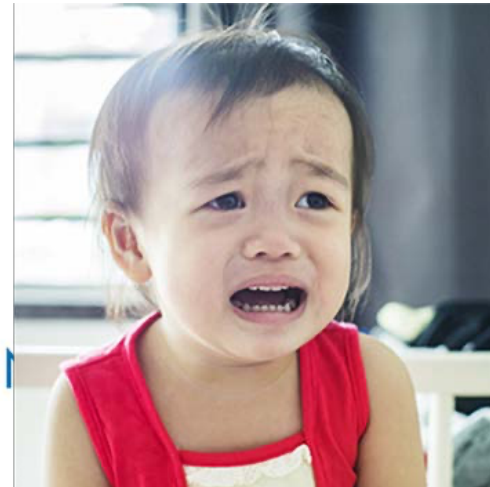
PSYCHOLOGICAL FUNCTIONING



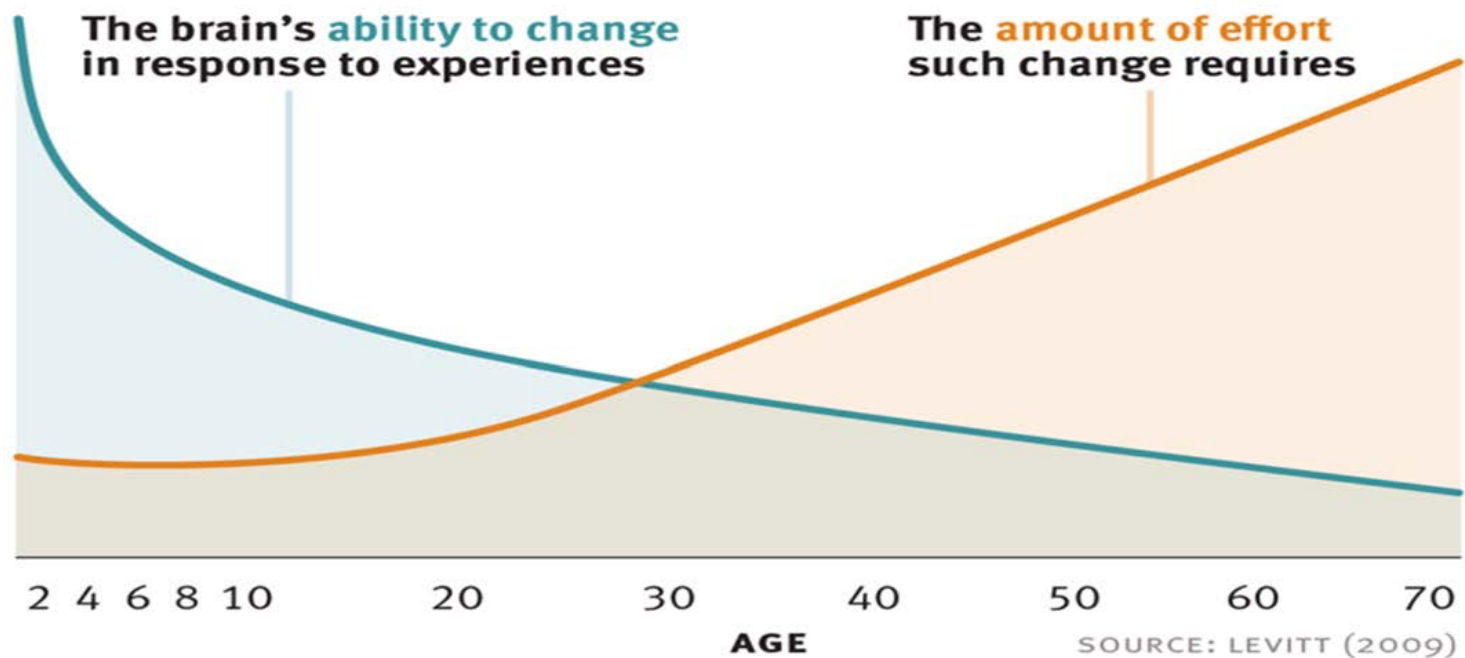
- Developmental delays
 - 50% in NSCAW
- Language delays
- Cognitive deficits
 - executive function in early childhood
- Traumatic stress
 - Developmental stress disorder
- Attachment difficulties
- Self-regulation difficulties
- Behavior problems in early childhood
 - Beginning of long-term trajectory

Traumatic Stress In Young Children

- **Re-experiencing trauma**
 - flashbacks, nightmares
- **Numbing**
 - social withdrawal, play constriction
- **Increased arousal**
 - attention problems, hypervigilance
- **New Symptoms**
 - Aggression
 - Sexualized behavior
 - New fears
 - Loss of developmental milestones (Regression)
- **Developmental trauma disorder**



PROMISING TIME FOR INTERVENTION



THREE PATHWAYS TO INTERVENING WITH YOUNG CHILDREN EXPERIENCING MALTREATMENT AND CHILD WELFARE SYSTEM INVOLVEMENT

PRIMARY PREVENTION

Decreasing poverty, and fostering community and social well-being

Community-based public health, universal education, and income support approaches

SECONDARY PREVENTION

Reducing risks for maltreatment

Programs that provide early care and education, parent education, parent and family support

TERTIARY PREVENTION

Providing interventions for children exposed to maltreatment and their families

Child, parent, dyadic, family interventions

Evidence: Economic & Concrete Supports As a Population-Level Strategy for Prevention of Child Maltreatment

Each additional \$1,000 that states spend annually on public benefit programs per person living in poverty is associated with:

- ☐ 4.3% reduction in child maltreatment reports
- ☐ 4% reduction in substantiated child maltreatment
- ☐ 2.1% reduction in foster care placements
- ☐ 7.7% reduction in child fatalities due to maltreatment

(independent of federal spending)

Public benefit programs included in this analysis:

Cash, housing, & in-kind assistance
Low-income housing infrastructure development
Child care assistance
Refundable EITC
Medical assistance programs (including Medicaid + CHIP)

(Puls, 2021, state-level data FFY 2010–2017)

EARLY CHILDHOOD EDUCATION PROGRAMS

Protective Factor & Primary/Secondary Prevention

- Children in poverty
 - High-quality, intensive, center-based ECE (McCartney, Loeb, Magnuson, Waldfogel)
- Limited impacts on children in poverty elevated social risks
 - Need for more specialized interventions (Burchinal, Early Head Start study)
- Benefits to children's socio-emotional development in more intensive programs with behavioral component (Yoshikawa et al, 2013)
- Teacher-child relationships
 - Predicts later academic and socio-emotional outcomes, particularly for children at high risk (Pianta et al)
- Particularly ***beneficial for African American children*** (Jones Harden et al., 2012)
- Double Jeopardy = poorer outcomes
 - Risky child care and home environments (Watanabe et al, 2011)



Baltimore Pre-Kindergarten Impacts

(Jones Harden et al., 2023)

- PreK children scored significantly higher on early mathematics (WJ-IV Applied Problems)
 - PreK children scored significantly higher on receptive vocabulary (PPVT-IV)
 - PreK children scored significantly higher on early literacy (WJ-IV Letter-Word ID & Word Attack)
-

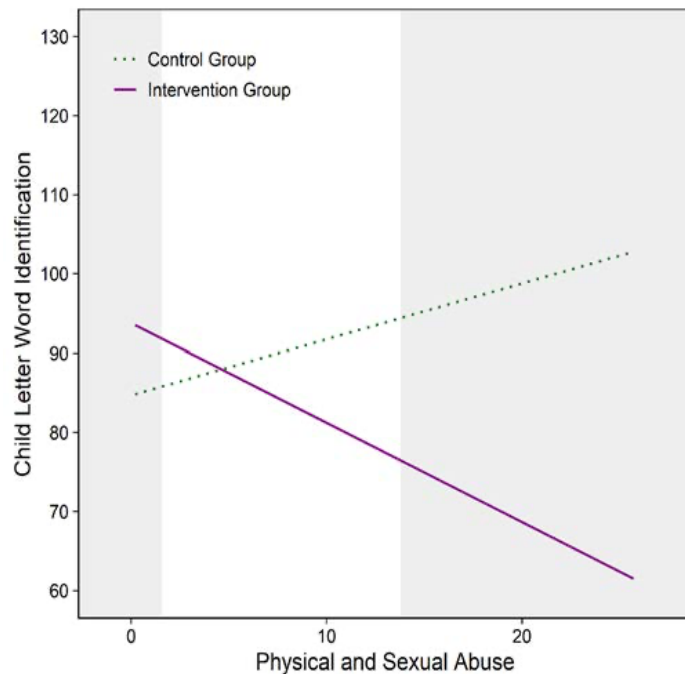
- Effect on WJ-IV Passage Comprehension not robust
- Effect on Executive Functioning (HTKS) not robust

**Bandwidths: 365, 180, 90 days*



Primary Prevention in Context of Trauma

(Jones Harden et al., in preparation)



	β	SE	z	p
Model 1: Literacy				
Child Letter Word Identification				
Parent Education	.22	0.07	3.07	.002
Child Age	-.22	0.11	-1.95	.05
Intervention	.28	0.12	2.48	.01
THQ Physical/Sexual Abuse	-.08	0.10	-0.80	.42
Intervention $\times$ THQ Physical and Sexual Abuse	-.28	0.10	-2.92	.004

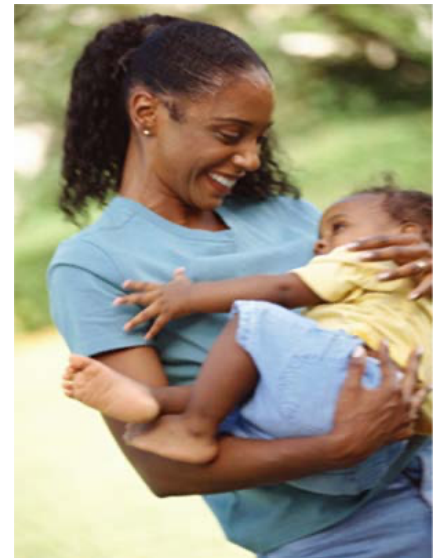
For mothers who experienced low abuse, intervention increased WJ letter word ID scores. For mothers who experienced high abuse, intervention decreased WJ letter word ID scores.

PRIMARY/SECONDARY PREVENTION

Maternal Infant Early Childhood Home Visiting Program (MIECHV; HRSA/ACF)

MIECHV Program supports voluntary, evidence-based home visiting

- Legislation authorized 2010; reauthorized 2020
- Expectant and new parents with children up to kindergarten entry age
- Families residing in communities that face greater risk
- Evidence-based models to promote positive maternal/child health
 - **Healthy Families, Nurse Family Partnership, Early Head Start, Family Connects**
- Trusted relationships between home visitors and families
- Comprehensive services:
 - Educating on topics such as breast-feeding, safe sleep, injury prevention, nutrition, and healthy lifestyles
 - Screening and providing referrals to address ***caregiver mental health needs and family violence***
 - Screening children for developmental delays and facilitating early diagnosis and intervention for autism and other developmental disabilities
 - Creating language-rich environment that stimulates early language development and prepares children to succeed in school
 - Supporting parents to reach economic goals
 - Connecting families to health care and other community resources



PRIMARY PREVENTION

Family Connects

Universal, population-level interventions to prevent CAN

- Home visits offered to all families at birth of child in hospital
 - 1-3+ visits provided by nurses
- Support/education re: newborn
- Screen/assess family psychosocial and health needs
- problem-solve minor issues, and connect
- Connect families with community resources to address family-specific needs

FINDINGS (Dodge et al., 2022)

- **High levels of program reach**
- **Positive impact on maternal mental health, father involvement, infant emergency medical care, and child maltreatment**
- **Reduction of racial disparities in maternal/infant health and well-being**

SECONDARY PREVENTION

Targeted programs for families at risk for compromised parenting, including those with specific risk factors (e.g., parental substance use & mental illness, family violence, child behavior problems)

- SafeCare
- Family Check-up
- The Incredible Years
- Chicago Parent Program
- Mom Power
- Mothers and Babies Program
- Parents Under Pressure
- Parent Child Interaction Therapy
- Promoting First Relationships
- Attachment and Biobehavioral Catch-up



SAFE CARE

(Chaffin, Whitaker, et al.)

- structured home-based, weekly parent training program for families with children birth to five
- three training modules focused on home safety, child health, and parent-child/infant interaction
- train parents by first explaining and modeling the skills, then having the parent practice and provide immediate feedback
- **FINDINGS**
 - **Supporting positive child behaviors**
 - **Promoting proactive parenting**
 - **Reducing parenting stress**
 - **Employing nonviolent disciplinary strategies**
 - **Decreasing neglectful parenting behaviors**



SECONDARY PREVENTION

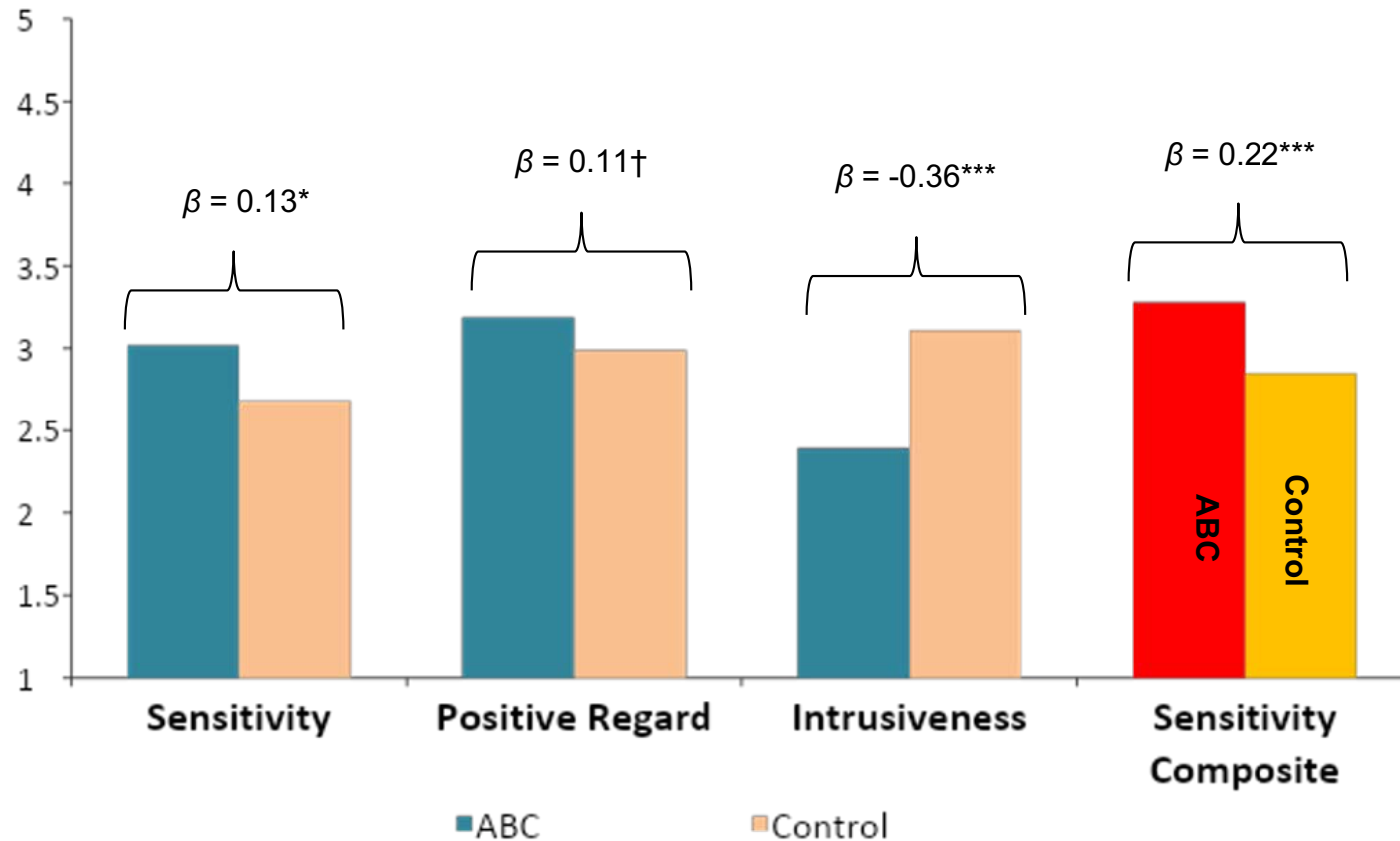
Attachment and Biobehavioral Catch-up

(Dozier & Bernard 2019)

- **GOALS**
 - Help parents re-interpret children's behavioral signals and respond sensitively
 - Enhance children's behavioral and regulatory capabilities
 - Fosters development of secure attachments between children and parents
- **DESIGN**
- 10-week manualized home-based intervention focused on target behaviors
 - Nurturance, following the lead with delight, reducing threatening and/or frightening behavior
- Experiential intervention using coaching (in the moment commenting) and videotape review
- **FINDINGS**
 - **Effective among many cultural groups**
 - **Infants/toddlers in foster care**
 - More likely to be securely attached to foster parents
 - More normal diurnal patterns of cortisol production
 - **Infants/toddlers in Child Protective Services**
 - Mothers showed more sensitivity to infants
 - Infants less likely to have disorganized attachment and more likely to be securely attached



RESULTS: Post-Intervention Parenting Behaviors (Berlin, Harden, et al., 2018)

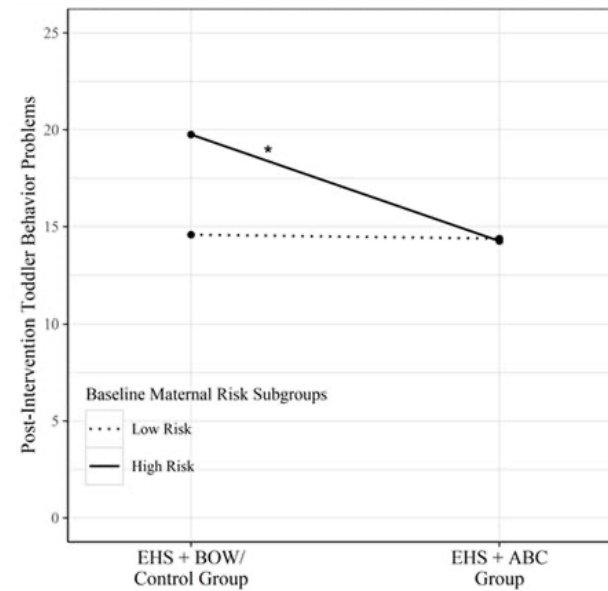
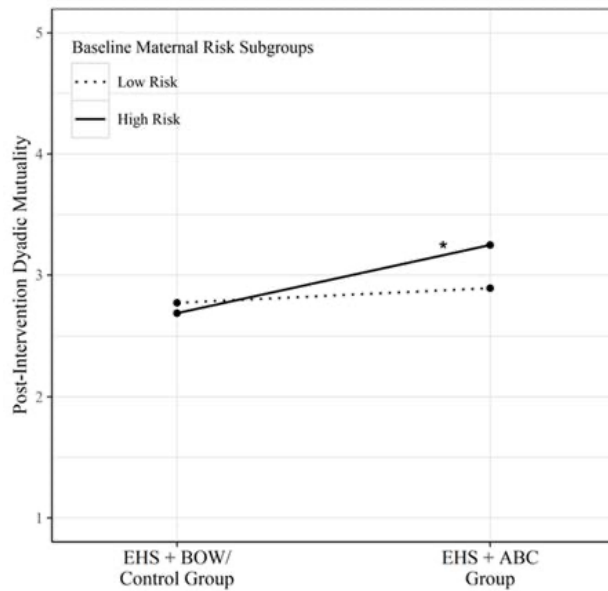


Note. Regression analyses controlled for pre-intervention parenting behaviors.

RESULTS

Moderated intervention effect on post-intervention dyadic mutuality and toddler behavior problems by maternal psychological risk

(Jones Harden et al., 2022)



TERTIARY PREVENTIVE INTERVENTION

Therapeutic interventions for families at risk for Child Maltreatment

- Trauma-focused Cognitive-Behavioral Therapy
- Parent-Child Interaction Therapy
- Child Parent Psychotherapy



Child Parent Psychotherapy (CPP)

- Relationship-based treatment
- Non-directive, non-didactic
- Weekly home visits for one year
- Goals: increase parent responsiveness, sensitivity, and attunement to children and to promote secure parent-child attachment



FINDINGS (Lieberman et al., 2000; Toth & Manly, 2019)

- **Effective among many cultural groups**
- **Decreased behavior problems and PTSD in children and mothers exposed to Intimate Partner Violence**
- **Reorganized early attachment relationships from insecure to secure in infants from maltreating families**
- **Enhanced parental sensitivity in maltreating families**

***How you
are* is as
important
as what
you do.**

Jeree Pawl, PhD
Doyenne of Infant/Early
Childhood Mental Health



Intervention Active Ingredients

Didactic vs. experiential

- Active, learn from doing in the moment during sessions

Knowledge vs. skill building

- Focused on the HOW of childrearing which is practiced during sessions

Decontextualized vs. contextualized

- Linked to parents' current experience with their child in context of sessions
- Responsive to parent & child needs



Foundations of Infant and Early Childhood Mental Health

- Safe, health, low-stress pregnancy
- Opportunity and capacity to be in love with and to be loved by safe and nurturing adult
- Support in learning to self-regulate and mutually regulate
- Nurturing, contingent, developmentally appropriate care
- Ecological experiences that are safe, supportive, secure, and sustaining (e.g., absence of poverty and violence in community)



Infant/Early Childhood Mental Health Intervention

(Dozier, Fischer, Lieberman, Toth & Cicchetti)

- Enhance *relationship with caregiver*
- Promote *parent-child interaction*
- Emphasize voice of the child
- Reflect on ghosts & angels in nursery
- Focus on parental responsiveness, stimulation, and behavioral guidance
- Promote attachment, enhance dyadic interaction
- Improve child mental health, reduce behavior problems



Intervention Targeting Parent-Child Interaction

- Effective interventions re: parental behavior (Juffer et al., 2005; Berlin et al., 2008; Jones Harden et al., 2021)
 - Improved parental sensitivity and responsiveness (mostly maternal)
 - Effective for parents with and without major risk
 - ***More success with moderate number of sessions and specific focus***
- Effective parenting interventions with video feedback (Fukkink, 2008; Velderman, 2011)
 - Improved parental skill in interacting with children (strongest effects)
 - Fewer child developmental/behavior problems
 - Increased parental pleasure with parental role
 - Enhanced parental well-being



RELATIONSHIPS AND RESPONSIVENESS

- Emotionally corrective experience (Jeree Pawl)
 - Unconditional positive regard (even if they have maltreated their children)
 - Empathize with parental goals/wishes/situations/feelings, AND address compromised parenting behaviors
- Trauma-informed relationship building and responsiveness
 - Appreciation for caregiving parent has experienced
 - Empathy for and intervention re: Intimate Partner Violence, Mental Health & Substance Use, Intergenerational Maltreatment
 - Addressing structural barriers: poverty & racism
- Parallel process
 - Interventionist responsivity
 - Parental responsivity



OBSERVATION

- Assessing developmental needs of children
 - Referrals for formal developmental assessment and intervention
 - Parent engagement in development promotion
- Observing the obvious out loud
 - “Voices” and needs of children
 - Parents’ wishes, feelings, self-evaluation
- Assessing parent-child interaction
 - Attachment, mutual regulation, triggers
 - Inform therapeutic intervention and case planning
- Reflecting on parental behaviors
 - Focus on **specific, positive** parenting practices
- Determining when and how to intervene
 - Port of entry (child, parent, **environment**, relationship)
 - Appropriate strategy for intervention



DYADIC (OR TRYADIC+) INTERVENTION

- Utilization of play and/or routines
- Emphasis on POWER of parents' behaviors
- Review of video exemplars and parent-specific interactions
- In-vivo **coaching** of appropriate parenting behaviors
 - Emphasize strengths; highlight instances of good parenting behaviors
- Consideration of needs (voices) of young children
 - Highlight instances of parent meeting child needs and child responses to parent
- Identification of teachable moments about child development and parenting, and opportunities to promote parent-child interaction



REFLECTION



- Mindful consideration of one's actions
 - *Message I am giving re: belief in parents' capacity to care for their children?*
- Process through which patterns of behavior become clear, insights drawn
 - *Intergenerational trauma; caregiving; parent-interventionist relationship*
- Reconstructing experience, the end of which is the identification of a new possibility for action
 - *Identification with parents' desire to be a good parent; highlighting their ability to be responsive to their children*

(Heller, 2011)

Early Childhood System of Care

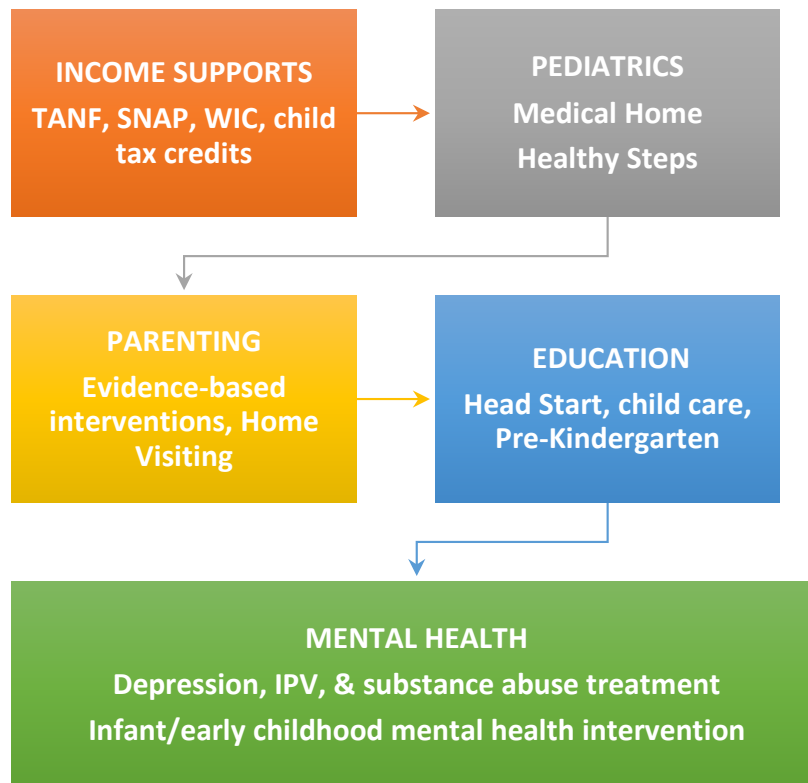
(Dodge, 2018)

- Lack of comprehensive system of care for young children (Tolan & Dodge, 2005)
 - “no organized system exists to identify treat, or prevent mental health problems”
- Different intervention approaches
- Children are different ~ need different services
- Children have different needs at different ages
- Primary care providers to screen all children and specialists to serve specific groups of children
- Comprehensive menu of “safety net” and specialized services



Early Childhood System of Care

(Dodge, 2018)



CHILD WELFARE
Preventive
Interventions

COMMUNITY-
BASED APPROACH



EARLY CHILDHOOD SYSTEM OF CARE

- Place-based and community-based approach
 - Addresses geographic inequalities in health/well-being and services
 - Accounts for role of community environment in shaping decisions and circumstances affecting population well-being
 - Fosters engagement from community specific to place
 - Enhances social capital and utilization of built environment
 - Depends on institutional structures, both within and outside of community
 - Utilizes data from community to design services
- Use of evidence-based models that have been tested with child welfare populations and multiple racial/ethnic groups
 - Best fit for system at large, for community, and for families
 - ***Assessment, triage, and referral system***
 - NYC is leader in this area



PROJECT LAUNCH

Linking Actions for Unmet Needs in Children's Health

- Designed to promote the mental health and wellness of young children from 0-8
(Goodson et al., 2014)
- Established multi-pronged approach
 - screening and assessment
 - behavioral health in primary care
 - mental health consultation in early care and education (and schools)
 - enhanced home visiting
 - family strengthening
 - attention to workforce development, public awareness, systems integration, and evaluation



Zero To Three Safe Babies Court Teams (New York's Strong Starts Program)

GOAL: Achieve timely and nurturing permanent placement of infants and toddlers under the Court's jurisdiction.

INTERVENTIONS

- Concurrent planning
- Evidence-based practices
- Minimized placement changes
- Access to mental health services
- Access to early intervention services
- Comprehensive health care
- Post-permanency services and supports

IMPACTS RE: SERVICES

- **Over 95%** of children identified as needing Early Intervention services received screening and treatment
- **Over 90%** of children needing CPP received services, and of these, **over 70%** were seen **within 30 days**
- **73.8%** of parents needing SUD treatment services were seen **within a week**
- **80.1%** of parents needing mental health services were seen **within 30 days**

Casanueva et al., 2018



Centering the Young Child CW System Reform Recommendations

(Harden & Zeanah, 2025)

- **Developmentally-based** child welfare service provision
 - Centering infants, toddlers, and pre-schoolers
- Funding/services specific to young child **caregiver risks**
 - Big Three: Substance Use; Mental Illness; Intimate Partner Violence
- Case-management services geared to families with young children
 - Access to concrete supports (e.g., **income supports, child care/Head Start**)
- Monitoring & addressing **racial/ethnic disproportionality/disparities**
 - Cultural elders, community brokers, parents with “lived experience”
- **Prevention** as paramount child welfare service strategy
 - Multi-level, evidence-based strategies for young children and caregivers
- More narrow and targeted child protection system
 - Focus on severe cases
 - Community-based, alternative response, early childhood system of care





“As a result of the progress of prevention science, we now have an opportunity to help communities reinvent themselves as protective environments for the positive development of all children.”

(Hawkins, 2006, p. 149)

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- Support in learning to self-regulate and mutually regulate
- Nurturing, contingent, developmentally appropriate care
- Ecological experiences that are safe, supportive, secure, and sustaining (e.g., absence of poverty and violence in community)
- ..adapted from Brandt et al., 2014

