ZERO TO THREE®

May 2012 Volume 32 No. 5

Journal of ZERO TO THREE: National Center for Infants, Toddlers, and Families

Parenting From a Distance

Promoting Connections During Parental Deployment

Co-Parenting During Separation and Divorce

Supporting Hospitalized Children in Foster Care

Parenting From Prison

Also in This Issue:
Evaluation Findings for the Safe Babies Court Teams Project

THIS ISSUE AND WHY IT MATTERS

This issue of *Zero to Three* focuses on situations in which parents and children experience prolonged or repeated separations and on how to support emotional connections during these stressful circumstances. As described in the articles in this issue, parent and child separation can occur for a number of reasons, such as parental separation and divorce, hospitalization, incarceration, foster care, and military deployment or other work-related relocation. Whether family separations are short- or long-term, voluntary or forced, the circumstances of the separation will have an impact on how children cope, as well as the types of resources available to help. For example, there are relatively few resources when the separation is due to hospitalization or foster care, but numerous resources for children whose parents face military deployment.

The limited cognitive and verbal skills of very young children add a level of complexity to the situation that requires sensitive and knowledgeable responses from the adults in the child's life. Thus, a child's separation from a parent or other primary caregiver during the earliest years of life must be considered in the context of early social and emotional development and the unique needs and capacities of infants and toddlers. The scientific knowledge base is slowly building to better understand the impact and needs of very young children who experience separation and loss during the peak period for developing strong, secure attachments to their primary caregivers. Researchers and practitioners know that separation involves loss and grieving, and children grieve in different ways than adults. However, well-meaning caregivers may not recognize the signs of grieving in a young child or may find it difficult to acknowledge the suffering of very young children. Above all, children need comfort, safety, and security when facing a family separation. Fortunately, supportive and well-informed adults can guide children through these situations and teach them valuable coping skills for managing difficult emotions and challenging life circumstances. We hope this issue of *Zero to Three* makes a difference in what you know and do for the children in your care.

As always, we welcome Letters to the Editor and are eager for your feedback. Let us know what you think of this issue, what topics you would like to see covered in future issues, and how we can better support your work with young children and their families. I hope to hear from you!

Stefanie Powers, Editor
spowers@zerotothree.org

www.facebook.com/ZerotoThreeJournal

The *Zero to Three* Journal Facebook page provides a place for *Zero to Three* readers to enrich their learning by offering the opportunity to connect with colleagues around the world who share an interest and passion for improving the lives of infants, toddlers, and their families. Join us on Facebook to pose questions, engage in discussion, find resources, and stay up-to-date on the latest news and information from the *Zero to Three* Journal.

ZERO TO THREE®
National Center for Infants, Toddlers, and Families

Founded in 1980

Sally Provence, Editor 1980 –1985
Jeree Pawl, Editor 1985–1992
Emily Fenichel, Editor 1992–2006

Editor
Stefanie Powers

Director of Production
Jennifer Moon Li

Design Consultant
Heroun + Co.

Production
K Art and Design, Inc.

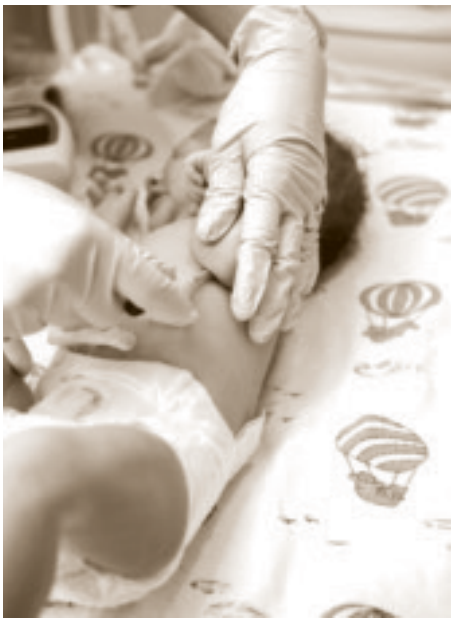
Contents

May 2012 Volume 32 No. 5

Parenting From a Distance

Also in This Issue:

Cover photo: © iStockphoto.com/Marilyn Nieves



www.zerotothree.org/journal

Zero to Three is the bimonthly journal of ZERO TO THREE: National Center For Infants, Toddlers, and Families. **ISSN 0736-8038** National Center For Infants, Toddlers, and Families, 1255 23rd Street, NW, Suite 350, Washington, DC 20037, (202) 638-1144; *Customer Service:* 1-800-899-4301

Letters

To the Editor:

I'd like to comment briefly on the admirable issue discussing evidence-based practices. I believe that one of the barriers to practitioners' attentiveness to evidentiary foundations is the custom of treating interventions as either "evidence-based" or "not evidence-based." Mattox and Kilburn (2012) avoided part of this problem by using "proven" and "promising," but it may be wise to go beyond that, particularly because there are potentially harmful treatments (Lilienfeld, 2007) out there, as well as many with weak evidence bases. A colleague and I (Mercer & Pignotti, 2007) have suggested a number of levels of evidence, beginning with work meeting the most stringent requirements and ending with that with an apparent or demonstrated potential for harm. We suggest that this refinement of categories may make it easier for practitioners to understand and to explain to clients the strength of the evidence supporting a treatment, and thus to ensure consent that is more genuinely informed.

Jean Mercer, PhD
Professor Emerita of Psychology
Richard Stockton College
jean.mercer@stockton.edu

Lilienfeld, S.O. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science, 2*, 53–70.

Mattox, T., & Kilburn, M. R. (2012). Understanding evidence-based information for the early childhood field: Tips from RAND's Promising Practices Network. *Zero to Three, 32*(4), 4–10.

Mercer, J., & Pignotti, M. (2007). Shortcuts cause errors in systematic research syntheses: Rethinking evaluation of mental health interventions. *Scientific Review of Mental Health Practice,5*(2), 59–77.

Send your feedback to the Editor of the *Zero to Three* Journal. Email Stefanie Powers at spowers@zerotothree.org, call 202-857-2641, or fax 202-638-0851. Include your name, affiliation, city, and state. Letters may be edited for length and clarity.

When a Parent Is Away

Promoting Strong Parent–Child Connections During Parental Absence

JULIA YEARY
ZERO TO THREE
Washington, DC

SALLY ZOLL
United Through Reading
San Diego, California

KATHY RESCHKE
Military Families Learning Network
Westerville, Ohio

Darryl watches his wife's face as she gives one last push. "You have a beautiful little girl," the nurse exclaims. "Oh, wow!" Darryl excitedly tells his wife. "I'm a dad! Is she ok? Is everything good?"

Darryl has just watched the birth of his first child from more than 7,000 miles away. He is at base camp in Afghanistan, while his wife is at a hospital in California. They are connected by their computers.

Abstract

How does a parent stay connected with an infant or toddler during a prolonged separation? Research has shown how important early connections are for child development. When a parent is not present physically, there are strategies that military parents have been using to keep a parent and child connected, promoting mindfulness. Because infants and young toddlers are not verbal, it is important to try to use the other senses in promoting strong connections, for example the sense of smell. The use of technology, such as the digital recording of a parent reading to a child used by United Through Reading, as well the use of other social media platforms may help parents keep the connections strong through family separations. Nonmilitary parents may find these strategies helpful when faced with separation from their child due to work, hospitalization, divorce, foster care, or even parental incarceration.

Military parents have worked hard to keep connections strong between their children and themselves for centuries. The warrior parent would write letters, and the "at home" parent would share stories, show pictures, and keep the deployed parent alive in the mind of the young child. Parents knew that keeping these connections strong helped to make the separation just a little easier for the child. Researchers now know how important those connections are to promoting attachment, critical for the social–emotional development of young children. Professionals who work with military families endeavor to keep the parent who is away on a mission or deployed in the mind of the child, and the child in the mind of the parent (Thompson, 2007). Babies need to know more than what their parent looks like or sounds like; they need to know their parent is thinking of them, even while separated. This parent–child connectedness helps to create a sense of safety for the child.

Cultivating Mindfulness

For the young child, it is important to feel connected to her parent throughout the day. As Pawl (2006) stated, "She carries it with her—this sense of nurturance, of the parents' presence even in absence, and her existence for them. She is held in the parents' mind. This feeling continuously deepens" (p. 3). This parent–child connectedness is called *mindfulness*. Promoting mindfulness throughout family separation may promote a stronger

Photo courtesy of United Through Reading

From a tent in the desert, a father reads a story from the United Through Reading library into a record-to-DVD camera. The DVD will then be mailed to his children, bringing a little bit of dad home.

attachment and help ease the reintegration process upon the service member's return. A child in a military family must cope with the change in her routine and with her grief at the loss of her parent's daily involvement in her life. As she relies on her at-home parent for emotional support, that parent may be dealing with his own grief and loss, compromising his ability to be responsive and attuned to the child (Mogil et al., 2010).

However, when parents engage in connecting activities during family separation, the deployed parent remains involved in the child's care, coparenting in spite of the physical distance of one parent. The parents' relationship may grow richer and warmer (Lamb, 2010); and such activities can enhance the relationship between the child and the at-home caregiver, too.

Military families have found a variety of ways to maintain their connectedness. Technology is playing a bigger role, and organizations and programs have emerged that help parents to stay in touch and involved in their child's life. In this article, we discuss one such program, United Through Reading, as well as describe techniques that may be used by any family coping with parental separation.

United Through Reading

Imagine a young father who has been serving in Afghanistan for nearly a year. He walks into a tent, removes his helmet, and picks up a copy of *Green Eggs and Ham* by Dr. Seuss to read to his daughter in front of a record-to-DVD camera. Through this simple technology, his wife and daughter in Fort Campbell, Kentucky, are able to watch their hero read that lighthearted story from the other side of the world, again and again and again. At each of these moments, Daddy is home.

United Through Reading's mission is to connect separated military families through the bonding experience of reading aloud. It comes down to helping one parent read one book with one child. United Through Reading was founded in the late 1980s by Betty J. Mohlenbrock, the wife of a Navy flight surgeon who had been deployed during the Vietnam War when their daughter was only a year old. When Mohlenbrock's husband returned from duty, their daughter didn't recognize him. Mohlenbrock was also a teacher who saw children unable to read and unprepared to learn, and she knew intuitively what studies have shown time and again: that reading aloud to children develops the earliest literacy skills (Anderson, Hiebert, Scott, & Wilkinson, 1985), encourages them to become readers themselves (Cullinan & Bagert, 1996), helps form and cement family bonds (National Research Council & Institute of Medicine, 2000), provides clear evidence of love and care from a parent to a child (Fox & Horacek, 2008), and, through these strong bonds between parent and child, predicts the child's success in school (National Research Council & Institute of Medicine). And she knew that there was a way to help families in these difficult times of separation to bridge the distances between them—with good books, lovingly shared.

Reading books to children is a powerful way of introducing them to literacy, but this is not usually the reason parents do it. Parents find reading to their children enjoyable, and they believe that reading nourishes children's minds and enriches their relationships. When adults read to children, the occasion tends to be warm and intimate, adult and child sitting close while reading aloud (Lindfors, 2008).

For the last two decades, during times of peace and times of conflict, United Through Reading has worked at the beginning of the care spectrum, helping deployed family members share books with their children. These simple moments of reading together across the miles maintain open family communications by providing moments of normalcy amid stressful separation, among other benefits:

- They ease the stress of separation.
- They allow service members to parent from wherever they are.
- They build family resiliency.
- They boost the morale of troops and home-front caregivers.
- They make homecomings easier for the children, the caregivers, and the newly returned parents.
- They cultivate children's interest in reading and the earliest literacy skills.

Using experience and proven strategies for implementing the read-aloud experience from afar, United Through Reading helps deployed moms and dads stay connected with family and community life and remain an important part of their children's lives. What began with one woman with one video camera recording a few sailors reading storybooks before they deployed is now available in nearly 200 locations around the world. More than 500 diverse units and commands within the military—in desert camps in Iraq and Afghanistan, on more than half of all U.S. Navy ships, and at military bases and installations—and more than 70 USOs worldwide provide United Through Reading.

United Through Reading has been successful by laying out strategic plans that address the unique needs, cultures, mission concerns, and administrative structures of those with whom they work. The program adapts to address needs in varying environments. Whether the location is shipboard on a deployed vessel, in a tent in the dessert, at a USO facility in an airport, or on an installation, the staff and volunteers adapt as needed.

Each environment requires that United Through Reading staff and volunteers create a distinct, workable program that also ensures

program consistency and quality. What remains the same in every environment, every location, is the military leadership's support for and advocacy of United Through Reading. In each location, United Through Reading program managers first brief command leaders about the benefits of the program and its impact on morale for service members and their families, then move forward to train and support the active duty volunteers who implement the program. The support of more than 500 active volunteers in the field at any given time—most of them active duty service members who coordinate the program on the ground—gives legs to the mission.

United Through Reading leverages resources through strategic alliances with organizations such as ZERO TO THREE. ZERO TO THREE and United Through Reading collaborate on opportunities to share information about the program with the public, through webinars and broadcast news, for example. Also, children's board books produced by ZERO TO THREE are provided in the United Through Reading libraries. Continually evaluating potential alliances and seeking out relationships allows United Through Reading to focus on that which it does uniquely well in the world: connect separated military families through the read-aloud experience.

Program Evaluation

United Through Reading collects qualitative and quantitative data from program participants and program collaborators to measure outcomes, improve quality, increase efficiency, and reduce cost-per-beneficiary in order to extend resources and grow its reach. The organization relies on internal and external surveys and national research to evaluate its program outcomes, and analyzes the impact that reading aloud with parents has on children's school performance, the importance of mitigating risk factors unique to military families, and the mental health impacts of reducing separation and reunion stress. Of the respondents to the most recent United Through Reading participation surveys,

- 75% said the recordings reduced their children's anxiety about deployment.
- 85% said the recordings helped the deployed service member stay connected.
- 67% reported that their child's interest in reading and books increased after participating in United Through Reading.

Anecdotal testimonials provide qualitative data:

This program [United Through Reading] has had an incredible impact on our lives. Our daughter watches her videos every day and loves them. She reads along with her daddy and dances to his singing. It has helped to keep him in her life constantly and greatly eases the transition of his coming home. Without this program, many children would not know their deployed parent upon their return.
—Spouse of a serviceman serving on the *USS Lake Champlain*.

It only takes 20 minutes to give your family the memory of a lifetime.
— Juan Ramon Bejarano, Active Duty Coordinator for United Through Reading

I personally know this medium is a wonderful way to communicate with your family and helps bridge the days and the distance between all of us.
—Kevin Manuel, Active Duty Coordinator from the *USS James Williams*

I arrived home from work on Friday to find a small cardboard envelope from my husband. There was a DVD inside. Right away, I put the DVD in the player and there was my husband! .... I am 5 months pregnant, so he said hello to the baby and then he said he wanted the baby to get used to his voice. He started reading a book to the baby! My heart just melted. He looked so great and it was just like he was sitting in front of us. ...The first time I saw the DVD I just cried. It was so sweet and I am so grateful that his daughter will hear his voice. ...I love it because our daughter will be able to watch this DVD forever and see where her daddy was when she was born.
—Ann Marie Lowe, a Marine Corps spouse

Survey evaluations of USO programs in 2009 and 2010 conducted by TARP Worldwide (which measures customer satisfaction and loyalty for Global 2000 companies, the White House, and federal agencies) found that of United Through Reading participants, 90% rated the program *extremely valuable*—the highest rating of the 13 USO programs evaluated by active duty service members and their families. United Through Reading was also rated the number-one USO program in terms of satisfaction; with more than 81% of participants reporting being *very satisfied*. As measured by TARP, the number of participants ranking United Through Reading *extremely valuable* and the number of participants reporting being *very satisfied* has increased each year.

Since 1989, United Through Reading has served 1,335,000 military beneficiaries. Volunteers have contributed more than 290,000 hours to support the program implementation. The organization has been recognized by bestselling author James Patterson's Page Turner Award for creative reading programs and by late actor Paul Newman for helping military families. It has received the Peter F. Drucker Award for Non-Profit Innovation, the Kaleidoscope Award for Exceptional Governance by the University of San Diego, and the Innovations in Reading Award from the National Book Foundation. United Through Reading participates in First Lady Michelle Obama and Dr. Jill Biden's Joining Forces initiative.

Photo courtesy of United Through Reading

Video and photos are key for keeping the growing infant or toddler familiar with the sight and sound of the distant parent, and can be played again and again.

Social Media: Tools for Staying Connected

Perhaps nothing has made a more dramatic impact on the ability of military families to stay connected on a day-to-day basis than social media, or Web-based and mobile technologies that enable interactive communication. In a surprisingly short time, social media has shaped not only the methods used to communicate with friends and family, but also users' expectations of how easy, fast, frequent, and cost-free communication should be. It shouldn't be surprising that members of the U.S. military, most of whom are in the age bracket most likely to use social media in general, are eager and adept users of social media to communicate with loved ones far away. According to a report by Blue Star Families (2010), more than 90% of those surveyed use some type of social media, with 88% reporting use at least once a week. Families regularly use email to communicate during deployment; social networking, video chats, and instant messaging are also very popular for staying

Photo courtesy of United Through Reading

United through Reading is available to deployed service members in nearly 200 locations around the world, in desert camps in Iraq or Afghanistan, aboard ships, at military installations, and at more than 70 USOs worldwide.

connected (Blue Star Families).

What may be more surprising about the emergence and prevalence of social media is that the Department of Defense (DoD) wholeheartedly supports its use. After initially restricting military personnel's use of social media sites, DoD conducted a careful review of benefits and risks. The result was the adoption in February 2010 of a "managed risks" approach that has allowed service members to take great advantage of the anytime-anywhere communication of social media. Access may be limited for security purposes, but only under certain circumstances, such as when casualties have occurred (in order to allow time for next of kin to be contacted directly). Risk is also managed through the work of the DoD's Social Media Operations Team, which provides information and support to individual users on how to manage privacy on social media sites and prevent dangers such as identity theft or financial scams (see box Military Families and Social Media Resources).

Social media technology is especially exciting in that it allows parents to interact with their children in real time, even when separated by thousands of miles. For parents of infants and toddlers, the most effective relationship-building tools have been video-based platforms through which very young children can experience the sight and the sound of their parent. With real-time video platforms, a parent and infant can engage in the reciprocal dialogue that plays such an important role in developing a secure and rewarding parent–child relationship. In fact, some families have used technology to establish that relationship right from the start, using video chats to allow a deployed father to witness the birth of his newborn. Live video conferencing is also being used to include the service member in important occasions, such as a birthday party, or important conversations, such as a pediatrician consultation.

As wonderful as real-time video conferencing is, however, it requires a considerable amount of coordination of schedules—an enormous challenge for both the at-home parent of an infant or toddler and the deployed parent carrying out a mission. One of the hardest aspects of being away from very young children is that they change so quickly, and the deployed parent can miss the milestones that occur within the first year of life as well as changes in appearance over even a few short weeks. Technologies such as blogging, social networking status updates, e-mail, and text messaging can keep the distant parent up to date and connected with his growing child. Through easy-to-use open video- and photo-sharing sites, parents can share not only important moments but also the everyday routines that the military parent otherwise would miss. Video and photos are also key for keeping the growing infant or toddler familiar with the sight and sound of the distant parent, and they can be replayed again and again. This is especially important for the very young child who may not want to stop his activity to speak on the phone, or who may have difficulty responding instantly to the flat screen of a computer used to video chat.

For more privacy online, families can create by-invitation-only groups on several different social networking and video sharing sites. Google+ is the newcomer in the social media arena. It's not yet clear yet how valuable an addition it will be to the military family communication toolbox, but the "circles" (written posts) and "hangouts" (live video chat) features seem to offer families a good balance of ease-of-use and privacy. For security beyond that of these platforms, password-protected sites created specifically

Military Families and Social Media Resources

Social Media Guides:

Military Community and Family Policy. (2011).
Social media guide: Staying connected.
www.militaryhomefront.dod.mil/12038/Project%20Documents/MilitaryHOMEFRONT/HOMEFRONTConnections/Social_Networking_Guide%5B1%5D.pdf

Blue Star Families. (2011).
Social media guide for military families.
www.scribd.com/doc/76023211/Social-Media-Guide-for-Military-Families

Department of Defense Social Media Information:

Directory of Social Media Sites
www.defense.gov/RegisteredSites/SocialMediaSites.aspx

Social Media Hub
www.defense.gov/socialmedia/

Social Media Spaces for Families (password protected):

HOMEFRONT Connections (DoD)
https://apps.mhf.dod.mil/homefrontconnections/hfc.html

Military Family Link
www.militaryfamilylink.com/

Families Near and Far (Sesame Street)
www.familiesnearandfar.org

Social Media Spaces for Early Childhood Professionals Working With Military Families

Facebook
www.facebook.com/childcareandmilitaryfamilies

Twitter
www.twitter.com/#!/milchildcare

Blog
http://blogs.extension.org/militaryfamilies/category/child-care/

for military families to communicate in private include Military HOMEFRONT Connections, Military Family Link, and *Sesame Street*'s Families Near and Far.

In addition to supporting service members' use of social media, each level and branch of the military itself makes extensive use of social media to share information with troops and their families. The DoD's directory of registered social media includes hundreds of blogs and social networking accounts. Although these uses of social media don't directly support the connection between military parents and their children, they do provide at-home parents with greater access to current information about their deployed spouse than has ever before been available. For most families, this increases the connection between the parents, which indirectly strengthens the parent–child relationships and the family as a whole.

Social media is such a valuable tool for keeping families connected because it is largely free, easy, and accessible anytime, anywhere. No, it isn't a magic wand; it isn't the same as having Mom or Dad in person, and it won't "fix" relationships that are struggling in the first place. However, it provides opportunities for staying in touch that military families have never before had—opportunities that many are eagerly taking advantage of, to the great benefit of the youngest family members.

Hints for Staying Connected With Very Young Children

Parents thinking about how they will stay connected to their young child face obvious challenges. Infants and young toddlers do not have the verbal skills to engage in a dialogue over a phone or on a video chat site, and they cannot type their feelings in an email, making it harder to make a parent who is absent seem present for the child. It is helpful to use as many senses as possible in engaging the young child. By 6–8 weeks old, babies can recognize their mother and father's smells, voices, and faces. (Brazelton & Greenspan, 2000)

One early-childhood care provider from Camp LeJeune, a Marine installation located in North Carolina, shared a story about a 10-month-old who was having difficulty settling down for naps and bedtime and was hard to console when she became upset. Dad didn't know what to do. His wife had just left for a 7-month deployment, and their daughter was having a tough time adjusting. The provider referred Dad to supportive services at the installation and made a suggestion that he felt was very effective: have Mom send a few T-shirts that she had worn, that had her scent on them. Dad kept one shirt at home and sent one to the child care center. Dad was amazed at how his daughter held the T-shirt all the time, and how it comforted her when she was sad. It quickly became her "cuddly," or transitional object. And the child definitely wanted Mom's shirts: Dad was also in the military and had the identical shirts at home, but the child knew Mom's scent. Babies are able to use their sense of smell to identify their mother, and it has been shown that maternal odors may have a quieting effect on babies (Porter, 1991). Many fathers who are away are sending their shirts home, too! Having something that belonged to the away parent, that smells like that parent, brings the parent just a little closer.

Photo courtesy of United Through Reading

United Through Reading helps deployed family members share books with their children, creating opportunities for family members to stay connected even though they may be separated by thousands of miles.

Babies also recognize their parents' voices. The at-home parent can play a voice recording of the deployed parent for his unborn child or infant, an easy method of promoting mindfulness for parents who are separated. Some parents may have difficulty thinking of what to say on a recording. Suggestions include thoughts about parenting, their dreams and hopes for the child, and familiar stories, poems and rhymes, and songs.

Implications for the Field

When a parent is away, young children need two parents working together to promote mindfulness. It takes a committed at-home caregiver to share recordings, use scents, show pictures and videos, and coordinate video chats with the deployed parent. The at-home caregiver must work with the child's temperament and schedule. A young child cannot be forced to stop what she is doing to speak to her parent or watch a video recording but rather these connections must be integrated into the rhythm of the child's day. With a willing distant parent and a willing caregiver, these strategies may be replicated when a child is in foster care with a family reunification plan. They also may be used with families with an incarcerated parent. Further research is needed to ascertain the effects mindfulness may have on smoother reintegration back into the family when the

Learn More

A Professional's Guide to Creating Activities for Strengthening Parent-Child Connections
J. Yeary (2009)
www.zerotothree.org/about-us/funded-projects/military-families/zttconnections_10.pdf
Available as a free download from ZERO TO THREE's Web site. This resource for professionals can be used to plan activities that support parent–child attachment. It includes a list of children's books that promote the idea of a parent's enduring love even if away.

Over There
D. Williams (2005)
This is a board book specifically for young children from military families coping with deployment. There is a daddy version and a mommy version. An activity book for families to create their own version, with their personalized family photos or drawings, is also available as a free download from ZERO TO THREE's Web site at www.zerotothree.org/about-us/funded-projects/military-families/over-there-activity-book.html

Please visit www.zerotothree.org/military to learn more about these two resources and many others that are available for supporting military families with very young children.

absent parent returns, and on reductions in recidivism.

Julia Yeary, *MSW, ACSW, LCSW, is the director of training and resources for Military Family Projects at ZERO TO THREE. Through their Coming Together Around Military Families® initiative, ZERO TO THREE has created resources and tools for both professionals and families to promote resilience in very young children and has trained multidisciplinary audiences across the country. She is a clinical social worker, with an MSW from the University of Hawaii. Julia has authored several articles on keeping connections strong for military families. She is the daughter of a WWII, Korean, and Viet Nam war veteran, and married a career Marine, raising her 2 children through multiple family separations and deployments. .*

Sally Ann Zoll, *EdD, has been chief executive officer of United Through Reading for 5 years. She holds a bachelor's degree in elementary education with a minor in special education and a master's of education in special education. She began her teaching career in southern California. Prior to joining United Through Reading, she was president of LearnStar and vice president of Jostens Learning Corporation, both education software companies. She has worked extensively with the US Department of Education for 20 years as a consultant, serves on her community library's board of trustees, and is the chief financial officer for the board of the United States Academic Decathlon. Dr. Zoll also is a member of the University of San Diego's School of Education and Leadership Sciences Advisory Board.*

Kathy Reschke, *PhD, holds a doctorate in early childhood education and has experience teaching both young children and early childhood professionals. In her current role as child care community and social media manager for the Military Families Learning Network, Kathy supports professionals offering child care services to military families. For more information about available resources visit http://blogs.extension.org/militaryfamilies/child-care/ .*

References

Anderson, R. C., Hiebert, E. H., Scott, J. A., & Wilkinson, I. A. G. (1985). *Becoming a nation of readers: The report of the commission on reading.* Champaign: University of Illinois.

Blue Star Families. (2010). *2010 military family lifestyle survey: Comprehensive report.* Retrieved from http://bluestarfam.s3.amazonaws.com/42/af/8/569/2010surveyfindings.pdf

Brazelton, T. B., & Greenspan, S. (2000). *The irreducible needs of children: What every child must have to grow, learn, and flourish.* Cambridge, MA: Da Capo Press.

Cullinan, B., & Bagert, B. (1996). *Helping your child learn to read.* Darby, PA: Diane Publishing.

Fox, M., & Horacek, J. (2008). *Reading magic: Why reading aloud to our children will change their lives forever.* Orlando, FL: Harcourt.

Lamb, M. E. (Ed). (2010). *The role of the father in child development* (5th ed). Hoboken, NJ: John Wiley & Sons.

Lindfors, J. W. (2008). *Children's language: Connecting, reading, writing, and talk.* New York: Teachers College Press.

Mogil, C., Paley, B., Doud, T., Havens, L., Tyson, J., Beardslee, W., & Lester, P. (2010). Families OverComing Under Stress (FOCUS) for early childhood: Building resilience for young children in high-stress families. *Zero to Three, 31*(1), 10–16.

National Research Council & Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early development.* J. P. Shonknoff & D. Phillips (Eds.). Washington, DC: National Academy Press.

Pawl, J. (2006). Being held in another's mind. In J. R. Lally, P. L. Mangione, & D. Greenwald (Eds.), *Concepts for care: Essays on infant/toddler development and learning* (pp. 1–4). San Francisco: WestEd.

Porter, R. H. (1991). Mutual mother-infant recognition in humans. In P. Hepper (Ed.), *Kin recognition* (pp. 413–424). Cambridge, MA: Cambridge University Press.

Thompson, B. (2007, August). *Supporting military families*, a presentation to Operation Parenting Edge, ZERO TO THREE, Washington, DC.

Yeary, J. (2011). *A professional's guide for creating activities for strengthening parent-child connections.* ZERO TO THREE. Retrieved from www.zerotothree.org/about-us/funded-projects/military-families/zttconnections_10.pdf

ZERO TO THREE Online

Podcast: "Daddy, Papi, Papa or Baba: The Influence of Fathers on Young Children's Development" Featuring Kyle Pruett, MD
www.zerotothree.org/Influence_of_fathers
Listen to this podcast from the ***Little Kids, Big Questions*** series of 12 podcasts that translates the research of early childhood development into parenting practices that mothers, fathers, and other caregivers can tailor to the needs of their own child and family.

Divorce and Discipline
www.zerotothree.org/divorceanddiscipline
Read this Q&A for tips on how to handle discipline when a child is living in two different households.

***Supporting Young Children* Brochures**
www.zerotothree.org/supportingyoungchildren
ZERO TO THREE'S Military Family Projects has developed a series of brochures that focus on the unique experience of parenting a baby or toddler, particularly during times of stress and separation that military families may be experiencing.

The Loneliest Babies

Foster Care in the Hospital

SHERYL DICKER
Albert Einstein College of Medicine

It is estimated that 6.4 million children are hospitalized in the U.S. each year, and almost 80% of them are between birth and 3 years old (Yu, Wier, & Elixhauser, 2009). There is a growing body of research about the plight of young children in hospitals and their need for special attention by all staff to ensure optimal recovery. Underlying this concern is the toll separation takes on all children who are in new and strange settings. The research places an emphasis on the important role parents play in assisting in the recovery of these hospitalized children (American Academy of Pediatrics [AAP], 2002). Ironically, there are few articles describing the plight of children in foster care—truly America's most vulnerable children—when hospitalized (AAP, 2002). Yet, the vast majority of children who enter foster care will be hospitalized either at the time of foster care placement or within 3 weeks of placement (Rubin, Alessandrini, Feudtner, Localio, & Hadley, 2004). Thus, hospitalization is a routine part of the life of a child in foster care.

This article will explore the research concerning the toll of hospitalization on all children and the special challenges of hospitalization faced by children in foster care, their families, health care providers, and advocates. Its emphasis, however, will be on real cases involving foster children from birth to 3 years old who are in the hospital.

What the Research Reveals About All Children in Hospitals

For most young children, the experience of hospitalization is a frightening one. The child is ill and placed in an unknown environment with scary equipment and new people. There may be bright lights, loud noises, and alarm bells ringing at all times of the day and night. While their parents may be present, the child is not living in his own home and the parents may not be at the hospital every day. This recognition has led to a reformulation of the concept of the Children's Hospital—now requiring staff with special training to provide children extraordinary attention and comfort. Modern children's hospitals have been constructed with an eye toward looking less like a hospital and more like a friendly and inviting environment; a set of professionals—child life specialists—whose job is to help children adjust to the new challenging environment of the hospital and its many procedures (Child Life Council & AAP, 2006) have been added to the staff of most children's hospitals.

"Using play and psychological preparation as primary tools, child life interventions facilitate coping and adjustment at times and under circumstances that might prove overwhelming otherwise," (Child Life Council & AAP, 2006, p. 1757). The AAP considers child life specialists as an "essential component" of the pediatric hospital experience who should be present in not only inpatient pediatric units but also emergency rooms and chronic care centers (Child Life Council & AAP, 2006).

Abstract

This article discusses an ignored problem—the plight of infants and toddlers in foster care who find themselves hospitalized. A majority of the children in foster care will be hospitalized for medical treatment while in foster care because they are more likely to have serious medical problems or developmental disabilities than their age peers. Building on the large body of research concerning the difficulties faced by all young children in the hospital, this article uses real cases from a children's hospital to illustrate the challenges that young children, their families, and their care providers confront while children are in the hospital.

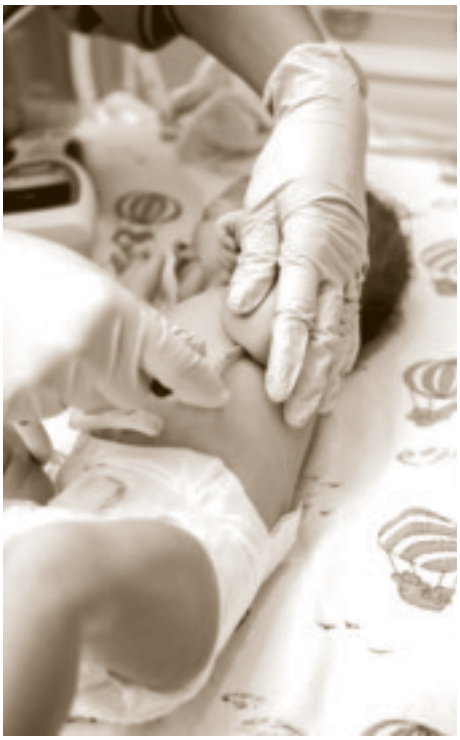


Photo: ©iStockphoto.com/Naomi Bassitt

Hospitalization is a routine part of the life of a child in foster care.

The AAP, in conjunction with the Child Life Council, has published articles and tip sheets for parents delineating methods to help children cope with a hospital visit (Zempsky, Cravero, Committee on Pediatric Emergency Medicine, & Section on Anesthesiology and Pain Medicine, 2004) The first directive is to prepare the child by describing the hospital staff and likely procedures. Studies (Zempsky et al.) have found that preparation lessens children's anxiety. A visit to the hospital, accompanied by a member of the Child Life staff, prior to a procedure is recommended. Parents are also advised to take measures that can ameliorate their children's pain. They are advised to pack a favorite toy or activity and to stay with a child, if possible, through procedures, praising and comforting the child every step of the way. These simple steps can ameliorate the fright caused by hospitalization and speed recovery. Underlying these directives is a body of research that demonstrates that babies or young children whose parents "room in" with them will recover faster, have fewer complications, and have more improved emotional well-being than those who were not accompanied by their parents (Taylor & O'Connor, 1989).

What the Research Reveals About the Health of Children in Foster Care

These guidelines noted in the previous paragraph, however, have little applicability to young children in foster care who require hospitalization. Young children in foster care are our nation's most vulnerable children. The largest cohort of children entering foster care are babies less than 1 year old; approximately one third of all children entering foster care are less than 3 years old (U.S. Department of Health and Human Services, 2010). Because these children's lives are often shaped by poverty, parental substance abuse, and violence, they are born with the odds stacked against them (Dicker, 2009). Almost 40% are born with low birth weight or are premature or both, and approximately 80% are exposed prenatally to drugs or alcohol. Research has shown that these children will enter care in greater numbers, will remain in care longer, and are more likely to return to care than other children (Wulczyn & Hislop, 2002).

Given these factors, coupled with the environment stresses of poverty and violence, it is no surprise that half of these babies will have serious chronic medical conditions and more than half will be diagnosed with a developmental disability (Dicker & Gordon 2004). As a result, many of these children find themselves hospitalized because of problems of prematurity, medical complications that have developed after birth, or as the result of the effects of child abuse and medical neglect. These problems range from respiratory difficulties such as asthma, elevated blood lead levels, or growth restriction—each of which occur at twice the rate of other children—or failure to thrive, dental decay, language, or motor and other developmental delays—which occur at rates of 4 to 5 times that of other children (Dicker, 2009). These conditions are exacerbated by an average of three moves during each spell in foster care (Jones Harden, 2008). These assaults to the healthy development of young children in foster care are further magnified by removal, visitation, and placement changes. They are exacerbated by a health care system that is fragmented, as few children in care have a medical home (AAP, 2002). Indeed, the vast majority of children suffering from medical neglect are less than 3 years old, and more than 75% of all fatalities caused by maltreatment occur in very young children (U.S. Department of Health and Human Services, 2010). Because of these chronic problems, children in foster care are hospitalized more frequently than other young children. Indeed, a study has found that 75% of hospital visits by children in foster care occur within 3 weeks of placement and occur more often after subsequent placements (Rubin et al., 2004). Thus, foster children find themselves more often in hospitals than their peers and their experience is often quite different.

The complexities of these babies' lives make it more likely that they will be alone in the hospital or will be brought to the emergency room by police or other nonparents. These individuals have not had an opportunity to prepare the child for the hospital visit or even talk to the child about what will happen. Typically, no one remembers to bring the foster child's favorite toy or activity, no one is with the child through the procedure, and no parent or person who knows the child well is there to praise the child every step of the way. And, of course, no one can room-in with these babies. Instead, the child is a baby alone.

The Dilemma of Consent to Treatment

Below is the story of a baby whose plight illustrates the problems and legal requirements for consent to treatment for a child alone.

Danny's Story

Danny was brought to the emergency room by a woman claiming to be his "foster mother." She explained that he was 2 months old and had been discharged that morning from another hospital where he had been in the neonatal intensive care unit (NICU). Apparently, the boy the woman called "Danny" was born with a severe brain malformation and was functioning at only a brain stem level (that is, he was able to maintain his heart rate and his breathing, but he was incapable of any higher neurologic functioning), but when he ran a fever, she felt obligated to bring him to the nearest children's hospital. She did not know his parents—they were members of the same religious sect—but the parents had given the baby to a religious leader when the baby left the hospital. During the pregnancy, through an ultrasound examination, the parents were aware of the baby's condition. They never planned to keep him—they were told he would die before or during birth. But, because of heroic efforts in the NICU, he survived. Once he was able to breathe on his own in the NICU, the parents made an arrangement with their community's religious leader for a "foster mother," a woman selected by the religious leader to raise the child for the few days, weeks, or months he had remaining in his life. No formal legal arrangements had been made to codify this relationship. This is how the woman who called herself the "foster mother" came to be caring for the baby.

The baby was immediately brought into the emergency room; evaluation revealed that he had a high fever and confirmed the neurologic deficits described above. Neurosurgical consultation was requested and, because of hydrocephalus, the neurosurgeon felt that a shunt was needed to relieve the increased intracranial pressure in Danny's head. The woman claiming to be the foster mother readily agreed to the operation. But, because no legal

arrangements had been made, she did not have the authority to give consent. Legally, Danny was neither her child nor was he her foster child.

Children can be placed in foster care only by a court order. No court hearing had ever occurred regarding Danny. The religious sect leader did not operate a licensed child welfare or adoption agency, so even though the parents had written on a small piece of paper in the woman's possession that the leader could make all decisions concerning the baby, the paper had no legal weight. Even in circumstances in which parents chose to place their children in foster care, those agreements must be approved by the court. And an unlicensed agency has no power to remove or place a child. Thus, neither the religious leader nor the woman caring for the child could consent to his surgery. In New York state, only two options for consent existed—because the rights of the biological parents had not been terminated by a court, they retained the right to consent to treatment or the hospital staff could call the Child Protective Services (CPS) hotline and report the child as an abandoned child or a child suffering from medical neglect. Given these options, the chief resident called the biological father, who, after many long conversations, finally agreed to consent to the procedure. The procedure was conducted and the woman calling herself the "foster mother" remained with Danny day and night in the hospital. Hospital staff was so impressed with her that they encouraged her to secure legal guardianship, which the parents accepted. She later adopted Danny in a legal court proceeding. He is now a beloved 3-year-old with serious cognitive limitations: he functions at the level of a newborn, is blind, and demonstrates no motor skills other than an ability to suck and swallow.

Parents have broad authority to consent to all medical procedures relating to their minor child, even if the parents have not cared for the child. Danny's parents never even saw him after his birth (they allegedly consented to the NICU procedures at this birth), but they retained this broad power to make medical decisions concerning his life (Parham v. JR, 1979). Only a court can place a child in foster care, and only a court can remove a parent's right to make medical decisions.

Danny's story also underscores the importance of the child having a caring consistent adult in his life (National Research Council & Institute of Medicine, 2000). He had no one visit him at the NICU and no one other than the staff there was able to watch over him. In contrast, after he was discharged from the NICU, his "foster mother" played that critical attachment figure role, helping Danny through the difficult hospitalization and medical procedures. Hospital staff noted her positive presence and loving attitude toward Danny. She and the staff knew that even though he had severe neurologic deficits, this did not mean that he could not respond to the loving presence of a caregiver. Thus, the staff made a clinical judgment to allow the "foster mother" to remain with Danny even though she had no clear legal rights. They even suggested that she obtain legal guardianship. Danny's well-being trumped all other considerations in this case. Danny's case is an extreme example of the difficulties of obtaining consent for a child without parents. While technically not a foster child, his plight was identical to any abandoned child with a serious medical problem.

Photo: ©iStockphoto.com/Judy Barranco

Modern children's hospitals have been constructed with an eye toward looking less like a hospital and more like a friendly and inviting environment.

The Problems of the Abandoned Baby

The story below follows the early months of the life of a baby abandoned in the hospital, a nationwide problem plaguing the foster care system.

Brian's Story

Brian was born 1 month premature with low birth weight and a positive toxicology screen for crack/cocaine. He was his mother's seventh child and all his siblings were in foster care or had been adopted from foster care. Soon after his birth, the hospital called the Child Abuse and Neglect hotline and CPS began an investigation. The next day, Brian's mother left the hospital without her son, never to return. Brian was placed in the NICU, where he received special attention for his breathing and feeding problems. He gained weight quickly, and within 2 weeks he was ready for discharge. However, there was no one to discharge him to because CPS had not yet completed its investigation. So, Brian was moved to the infants unit, even though he now had no medical need for hospitalization. Six weeks later, after all that time on "medical hold," CPS went to court and secured a court order placing Brian in foster care. A few days later, he was assigned a foster parent and left the hospital at 2 months old.

During his 2 weeks in the NICU and 6 weeks on the infants unit, no one visited him—not his mother, other family members, and no one from CPS or any child-serving agency. Instead, he saw a different set of caring nurses and residents but they came at varying times. They tried to spend extra time with Brian and even called the child life specialists who tried to see him almost every day. But no single, caring adult spent continuous, consistent time with Brian. He had different nurses for different days and shifts and different residents each week. No one knew his routine, could consistently read his cues, or even report on his complete experience in the hospital. When Brian left the hospital, he had not met the milestones for a 2-month-old or even those a premature child might be expected to exhibit at a 1-month level. He did not follow objects or voices, did not look at his hands, had poor head control, and acted more like a newborn baby.

Brian's story is far too common, with many foster babies spending untold time in the hospital (Rubin et al., 2004). This remains

Photo: ©iStockphoto.com/Dina Magnat

The assaults to the healthy development of young children in foster care are further magnified by removal, visitation, and placement changes.

a national problem—the problem of so-called *boarder babies* abandoned in the hospital without CPS taking immediate custody and assigning a foster parent to pay attention to them. Although there was an initial problem of boarder babies after World War II, the epidemics of HIV and crack/cocaine created this national problem in the 1980s (Dicker, 2009). Hundreds of babies nationwide were spending months in hospitals even though they were medically ready for discharge, simply because they had nowhere to go.

Although the cost of such hospitalizations and drain of hospital resources is apparent, far more critical is the impact on the babies. Babies like Brian need a caregiver who can observe their development, share information on their needs, and advocate on their behalf (Dicker 2009). They also need a parent to provide consistent nurturing and a safe presence that can expedite recovery. Missed milestones are the tip of the iceberg for babies like Brian. As time goes on, those missed milestones are compounded and more developmental challenges occur (Jones Harden, 2008). Whether a child like Brian can make up for his deprivations in early life is unknown, but it would be important to refer him immediately to the early intervention program. In the case of Brian, this never happened even though federal law requires referral of all children with substantiated cases of abuse and neglect who are less than 3 years old (Child Abuse Prevention and Treatment Act, 2003), no one at CPS or at the hospital made the early intervention referral. As a result, precious time was lost that could have been used to address or ameliorate Brian's delays.

Brian's story is the story of a child alone. He lived in the hospital even though he no longer required medical care. His situation is repeated in every city nationwide as children are placed on "social or medical holds" while child welfare searches (or waits to search) for a foster home. During this period, the anxiety of the hospital setting is magnified. Not only is the typical anxiety in a strange environment present, but it is filled with danger because the child does not have any adult who cares about him—not one person who is his constant companion, champion, advisor, and comforter.

The Challenges of Hospitalization for an Abused Child in Foster Care

The following is the tale of a toddler consumed by a life of violence resulting in hospitalization and placement in foster care.

Sara's Story

Sara, a 2-year-old girl, lived with her mother and her mother's boyfriend, who was not her father. The house was a "powder keg" of violence—often the mother and her boyfriend had fights that required police intervention. During one fight, her mother drew a razor blade; the boyfriend was cut and so was Sara. The child's face was slashed in half.

The neighbors called the police. The police called emergency medical services. Sara was brought to the emergency room, actively bleeding. The police arrested the mother and her boyfriend and accused them of cutting Sara during a domestic squabble. Both the mother and her boyfriend were placed in jail. The police also called CPS, who came to the hospital to investigate. They found that Sara had been physically abused. After Sara's facial laceration was sutured, she was admitted to the hospital for observation. While an inpatient, a family court hearing occurred, at which Sara was placed in emergency foster care.

During her hospitalization, Sara's surgical team recommended plastic surgery to remove the deep scar left on her face. Because Sara was in foster care and her mother's rights had not been terminated, state policy permitted both her mother and CPS to consent to surgery. When contacted in jail, her mother refused permission, yelling that "I never touched the baby and so the baby doesn't need surgery." The mother's criminal counsel supported this position. CPS policy defers to the parent's wishes on what it deems to be "elective procedures" such as plastic surgery. Thus, CPS refused to authorize the surgery. Only when the pediatric resident assigned to Sara contacted Sara's lawyer (all children in foster care nationwide have counsel) was a court order obtained for emergency plastic surgery. Through the court's intervention, Sara had the plastic surgery on her face. Sara remains in foster care.

Sara's story demonstrates the twists and turns of a child's experience in foster care while in the hospital. Like many other children subjected to physical abuse, Sara was hospitalized because of that abuse. She remains in foster care today because of that abuse.

Sara was seriously injured by her mother yet, ironically, as she would in some other states, her mother still retained the authority to make medical decisions concerning Sara's life (Dicker, 2009). This underscores the legal reality that parents have broad, often unbridled authority to make medical decisions concerning their minor children. Only in some states will parents who abuse their children lose the right to make medical decisions. In others, only in cases of severe life-threatening medical neglect will parents' rights be overruled (AAP, 1997). Indeed, in a famous United States Supreme Court case (Parham v. J.R., 1979), the court held that a parent who had institutionalized a child and placed that child in foster care for years could still consent to psychiatric hospitalization of that child without court approval. The Supreme Court in that case emphasized the strong public policy affirming the near-absolute authority of parents to make medical decisions for their children.

Yet, had Sara not had an advocate—her resident and later her attorney—she never would have undergone the needed plastic surgery. While one could quibble about whether her surgery was really elective, she would have been scarred for life by her mother's physical abuse. But, Sara was lucky: Many children in foster care are truly alone, having no one to play the role that parents traditionally play—making observations about their health; adhering to medical recommendations; and, most important, advocating for their child's needs. Sara's foster parent was not even assigned to her while in the hospital. All she had was the medical staff and the luck of having a resident who clearly saw her role as an advocate for her patient. She was further fortunate that her resident was exposed to the key legal knowledge that every child in foster care has a both court order placing them in care and an attorney assigned by the court, and that the court provides oversight of every case including matters pertaining to the child's health. Only this knowledge saved Sara's face.

The Challenges of Hospitalization Caused by Medical Neglect

The following are two stories that illustrate the dilemmas for children when hospitalization is caused by medical neglect by a parent.

Lara's story

Lara is a 9-month-old girl. She was born premature with low birth weight and remained in the hospital for several weeks to gain weight and for an insertion of a feeding tube. She requires three separate medications for management of her medical conditions. Her mother is a teenager who lives with her mother (Lara's grandmother). After discharge from the hospital, either the mother or the grandmother would bring Lara to the clinic on a fairly regular basis both for check-ups and problems with the feeding tube. Although the clinic staff was concerned about Lara's condition, her mother and grandmother were always cooperative.

When Lara was 6 months old, the mother informed her pediatrician that Lara would be going with her family to the Dominican Republic. The clinic staff was alarmed because of Lara's precarious health and requested that Lara return to the clinic once more before leaving for her trip. After fully discussing the issue, the pediatric team determined that they had no strong basis to prevent the trip but they remained concerned. They proceeded to give the mother an extra feeding tube and additional prescriptions, and they reiterated the ways to keep the tube clean and well-functioning.

One month after leaving the country, Lara and her family returned. Immediately upon their return, Lara was brought to the emergency room in cardiac arrest. Her feeding tube had been removed and she had not been given her medication in weeks. The pediatrician called the Child Abuse and Neglect hotline, and CPS's investigation found the medical neglect allegations to be substantiated. Lara was later placed in foster care by the family court order finding her in imminent risk of harm, and she now lives with a foster parent, whose abilities to care for Lara are less than ideal. Lara recently became sick and was brought back to the hospital. According to her foster mother, she has had a fever for the last few days, although her growth seems on target. Her mother and foster mother have both demanded to room-in with Lara during her hospital stay.

Anna's story

Anna is a 2-year-old girl with Type 1 diabetes mellitus. She was recently brought to the Emergency Room in "insulin shock." She was diagnosed with diabetes 1 year ago. During the past year, Anna's mother has brought her to the clinic for scheduled biweekly appointments, but her mother does not seem to understand how to take care of her diabetes. Hospital staff believe that the mother has a developmental disability. The mother does not understand basic care for Anna, including that Anna's blood sugar should be tested before meals, how to read and program the meter, how to adjust her food, or how to consistently give her insulin injections. Clinic staff have tried on many occasions to teach the mother how to care for Anna but report little understanding on her part.

After this fourth emergency hospitalization, the pediatrician called the Child Abuse and Neglect hotline to report medical neglect of Anna. CPS conducted an investigation and made a substantiated finding of medical neglect. CPS petitioned the court and a court hearing was held approving the removal of Anna and her placement in foster care. Anna remains in the hospital on a "medical hold," as a foster parent has not been designated.

This was Anna's fourth hospitalization in a year. During each, Anna's mother has stayed with her day and night. The mother and daughter are very attached to each other, and Anna's two older brothers, both school-aged, appear to be healthy. At times during the hospital stays, Anna's mother has brought sugary treats and fast food but has complied when hospital staff has removed these items.

Photo: ©iStockphoto.com/Rich Legg

Only a court can place a child in foster care, and only a court can remove a parent's right to make medical decisions.

These two cases raise similar issues—at what point is medical neglect indicated and a call to CPS required? Should parents who have committed medical neglect be permitted to visit regularly and remain overnight in the room with their child? What should be the final outcome for children who have been subject to medical neglect?

Although these girls are suffering from different maladies—feeding problems and diabetes—they share many commonalities. Both live in loving families that care about their well-being; both have strong attachments to their families. These attachments are imperative for young children and should be guarded (National Research Council & Institute of Medicine, 2000). That is precisely what the medical team did in trying to keep the families together.

Both girls also have mothers with limitations. Both were brought often for clinic appointments. Both had parents who did not understand all the medical information about their health and had difficulties adhering to medical regimens. Both had medical providers who respected their mother's wishes—even not vetoing a trip abroad—and continued trying to keep the child healthy and the family intact. Only in a medical emergency—the displacement of the feeding tube coupled with cardiac arrest or insulin shock—did the hospital staff call the child abuse hotline and report medical neglect. In both cases, medical personnel tried to prevent calling the hotline, although they are charged as mandatory reporters by state and federal law and required to call the hotline concerning any suspected instances of abuse or neglect (Child Abuse Prevention and Treatment Act, 1974). Was it medical neglect to allow a sick child like Lara to go abroad when questions remained about her parent's competence to follow her health regimen as well as the precarious nature of her well-being? But, absent a clear showing of medical neglect, her pediatricians appear to be on firm grounds in not

calling the hotline when Lara went abroad. However, the episode of cardiac arrest made the call to the hotline mandatory.

Anna's case is more difficult. She had four hospitalizations because of her mother's failure to control her diabetes. At what point was a call to the hotline indicated? The hospital staff were persuaded by Anna's strong attachment to her mother that foster care would be harmful to Anna. Yet, at the fourth hospitalization, they felt they had no choice—they had to call the hotline or suffer personal ramifications such as loss of license. Obviously, they could have called the hotline earlier and Anna could have been placed in foster care. But, would her health would have improved? It is important to note that the AAP recommends that hospitalization allows for fuller and in-depth observations and diagnostic evaluation of abused or neglected children (AAP, 1998). Would that have made a difference for Anna or Lara?

The issue of parental visitation and rooming with a child in foster care is fraught with dilemmas. First, the issue of visitation is one for the courts, which traditionally delineate in the court order the days and hours of visitation. These court orders need to be followed whether the child is in the hospital or in a foster home. Changing these orders are not the purview of either parents or physicians. Only the court can make such changes. Thus, since Lara was already in foster care, her visitation order of the days and times of visits with her mother needed to be followed unless the court changed the original order (ABA Center on Children and the Law & ZERO TO THREE Policy Center, 2007). Yet, for Lara, the hospital became a scary place without her biological mother and grandmother or her foster parent staying with her; one of these women should have been made available to soothe her, watch over her, and advocate on her behalf. For Anna, the issue is different, because she does not yet have a court order for visitation. Under those circumstances, clinical judgment, as in any case of a child without a court order placing her in foster care, would govern. Thus, her clinical staff could decide whether or not to allow her mother to be with her day and night until a court order changes that clinical recommendation.

For Lara, her foster mother, who is charged with her day-to-day care, can visit and sleep over in the hospital unless contrary to clinical judgment. Although the research is strong that parents rooming-in with a sick child advances the child's health, neither the biological or foster parent has any enforceable legal right to either sleeping in the room with the child or visiting at all hours (Taylor & O'Connor, 1989) Yet, while the issue is often posed as a legal one, its key component is the emotional needs of the child. Both Lara and Anna would be very lonely—truly babies alone—if they cannot see their biological or foster parents while in the hospital. This would be very frightening to these young girls and could impact their recovery.

Finally, what should the outcome—short- and long-term—be for these babies? The foster parent chosen for Lara did not have the necessary training and knowledge to guard her health. Anna's foster parent had not yet even been chosen. Indeed, if the foster parent is not more competent than the biological parent in keeping the baby healthy, is return home a good option for Anna or Lara? Surely, a less restrictive option could be found for both girls—preserving their relationship with their mothers but ensuring that their health and development was also preserved. One wonders if a preventive service option could be tried—such as a visiting nurse going to the home a few days a week to check on diabetes management or to oversee a feeding program and care of the feeding tube. Instead, these girls seem destined to move in and out of foster care without their medical conditions necessarily improving.

Conclusion

Knowing the legal status of a child entering the hospital is critical. If the child is in foster care, a red flag should go up for all staff, emphasizing the child's need for extra attention and care because of the high prevalence of serious medical conditions and developmental delays among foster children.

All legal documents should be secured. It is imperative to know if a parent's rights have been terminated, a situation in which the parent would no longer have the authority to consent to treatment. It is vital that a child's court orders be contained in hospital and clinic files, so that all staff are aware of the child's legal status, the reasons the child was placed in foster care, the terms of the visitation order so that children are not placed in harmful conditions, and the name of the worker in charge of the child's case. The latter should be updated regularly and the caseworker urged to visit along with the foster parent, if any. No child should be in Brian's position—a child with neither a biological or foster parent—and hospital staff should urge CPS to secure necessary court orders and assign a foster parent so that the child will have someone to provide monitoring and support during the hospitalization. Ensuring that no baby is alone in the hospital is a vital issue worthy of attention of all those concerned with the healthy development of infants and toddlers.

Sheryl Dicker, *JD, has worked for almost four decades as an attorney on behalf of children challenged by poverty, disability, and foster care. She was a 2003 ZERO TO THREE midcareer fellow, a legal services attorney and program director, and a state official. She served as general counsel for the Arkansas Department of Human Services under then-governor Bill Clinton and was appointed by President Clinton to the President's Committee on Mental Retardation.*

For 16 years, Ms. Dicker served as executive director of the New York Permanent Judicial Commission on Justice for Children where she spearheaded New York's implementation of the federal court improvement project, developed the Babies Can't Wait project, the Healthy Development Initiative, and the Education Project. Since 2008, she has been an assistant professor of pediatrics and social and family medicine at Albert Einstein College of Medicine. She has written dozens of articles and two books including her most recent book, Reversing the Odds: Improving Outcomes for Babies in the Child Welfare System *(Brookes, 2009).*

Acknowledgment

The author is grateful for the assistance of Robert Marion, Cynthia Rivera, and Norman H. Stein.

References

American Academy of Pediatrics (AAP) Committee on Bioethics. (1997). Religious objections to medical care. *Pediatrics, 99,* 279-281.

American Academy of Pediatrics (AAP) Committee on Early Childhood, Adoption, and Dependent Care. (2002). Health care of young children in foster care. *Pediatrics, 109,* 536–541.

American Academy of Pediatrics (AAP) Committee on Hospital Care and Committee on Child Abuse and Neglect. (1998). Medical necessity for the hospitalization of the abused and neglected child. *Pediatrics, 101,* 715–716.

American Academy of Pediatrics (AAP) Committee on Hospital Care and Committee on Child Abuse and Neglect. (2003). Family-centered care and the pediatrician's role. *Pediatrics, 112,* 691–696.

ABA Center on Children and the Law, & ZERO TO THREE Policy Center. (2007). *Visitation with infants and toddlers in foster care: What judges*

and attorneys need to know. Retrieved from www.kidscounsel.org/birth%20to%20three%20and%20visitation%20aba%20child%20law%20center%20doc.pdf

Child Abuse Prevention and Treatment Act (CAPTA). P.L.93-247 (1974).

Child Life Council and American Academy of Pediatrics (AAP) Committee on Hospital Care. (2006). Child life services. *Pediatrics, 118,* 1757–1763.

Dicker, S. (2009). *Reversing the odds: Improving outcomes for babies in the child welfare system.* Baltimore: Brookes.

Dicker, S., & Gordon, E. (2004). Building bridges for babies in foster care: The babies can't wait initiative. *Juvenile & Family Court Journal, 55*(2), 29–41.

Jones Harden, B. (2008). *Infants in the child welfare system: A developmental framework for policy and practice.* Washington, DC: ZERO TO THREE.

National Research Council & Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development.* J. P. Shonkoff & D. A. Phillips, (Eds), Board on Children, Youth, and Families; Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

Parham v. J.R., 442 U.S. 584, 99 S. Ct. 2493 (1979).

Rubin, D., Alessandrini, E. A., Feudtner, C., Localio, A. R., & Hadley, T. (2004). Placement changes and emergency department visits in the first year of foster care. *Pediatrics, 114,* e354–3360.

Taylor, M. R., & O'Connor, P. (1989). Resident parents and shorter hospital stay. *Archives of Disease in Childhood, 64*(2), 274–276.

Yu, H., Wier, L., & Elixhauser, A. (2009). *Hospital stays for children.* HCUP Statistical Brief #118. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from www.hcup-us.ahrq.gov/reports/statbriefs/sb118pdf.

Wulczyn, F., & Hislop, K. (2002). Babies in foster care: The numbers call for attention. *Zero to Three, 22*(4), 14–15.

U.S. Department of Health and Human Services. Administration for Children and Families. (2010). *Child maltreatment 2010.*

Zempsky, W. T., Cravero, J. P., Committee on Pediatric Emergency Medicine, & Section on Anesthesiology and Pain Medicine. (2004). Relief of pain and anxiety in pediatric patients in emergency medical systems. *Pediatrics, 114,* 1348–1356.

Parenting From Prison

Staying Connected While Apart

ANGELA TOMLIN
Indiana University School of Medicine
Riley Child Development Center LEND Program

NAOMI PICKHOLTZ
University of Indianapolis

ALLISON GREEN
PATRICIA RUMBLE
Indiana Department of Corrections
Indiana Women's Prison
Wee Ones Nursery Program

Being a parent in prison is not an easy task. I was so used to caring for my children and was really enmeshed in their life at the time of my imprisonment. It was hard for me to adjust. Not seeing them was the hardest, and hanging up the phone listening to them cry, knowing I could do nothing! I felt powerless. I had absolutely no control over what was happening on the outside, although sometimes I would try to reassure myself I did. I did not call home much because it hurt too much (Angel Schiering, personal communication, January 20, 2012).[1]

The United States incarcerates more people than any other country in the world, with more than 1.6 million adults currently in state and federal prisons (Guerino, Harrison, & Sabol, 2011).More than half of incarcerated individuals in state and federal prisons are parents of a child less than 18 years old; 25% of the affected children are reported to be less than 4 years old. More than 1.7 million children, or more than 2% of the nation's child population, have at least one parent imprisoned. This translates to 1 in every 43 American children having a parent in prison (Glaze & Maruschak, 2008).

Although there are 10 times as many men in prison as women, the number of women who are incarcerated has increased steeply over the past 20 years, and the number of those who have children has ballooned—up 131% between 1991 and 2007 (Glaze & Maruschak, 2008). Incarcerated mothers are more likely than incarcerated fathers to have been living with their children and filling the role of primary caregiver prior to their arrest; therefore, most attention is focused on the experience and needs of mothers in prison (Glaze & Maruschak). This is not to say that the effects of fathering from prison are minimal: More than half of incarcerated fathers in state and federal prison reported performing at least some care for the child before their imprisonment. For some families, both parents are affected; two thirds of children whose mothers are incarcerated also have a father who is incarcerated (Phillips, Erkanli, Keeler, Costello, & Angold, 2006).

[1] Angel Schiering spent time in a prison nursery in Ohio and now works as a co-lead family contact for United Families, a chapter of Federation of Families. United Families staff have personal experience and now help other individuals with some of the same things they struggled through and have overcome with activities that include awareness-raising events to reduce stigma, community outreach, parent support/education groups, peer support/advocacy, and trainings.

Parents and Children Apart

Separation from one's child is a significant stressor associated with incarceration; in one study the majority mothers who were in prison considered loss of contact with their child to be the most traumatic part of imprisonment (Greene, Haney, & Hurtado, 2000). Whether awaiting sentencing or already serving time, mothers display a strong preoccupation with motherhood and concern for their lack of ability to directly

Abstract

The United States has more people in prison than any other country, and more than half of those incarcerated are parents. This article reviews the challenges to parenting while in prison and considers the contributions of parental attachment experiences and difficult life trajectories to parent–child relationships. The authors provide examples of prison-based parenting programs, including a description of the Wee Ones nursery program at Indiana Women's Prison, and provide recommendations for clinical practice.

care for their children when incarcerated (Celinska & Siegal, 2010). Among the coping methods reported by these mothers was identifying themselves as "good mothers" and seeking to distance themselves as different from other inmates. Mothers who are incarcerated typically maintain a relationship with their children, continue to have a supervision role, retain some parenting functions, and will be reunified upon release (Annie E. Casey Foundation, 2011; Celinska & Siegal).

An important factor in imprisoned adults' success in parenting from afar is their ability to form and maintain relationships. Incarcerated adults are at high risk for insecure attachment relationships (Makariev & Shaver, 2010) because of childhood experiences, including abuse, poor parenting, and loss of parents (Murray & Murray, 2010). Tellingly, pregnant incarcerated women were likely to recall their own primary caregivers as cold, rejecting, intrusive, and overcontrolling (Hutchinson, Moore, Propper, & Mariaskin, 2008). Furthermore, the experience of arrest and incarceration adds stress to the parents' already fragile feelings and responses to relationships. For example, in the United States, incarcerated mothers are typically separated from their children at the time of arrest and remain apart for the duration of the mother's sentence (J. R. Carlson, 2001). The separation may occur abruptly and under circumstances that frighten everyone involved (Annie E. Casey Foundation, 2011). The amount of time these children and parents will be apart is not trivial—in a recent survey the average time to be served was just over 2 years (Guerino et al., 2011), a long time for anyone, but especially for parents with a very young child. Women who deliver a baby while incarcerated will frequently see their newborn removed from hours to days after delivery and be sent to live with kin or foster care; this practice is in contrast to Western European, South American, and African countries where babies are often able to stay with mothers, sometimes as long as 6 years (J. R. Carlson, 2009). For many families, multiple experiences of separation are likely: 45% of parents in prison reported being under supervision such as probation or parole at the time of the present arrest and 75% had prior arrest histories (Glaze & Maruschak, 2008). These results suggest that parents and children may be likely to endure repeated experiences of no contact or inconsistent contact as a result of incarceration.

Photo: ©iStockphoto.com/Janice Richard

An important factor in imprisoned adults' success in parenting from afar is their ability to form and maintain relationships.

Maintaining Contact

Maintaining even limited or sporadic contact with one's child while incarcerated can be problematic, as opportunities for parents and children to visit in prison are typically quite limited; 58% of mothers in prison reported they were unable to see their child at all (Glaze & Maruschak, 2008). Frequency of contact tends to decline over time, so that those with shorter sentences have a better chance of maintaining contact. This is unfortunate as visitation can benefit both child and parent. The large gender disparity of the prison population dictates that there are far fewer women's prisons than men's prisons. As a result, women are frequently incarcerated far from home, with many hours of travel time by car commonly required for family members who want to visit them. Transporting children for visits can be challenging because of distance and associated expenses, especially when overnight accommodations are needed. Some prison facilities have grant and private funding to help with transportation and other expenses, most often through arrangements with faith-based entities (Hoffman, Byrd, & Kightlinger, 2010).

The relationship that the incarcerated parent has with her child's caregiver is a key to maintaining contact and communication (Celinska & Siegal, 2010). When a mother is incarcerated, the most common substitute caregivers are the grandmother (50%), child's father (20%), and foster care providers (10–15%; Mumola, 2000). When fathers are the caregivers during a mother's incarceration, rates of visitation are very low. In contrast, when a father is incarcerated, the mother is usually the caregiver, and rates of visitation are high. Given the high risk of insecure attachments in incarcerated individuals, it seems likely that close relationships would be affected and include difficult interactions that may affect the caregiver's motivation and willingness to support communication and visitation. For example, it is not uncommon for caregivers to hold feelings of anger, betrayal, and abandonment toward the incarcerated parent (Harris, Harris, Graham, & Oliver Carpenter, 2010), leading to challenges in working together on behalf of the child.

In addition to relationship or logistical barriers, reluctance to bring the child into the prison setting may stem from shame about the incarceration from either the prisoner or the caregiver, from an attitude that a prisoner does not "deserve" to have visits, or from a concern about the child's response (Toth & Kazura, 2010). Outside of some specific instances in which the visit may not be beneficial to the child (i.e., child can see but not touch a parent, there is danger to the child, or the parent is not able to display appropriate behavior), most experts believe that regular and frequent visits should occur as long as the interactions are positive (Toth & Kazura). Like their parents, children of the incarcerated are also at risk for insecure or disorganized attachment (Poehlmann, 2005, 2010). As a result of both partners' responses related to insecure attachment, visits may be difficult and unsatisfying.

Even when preapproved, financially feasible, and appropriate, visits require substantial planning and preparation. For example, all visitors, including infants, must have proper identification and submit to search (Annie E. Casey Foundation, 2011). Prison settings are often not child-friendly; visitation rooms may have few, if any, toys and books, and there are limits on what

PHOTO: ©ISTOCKPHOTO.COM/AMYGDALA_IMAGERY

Transporting children for visits can be challenging because of distance and associated expenses, especially when overnight accommodations are needed.

can be brought in (Toth & Kazura, 2010). It can sometimes take several months before visits can be approved and implemented. Young children, who are changing rapidly, may seem very different to their parents. As one mother said, "I had to learn who they were all over again" (A. Schiering, personal communication, January 20, 2012). Despite the hurdles, more than 75% of parents report some kind of contact with their children, such as letters and phone calls, with in-person visits less likely (Glaze & Maruschak, 2008).

Other Common Risks to Parenting From Prison

Beyond concerns associated with incarcerated individuals' attachment status, their ability to perform parenting functions may be affected by histories that include risks such as limited education, trauma exposure, mental illness, and addictions. In a recent survey of more than 2,000 incarcerated parents in Arizona, a lifetime average of more than 6 traumatic events was reported (B. E. Carlson & Schafer, 2010). Mothers in the study reported high rates of physical and sexual abuse, along with violence by an intimate partner and sexual victimization as adults; more than half of the mothers in the sample experienced the loss of a close person, and 16% experienced the death of a child. More than half of the fathers reported losing someone close, witnessing a death, being victimized, and being homeless. In the same sample, these trauma histories were associated with alcohol and drug problems (B. E. Carlson, Schafer, & Duffee, 2010). Mothers in the sample were more likely than fathers to have been convicted of a drug offense, to have been using drugs immediately prior to the arrest, and to attribute the arrest to these behaviors. Furthermore, children with a mother in prison are more likely than those with a father in prison to have been directly exposed to parent's criminal activity, arrest itself, and sentencing (Dallaire & Wilson, 2010).

Treatment for trauma, addiction, and mental illness can be limited in prison settings. Less than half of those with addiction reported receiving treatment while in prison (Glaze & Maruschak, 2008). Similarly, less than 30% access mental health treatment during incarceration (Glaze & Maruschak). Because of the associations between these issues and parenting behaviors, access to such services has been recognized as important especially for women seeking to maintain or re-establish relationships with children. One report concluded that although services targeting women's special needs because of traumatic exposure and substance abuse are increasingly common, such programs are still the "exception rather than the rule" (Green, Miranda, Daroowalla, & Siddique, 2005, p. 135).

Once the parent is released, families continue to encounter challenges, commonly, difficulties with re-entry to the workforce and family roles. For example, individuals with a history of imprisonment have difficulty obtaining and maintaining employment, leading to economic disadvantage and increasing the chances that the child will have frequent disruptions in care (Phillips et al., 2006). Reintegration into the family and return to full performance of the parent role can also be a challenge. It is not unusual for conflicts with substitute caregivers to ensue upon the mother's release (Harm & Phillips, 2001). Again, the quality of the mother's relationship with the child's caregiver is key, and better relationships are likely to reduce chances for disruptions following reunification (Bretherton, 2010). Overall, the majority of mothers reported ongoing needs for postrelease services including supports for mental health and addiction issues, housing, employment, child care, and parenting skills (Byrne, 2010; B. E. Carlson & Shafer, 2010). In many cases, mothers must have these resources in place in order to regain custody of their children. Without this postrelease support, recidivism is likely, regardless of what interventions were received while incarcerated (B. E. Carlson & Shafer).

Supporting Parenting in Prison

Numerous efforts intended to increase the parenting skills of prisoners or to enhance the parent–child relationship are underway. These projects range from a handful of well-designed studies to nationally replicated programs adapted for a prison population to informal in-house curricula (Loper & Novero, 2010). Some involve parents or children separately and a few involve parents and children together. Parenting programs available to incarcerated parents are typically short term and classroom based. These programs cover child development and parenting skills but rarely provide parents with opportunities to practice these skills directly with their children (Eddy, Mark, Martinez, Schiffman, Newton, Olin, et al., 2008). Targeted outcomes consistent across studies include changing the parents' knowledge and attitudes about children, child rearing, or the parent role; improving parent mental well-being or reducing stress; increasing behaviors related to contact and communication with children; and reducing negative or harmful behavior (Loper & Novero). In many cases participation in a parenting program is a prerequisite to participating in a child visitation program (Toth & Kazura, 2010).

The prevalence of parenting programs in U.S. prisons was assessed through a survey of the administrators of nearly 1,000 facilities, of which more than one third responded (Hoffman et al., 2010). Most responding programs offered a parenting class that did not involve the child directly, with more efforts identified in women's compared to men's prison settings. Much smaller numbers of facilities offered parents an experience that involved their child, again with women's facilities more likely to provide a parent–child training compared to men's programs. Parent–child programs were most often provided inside the facility rather than outside. In addition to parenting programs, more than half of women's facilities offer

mothers a chance to record herself reading a book for their child, compared to 16% of men's facilities. Some prisons provide a family-center or enhanced visitation model (Hoffman et al.). In this approach, there is a designated family visitation space or play area and parent–child activities are planned. At times, the visitation schedule is extended or made more flexible. For example, visits could include some kind of overnight accommodation or even a week-long day camp model. Despite the apparent high level of availability of parenting programs, only 12% of parents in state and 26% of parents in federal prison reported that they participated in some kind of a parenting program during their incarceration (Glaze & Marushack, 2008).

Intervention Programs Focused on Attachment

Notwithstanding concerns about the attachment status of incarcerated parents and their children, there are no attachment-specific intervention studies for children living apart from a parent in prison (Poehlmann, 2010) and very few studies directly assessing interventions designed to enhance attachment during incarceration. In one exception, Cassidy and colleagues (2010) reported on the effects of interventions including wrap-around services, treatment for trauma, and the Circle of Security Perinatal Protocol with 20 mother–baby dyads as part of a jail diversion program. The Protocol is a small group program focused on helping participants to understand, recognize, and appropriately respond to their infants' needs as well as to regulate their own emotions (Cassidy et al.). Babies in this study had insecure and disorganized attachment at the same levels as low risk samples; similarly, maternal sensitivity was in a range typical of a community sample. In another small pilot study of mothers serving sentences in a Mother–Baby Unit in the UK researchers reported that mothers had increased reflective functioning after participating in groups that emphasized attachment principles (Baradon, Fonagy, Bland, Lenard & Sleed, 2008). These studies provide limited but extremely encouraging support for interventions that address the attachment status of babies through intensive relationship-based services provided to mothers.

Prison Nursery Programs

One method to keep incarcerated mothers and babies together is prison nursery programs, currently found in 9 states and able to serve small numbers of dyads at a time (Women's Prison Association Institute on Women and Criminal Justice, 2009). Prison nursery programs operate with the assumption that babies and mothers will be more likely to establish a positive attachment when given the opportunity to be together; however, little direct assessment of child outcomes has been collected. Byrne (2010) reported historical data to support this notion—for example, Rene Spitz's study of institutionalized infants babies living in a New York prison nursery which showed that infants who received social interaction and attention from prisoners had better outcomes than those in institutions who had only their physical needs addressed.

Important current support for the effectiveness of prison nurseries on child attachment and development comes from Byrne's (Byrne, Goshin, & Joestl, 2010) longitudinal study of mothers and babies residing in the two prison programs in New York, home to the oldest prison nurseries in the nation. In this project, 58 mothers and 60 infants were followed across a 2-year period. Participants were assigned to two intervention groups; one focused on health and one focused on the mother–baby relationship. Extensive measures were collected with both mothers and babies, including such gold standard tools as the Adult Attachment Interview and the Strange Situation Paradigm (Byrne et al., 2010). As might be expected, about two thirds of mothers had an insecure attachment status entering the program. However, babies who stayed in the program for 12 months were significantly more likely to have secure attachment status (75%) even when their mothers had an insecure status. Most babies demonstrated developmental skills within the average range; no babies in the relationship group had delays at follow up.

In addition to presumed better outcomes for children, participation in a nursery has been thought to lead to better outcomes for mothers, such as lowering recidivism rates and reducing misconduct while incarcerated. In published studies and in a recent phone survey of U.S. prison nurseries, lower recidivism rates were reported for mothers who participated in nurseries compared to the general population (J. R. Carlson, 2009). For example, in the New York study, at 1-year follow-up, there were no new court convictions and only 10 parole violations reported (Byrne, 2010). Furthermore, mothers reported increased maternal sensitivity, responsiveness, contingency, child care knowledge, and feelings of parental competence at the end of the program (Byrne, 2010).

Despite these encouraging results, it has proven difficult to obtain long-term follow-up information about mothers and babies who participated in prison nursery programs. Mothers in Nebraska's nursery, in operation for more than 10 years, reported increased feelings of bonding with their baby as a result of participating in the nursery program and also endorsed a positive opinion of the associated parenting class (J. R. Carlson, 2001, 2009). However, the researchers noted that it was difficult to determine how many of the mothers retained custody of their children at follow up (J. R. Carlson, 2009). Although there is limited formal evaluation data, personal testimonies are promising. For example, one mother who participated in the Ohio nursery noted:

Photo: ©iStockphoto.com/Marc Vander Maas

Despite the hurdles, more than 75% of parents report some kind of contact with their children, such as letters and phone calls.

My experience in the Baby Program was wonderful. Christian was my fourth child and I would have been devastated if we would not have been accepted into the program. He is now 5. Although, we only spent 6 weeks there before we were released, those 6 weeks were crucial. I learned who he was and developed a special bond with him. We still have that special bond today (A. Schiering, personal communication, January 20, 2012).

The Indiana Women's Prison Nursery Program

Indiana Women's Prison (IWP) is the oldest women's prison in the United States. The facility has a capacity of 631 women and is very close to that number on a daily basis. The prison itself houses women at all security levels, including minimum, medium, and maximum. Women have come to the IWP in order to serve sentences from as little as a few weeks to as long as life without parole.

Photo: ©iStockphoto.com/Bob Ingelhart

Treatment for trauma, addiction, and mental illness can be limited in prison settings.

Women housed at IWP may access a variety of programs and educational opportunities, including a general education diploma (GED) and vocational programs offered through a local community college, such as horticulture, business technology and culinary art. In addition to the regularly occurring formal programs and opportunities, short-term activities are offered through relationships with local organizations. For example, some women recently participated in weekly mother–baby yoga sessions offered by a post-doctoral psychology fellow from a local university [See box Reflections on a Time-Limited Mother–Baby Yoga Program at the Wee Ones Nursery on page 23]. IWP's Family Preservation program is an enhanced visitation program that allows women in the facility that have taken a parenting class the opportunity to spend time with their children or grandchildren in a separate visiting area with a "homey" environment where games, movies, and snacks are available.

Learn More

Women's Prison Association
www.wpaonline.org/

When a Parent is Incarcerated: A Primer for Social Workers
www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={5F4FB9E9-8CD1-41EA-89B2-E3985D08F4FF

National Resource Center on Children and Families of the Incarcerated
http://fcnetwork.org/

Indiana is one of nine states with a prison nursery, which is called the Wee Ones Nursery, or WON Program. The program allows new mothers to live on a special unit with their babies following delivery. While on this unit, the mothers attend sessions on child development and breastfeeding, participate in family therapy group, and receive Healthy Start services. Mothers may also leave the unit to attend GED, vocational, or substance abuse treatment. In order to qualify for the WON program, mothers must be pregnant when entering the department of correction. Their Earliest Possible Release Date may not be more than 18 months beyond the baby's due date. They must not have any violent charges in their record, such as robbery or battery, and must never have had any crime against a child.

The WON Program can serve up to 10 mothers or expectant mothers at a time. There is a counselor (AG) and a prenatal care coordinator (PR) whose offices are on the unit. Custody staff members who work on the unit attend an orientation session that presents basic information about infant mental health. The intention is that the custody staff will have some increased knowledge about the importance of parent–child relationships and how they might have a role in supporting the mother–baby pairs under their supervision. Four to six incarcerated women who meet qualifying criteria similar to that required for mothers serve as full- or part-time nannies for the program. These women live on the unit to assist mothers with their babies, such as when the mother attends class or just needs additional support. When a mother is ready to deliver, she is taken to a local hospital by staff; she and the baby will be brought back to the unit when discharged. The nannies welcome the mother and new infant back to the unit with a crib full of items necessary to care for the baby, such as clothing, diapers, and lotion.

After more than a year of planning, the WON program officially opened in 2008 and has served a total of 102 women. Of these, 92 have left the program and 10 remain on the unit. Fifty-nine mothers have left the unit because of the completion of their sentence, a time cut, or a modification of the sentence. Fourteen others were accepted to the Craine House, a work release program for mothers with small children who are classified as Level One (Minimum Security) offenders. Nine women left the program through no fault of their own, such as the infant not meeting criteria (e.g., premature, other medical problems) or technical issues with sentencing. Five were transferred out for problem behaviors, 2 were removed for mental health issues, 1 requested removal, and 2 others were removed for a combination of concerns.

Of the 85 mothers released from the program to the community, 8 reoffended on new charges and 1 served a commitment from a previous charge (but was not re-arrested.) Fourteen mothers went from the WON to Craine House; of these 4 successfully completed their sentences, 1 was returned when she miscarried, and 1 remains in Craine House. Eight women were returned to IWP, 1 by her own request and the others through Craine House decisions.

Sessions with an infant mental health specialist (AT) have been provided to both mothers and nannies throughout the existence of the program. Funding has varied, so at times sessions have been weekly and at other times occurred twice per month. At the present time the sessions are offered for 1 hour per week each with mothers and nannies. Topics covered in sessions for mothers include becoming a mother and the mother's role, mother–baby attachment, effects of trauma on children, child development, temperament, discipline, choosing child care, and getting ready to go home. Like most other prison parenting programs, the training is developed by the instructor using many resources. Sources from which IWP training is drawn include parenting programs such as *Pathways to Competence* (Landy, 2009), many ZERO TO THREE Web site materials, and activities from *Promoting Maternal Mental Health During Pregnancy* (Solchany, 2001).

Babies typically are present during the sessions with mothers; having the babies present provides many opportunities for on-the-spot observation of skills being discussed as well as in-the-moment therapeutic actions, such as "speaking for the baby" or saying what the baby might wish to say if he could talk in order to draw the mother's attention to the child's needs and experience. Mothers learn about how babies develop across all areas and receive support and encouragement to notice their babies' skills and communications and to consider their babies' experience.

The original plan for the program included introductory training for nannies with an expectation that they would also attend sessions with mothers. Because of the sometimes rapid turnover of mothers, material is repeated often. This led to concern that sessions had limited utility for nannies. It was also apparent that the nanny role carried with it some challenges. Offering nannies a separate time to talk about their role, and to learn some additional skills specific to relationship building, ways to support mothers and their babies, and help when working with women with difficult histories seemed necessary. Consistent with the interest in supporting nannies to function

Reflections on a Time-Limited Mother-Baby Yoga Program at the Wee Ones Nursery

Naomi Pickholtz, *University of Indianapolis*

As a post-doctoral psychology fellow, I offered a short-term yoga group to the mothers and babies in the Wee Ones Nursery. My goals for the group were multilayered. I wanted to provide the mothers with tools for calming their minds and bodies and improving their overall mood, all difficult tasks for the average person, let alone someone who is in prison. I also wanted to provide a safe space in which the mothers could bond with their infants. I included yoga poses intended for a mother–infant dyad, with the hope that they would facilitate this goal. Lastly, through the use of mindfulness techniques and psycho-education, I hoped to increase the mothers' capacity for reflective functioning, specifically as it related to their caring for their infants. Previous studies have found a relationship between reflective functioning and parenting behavior of mothers (Fonagy & Target, 1997; Fonagy, Gergely, Jurist, & Target, 2002).

One potential challenge emerged when the majority of group members attended the group without their infants. Though this initially struck me as counterproductive to the group goals, it may have actually enhanced the experience of the group for these women. In some instances the absence was unavoidable because of the infant's schedule; however, more often than not, the mothers seemed to prefer to attend the group on their own. When I brought this up with several of the women I came to understand that the group provided them with some respite from the constant demands of their infants. They appreciated the opportunity to focus on themselves without the distraction of a screaming, hungry, or tired infant. Furthermore, this phenomenon provided me with a clue as to how deprived these mothers had been of healthy experiences of self-care. Many were prior drug users, had many children being raised by relatives or the foster care system after failing to provide adequate care themselves, or had long histories of negative experiences within intimate or familial relationships or both. The opportunity to focus on the health of their bodies and minds for an hour on a weekly basis was something many of them had never experienced before in their lives. I realized that before these women could begin to reflect on their infants' experience, they needed to learn how to reflect on their own. Individuals who have a history of substance abuse have stopped paying attention to the needs of their bodies and minds and instead have self-medicated with drugs in response to negative thoughts or feelings. Women with drug use problems have been shown to have greater difficulty with reflective functioning (Suchman, DeCoste, Leigh, & Borelli, 2010). As the authors explained:

> *For mothers who have used drugs to modulate emotional states, the task of self-mentalization (which involves ascribing meaning to underlying emotional states that might otherwise be dysregulating) may be especially important for interacting with children. In other words, for women who are in the early stages of recovery from addiction, the capacity to mentalize about negative personal affect and its impact on their children may have a stronger influence on their parenting than the capacity to mentalize about their children's affect and its impact on themselves" (p. 580).*

Many of the women in the group demonstrated a lack of reflective functioning capacity which was often apparent in their interactions with their infants, both during and outside of the group sessions . For example, on one occasion I observed a mother interact with her infant, who was particularly cranky and difficult to soothe. She looked obviously frustrated and annoyed at her infant's incessant crying but instead of trying to understand what might be underlying his behavior, she responded with a criticism: "You are being bad today. You are always bad when I am the most tired and stressed!" This type of exchange was a common occurrence between mothers and infants on the unit.

Despite various challenges, the group sessions continued for approximately 9 months and was successful in many ways. After just 3 weeks, several women reported that they were using relaxation techniques learned in the group sessions throughout the week, especially when feeling overwhelmed by their infants' demands or when frustrated with life in prison. One woman who consistently attended the group sessions with her infant showed remarkable improvement in her interactions with her infant; She demonstrated greater attunement to her infant's emotional states and showed increasing amounts of positive affect during play interactions.

One woman who had attended the group sessions while still pregnant did not show up for any subsequent group sessions, though I often saw her on the unit and we chatted briefly after I finished teaching. I had known that she was unable to keep her infant after giving birth because there had been some complications that required a hospital stay for her infant of more than 30 days. One of the program rules states that the baby must be born healthy in order to return to the prison with the mother. This particular woman was devastated. Whereas before giving birth she evidenced anxiety but also much excitement (this was her first child), she now walked around the prison in a state of depression much of the time and talked to me about missing her baby. As the yoga group neared its end, I approached her to say good-bye. She appeared to be in a better mood and I found myself wondering how she was managing without her baby. She proceeded to inform me that ever since the first yoga group she attended she had been diligently practicing yoga on her own in her room on a daily basis. She disappeared for a moment and returned with a stack of yoga magazines that she was eager to share with me. She asked me several questions about how to improve her form for various advanced poses and exuded excitement and joy as she spoke. She said practicing yoga had transformed not only her body (making her stronger and more flexible), but helped ease the negative thoughts in her mind and greatly improved her mood. It also increased her body awareness and she began to make healthier food choices as well. Though she still had many months left in prison, she was optimistic about reuniting with her baby once she was released.

For the majority of the women, the results were more subtle, yet profound nonetheless. I was most impressed by a handful of women who had lost custody of their other children to foster care due to an inability to care for them. These women were approaching motherhood with their infants in prison as if for the first time, yet they were plagued with a history of shame and loss about their caregiving abilities. Some demonstrated difficulty caring for their infants throughout the duration of their stay, whereas others showed significant improvement in their abilities. "I don't want to mess up with this one like I did with my other kids" was a commonly heard refrain. They felt lucky to be part of the Wee Ones program and considered this their one opportunity to make things right for themselves and their infants.

At times a mother would be struggling within the session itself to attend to her infant's needs (e.g., diaper change, feeding) while trying to focus on the yoga poses and deep breathing. During these moments I modeled reflective functioning by asking aloud: "I wonder what your baby needs from you right now." I encouraged the women to take care of their babies' needs at any point during the group session and to simply rejoin when they were ready. In this way the group sessions provided an opportunity for the mothers to make decisions with the needs of their infants in mind. Perhaps these were first steps towards reflective functioning.

Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development & Psychopathology, 9*, 679–700.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002). *Affect regulation, mentalisation, and the development of the self*. New York: Other Press LLC.

Suchman, N., DeCoste, C., Leigh, D., & Borelli, J. (2010). Reflective functioning in mothers with drug use disorders: Implications for dyadic interactions with infants and toddlers. *Attachment and Human Development, 12*, 567–585.

as peer supports for mothers, the *Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care* (Seibel, Britt, Gillespie, & Parlakian, 2006) curriculum has been used for nanny training.

Similar to the population of most women's prisons in the US, it is not unusual for the mothers and nannies at the IWP to have histories that include substance abuse and violence. In addition, many of the women have other children on the outside, sometimes with kin, others placed in non-kin foster care, and others that they no longer have contact with. The emphasis on attachment during classes and the presence of the baby who is living with them on the unit may evoke strong feelings related to other children the mothers cannot be with regularly at this time. This is apparent for both mothers and nannies. Attention to mothers and nannies who struggle with some content areas is needed. At times we have had to shift to activities and content that focus on the women's needs when it was clear that the particular group was not yet ready to focus solely on the needs of their infants. For example, during a recent session discussing the importance of being consistent when responding to babies' needs, several mothers seemed distant, and some teared up. Some braver ones asked directly about the effects of their incarceration on the children left at home and it was clear that those children were very much on the mothers' minds. As a group, these sad feelings and hard questions are addressed. Often, support is given by other participants in addition to the instructor. In the following weeks, the balance of attention to mothers' needs and feelings and those of the babies' was adjusted as needed.

Summary and Recommendations for Practice

Most incarcerated parents place a high priority on their role as a parent. They want to stay connected to their children while incarcerated and to return to their parent role upon release. A good deal remains to be determined about how to proceed to effectively support these high risk families. This quote may summarize the frustration that clinicians often feel when making decisions with limited data: "While researchers continue to seek more information, and policymakers encourage the conduct of more studies and try to make sense of the findings that already exist, practitioners have to do something" (Eddy, Kjellstrand, Martinez, & Newton, 2010, pp. 255). Although many challenges to these goals are apparent, there is much that can be done to assist incarcerated parents.

Attachment theory provides a foundation for considering how to support parents in prison in ways that increase their ability to develop and maintain positive relationships with their children during the time that they must be apart and to continue to support families as the parent transitions back to the community and family. Consideration of the needs of the parent, child, and the parent–child relationship within the family context should occur.

Given the increased risk for insecure attachment orientation of many people in prison, attachment informed practices are strongly encouraged. At a minimum, interventionists should strive to provide services regularly and monitor their own reactions to parents in order to provide responses that are consistent, modulated, and containing (Cassidy et al., 2010). In addition to directly encouraging parents, these behaviors provide a model of interpersonal interactions that is empathic and supportive. Ideally, systemic interventions would include adequate attention and treatment for parents with needs related to trauma, mental illness, and substance use. For most success in the long-term, parents will need these and other supports postrelease, including help with housing, jobs, and child care.

Child-specific supports are also indicated and may require collaboration with other systems, including mental health and child welfare. Children who have experienced having a parent in prison are at risk for stigmatization. Providers who work with the families are encouraged to work from a resilience model (Eddy & Poehlmann, 2010) that acknowledges that children of incarcerated parents can do well given proper supports. Attention to the child's development with screening and intervention as needed further counters the risks inherent in the family and parenting context that have been discussed. Throughout the parent's imprisonment, during transition back to the family and through to family reintegration, the caregiving context should be stable and consistent. Stability should be viewed as all aspects of the caregiving environment, including the physical consistency and emotional consistency and reliability of caregivers. Supports to the caregiver and consideration of ways to optimize the relationship between the incarcerated parent and the child's caregiver are critical.

Providers must directly attend to the parent–child relationship during incarceration and re-entry. To help a child stay connected with a parent during the incarceration, caregivers should provide consistent and developmentally appropriate explanations about the parent's absence. Planned, consistent, and emotionally supported contacts between the parent and the child are needed. The parent and the caregiver should have practical information about how a visit may activate the child's feelings about the parent and remind them of their loss. Instructions and practice about how to organize and label the child's feelings both during and after the visit would be beneficial for both parents and the ongoing caregiver (Poehlmann, 2010). Likewise, parents may need help with the many emotions visitation can bring including feelings such as shame, guilt, and loss, and need support to maintain realistic expectations about the process of reintegration into the family.

Angela Tomlin, *PhD, HSPP, is associate director of the Riley Child Development Center LEND Program and associate professor of Clinical Pediatrics at the Indiana University School of Medicine. Dr. Tomlin provides clinical services to families with children with neurodevelopmental disabilities, supervises graduate trainees, and is a frequent presenter on topics including autism, behavior management, and infant mental health. She serves on many state-level committees related to social and emotional issues in early childhood and is the chairperson of the Indiana Association for Infant and Toddler Mental Health. Dr. Tomlin began working with the Wee Ones Nursery at the Indiana Women's Prison in 2007.*

Naomi Pickholtz, *PhD, HSPP, is an assistant professor in the Psychology Department at the University of Indianapolis and also maintains a private practice. She completed a postdoctoral fellowship at the Riley Child Development Center LEND Program in 2011. Dr. Pickholtz' areas of expertise include family therapy, child psychopathology, and child treatment. She is a certified yoga instructor and has incorporated yoga techniques into her psychotherapy work with children and their parents.*

Allison Green *is a psychiatric services specialist at Indiana Women's Prison. She has worked with the Wee Ones Nursery and Family Preservation programs for 4 years. She has a bachelor's degree in history from Mount Holyoke College (1997) and a master's of education in guidance and counseling from Bowie State University (2005). Before that she worked with the Navy-Marine Corps Relief Society in several capacities including director of the Okinawa office from 2005–2007.*

Patricia Rumble, *LCSW, is a licensed clinical social worker and presently serves as the prenatal coordinator for the Indiana Women's Prison Wee Ones Nursery. Ms. Rumble has been with the IWP for 2 years. Prior to this, she was an out-patient therapist for 25 years.*

References

Annie E. Casey Foundation. (2011). When a parent is incarcerated: A primer for social workers. Retrieved January 21, 2012, from www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={5F4FB9E9-8CD1-41EA-89B2-E3985D08F4FF

Baradon, T., Fonagy, P., Bland, K., Lenard, K., & Sleed, M. (2008). New Beginnings: An experience-based programme addressing the attachment relationship between mothers and their babies in prison. *Journal of Child Psychotherapy, 34*, 240–258.

Bretherton, I. (2010). Parental incarceration: The challenges for attachment researchers. *Attachment & Human Development, 12*(4), 417–428.

Byrne, M. (2010). Interventions within prison nurseries. In J. M. Eddy & J. Poehlmann (Eds.), *Children of incarcerated parents: A handbook for researchers and practitioners* (pp. 161–188). Washington, DC: The Urban Institute Press.

Byrne, M. W., Goshin, L. S., & Joestl, S. S. (2010). Intergenerational attachment for infants raised in a prison nursery. *Attachment & Human Development, 12*(4), 375–393.

Carlson, B. E., & Schafer. M. S. (2010). Traumatic histories and stressful life events of incarcerated parents: Childhood and adult trauma histories. *The Prison Journal, 90*, 475–493. DOI: 10.1177/0032885510382224.

Carlson, B. E., Schafer. M. S., & Duffee, D. E. (2010). Traumatic histories and stressful life events of incarcerated parents. Part II: Gender and ethnic differences in substance abuse and service needs. *The Prison Journal, 90*, 494–515. DOI: 10.1177/00328855103822226.

Carlson, J. R., Jr. (2001). Prison nursery 2000: A five-year review of the prison nursery at the Nebraska Correctional Center for Women. *Journal of Offender Rehabilitation, 33*, 75–97.

Carlson, J. R., Jr. (2009). Prison nurseries: A pathway to crime-free futures. *Corrections Compendium, 34*, 17–22.

Cassidy, J., Ziv, Y., Stupica, B., Sherman, L. J., Butler, H., Karfgin, A., et al. (2010). Enhancing attachment security in the infants of women in a jail-diversion program. *Attachment & Human Development, 12*(4), 333–353.

Celinska, K., & Siegal, J. A. (2010). Mothers in trouble: Coping with actual or pending separation from children due to incarceration. *The Prison Journal, 90*, 447–474. DOI: 10.1177/0032885510382218.

Dallaire, D. H., & Wilson, L. (2010). Impact of exposure to parental criminal activity, arrest, and sentencing on children's academic competence and externalizing behaviors. *Journal of Child and Family Studies, 19*, 404–418.

Eddy, J. M., Mark, J. B., Martinez, C. R., Schiffman, T., Newton, R., Olin, L., et al. (2008). Development of a multisystemic parent management training intervention for incarcerated parents, their children, and families. *Clinical Psychologist, 12*(3), 86–98.

Eddy, J. M., Kjellstrand, J. M., Martinez, C. R., & Newton, R. (2010). Theory-based multimodal parenting intervention for incarcerated parents and their families. In J. M. Eddy & J. Poehlmann (Eds.) *Children of incarcerated parents: A handbook for researchers and practitioners* (pp. 237–261). Washington, DC: The Urban Institute Press.

Eddy, J. M. & Poehlmann, J. (2010). Multidisciplinary perspectives on research and intervention with children of incarcerated parents. In J. M. Eddy & J. Poehlmann (Eds.), *Children of incarcerated parents: A handbook for researchers and practitioners* (pp. 1–12). Washington, DC: The Urban Institute Press.

Glaze, L. E., & Maruschak, L. M. (2008). *Parents in prison and their minor children.* Bureau of Justice Statistics, Special Report. Retrieved December 19, 2011, from http://bjs.ojp.usdoj.gov/content/pub/pdf/pptmc.pdf

Green, B. L., Miranda, J., Daroowalla, A., & Siddique, J. (2005). Trauma exposure, mental health functioning, and program needs of women in jail. *Crime & Delinquency, 51*, 133–151.

Greene, S., Haney, C., & Hurtado, A. (2000). Cycles of pain: Risk factors in the lives of incarcerated mothers and their children. *The Prison Journal, 80*, 13–23.

Guerino, P., Harrison, P. M., & Sabol, W. J. (2011). *Prisoners in 2010.* National Prisoner Statistics Series. Bureau of Justice Statistics. Retrieved December 19, 2011, from http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2230

Harm, N., & Phillips, S. D. (2001). You can't go home again: Women and criminal recidivism. *Journal of Offender Rehabilitation, 32*, 3–21.

Harris, Y. R., Harris, V., Graham, J. A., & Oliver Carpenter, G. J. (Eds.). (2010). The challenges of family reunification. In Y. R. Harris, J. A. Graham, & G. J. Oliver Carpenter, *Children of incarcerated parents: Theoretical, developmental, and clinical issues* (pp. 255–275). New York: Springer.

Hoffmann, H. C., Byrd, A., L., & Kightlinger, A. M. (2010). Prison programs and services for incarcerated parents and their underage children: Results from a national survey of correctional facilities. *The Prison Journal, 90*, 397–416.

Hutchinson, K.C., Moore, G.A., Propper, C.A., & Mariaskin, A.R. (2008). Incarcerated women's functioning during pregnancy. *Psychology of Women Quarterly, 3*, 440–453.

Landy, S. (2009). *Pathways to competence: Encouraging healthy social and emotional development in young children.* Baltimore: Brookes.

Loper, A. B., & Novero, C. M. (2010). Parenting programs for prisoners. In J. M. Eddy & J. Poehlmann (Eds.), *Children of incarcerated parents: A handbook for researchers and practitioners* (pp. 189–216). Washington, DC: The Urban Institute Press.

Makariev, D., & Shaver, P. T. (2010). Attachment, parental incarceration, and possibilities for intervention: An overview. *Attachment & Human Development, 12*(4), 311–331.

Mumola, C. J. (2000). *Incarcerated parents and their children*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Murray, J., & Murray, L. (2010). Parental incarceration, attachment, and child psychopathology. *Attachment & Human Development, 12*(4), 289–309.

Phillips, S. (2010). Service planning and intervention development for children of incarcerated parents. In Y. R. Harris, J. A. Graham, & G. J. Oliver Carpenter (Eds.) *Children of incarcerated parents: Theoretical, developmental and clinical issues*, (pp. 237–253). New York: Springer.

Phillips, S., Erkanli, A., Keeler, G. P., Costello, J., & Angold, A. (2006). Disentangling the risks: Parent criminal justice involvement and children's exposure to family risks. *Criminology and Public Policy, 5*(4), 677–702.

Poehlmann, J. (2005). Representations of attachment relationships in children of incarcerated mothers. *Child Development, 76*, 679–696.

Poehlmann, J. (2010). Attachment in infants and children of incarcerated parents. In J. M. Eddy & J. Poehlmann (Eds.) *Children of incarcerated parents: A handbook for researchers and practitioners* (pp. 75–100). Washington, DC: The Urban Institute Press.

Solchany, J. E. (2001). *Promoting maternal mental health during pregnancy.* Seattle, WA: NCAST Publications.

Seibel, N., Britt, D., Gillespie, L. G., & Parlakian, R. (2006). *Preventing child abuse and neglect: Parent-provider partnerships in child care.* Washington, DC: ZERO TO THREE.

Toth, K., & Kazura, K. (2010). Building partnership to strengthen families: Intervention programs and recommendations. In Y. R. Harris, J. A. Graham, & G. L. Oliver Carpenter (Eds.), *Children of incarcerated parents; Theoretical, developmental, and clinical issues* (pp. 161–186). New York: Springer.

Women's Prison Association Institute on Women and Criminal Justice. (2009). *Mothers, infants, and imprisonment: A national look at prison nurseries and community-based alternatives.* Retrieved January 21, 2012, from www.wpaonline.org.WPA

Developing an Effective Intervention for Incarcerated Teen Fathers

The Baby Elmo Program

NATALIE BRITO
RACHEL BARR
Georgetown University

JENNIFER RODRIGUEZ
CAROLE SHAUFFER
Youth Law Center
San Francisco, California

Abstract

The absence of a father figure has been linked to very poor developmental outcomes. The Baby Elmo Program, a parenting and structured visitation program, aims to form and maintain bonds between children and their incarcerated teen fathers. The program is taught and supervised by probation staff in juvenile detention facilities. This intervention is based on building a relationship between the teen and his child, rather than on increasing the teen's abstract parenting knowledge. Because the intervention is conducted in the context of parent–child visits, it fosters hands-on learning and increases the opportunity for contact between these young fathers and their children, a benefit in itself. An evaluation of the program indicated improvements in quality of interactions and communication; this increase in the interactional quality of the relationship increases the likelihood that the father and child will form and maintain a positive relationship.

Recent estimates suggest that parental incarceration affects 1 in every 40 children in the U.S. (National Resource Center on Children and Families of the Incarcerated, 2007). In 2007, there were 890,000 parents in prison (an increase of 79% from 1991); of these incarcerated parents, 92% were fathers (Schirmer, Nellis, & Mauer, 2009). According to the most recent data from a 2006 census of juveniles in residential placement conducted by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), there are approximately 75,000 14–18-year-old men in residential placement, with an overrepresentation of minorities (40% African American, 21% Hispanic, 1.7% Native American). Up to an estimated 30% of all incarcerated male teens are fathers (Nurse, 2002). Prisons and other residential detention facilities offer little opportunity for contact with outside friends and family, making parent absenteeism an unfortunate reality.

Incarceration can dramatically change how much fathers invest in their children, as well as their level of involvement (Braman & Wood, 2003), which affects the maintenance of positive paternal identities and often damages relationships between the father and child (Dyer, 2005). The absence of a father figure has been linked to very poor developmental outcomes, including poor achievement in school, impaired cognitive function, aggression, and delinquency (Shannon, Tamis-LeMonda, London, & Cabrera, 2002). Furthermore, children with incarcerated parents are highly vulnerable to maladjustment and more likely to be delinquent, use drugs, experience early pregnancy, drop out of school, and exhibit emotional problems (Murray, 2005; Murray & Farrington, 2005; Myers, Smarsh, Amlund-Hagen, & Kennon, 1999; Trice & Brewster, 2004) than their peers whose parents are not incarcerated. Conversely, positive father involvement plays a significant role in self-regulation and social competence (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000; Coley, 1998). Findings from the Early

Head Start program have demonstrated that when biological fathers remain in contact with their children from birth to 3 years, regardless of whether the fathers are resident in the home or not, children show lower levels of aggressive behavior and better emotion regulation (Vogel, Bradley, Raikes, Boller, & Shears, 2006).

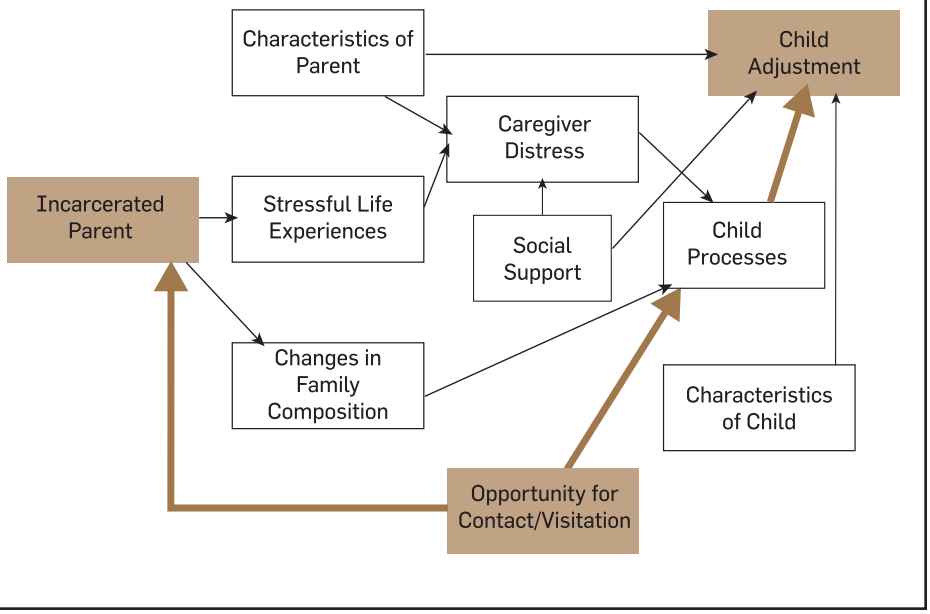
Father–Child Attachment

Although multiple factors can influence both the child and the incarcerated teen father (see Figure 1), studies with incarcerated adults have shown that opportunities for contact or visitation have positive outcomes for both parent and child (Parke & Clarke-Stewart, 2003). Fathers who develop strong bonds with their children have lower levels of post-release depression and recidivism (Nurse, 2002), and these relationships can be improved through increased contact during the incarceration period (LaVigne, Naser, Brooks, & Castro, 2005).

From a developmental perspective, several theories are relevant to understanding the consequences of parental incarceration. Bowlby's (1973) attachment theory serves as a framework to aid in understanding the importance of the development of the parent–child relationship. The function of the attachment system is to protect a person from danger by ensuring that she maintains proximity to attachment figures who provide support, protection, and comfort in times of stress (Bowlby, 1982). *Attachment theory* proposes that interactions with a primary caregiver during childhood result in episodic memories that form secure or insecure ideas of what a relationship should be in adulthood. Infants can develop strong attachments to their fathers (Parke, 2002), but the lack of opportunity for regular and sustained contact between an infant and father will prevent the development of this attachment, which could detrimentally impact the child (Sroufe, 1997).

Recent work in developmental science has suggested that fathers play a much larger role than mothers in the socialization of children's emotions (Cabrera et al., 2000; Clarke-Stewart, 1978). Fathers have a tendency to engage infants in non-object-mediated interaction that is both physical and stimulating, whereas mothers tend to be more calm and verbal with infants and engage primarily in visual object-centered play (Clarke-Stewart, 1978; Power & Parke, 1983; Yogman, 1981). The quality of the parent–child interaction is more important than the quantity of involvement (Brown, McBride, Shin, & Bost, 2007); this may be even truer for fathers who engage in physical play with their children (Parke, 2000). In fact, even with increasing involvement, father–child attachment security decreases if the quality of the interactions is poor. Father–child physical play has been linked to positive socioemotional development in children. Fathers teach children, particularly boys, to modulate and contain their aggressive behaviors through rough-and-tumble play (Herzog, 1982). Amato and Rezac (1994) have also demonstrated that boys from single-parent families who continue to have contact with their fathers have fewer behavioral problems than those who have no contact with their fathers.

Figure 1. Factors influencing outcomes for children with incarcerated parents.



The Baby Elmo Program

The Baby Elmo Program, a parenting and structured visitation program for incarcerated teen fathers, targets the father–child relationship and aims to enhance the quality of interactions, foster secure attachments, and maintain strong bonds during the period of incarceration. Increasing the quality of interactions should boost the fathers' perceptions of their role as fathers and the importance of parenthood, hopefully leading to fewer aggressive tendencies and parole violations postrelease. Increasing the quality of relationships between the father and child could also reduce recidivism rates. The importance of focusing on the family unit stems from claims that post-release success is higher among inmates who have maintained family ties during incarceration (Hairston, 2001) and that opportunities to maintain contact with the parent during the period of separation will modify the nature of the parent–child relationship, which, in turn, will affect the child's adjustment. (See Figure 1.)

How the Baby Elmo Program Started

The Baby Elmo Program began as a collaborative project between 2005 ZERO TO THREE Fellows Carole Shauffer and Rachel Barr. Shauffer, a lawyer and director of the Youth Law Center, is an advocate for children involved in the welfare system. Barr, a psychologist at Georgetown University, studies parent–infant interactions and infant learning and memory. During the course of the fellowship, Shauffer and Barr discussed the possibility of developing an accessible intervention for incarcerated teen fathers who did not typically have contact visits with their babies. Adopting a strengths-based approach, media was incorporated into the intervention to maximize its utility for incarcerated teens, who typically have low literacy rates but a high affinity for and proficiency with digital media. Shauffer and Barr believed that the *Sesame Street* characters were well known to both the fathers and babies, providing an initial bridge between them. The program was originally named "A Parenting Intervention for Incarcerated Teen Parents," but teen parents called it the "Baby Elmo Program" in honor of the famous red character shown at the parenting sessions. This nickname was the first sign of the affection the youth felt for the program. The Baby Elmo Program is available to both mothers and fathers, but an overwhelming majority of program participants are teen fathers. Essentially, the Baby Elmo Program is a parenting class, but the curriculum teaches relationship basics, focusing on how fathers can play and interact with their babies rather than covering practical basics such as changing diapers. Shauffer and Barr

Photo courtesy of Dr. Ross, University of Santa Barbara

Parenting from a distance: The Juvenile justice setting is typically not conducive to forming a father-child attachment.

consulted with Mary Dozier of the University of Delaware, an early intervention expert, to develop an effective relationship-based curriculum that could be delivered by facility staff.

What Is the Baby Elmo Program?

The theoretical approach for the Baby Elmo Program is derived from Bronfenbrenner's *ecological theory of development*, which states that child development must be considered within the multiple relationships and systems that surround the child (Bronfenbrenner & Morris, 1998). When this model is applied to children of incarcerated parents, the environment of the detention facility and the personnel in those facilities also form a system that affects the incarcerated youth and the infant's development. Therefore, an effective intervention should target and assess not only the teen father or the teen father–child dyad, but also focus on the juvenile detention environment and personnel (Bronfenbrenner & Morris; Loper & Tuerk, 2007; Murray & Farrington, 2005; Parke & Clarke-Stewart, 2003; Sampson & Laub, 1993). The characteristics of these systems all pose interrelated potential risks and opportunities for resilience. A strictly task-focused, direct approach in prevention and intervention cannot succeed; instead, an intervention must focus not only on the needs of the parent, but rather on a rewarding and resilient parent–child relationship (Bernstein, Hans, & Percansky, 1991).

Elements of the Intervention

There are three components to the Baby Elmo Program: modification of the environment, parent training sessions, and structured parent–child visits.

MODIFICATION OF THE ENVIRONMENT

The first element of the program is the modification of the environment. When facilities do allow visitation, the experience can be difficult for both parent and child, because the visit often occurs in noncontact form through glass or for short periods of time in a lunchroom or office. The child is brought into an unfamiliar place with nothing available (no toys, puzzles, or books) for the parent and very young child to play with. Institutions do not offer teen parents, who frequently have not had positive parenting themselves, the support necessary to prepare for a visit or deal with the difficult situations that arise during visits, such as a child's unwillingness to engage with a parent who has been absent. In this intervention, juvenile detention facilities were required to set up a play context by converting one of their rooms to a more child-friendly atmosphere (see Figure 2).

The Baby Elmo Program is specifically designed to be implemented independently by juvenile facilities with limited outside staffing and financial support. In addition, the program supports institutional security and habilitation by providing incentives for youth to comply with institutional standards, and it increases community contact. Detention staff and volunteers are trained to administer the intervention. The program was developed for facilitators who do not have extensive training in child development; the lessons are designed for use by staff members who routinely supervise and counsel youth in the facility, making the program less expensive and easier to implement. It is important to note that this also means that learning continues while the teen is in the unit and fosters a better relationship between the incarcerated minor and juvenile detention staff.

The choice of facility staff as program facilitators has had some unforeseen positive consequences. The program necessitates increased contact between staff and youth in the facility during training and visit sessions. During the course of the intervention, staff members frequently model parenting and share parenting experiences with the teen father, establishing a point of commonality between them. In one example, a staff member who had a conflictual relationship with a teen father walked by while the young man was visiting with his baby. The staff member gave advice and started interacting with the parent and child. Supervisory staff reported that the relationship between the staff member and the young man was subsequently substantially improved. Facilitators have independently added graduation ceremonies to celebrate the end of the program, in which the facilitators prepare graduation certificates, bring in food, and invite family members to join in the celebration. In one instance, the child's caregiver was her great-grandparent. Both the caregiver's daughter and grandson were incarcerated, and this was the first graduation that the great-grandparent had attended.

This improvement in relations between staff and youth is also facilitated by improvements to youth behavior on the unit. As Don Meyer, chief probation officer at the Sacramento Juvenile Detention Hall, pointed out,

I did a lot of 'Tail 'em, Jail 'em' in my career, but the first time I saw this program, I could not believe that the same kid we had in the unit who was causing trouble could be taught parenting skills. But it works. And it spills over. They start to see the advantages of making the connection with their own baby, and it shows in their behavior. (Gonzalez, 2011)

Figure 2. The Baby Elmo room at Santa Maria Juvenile Hall offers a warm welcome for fathers and their children, with brightly colored toys, alphabet floor tiles, and a mural of *Sesame Street's* Elmo painted by youth in the facility.

Photo courtesy of Santa Maria Juvenile Hall.

PARENT TRAINING SESSIONS

The second component of the program, the parent training sessions, targets the interactional quality of the relationship by introducing relationship, communication, and socioemotional enhancing techniques. Each training session focuses on a specific concept such as attachment or separation anxiety. *Separation anxiety* occurs when a baby separates from a trusted and well-known caregiver and is most prevalent between 8 and 18 months of age. If the father has not seen his child for some time, the baby may show separation anxiety from his caregiver and be fearful of his father. It is discouraging for fathers when their own babies appear to be afraid or do not know them. If, however, fathers are equipped with the knowledge that separation anxiety is an important developmental milestone, they can be prepared for the baby to be upset and not misinterpret the situation. This knowledge is also shared between fathers in the program, who let each other know that initially their babies also experienced separation anxiety.

This program incorporates both cognitive/language development and social–emotional development—both of which are critical skills for the parent in creating a relationship with an infant and promoting healthy child development (Bernstein et al., 1991; Bornstein, Tamis-LeMonda, Hahn, & Haynes, 2008; Dozier et al., 2006). Concepts introduced in the first three sessions aim to establish or reestablish a relationship with the child and cover concepts of separation anxiety, exploration of the environment, and following the child's lead. Sessions 4–6 focus on communication development, emphasizing the importance of praising the child, labeling, and asking questions. Sessions 7–9 focus on socioemotional development, stressing the role of physical affection, modeling, and imagination. The final session is a review of all the skills presented throughout the program

These parent training sessions, led by a staff member or volunteer, were adapted for use within the juvenile detention facility. A systematized program manual, incorporating several intervention components from Dozier and colleagues (2006), guides the detention staff through each topic. Each lesson is accompanied by video segments from the *Sesame Street Beginnings* videos that model positive parent–child interactions. The teen fathers have the opportunity to plan activities, based on the session topic, for the upcoming visit with their child. For example, during the first session, the teen father views a clip on playing peek-a-boo, mirror play, and making funny faces. These games are well liked by children from infancy to 3 years, and they act as ice-breakers for fathers establishing or reestablishing relationships with their child. The facilitator and the teen father then discuss which of these games he will try with his child during the visit.

STRUCTURED PARENT–CHILD VISITS

The final component of the program, structured visitation with the child, gives the incarcerated father the opportunity to practice the concepts from the training sessions with his child (see Figure 3). The following examples illustrate how the program is beneficial during and after incarceration. An 18-year-old teen father and his 4-year-old daughter participated in the program in San Bernardino County. During each visit, the daughter used the alphabet floor tiles to spell out her name for her father. Her father had poor literacy skills and was concerned that soon he would not be able to keep up with his daughter. After these interactions, he requested additional help to learn to read. The facility was able to provide him with a reading tutor, and he started to make progress. The visits with his child provided an incentive for him to benefit from access to educational resources while he was incarcerated.

A 17-year-old teen father in Orange County participated in the program with his 20-month-old son. Initially they were very timid in their interactions with one another. Across the sessions, however, the number of positive interactions and duration of the turn-taking episodes between father and son increased dramatically. For example, rates of book reading accompanied by labels and questions increased in frequency. The increase in language by the father was accompanied by increased vocalizations by his son.

When the authors followed up with this father 18 months after he completed the Baby Elmo Program, he was still in frequent contact with his son. This was despite the fact that by then he was not in a relationship with the child's mother. At that time he had been released from the program and held a full-time job at an amusement park. After completing his shift early one morning, he drove to San Diego to give a presentation to the California Association of Probation Institution Administrators to encourage other facilities to adopt the program. He and his son made a video for the conference to demonstrate the strength of their relationship. In the video, the father is playing with an Elmo toy. His son is sitting on his father's knee but clearly wants to get away: He goes over to the toy box and picks out a smaller Elmo toy—so that big Elmo and little Elmo can play together. This example illustrates the potential for this type of intervention to build skills and relationships during incarceration and for them to be maintained after release.

Other program participants have argued that they would be back in custody if the Baby Elmo Program had not illustrated the program's potential to reduce recidivism rates. One 16-year-old father participated with his 2-month-old son in Sacramento County. Gonzales (2011) reported that the father said "I'll be honest with you, I'd be back in jail now without my son and the skills I learned." He stated, "I'm not going to act like a fool. Now, I just want to be the best father in

Figure 3. A father–child visit.

Photo printed with permission from caregiver and youth.

Photo: ©iStockphoto.com/David Clark

Father-infant interactions include physical play that is important for social and cognitive development.

the world." Meyer, chief parole officer at the Sacramento facility, argued that, if effective, the program could lead to future fiscal savings. "When you look at the cost benefits, a $15,000 average to prosecute an adult in this county, another $50,000 to send them to prison if you have to—if we can reduce reoffending by 10% to 20%, you can save a lot on the back end" (Gonzales, 2011).

Program Outcomes

One of the aims of the Baby Elmo Program was to increase emotional responsiveness in the teen fathers. Emotional responsiveness is correlated with positive developmental outcomes including emotional security, social facility, symbolic competence, verbal ability, and intellectual achievement; it is necessary for optimal child socioemotional, cognitive, and communicative development (Ainsworth, Bell, & Stayton, 1974; Bernstein et al., 1991; Bornstein et al., 2008; Dodici, Draper, & Peterson, 2003). Such a relationship involves an active parent who tries to elicit attention from the child, partakes in age-appropriate interactions, adjusts to meet the child's interests, and attempts to maintain the child's focus through communication and engaged interaction rather than through restrictions or intrusions. Getting these teen parents to adopt a new interactional style is a challenge, but research has suggested that a new interactional style can be adopted when parents are taught how and why it is important (Hart & Risley, 1995; Lonigan & Whitehurst, 1998). Evaluators coded six different subscales of emotional responsiveness (Joint Attention, Emotional Engagement, Parental Involvement, Child Involvement, Turn-Taking, and Following the Lead) for 20 minutes of each parent-child visit. Twenty father–infant dyads, with infants ranging in age from 6 to 36 months, participated in the evaluation. Individual growth curve analyses showed significant gains in measures of emotional responsiveness. There were significant increases found for measures of joint attention, child involvement, turn-taking, and following the lead. These preliminary findings are very promising. Increasing verbal and nonverbal forms of communication between these teen fathers and their infants is crucial to developing and maintaining healthy relationships during and after incarceration (see Barr et al., 2011, for full details).

How to Make It Work: Lessons Learned

The intervention has now been implemented in 6 counties in California, and it will be implemented in Ohio later this year. Facilities have obtained funding to implement the program from grants (e.g., First Five Initiative, the Tobacco tax fund for California for supporting initiatives aimed at children under 5 years of age), discretionary accounts (e.g., Santa Barbara includes monies that come from the wood-splitting business run by Los Prietos Boys Camp), or through volunteer organizations. One of the biggest obstacles in implementing the program is securing transportation for the caregiver and baby to the facility. Fresno County was able to provide some gas cards to caregivers and Santa Barbara, Sacramento, and Fresno counties provide an incentive for caretakers in the form of diapers and toiletries (e.g., lotions, wipes, and soaps, and small toys) to show appreciation for participation in the program.

Successful fatherhood programs offer a diversity of activities and use men as peer mentors for one another (McAllister, Wilson, & Burton, 2004; Pruett, Cowan, Cowan, & Pruett, 2009). During group training sessions, fathers encourage one another by sharing the difficulties and successes in establishing connections with their children. In Orange County, the fathers even wanted to form a parenting playgroup after release, but this was prohibited by conditions of parole.

Conclusion

In his 2010 Father's Day message, President Obama said that, although he had a "heroic mom and wonderful grandparents," an absent father is "something that leaves a hole in a child's heart that a government can't fill." He went on to say,

Just because your own father wasn't there for you, that's not an excuse for you to be absent also. It is all the more reason for you to be present. . . . You have an obligation to break the cycle and to learn from those mistakes, and to rise up where your own fathers fell short and to do better than they did with your own children.

Developmental psychologists have repeatedly demonstrated that in intact father-present families, the quality of father–child involvement is more clearly linked to children's developmental outcomes than quantity of involvement (Parke, 1996). Positive father involvement, regardless of whether or not the father resides with the child, plays a significant role in emotion regulation and social competence, benefits that last across the lifespan (Coley, 1998; Vogel et al., 2006). The evaluation results indicated improvements in quality interactions and communication; this increase in the interactional quality of the relationship increases the likelihood that the individuals in the dyad will form and maintain a positive relationship with one another (Barr et al., 2011).

The Baby Elmo Program is the first to combine a media-based parenting program with child visitation within the juvenile detention facilities. Preliminary results, including the enthusiasm of detention facility staff members and their commitment for the program, are promising. This project builds on previously established findings that parents' perceptions of their influence on their child's development changes as a function of early intervention, demonstrating that incarceration presents an opportunity to strengthen ties between parent and child and improve parenting skills (Eddy, Powell, Szubka, McCool, & Kuntz, 2001; Kazura, 2001; Nurse, 2002; Parra-Cardona, Wampler, & Sharp, 2006). Several studies of both juvenile and adult inmates have shown that maintenance of ties with family are associated with reduced recidivism (Adams & Fischer, 1976; Hairston, 2001; Klein, Bartholomew, & Hibbert, 2002; Ohlin, 1954; Parke & Clarke-Stewart, 2003) and is an important element of successful reentry into society (Edin, Nelson, & Paranal, 2004; Sampson & Laub, 1993). The father–child relationship is an important focus for future research and policy efforts in the field of juvenile justice. Strengthening the parent–child relationship through increased positive interactions during the incarceration period is a crucial element of rehabilitation for the parent and encourages the parent to form and maintain a relationship with the child. To sum up how the program achieves

these goals, in the words of one of the Baby Elmo participants at the end of the program, "My heart melts when I see my daughter laughing and smiling at me. The weekends are the only time I have the opportunity to be a father to my baby. If [it] wasn't for this program I'd be a stranger to my daughter. She wouldn't even know I exist."

Natalie Brito, *MA, is a doctoral student in the human development and public policy track at Georgetown University. She has published work on the Baby Elmo Program and on learning from books and television during infancy. Her dissertation examines memory flexibility in bilingual infants and toddlers.*

Rachel Barr, *PhD, is associate professor of psychology at Georgetown University. Dr. Barr received her Clinical Diploma and her PhD in developmental psychology specializing in infant learning and memory at Otago University. Her research focuses on learning and memory from television, books, and computers during infancy and the role of parent–child interactions on learning. Rachel was a 2005 ZERO TO THREE Fellow.*

Jennifer Rodriguez, *JD, is executive director of the Youth Law Center (YLC), San Francisco, California. Prior to this Jennifer was an attorney at YLC for 4 years. Since starting at YLC, Jennifer has worked on projects to improve services to infants and toddlers in and out of home care, to recruit and retain quality foster parents, and to increase incarcerated youths' access to their children. Jennifer grew up in California's foster care system and personally experienced the impact of institutionalization, inappropriate mental health services, and inadequate education support.*

Carole Shauffer, *JD, is senior director of strategic initiatives of the Youth Law Center, San Francisco, where she consults with the executive director and board to provide oversight and strategic development to the organization and has primary responsibility for development and implementation of special projects. Carole has a national reputation in child welfare reform. Her current work focuses on developing strategies that apply developmental research to child welfare and juvenile justice systems. Carole piloted the New Beginnings project in Michigan and California, a project designed to incorporate research on infancy and early childhood development into child welfare practice, and is now leading the Quality Parenting Initiative in Florida and California, a project to improve the recruitment and retention of quality foster parents. Carole was a 2005 ZERO TO THREE Fellow.*

Acknowledgments

We acknowledge the participation of detention facilities in Fresno, San Bernardino, Orange, Yolo, Santa Barbara, and Sacramento, California, and we are especially grateful to Don Meyer, Susan Coleman, Manual Silva, Doug Sanger, Naomi McCormack, Laurie Holbrook, and Nancy Taylor-Farrah. Funding for the program has been provided by the California First Five Commissions, the Van Loben Sels Rembe Rock Foundation, California Wellness Foundation, and the Georgetown University Reflective Engagement Initiative Grant. Funding to prepare this article was provided by the Raymond A. and Rosalee G. Weiss Innovative Research and Programs Grant and American Psychological Foundation Visionary Grant to Rachel Barr and Carole Shauffer. In particular we thank the fathers, caregivers, and babies for their participation in the study.

References

Adams, D., & Fischer, J. (1976). The effects of prison residents' community contacts on recidivism rates. *Corrective and Social Psychiatry and Journal of Behavior Technology, Methods and Therapy, 22*, 21–27.

Ainsworth, M. D. S., Bell, S. M., & Stayton, D. J. (1974). Individual differences in the strange situation behavior of one-year-olds. In H. R. Schaffer (Ed.), *The origins of human social relations* (pp. 17–58). San Diego, CA: Academic Press.

Amato, P. R., & Rezac, S. J. (1994). Contact with nonresidential parents, inter-parental conflict, and children's behavior. *Journal of Family Issues, 15*, 191–207.

Barr, R., Brito, N., Zocca, J., Reina, S., Rodriguez, J., & Shauffer, C. (2011) The Baby Elmo Program: Improving teen father–child interactions within juvenile justice facilities. *Children and Youth Services Review, 33*, 1555–1562. doi:10.1016/j.childyouth.2011.03.020

Bernstein, V., Hans, S., & Percansky, C. (1991). Advocating for the young child in need through strengthening the parent-child relationship. *Journal of Clinical Psychology, 20*, 28–41. doi: 10.1207/s15374424jccp2001_5

Bornstein, M., Tamis-LeMonda, C., Hahn, C., & Haynes, O. (2008). Maternal responsiveness to young children at three ages: Longitudinal analysis of a multidimensional, modular, and specific parenting construct. *Developmental Psychology, 44*, 867–874. doi: 10.1037/0012-1649.44.3.867

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation*. New York, NY: Basic Books.

Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry, 52*, 664–678.

Braman, D., & Wood, J. (2003). From one generation to the next: How criminal sanctions are reshaping family life in urban America. In J. Travis & M. Waul (Eds.), *Prisoners once removed: The impact of incarceration and reentry on children, families, and communities* (pp. 157–188). Washington, DC: Urban Institute Press.

Bronfenbrenner, U., & Morris, P. (1998). The ecology of developmental processes. In R. M. Lerner (Ed.), *Handbook of Child Psychology: Vol. 1* (5th ed., pp. 993–1028). New York: Wiley.

Brown, G. L., McBride, B.A., Shin, N., & Bost, K. K. (2007). Parenting predictors of father-child attachment. *Fathering, 5*, 197–219.

Cabrera N. J., Tamis-LeMonda C. S., Bradley R. H., Hofferth, S., & Lamb M. E. (2000). Fatherhood in the twenty-first century. *Child Development, 71*, 127–136.

Clarke-Stewart, K. A. (1978). And Daddy makes three: The father's impact on mother and young child. *Child Development, 49*, 466–478.

Coley, R. L. (1998). Children's socialization experiences and functioning in single-mother households: The importance of fathers and other men. *Child Development, 69*, 219–230.

Dodici, B., Draper, D., & Peterson, C. (2003). Early parent-child interactions and early literacy development. *Topics in Early Childhood Special Education, 23*, 124–136.

Dozier, M., Peloso, E., Lindhiem, O., Gordon, M. K., Manni, M., Sepulveda, S., … Levine, S. (2006). Developing evidence-based interventions for foster children: An example of a randomized clinical trial with infants and toddlers. *Journal of Social Issues, 62*, 767–785.

Dyer, J. (2005). Prison, fathers, and identity: A theory of how incarceration affects men's paternal identity. *Fathering, 3*, 201–219.

Eddy, B., Powell, M., Szubka, M. H., McCool, M. L., & Kuntz, S. (2001). Challenges in research with incarcerated parents and importance in violence prevention. *American Journal of Preventative Medicine, 20*, 56–62.

Edin, K., Nelson, T. J., & Paranal, R. (2004). Fatherhood and incarceration as potential turning points in the criminal careers of unskilled men. In P. Pattillo, D. Weiman, & B. Western (Eds.), *Imprisoning America: The social effects of mass incarceration* (pp. 247–267). New York: Russell Sage Foundation.

Gonzalez, I. (2011, February 28). Juveniles in custody taught parenting skills. *Sacramento Press*. Retrieved from www.sacramentopress.com/headline/46564

Hairston, C. F. (2001). Fathers in prison: Responsible fatherhood and responsible public policies. *Marriage and Family Review, 32*, 111–135.

Hart, B., & Risley, T. R. (1995). *Meaningful differences in the everyday experience of young*

American children. Baltimore: Brookes.

Herzog, J. M. (1982). Patterns of expectant fatherhood: A study of the fathers of a group of premature infants. In S. H. Cath, A. R. Gurwitt, & J. M. Ross (Eds.), *Father and child* (pp. 301–314). Boston: Little, Brown.

Kazura, K. (2001). Family programming for incarcerated parents: A needs assessment among inmates. *Journal of Offender Rehabilitation, 32*, 67–83.

Klein, S. R., Bartholomew, G. S., & Hibbert, J. (2002). Inmate family functioning. *International Journal of Offender Therapy and Comparative Criminology, 46*, 95–111.

LaVigne, N. G., Naser, R. L., Brooks, L. E., & Castro, J. L. (2005). Examining the effect of incarceration and in-prison family contact on prisoner's family relationships. *Journal of Contemporary Criminal Justice, 21*, 314–335.

Lonigan, C. J., & Whitehurst, G. (1998). Relative efficacy of a parent and teacher involvement in a shared-reading intervention for preschool children from low-income backgrounds. *Early Childhood Research Quarterly, 13*, 263–290.

Loper, A. B., & Tuerk, E. H. (2007). Parenting programs for incarcerated parents: Current research and future directions. *Criminal Justice Policy Review, 17*, 407–427.

McAllister, C., Wilson, P., & Burton, J. (2004). From sports fans to nurturers. *Fathering, 2*, 31–59.

Murray, J. (2005). Effects of imprisonment on families and children of prisoners. In A. Liebling & S. Maruna (Eds.), *The effects of imprisonment* (pp. 442–492), Cullompton, Devon, United Kingdom: Willan.

Murray, J., & Farrington, D. P. (2005). Parental imprisonment: Effects on boys' antisocial behaviour and delinquency through the life-course. *Journal of Child Psychology and Psychiatry, 46*, 1269–1278.

Myers, B. J., Smarsh, T. M., Amlund-Hagen, K., & Kennon, S. (1999). Children of incarcerated mothers. *Journal of Child and Family Studies, 8*, 11–25.

National Resource Center on Children and Families of the Incarcerated. (2007). *Children of Prisoners Library.* Retrieved May 7, 2007, from www.fcnetwork.org/cpl/cplindex.html

Nurse, A. (2002). *Fatherhood arrested: Parenting from within the juvenile justice system.* Nashville, TN: Vanderbilt University Press.

Obama, B. (2008, June 8). President Obama pens essay on "Being the father I never had." *People*. Retrieved May 10, 2011, from www.people.com/people/article/0,,20500603,00.html

Ohlin, L. E. (1954). The routinization of correctional change. *Journal of Criminal Law and Criminology, 45*, 400–411.

Parke, R. D. (1996). *Fatherhood.* Cambridge, MA: Harvard University Press.

Parke, R. D. (2000). Father involvement: A developmental psychological perspective. *Marriage and Family Review, 29*, 43–58.

Parke, R. D. (2002). Fathers and families. In M. H. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Being and becoming a parent* (2nd ed., pp. 27–73). Hillsdale, NJ: Erlbaum.

Parke, R. D., & Clarke-Stewart, K. A. (2003). Effects of parental incarceration on children: Perspectives, promises, and policies. In J. Travis & M. Waul (Eds.), *Prisoners once removed: The impact of incarceration and reentry on children, families, and communities* (pp. 189–232). Washington, DC: Urban Institute Press.

Parra-Cardona, J. R., Wampler, R. S., & Sharp, E. A. (2006). Wanting to be a good father: Experiences of adolescent fathers of Mexican descent in a teen fathers program. *Journal of Marital and Family Therapy, 32*, 215–231.

Power, T. G., & Parke, R. D. (1983). Patterns of mother and father play with their 8-month-old infant: A multiple analyses approach. *Infant Behavior and Development, 6*, 453–459.

Pruett, M. K., Cowan, P. A., Cowan, C. P., & Pruett, K. D. (2009). Lessons learned from the Supporting Father Involvement Study: A cross-cultural preventive intervention for low-income families with young children. *Journal of Social Services Research, 35*, 163–179.

Sampson, R. J., & Laub, J. H. (1993). *Crime in the making: Pathways and turning points through life*. Cambridge, MA: Harvard University Press.

Schirmer, S., Nellis, A., & Mauer, M. (2009) *Incarcerated parents and their children trends, 1991–2007*. Washington, DC: The Sentencing Project. Retrieved from www.sentencingproject.org/Admin/Documents/publications/inc_incarceratedparents.pdf

Shannon, J. D., Tamis-LeMonda, C. S., London, K., & Cabrera, N. B. (2002). Beyond rough and tumble: Low income father's interactions and children's cognitive development at 24 months. *Parenting: Science and Practice, 2*, 77–104.

Sroufe, L. A. (1997). *Emotional development: The organization of emotional life in the early years.* New York: Cambridge University Press.

Trice, A. D., & Brewster, J. (2004). The effects of maternal incarceration on adolescent children, *Journal of Police and Criminal Psychology, 19*, 27–35.

Vogel, C. A., Bradley, R. H., Raikes, H. H., Boller, K., & Shears, J. K. (2006). Relation between father connectedness and child outcomes. *Parenting: Science and Practice, 6*, 189–209.

Yogman, M. W. (1981). Games fathers and mothers play with their infants. *Infant Mental Health Journal, 2*, 241–248.

Sustaining Parent–Young Child Relationships During and After Separation and Divorce. Or Not

KYLE PRUETT
Yale University

MARSHA KLINE PRUETT
Smith College

Subsumed in our title is the premise that staying connected during separation and divorce is beneficial; good for parents and children of any age. Inherent in the circumstances of this form of parenting from a distance, however, is a unique dynamic not shared by the other forms of separation discussed in this issue—the potential for conflict before, during, and after this reconfiguration of family life. We emphasize "potential," given that thousands of families manage this transition with relatively little conflict. They separate to the benefit of themselves and their children, remaining sensitive to the children's developmental needs despite the change in family structure. We can only guess at their numbers as they generally pass beneath the radar of most research and behavioral health professionals.

The more widely held view in research literature is that children and families experience divorce as a stressful experience and process. As far as researchers know, the same holds true for separation, though there is scant literature on the effects of separation itself apart from divorce. It is unknown, for example, how many separations eventually conclude in divorce. In the authors' combined five decades of clinical experience, it seems highly probable that once a physical separation has occurred, cleaving the parental dyad, a threshold is crossed that is rarely re-crossed. The only cases of reversal we can recall anecdotally have involved a skilled clinician's intervention at just the right time.

Changing Profile of Divorce

A RADICAL CHANGE to family structure highly relevant to any divorce impact discussion is the substantial increase in nonmarital child birth and child rearing in the United States; census data from 1985 and 2006 show a rise from 18% to 38%.

Given that one third of all children born in the U.S. are now starting life outside of marriage, and that such couples rarely marry, it is safe to assume that the majority will eventually separate. The influential Fragile Families Study documented that only 26% of originally cohabitating couples had subsequently married, while 46% had separated. Those not cohabitating had a 72% rate of separation (McLanahan et al., 2003). There are also important ethnic and racial distinctions among nonmarried parent populations; 40% of Latino and 70% of African-American children are born to unmarried women (Parke, 2004). For these reasons, we shall subsume separation into

Abstract

That separation and divorce frequently burden the young child emotionally and developmentally has moved from scientific to common knowledge over the past two decades. Recent cultural changes also moderate or intensify such stress and strain on the parent–child relationship: a divorce rate hovering at about 40% of all marriages, a third of all births occurring outside of marriage, and a steady increase in the involvement of fathers in the lives of their young children. This discussion focuses on the clinical implications of such changes for the vital relationships that comprise the nurturing domain in this stressful transition in family life.

Photo: ©iStockphoto.com/Damir Cudic

The majority of families who are separating and divorcing have children less than 6 years old.

divorce for the remainder of this article, given that there is little to no evidence that their effects and outcomes for the family differ.

Because a number of states do not track marital dissolutions for the federal government, caution about national rates of divorce is in order. Using census data from the states that do report, we have seen the rise in rates of divorce that started in the 1960s level off and drop through the 1980s. A significant increase in the age of first marrying couples is the most likely explanation for that decrease in the overall rate of divorce, given that (a) older couples who marry have lower rates of divorce, and (b) postponing marriage lowers the rate of married couples per population measure.

Not unexpectedly, U.S. divorce rates are affected by race, ethnicity, and immigration. Mexican-American women born in the U.S. have a divorce rate comparable to white American women (42%), whereas those born outside the U.S. have a very low rate of divorce. African-Americans have a 55% rate of divorce for complex, still poorly differentiated reasons (Bramlett & Mosher, 2002). Internationally, increases in divorce are being reported from a wide diversity of countries with varied economic and religious characteristics. Increases in women's educational levels and economic independence, and decay in religious social power are some of the suggested factors underlying this trend.

As we move from a demographic to the clinical profile of divorce, we see substantial variability in men's and women's adjustment and reactions to divorce. Although concluding a stressful marriage can lead to improved functioning in some families and improved sense of well-being for ex-husbands or ex-wives or both, there is variability in outcomes for the initiators and non-initiators of divorce, with the former adjusting better over time than the latter (Wang & Amato, 2000).

Fathers face many challenges because they are more likely to become noncustodial parents after a divorce. Some drop out of their children's lives, but overall, the frequency of fathers' contact with children postdivorce has shown a steady increase over the past two decades (Cheadle, Amato, & King, 2010). Such continuity benefits the family as a whole and the children in particular. When fathers remain positively engaged, their children do better in school, feel better about themselves, and have fewer internalizing and externalizing difficulties (K. D. Pruett, 2000; see the box Child Outcomes of Involved Fathering).

So, what is it in the nurturing domain that is so threatened by divorce and that increases a child's risk for developmental derailment? The human infant's survival depends on the ability of parent and child to forge a powerful reciprocal relationship to ameliorate the infant's profound, extended physical vulnerability. The reciprocity between each parent's sensitivity, motivation, and ability to keep the child as safe as possible (nature keeps complete safety illusory) and the child's ability and drive to seek out the parent(s) for protection from danger are what make up the protective components of the nurturing domain. Some would say this particular interaction defines the attachment system, a distinction which we will pursue later in this discussion. But for now, we'll focus on what factors in divorce affect parental sensitivity, motivation, and ability to keep their children's well-being at the forefront of their concern.

Child Outcomes of Involved Fathering

Behavioral

- Reduced contact with juvenile justice
- Delay in initial sexual activity, reduced teen pregnancy
- Reduced rate of divorce
- Less reliance on aggressive conflict resolution

Educational

- Higher grade completion and income
- Math competence in girls
- Verbal strength in boys and girls (literacy)

Emotional

- Greater problem-solving competence, and stress tolerance
- Greater empathy, moral sensitivity, and reduced gender stereotyping

Source: K. D. Pruett (2000), *Fatherneed*, New York: Broadway,

Risk Factors in Divorce

Clinical concerns about the effects of divorce have led researchers to try to codify both relationship and social risk factors for divorce. The obvious factors in the former consist of frequent arguing; domestic violence; prevalence of negative emotion; extramarital sexual contacts; and the lack of emotional support, love, happiness, and trust between partners (Clements, Stanley & Markman, 2004; Gottman & Levenson 2000). A less obvious pattern of risk has been identified by Amato and Hohmann-Marriott (2007) in couples who argue less, exhibit little or no physical aggression, have few thoughts of divorce, and experience only moderate unhappiness and interactivity. Both groups however, share liberal attitudes toward divorce, have higher rates of divorced parents, are in second order or higher marriages, and see positive alternatives to the present failing marriage. The authors conclude that through an aggregation of risk factors, there are two common, but distinct, pathways to divorce: (a) a high level of ongoing unhappiness and conflict within the marriage, and (b) a low level of commitment to marriage itself.

Socio-demographic risks seem to remain fairly stable over time: economic stress (poverty), low levels of educational

achievement, marrying or parenting as a teenager, combining children from present and previous marriages, cohabitating prior to marriage, living in an urban environment, having no—or a different—religious affiliation from one's partner, being in a second or higher order marriage, and being raised without two continuously married parents in the home (Bratter & King, 2008; Sweeney & Phillips, 2004; Teachman, 2002, 2008). Although practitioners and researchers have been compiling reliable data on such factors, it remains to be seen whether this information has helped them be more usefully vigilant on behalf of couples who are in the early stages of accumulating such risk factors. One of the areas that has benefitted from increased scrutiny recently is the effect of divorce on men as fathers.

There is no shortage of data describing the negative effects of divorce on men. Divorced men have lower overall wealth, lower household income, and less health insurance, and they are more likely to smoke, drink heavily, report emotional problems, and be clinically depressed (Bierman, Fazio, & Milkie, 2006; Zhang & Hayward, 2006). All of these factors can impinge directly on the ability, or motivation to stay connected to one's children through and after divorce, especially in the face of conflict with the ex-spouse. And fathers are not alone in their distress. Mothers often experience chronic stress and strain as single parents raising children with fewer emotional and fiduciary supports, making it less likely that she will be able to emotionally support the father's ongoing presence in the child's life, despite any potential benefits she may imagine could accrue to her or her child from such involvement.

That men and women tend to respond to such stresses differently is not news. But such differences may have important differential effects on staying connected—or not—to one's children during and after a divorce. Externalizing behaviors (e.g., drinking heavily) and acting out are more commonly reported by men than women, who are often more preoccupied with emotionally destabilizing internalizing issues such as depression (Barrett, 2003; Williams & Dunne-Bryant, 2006). Balancing these vulnerabilities—which have differential effects on connectivity to one's children—is one last gendered trend in postdivorce behavior; men are more likely than their partners to form a new relationship and are more likely to do so sooner. If such new partnerships are supportive of the father's staying connected to his children, it is far more likely to happen than not, especially if children are born to the subsequent relationship (Wu & Schimmele, 2005).

Discussions about who is damaged more by divorce—men or women—may be politically enlightening, but are not very relevant clinically, given the enormous variability in the ways that couples conduct and end their marriages. The numbers of studies that show gender effects in divorce outcome (Bernard, 1972; Brockmann & Klein, 2004; Hetherington, 2003) are balanced by those that don't (Amato & Hohmann-Marriott, 2007; Bierman et al., 2006). But this fact prevails: Women are more frequent initiators of divorce, and as such are likely to adjust better and sooner to the unmarried life than men, who are less likely to initiate divorce. Researchers remain uncertain whether this adjustment translates into more stable parenting of one's children, or greater interest in—or ability to form—a positive co-parenting collaboration with the new ex-partner parent, a crucial factor in staying connected to one's children while running the divorce gauntlet.

Photo: ©iStockphoto.com/Joelle Gould

The mother often functions as gatekeeper in either facilitating (gate opening) or inhibiting (gate-closing) father-child relationships.

Unlike the custodial mother, noncustodial or moving-out fathers often experience a cluster of emotionally salient losses compressed into a very short period of time; becoming a nonresident parent, loosing custody of his offspring, experiencing a marriage's end with the failure and dream death inherent in such events, being ordered to pay child support instead of pridefully working to support his family and child's well-being. It is not surprising that rates of depression are higher for divorcing fathers of children less than 5 years old than for men who are childless (Williams & Dunne-Bryant, 2006), leading to alcohol use and loss of a sense of purpose in life. To lose or substantially reduce contact with one's children at such moments can leave the father–child relationship in a high-stakes limbo, raising risk-factors for both father and child outcomes. Given that fathers are capable of forming deep reciprocal relationships with their young children (K. D. Pruett, 2000), sudden disruptions can devastate them both, as well as their relationship. Most children raised in two-parent families become attached to both parents, turning to each for support and protection (Lamb & Lewis, 2010; K. D. Pruett & M. K. Pruett, 2009)

How Children React and Adjust to Divorce

Of the many factors governing how children in general react to divorce in their families, the most salient moderator is the pre-divorce quality of family life. It is one of the more reliably replicated findings in child-focused divorce research; if the divorce ended a high-conflict marriage, children showed either little change or some improvement across a number of well-being indicators (Amato, Loomis, & Booth, 1995). However, if the marriage that ended was low-conflict, the children showed declines in several levels of well-being (Booth & Amato, 2001; Strohschein, 2005).

Tempting as it is to draw causal conclusions from these data, it would not reflect most of the research about child outcomes correctly. While it is true that compared to children of continuously married parents, children with divorced parents tend to have less favorable educational, health, social, emotional, and behavioral outcomes, the effect sizes remain modest to small, given the wide range of family structures in which children

Photo: ©iStockphoto.com/digitalskillet

When fathers remain positively engaged, their children do better in school, feel better about themselves, and have fewer internalizing and externalizing difficulties.

are currently raised. Taken together, one cannot assume that the "typical" divorce has any "typical" impact on "typical" children. Some adjust reasonably well, reasonably quickly, while others are quite disabled by the experience and its aftermath.

There do seem to be some moderating factors between child outcomes and parental divorce that are helpful to consider: (a) positive parenting from custodial parents—typically mothers (Sandler, Miles, Cookston, & Braver, 2008), (b) positive parenting from nonresident parents—typically fathers (Fabricius & Luecken, 2007), (c) extent of cooperation and low conflict between the parents (M. K. Pruett, Williams, Insabella, & Little, 2003), (d) the child's standard of living after the divorce (Carlson & Corcoran, 2001), and (e) psychological distress in the resident parent—typically mothers (Tein, Sandler, & Zautra, 2000). Gender, once thought to be a contributing factor with boys being seen as more vulnerable, no longer seems to be salient (Sun & Li, 2002). Racial and ethnic variables have not been sufficiently investigated to draw conclusions to date, and this remains important undone research given that more children of all races are living apart from their biological fathers than in any other epoch of American history (Harris & Ryan, 2004).

Father Loss and Divorce

Father absence remains the leading perception of nonresident fathers, yet the past several decades have seen a trend in the opposite direction. A meta-analysis by Amato, Meyers, and Emery (2009) of four representative national samples of mothers' reports (who tend to underreport father contact) over three decades, observed the percentage of 6–12-year-olds who saw their nonresident fathers nearly double from 1976–2002. The percentage of no-contact dads decreased from 37% to 29% over the same period.

What factors play into staying connected for fathers? Never being married, significant geographical distance between homes, or the mother remarrying are factors which seem to disconnect fathers from their children, whereas father's age, religiosity, level of education and income, mother being single, significant time spent living together with the child before separation, and positive cooperation with the mother support connection over time (Aquilino, 2006, Cheadle et al., 2010; King, 2003; Landale & Oropesa, 2001; Sobolewski & King 2005).

The age of the child can also play a significant role in connectivity. Fathers who stay collaboratively involved during the first 3 months of a newborn's life also tend to be in relationships in which couple distress is less likely to spill over into co-parenting stress over the first year of a baby's life (McHale, 2007). Fathers who hang in there despite challenging relationships with their partners strengthen the foundation of the now and future co-parenting relationship to their child's—and their own—benefit. In so doing, a father ameliorates the potentially negative effect of reduced time he may have with his child postdivorce. Nonresidential dads have less impact on their children than residential dads because of different levels of involvement and the drift toward providing recreational parenting rather than engaged and responsible parenting. It is the quality, not the quantity, of time that matters most to children's outcomes—a fact as true for mother–child relationships as for father–child relationships. Finally, quality is manifest through sensitivity, which can in turn be partially a function of time spent getting to know one's children and their needs, vulnerabilities, quirks, and delights.

And time, it now seems, is on the side of nonresident fathers. Unlike the decay in child–father time predictions by Clarke-Stewart and Brentano (2006), newer research has described flexible patterns of involvement that change over time. Cheadle and his colleagues (2010) have shown in a 14-year data review from the National Youth Longitudinal Study that many men remain highly involved after divorce. A majority (61%) visited once a week or more, and nearly half visited once a month or more after 14 years. Less than a third changed their frequency of contact over the same 14 years. Finally, stability of contact is strongly linked to the father's initial levels of visitation, suggesting that those who develop early patterns of involvement are likely to persist in them over time.

The Case of Overnights

Re-stating our premise: staying connected despite threats to an existing relationship resulting from changes in family structure is what makes this form of parenting from a distance unique. In circumstances of high conflict, forensic issues may come into play as parents use—and are used by—litigious processes to resolve conflicts over assets, obligations, child "ownership," or the child's "best interests." In these relatively rare, but high profile struggles, psychological theories are placed in play by one side or the other to persuade the court of the legitimacy of their particular petition regarding custody. Attachment theory, and its clinical specter the "attachment assessment," are frequently evoked as a convincing theoretical construct to favor one side over the other and thus turns out to be more the problem than the solution. As a research construct and tool, it has no place advising triers of fact about clinical notions of parent–child relatedness or the lack thereof, especially during the highly volatile process of parental separation.

The issue of young children's overnights with the nonresidential parent—a potentially very effective way of staying connected while parenting young children from a distance—has thrust this misapplication of theory to the fore and remains hotly debated. Overnight care—contrasted with daytime care—allows for the important and intimate component of nighttime rituals (e.g., bathing, bedtime) that engage the parent and child in mutually securing behaviors. Over the past two decades, judges and lawyers have been somewhat oversold by mental health professionals on the predictive value of attachment assessments and as such have begun to ask more of them than science can ethically bear. Legal professionals know, in general, that "attachment is the extent to which a parent provides a secure base from which the child interacts with the rest of the world" and "turns to for support and nurturance in times of danger and stress" (Berlin & Cassidy, 1999, p. 691). It therefore seems a natural extension of this theory to members of the bench and bar that overnight access should be determined—and more often than not, discouraged—in the context of attachment theory.

Kelly and Lamb took a contrarian position in 2000 that overnights should be encouraged, not discouraged, arguing that custody decisions are often based on misreading of attachment literature, specifically regarding one primary attachment figure per child and the paramount significance ascribed to location stability. They instead posit that (a) given children's capacities to develop multiple simultaneous attachments, the relationships with both parents should be the primary focus of parenting plans, and (b) more transitions between maternal and paternal caretaking would best support the child's regular and frequent contact with both parents and reduce the likelihood of father drop out. (Father drop-out has been shown to be significantly reduced when young children have overnights with their fathers [Maccoby & Mnookin, 1992].) With the caution that parental cooperation remains optimal, and individual child temperament and coping capacity substantial considerations, they concluded that the preponderance of psychological knowledge and evidence does not show harm in parent–child relationships from overnights, but rather demonstrates the benefits that accrue from quality relationships with both parents. So, even very young children should have overnights. This view does not illustrate a consensus in the field about this conclusion, and the debate continues a decade and more later.

The need for good empirical studies of such issues became paramount. M. K. Pruett, Ebling, and Insabella obliged in 2004 with a young child overnights study which suggested that solutions to this dilemma would not emanate solely or even primarily from attachment literature, but rather from research examining a wide variety of contexts for child outcomes. Two new determinants were introduced that affected mothers', fathers', and the child's experience of overnights: the consistency of the schedule from week to week, and the number of caretakers in a child's life (e.g., parents, day care, extended family). Keeping schedules consistent and predictable and limiting the number of caretakers with which a young child must regularly cope may turn out to be part of what makes a secure base secure, in addition to the sensitivity and personality traits of the mother. Contexts such as the child's age may turn out to be less important than the nature of interparental conflict. Contexts rife with conflict may witness an intensification of conflict through frequent regular transitions, eroding the potential benefits to the child of more frequent contact.

Solomon and George's (1999) overnights research showed both that insecure attachment in overnights was related to parental conflict and to low attachment overall and also that maternal insensitivity was related to disorganized attachment. Their take-away: overnights *per se* may not be the critical issue in children's attachment behaviors, but rather the sensitivity with which parents handle the situation. Bottom line, such decisions need to be made family by family, child by child. Applicable, empirically supported mandates remain elusive and unlikely in this complex realm.

The debate continues and so, one hopes, does the empirical research so important to understanding how families navigate these complex issues. Attachment theory has provided a critical and helpful backdrop or scaffolding for examining such issues as young children's overnights. But it cannot offer complete understanding of the salient issues, concentrating as it does on but one dyadic vector in the essentially triadic nurturing domain. So for now, the question of how stressful it is for children to leave their primary attachment figure—typically the mother—to spend an overnight at the father's home is not answerable. Researchers and clinicians are missing the critical variable of what role the child's attachment to the father plays in the overall all secure base of the child's world. The current tools available to assess attachment are not sufficiently applicable to understanding the unique components of the child–father dyad.

Mediators of Staying Connected

What are the factors that trend a family as a whole toward staying connected through the divorce process? The majority of families who are separating and divorcing have children less than 6 years old (Maccoby & Mnookin, 1992). The dynamics of families with young children are widely known to be complex, given the dependency needs of the young and the rapidity with which they are developing (McHale, 2007). A point of contention within most families is the lack of shared labor and responsibility in parenting tasks and competence (K. D. Pruett & M. K. Pruett, 2009). The reality in married and divorced families is that the mother often functions as gatekeeper in either facilitating (gate-opening) or inhibiting (gate-closing) father–child relationships. The former, when positive and facilitative, has been shown to lead to higher levels of cooperation between parents, lower parental conflict and hostility, and increased father involvement (M. K. Pruett, Arthur, & Ebling, 2007). Inhibiting gatekeeping after divorce was seen by the mother as payback for her perception of the father's negative treatment of her (not the children) during their marriage. Pruett designed a brief intervention based on these findings which helped mothers become consciously aware of their gatekeeping tendencies and promoted positive gatekeeping among mothers and fathers. Such direct intervention around this particular mediator was associated with, and would seem to facilitate, nonresidential parents and their child staying connected.

Photo: ©iStockphoto.com/Leigh Schindler

Overnight care—contrasted with daytime care—allows for the important and intimate component of nighttime rituals (e.g., bathing, bedtime).

The Armageddon of staying connected during and after divorce would be the parental alienation paradigm. As a clinical entity it has generated more heat than light, focused as it is on the rare but highly toxic circumstance of intense parental hatred focused on shaping or distorting the child's relationship with the other parent. While there is considerable agreement on what behavioral strategies parents typically employ to manipulate their children's attitudes, beliefs, and feelings in ways to interfere with their relationship with the other parent, there is little systematic agreement on how to assess or measure it as a diagnostic category or syndrome. It is merely a "cluster of commonly recognized symptoms, with insufficient empirically validated evidence about etiology, prognosis and treatment" (Saini, Johnston, Fidler, & Bala, 2012, p. 436). Despite these limitations, most clinicians are keenly aware of the profoundly negative effects of such parental behavior upon children of all ages.

Recommendations

We focus first on the best-practice implications of this broader view.

In Practice

- Divorce prevention through educational emphasis on successful co-parenting

behaviors (i.e., telling parents to not be surprised by—rather prepare for—that dip in marital satisfaction after they become parents—'it happens to everyone') and techniques that recognize and respect the unique contributions that mothers and fathers make to the well-being and development of their children and their families.

- Better define and clarify the parenting strain that often begins acutely with separation and lasts long after the decree is granted, so that practitioners may make parents aware of the approaches that have been developed to help them steel themselves for its potential influence over their relationship with their children after divorce.
- Gatekeeping must be more widely discussed and addressed in supporting co-parenting after divorce. It is easier and safer to deal with it on the table than under it.
- The use of nonadversarial methods of dispute resolution (e.g., mediation, parenting coordination, and collaborative law) during the course of separation and divorce often increases—or at least preserves—the level of father involvement during this stressful period of parenting, trending toward better outcomes for himself and his children.
- Disseminate practical psycho-educational programs aimed at helping separating and divorcing couples differentiate the romantic (i.e., failed and over) vs. parental (life-long) components to their relationship with the goal of functioning—if not satisfying—co-parenting relationships. Many states implement such programs when parents with children initiate proceedings in family court.
- Staying connected with infants and toddlers. Given the limitations of children's sense of time, memory, and object constancy, avoid prolonged separations from either parent. This tends to ease separation anxiety through the substantial and formative repertoire of interactions afforded by regular contact, forming a foundation of trust and comfort between parent and child, enhancing sensitivity and overall parenting quality.
- Staying connected with preschoolers. Improved memory and language capacity permit longer separations (3 or 4 days), and many (though not all) preschoolers can handle mid-week overnights without stress or difficulty. A structured, novel week-long vacation with the usual siblings and pets, is most comfortable for this age.

Policy

- Behavioral health professionals that work with young families need to consciously shift their clinical and institutional focus toward father-inclusive practice. This need not come at the expense of maternal engagement, but merely to ensure that the professional's interface with the family encourages paternal inclusion at every turn, from the posters on the wall, to intake forms, to the training of home visitors. Abusive fathers or partners are the obvious exception.
- The paternal role with the young child is especially vulnerable during divorce and separation, given that the father and child have had relatively little time to develop a relationship that is unique to them. Facilitative, positive gatekeeping should be part of any intervention assisting the family at this time (e.g., court clinic, parenting after separation programs). It will pay off in reduced incidence of father drift.

Kyle Pruett, *MD, clinical professor of child psychiatry and nursing, served as director of medical studies at the Yale School of Medicine's Child Study Center, where he received the Lifetime Distinguished Teaching award. He has been in the private practice of infant, child, and family psychiatry since 1974, and was president of the Board of Directors of ZERO TO THREE. Dr. Pruett makes frequent contributions to national and international print and electronic media, and television appearances for NBC, CBC, ABC News, CBS Morning News, NPR, PBS National Advisory Board, and Sesame Workshop. With his wife, Marsha Kline Pruett, he is co-investigator in the Collaborative Divorce Project to reduce the trauma of divorce in young children's lives, and the prestigious 700-family, multisite abuse and neglect prevention study, "Supporting Fatherhood Initiative" for California's Department of Social Service, Office of Child Abuse Prevention.*

Marsha Kline Pruett, *PhD, is the Maconda Brown O'Connor Professor at Smith College School for Social Work. She is widely published on topics pertaining to couple relationships, divorce and child access, father involvement, and child outcomes. Her book* Your Divorce Advisor: A Psychologist and Attorney Lead You Through the Legal and Emotional Landscape of Divorce (*Fireside*) *was also made into an award-winning DVD. She serves on the Board of Directors of the Association of Family and Conciliation Courts and won their award for distinguished research.*

References

Amato, P. R., & Hohmann-Marriott, B. (2007). A comparison of high and low-distress marriages that end in divorce. *Journal of Marriage and Family, 69*, 621–638.

Amato, P. R., Loomis, L. S., & Booth, A. (1995). Parental divorce, marital conflict, and offspring well-being in early adulthood. *Social Forces, 73*, 895–916.

Amato, P. R., Meyers, C. E., & Emery, R. E. (2009). Changes in nonresident father contact between 1976 and 2002. *Family Relations, 58*, 41–53.

Aquilino, W. S. (2006). The noncustodial father-child relationship from adolescence into young adulthood. *Journal of Marriage and Family, 68*, 929–946.

Barrett, A. E. (2003). Race differences in the mental health effects of divorce: A reexamination incorporating temporal dimensions of the dissolution process. *Journal of Family Issues, 24*, 995–1019.

Berlin, L. J., & Cassidy, J. (1999). Relations among relationships: Contributions from attachment theory and research. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 688–712). New York: Guilford.

Bernard, J. (1972). *The future of marriage*. New Haven, CT: Yale University Press.

Bierman, A., Fazio, E. M., & Milkie, M. A. (2006). A multifaceted approach to the mental health advantage of the married: Assessing how explanations vary by outcome measure and unmarried group. *Journal of Family Issues, 27*, 554–582.

Booth, A., & Amato, P. R. (2001). Parental predivorce relations and offspring postdivorce well-being. *Journal of Marriage and Family, 63*, 197–212.

Bramlett, M. D., & Mosher, W. D. (2002). *Cohabitation, marriage, divorce, and remarriage in the United States.* (Vital and Health Statistics, Series 23). Washington, DC: U.S. Government Printing Office.

Bratter, J., & King, R. B. (2008). But will it last? Marital instability among interracial and same-race couples. *Family Relations, 57*, 160–171.

Brockman, H., & Klein, T. (2004). Love and death in Germany: The marital biography and its effect on mortality. *Journal of Marriage and Family, 66*, 567–581.

Carlson, M., & Corcoran, M. E. (2001). Family structure and children's behavioral and cognitive outcomes. *Journal of Marriage and Family, 63*, 779–792.

Cheadle, J., Amato, P. R., & King, V. (2010). Patterns of nonresident father involvement. *Demography, 47*, 205–225.

Clarke-Stewart, A., & Brentano, C. (2006). *Divorce: Causes and consequences.* New Haven, CT: Yale University Press.

Clements, M. L., Stanley, S. M., & Markman, H. J. (2004). Before they said "I do": Discriminating among marital outcomes over 13 years. *Journal of Marriage and Family, 66*, 613–626.

Fabricius, W. V., & Luecken, L. J. (2007). Postdivorce living arrangements, parent conflict, and long-term physical health correlates for children of divorce. *Journal of Family Psychology, 21*, 195–205.

Gottman, J. M., & Levenson, R. W. (2000). The timing of divorce: Predicting when a couple will divorce over a 14-year period. *Journal of Marriage and Family, 62*, 737–745.

Harris, K. M., & Ryan, S. (2004). Father involvement and the diversity of family context. In R. D. Day & M. E. Lamb (Eds.), *Conceptualizing and measuring father involvement* (pp. 293–320). Mahwah, NJ: Erlbaum.

Hetherington, E. M. (2003). Intimate pathways: Changing patterns in close personal relationships across time. *Family Relations, 52*, 318–331.

Kelly, J. B., & Lamb, M. E. (2000). Using child development research to make appropriate custody and access decisions for young children. *Family and Conciliation Courts Review, 38*, 297–311.

King, V. (2003). The influence of religion on fathers' relationships with their children. *Journal of Marriage and Family, 65*, 382–395.

Lamb, M. E., & Lewis, C. (2010). The development and significance of father-child relationships in two-parent families. In M. E. Lamb (Ed.), *The role of the father in child development* (2nd ed., pp. 94–153). Hoboken, NJ: John Wiley & Sons.

Landale, N. S., & Oropesa, R. S. (2001). Father involvement in the lives of mainland Puerto Rican children: Contributions of nonresident, cohabiting and married fathers. *Social Forces, 79*, 945.

Maccoby, E. E., & Mnookin, R. H. (1992). *Dividing the child: social and legal dilemmas of custody*. Cambridge, MA: Harvard University Press.

McHale, J. P. (2007). *Charting the bumpy road of coparenthood: Understanding the challenges of family life.* Washington, DC: ZERO TO THREE.

McLanahan, S., Garfinkel, I., Reichman, N., Teitler, J., Carlson, M., & Audigier, C. N. (2003). *The Fragile Familes and Child Well-being Study: Baseline national report.* Princeton, NJ: Princeton University Bendheim-Thoman Center for Research on Child Well-being.

Parke, R. D. (2004). Development in the family. *Annual Review of Psychology, 55*, 365–399.

Pruett, K. D. (2000). *Fatherneed: Why father care is as essential as mother care for your child.* New York: Free Press.

Pruett, M. K., Arthur, L., & Ebling, R. (2007). The hand that rocks the cradle: Maternal gatekeeping after divorce. *Pace University Law Review, 27*(4), 709–739.

Pruett, M. K., Ebling, R., & Insabella, G. (2004). Critical aspects of parenting plans for young children. *Family Court Review, 42*, 39–59.

Pruett, K. D., & Pruett, M. K. (2009). *Partnership parenting–How men and women parent differently—Why it helps your kids and can strengthen your marriage.* New York: Perseus.

Pruett, M. K., Williams, T., Insabella, G., & Little, T. (2003). Family and legal indicators of child adjustment to divorce among families with young children. *Journal of Family Psychology, 17*, 169–180.

Saini, M., Johnston, J. R., Fidler, B, & Bala, N. (2012). Empirical studies of alienation. In K. Kuehnle & L. Drozd (Eds.), *Parenting plan evaluations: Applied research for the family court* (pp. 399–441). New York: Oxford.

Sandler, I., Miles, J., Cookston, J., & Braver, S. (2008). Effects of father and mother parenting on children's mental health in high- and low-conflict divorces. *Family Court Review, 46*, 282–296.

Sobolewski, J. M., & King, V. (2005). The importance of the coparental relationship for nonresident fathers' ties to children. *Journal of Marriage and Family, 67*, 1196–1212.

Solomon, J., & George, C. (1999). The development of attachment in separated and divorced families: Effects of overnight visitation, parent, and couple variables. *Attachment and Human Development, 1*, 1–33.

Strohschein, L. (2005). Parental divorce and child mental health trajectories. *Journal of Marriage and Family, 67*, 1286–1300.

Sun, Y., & Li, Y. (2002). Marital disruption, parental investment, and children's disruption during late adolescence. *Journal of Marriage and Family, 69*, 742–762.

Sweeney, M. M., & Phillips, J. A. (2004). Understanding racial differences in marital disruption: Recent trends and explanations. *Journal of Marriage and Family, 66*, 639–650.

Teachman, J. D. (2002). Stability across cohorts in divorce risk factors. *Demography, 65*, 507–524.

Teachman, J. D. (2008). Complex life course patterns and the risk of divorce in second marriages. *Journal of Marriage and Family, 70*, 294–305.

Tein, J.-Y., Sandler, I. N., & Zautra, A. J. (2000). Stressful life events, psychological distress, coping, and parenting of divorced mothers: A longitudinal study. *Journal of Family Psychology, 14*, 27–41.

Wang, H., & Amato, P. R. (2000). Predictors of divorce adjustment: Stressors, resources, and definitions. *Journal of Marriage and the Family, 62*, 655–668.

Williams, K., & Dunne-Bryant, A. (2006). Divorce and adult psychological well-being: Clarifying the role of gender and child age. *Journal of Marriage and Family, 68*, 1178–1196.

Wu, Z., & Schimmele, C. M. (2005). Repartnering after first union disruption. *Journal of Marriage and Family, 62*, 162–174.

Zhang, Z., & Hayward, M. (2006). Gender, the marital life course, and cardiovascular disease in late midlife. *Journal of Marriage and Family, 68*, 639–657.

Sharing the Caring

Considerations for Co-Parenting Arrangements When There Is a Separation or Divorce

REBECCA PARLAKIAN
CLAIRE LERNER
ZERO TO THREE
Washington, DC

The most important factor in helping children cope with a divorce in the family is the ability of both parents to manage their own feelings about the divorce in order to focus on the needs and feelings of their children. When parents are able to establish a plan and approach that enables each to be the best parent he or she can be, it maximizes the chance that children will continue to feel safe, secure, and loved even as the world as they know it is changing

Children are able to form attachments—loving, trusting relationships—with multiple people. This relationship-building process begins at birth. A child is not an object to be "won" or "divided" in the divorce proceedings, but an individual with unique and special relationships with each parent. One important objective of any custody and co-parenting plan should be to help children establish and maintain a meaningful relationship with both parents (assuming that abuse, neglect, or maltreatment is not a concern).

Important Factors to Consider When Developing a Co-Parenting Plan

As parents begin to plan custody and co-parenting arrangements for their very young children, some important factors to consider include:

- **The age of each child.** During the early months of life, babies need parents to provide stability, a sense of security, and love. Babies should have frequent contact with both parents. Babies have a limited ability to remember an absent parent because the area of their brains responsible for long-term memory is still developing. To help them develop a healthy attachment to both parents, children less than 3 years old should not be away from either parent for more than 2–3 days. For children 3–5 years old, separations of more than 3 or 4 days can interfere with a healthy attachment to a parent (Massachusetts Association of Family and Conciliation Courts, n.d.).

  It is also important for parents to take into consideration where their child is developmentally. For example, between 6 and 9 months old, many babies experience separation anxiety—feeling anxious and protesting when separated from a primary caregiver. Babies may become distressed or have eating and sleeping problems when they are with less familiar caregivers such as the noncustodial parent. To support babies, each parent should maintain a similar and consistent daily (sleep, feeding, and waking) schedule. Parents should adjust their schedules to reduce disruptions to the baby's routine.
- **Any special needs the child may have** (medical, developmental, educational or social–emotional). Parents should work together to make sure the co-parenting plan they develop ensures that their child's special needs are addressed.
- **The child's daily schedule.** The plan should reduce disruption to the child's routine as much as possible. This is especially true for children who have less flexible temperaments or difficulty with change. Regular communication between parents concerning their baby is critical. One strategy is for parents to share a daily diary (a hard copy or by email) in which each parent notes the baby's sleep times, meals, diapering schedule, and general observations about the child including his mood.
- **Caregiving responsibilities of each parent before the separation**. If one parent was clearly the primary caregiver prior to the separation, then it might be a good idea to start with shorter visits with the less-involved parent. Frequent short visits several times weekly will help that parent and baby develop a secure relationship. The length of these visits can increase over time as their relationship grows. For example, daytime visits may be lengthened gradually, and overnights added as the parent and child develop a stronger bond (Massachusetss Association of Family and Conciliation Courts, n.d.).

  It is normal for a young child to prefer one parent over the other. Typically the favored parent is the one who spends significantly more time caring for the child. As a result, parents may initially notice an increase in their child's separation distress. This is not a reason

to limit or exclude the other parent from visitation, but highlights the importance of creating a phase-in plan that allows the noncustodial parent to build a closer relationship with the child.

- **Availability of each parent as a caregiver.** For example, if one parent travels a lot, or one parent is able to be home more, the co-parenting plan should take this into consideration when figuring out how to best share time with the child. This might mean one parent having the child most of the week and the other having more weekend time. Breastfeeding is also important to consider. If a baby is still nursing, parents should work together to make a plan that allows this routine to continue without it taking time away from the non-nursing parent.

When a Parent Cannot Be Involved in Regular Care of the Child

There are situations in which a parent is not able to be involved in her child's everyday life following a divorce. For example, sometimes a parent moves far away for a new job or new relationship, or is engaged in military service and deployed overseas. In these cases, the caregiving parent can support the child's relationship with the distant parent by:

- Recognizing that it is in the child's best interest to have a strong relationship with both parents, regardless of their location
- Putting photos of the distant parent in the child's room at the child's level
- Creating photo books of the distant parent to share with the child
- Encouraging the child to talk with the distant parent on the phone on a regular basis (when age appropriate)
- Planning Internet-based or smartphone video calls with the distant parent (hold baby up to see the parent), if the parent has access to this technology
- Videotaping the distant parent reading a children's book or singing a lullaby. Make the video part of the child's everyday routine
- Giving the child lots of opportunities to talk about the distant parent; answering his questions about the parent in age-appropriate ways (Be careful not to force these discussions. Follow the child's lead. Sometimes children don't want to think about the other parent, not because they don't love or miss the distant parent, but because it is too painful to think about her.)
- Sending the distant parent regular photos of the child, pieces of the child's artwork or scribbles, or video clips of the child at play
- Continuing to involve the distant parent in co-parenting decisions, such as a change in schools
- Avoiding communicating to the child that the absent parent's distance is a reflection of her love for the child

Tips for Helping Children Cope With Separation From a Parent

- Give children advance notice about changes in their schedule.
- For toddlers with growing language skills, a regular phone call from the parent each day at a specified time can be a comforting ritual. Internet-based video calls are another option for families with access to this technology.
- Place a photo of each parent in the child's rooms in both homes.
- If the child has a special loved object (e.g., blanket, stuffed animal, or toy), have her take it with her from one home to the other. If the child doesn't have a special object, ask if she wants to take something from one home to the other as a way to bridge the gap.
- Preschoolers are developing an understanding of time. They may benefit from a monthly calendar, hung at their height in both homes, that shows where they will be each day of the week. A color scheme (e.g., using yellow for Mom's home and green for Dad's home) can help preschoolers understand and anticipate their weekly schedule. This helps make children feel safe and secure.

Note: This resource is adapted from the ebooklet Love You No Matter What: The Impact of Separation and Divorce on Young Children and Their Families *(ZERO TO THREE, 2012) designed to provide parents and early childhood professionals information and strategies to help babies, toddlers, and preschoolers navigate this major life change. The complete ebooklet is available for purchase online at www.zerotothree.org/loveyounomatterwhat*

Photo: ©iStockphoto.com/Augusto Olivares

For toddlers with growing language skills, a regular phone call from the parent each day at a specified time can be a comforting ritual.

Acknowledgment

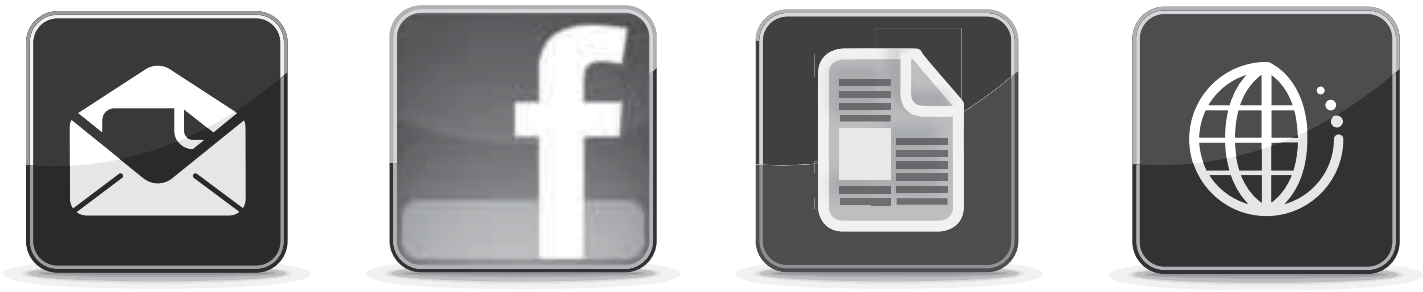
Special thanks to Kyle D. Pruett, MD, Clinical Professor of Child Psychiatry, Yale Child Study Center and Marsha Kline Pruett, PhD, Maconda Brown O'Connor Professor, Smith College, and co-authors of Partnership Parenting, *for their contributions to and review of this document.*

References

Massachusetts Association of Family and Conciliation Courts. (n. d.). *Planning for shared parenting: A guide for parents living apart.* Retrieved from www.mass.gov/courts/courtsandjudges/courts/probateandfamilycourt/afccsharedparenting.pdf

WANT MORE FROM ZERO TO THREE?

Check out all the ways you can **STAY IN TOUCH.**



Journal Table of Contents Alerts

The ***Table of Contents Alert*** offers you a way to get a sneak peak of the upcoming issue of the *Zero to Three* Journal. You will receive a free bi-monthly email that provides a complete Table of Contents listing and brief descriptions of the articles.

Go to **www.zerotothree.org/tocsignup**

Facebook

Join the conversation with Stefanie Powers, editor of the *Zero to Three* Journal. Connect with members around the world who share a passion for improving the lives of infants, toddlers, and their families. When you join the *Zero to Three* Journal's Facebook page, you can share information, find useful resources, and stay up-to-date on the latest news about babies and toddlers.

Sign up at **www.facebook.com/ZerotoThreeJournal**

ZERO TO THREE Insider

When you register on the ZERO TO THREE Web site, you will automatically receive our bi-weekly emails that offer free resources, news, and information on products that can help you expand your knowledge, improve your skills, or train your staff.

To sign up go to **www.zerotothree.org** and provide your email address.

Baby to Big Kid Newsletter

Register to receive ZERO TO THREE's newest resource for parents—***From Baby to Big Kid,*** a free monthly e-newsletter offering science-based information on how children learn and grow from birth to age 3. The monthly e-newsletters include age-based information about child development, articles on common child-rearing issues and challenges, parent-child activities that promote bonding and learning, and research on child development and what it means for parents.

To sign up, go to **www.zerotothree.org/child-development/from-baby-to-big-kid/**

The Baby Monitor

The Baby Monitor is the ZERO TO THREE Policy Network's bi-weekly e-newsletter, focused on policy and advocacy news about infant–toddler issues. Stay updated on key federal and state policy issues and learn how you can get involved. ***The Baby Monitor*** also features publications, online resources, and advocacy tools that can help you be a big voice for little kids.

To sign up, join the Policy Network at **www.zerotothree.org/babymonitor**

ZERO TO THREE®

National Center for Infants, Toddlers, and Families

www.zerotothree.org

Moving Young Children From Foster Care to Permanent Homes

Evaluation Findings for the ZERO TO THREE Safe Babies Court Teams Project

KIMBERLY McCOMBS-THORNTON
University of North Carolina at Chapel Hill

Abstract

This article summarizes an evaluation of the Safe Babies Court Teams Project. The study compared children in the Court Teams Project at the four initial sites ($n = 298$) with a nationally representative sample of young child welfare participants ($n = 511$) from the National Survey of Child and Adolescent Well-Being (NSCAW). The Court Teams Project has a significant effect on how quickly children exit foster care: Children participating in Court Teams leave foster care nearly 3 times as fast as the comparison sample. Findings also suggest that children in the Court Teams Project experience a different pattern of exits from foster care: Reunification is most common for Court Teams children (38%), whereas adoption is most prevalent for the comparison group (41%). Children in Court Teams appear to leave foster care faster regardless of the type of exit. Findings from interviews suggest that parental compliance with the service agreement heavily affects the case outcome. Both judicial approach and the monthly case reviews appear to contribute most to reducing time to permanency.

America's youngest children experience the highest rates of maltreatment (U.S. Department of Health and Human Services, 2008, 2011; Wulczyn, Hislop, & Jones Harden, 2002). Maltreated infants and toddlers live in unstable homes at a critical point of their development (National Research Council & Institute of Medicine, 2000). They are at risk for insecure attachment that can lead to emotional withdrawal and, eventually, behavior issues such as poor self-regulation (Wulczyn et al., 2002; Zeanah, Boris, & Lieberman, 2001). Despite these risks, infants typically stay in foster care for longer periods than older children (Wulczyn, Chen, Collins, & Ernst, 2011).

The Safe Babies Court Teams Project (formerly known as the Court Teams for Maltreated Infants and Toddlers Project) is a systems-change initiative designed to address the needs of young children in foster care. ZERO TO THREE: National Center for Infants, Toddlers, and Families (ZTT) developed the project and oversees implementation at the local level. This article summarizes findings from a mixed-methods evaluation of the Court Teams Project. The study examines the effect of the initiative on time to permanency. In this study, *time to permanency* is defined in two ways: (a) length of time before a child is placed in what ultimately becomes the permanent home and (b) length of time before the child is discharged from foster care.

Safe Babies Court Teams Project

The ZTT Court Teams Project is a community-based initiative that targets infants and toddlers less than 3 years old entering the child welfare system. The project has three main goals:

- Reduce the time until children are in a permanent home, that is, decrease time to permanency.
- Improve the well-being of young children in foster care, including meeting developmental needs, fostering a secure caregiver relationship, and encouraging family involvement with the child.
- Reduce the recurrence of substantiated reports of abuse and neglect.

In conjunction with their Court Teams advisory committee, the ZTT national office has developed a Court Teams model for implementation at the local level designed to meet these goals. Initially inspired by early childhood–focused activities in the Miami-Dade County, Florida, courts, the model eventually evolved into a broader approach

that was more easily implemented in a variety of environments and that includes evidence-based practices related to parent education and child-parent psychotherapy (Hafford & DeSantis, 2009).

The model comprises several major program components. Judicial leadership is the first component: ZTT works closely with National Council of Juvenile and Family Court judges to identify judges interested in bringing a court team to their community. Once funding is secured for a local site (typically through the U.S. Department of Justice), the ZTT national office works with the judge to hire a community coordinator, the second program component. The coordinator fulfills many roles, including forging a supportive working relationship with local professionals involved in the child welfare system, such as the county Department of Social Services or child protective services (CPS) case workers and supervisors, attorneys, court-appointed special advocates (CASA), and so on. The coordinator also learns about a variety of services for children and parents in the community. The judge and the coordinator work together to recruit child welfare representatives and service providers to participate in the local court team (the third program component). This court team is charged with identifying the needs of young children in the local child welfare system and developing a plan for addressing these needs (Hafford & DeSantis, 2009; McCombs, 2007).

The local plan incorporates the remaining components of the Court Teams model. For instance, the team decides how to implement monthly case reviews, a key piece of the model. ZTT requires that sites have a process for discussing cases monthly, to ensure each case is active and progress is continual. Reviews can take the form of court hearings or family team meetings. The plan also incorporates the remaining components of the Court Teams model, including referral to child-focused services, mental health intervention (i.e., child-parent psychotherapy), evidence-based parenting education, and ZTT national office activities (i.e., training and technical assistance, resource materials, and program monitoring and assessment). The court team meets regularly to review progress (Hafford & DeSantis, 2009; McCombs, 2007).

The local court team determines how children will be selected to participate in the program. Across the first four Court Teams sites, nearly all child welfare cases of children less than 3 years old assigned to the Court Teams judges have entered into the program. Assignment to judges is based on age (e.g., all infants and toddlers are assigned to the Court Teams judge in a county) or random assignment, depending on the site. Most sites work to maintain an active caseload of 20 to 25 cases at any time, although only one site is known to have actively put a temporary hold on taking new cases at one point because of community coordinator overload. Only one case in these original sites is known to have refused participation.

The initiative began in 2005. Twelve projects have been funded to date. Four of these projects have cases that reached permanency by the end of 2009.

Time-to-Permanency Outcome

The U.S. Department of Health and Human Services (HHS) considers a child to have reached permanency when he is released from foster care and reunified with a parent or caregiver, legally adopted, placed with a relative who becomes the legal custodian, or lives with another type of legal guardian (U.S. Department of Health and Human Services, n.d.). The Court Teams Project seeks to decrease the time required before the child is officially discharged from foster care and achieves permanency as defined above. In addition to this time to "official" permanency, ZTT considers permanency from the child's perspective. The young child may be unaware of the official determination date but will always be quite sensitive to a change in caregiver. Thus, the program also considers permanency in terms of how much time passes before the child moves into what ultimately becomes the permanent home. This is dubbed "move-in" permanency. For example, a child may move in with Grandma on day one. If Grandma becomes the permanent caregiver, then time to move-in permanency is quite short. The emphasis is on seeking an early foster care placement that could eventually become a permanent home (such as with a relative or a foster/adopt home) if reunification with parents is not possible. This focus on placement in a potential permanent home shortens the window in which the child is in flux, thereby increasing the likelihood that she can develop a positive attachment with the long-term caregiver.

Evaluation Methods

This evaluation used both quantitative and qualitative methods. In the statistical study, researchers compared children who participated in Court Teams ($n = 298$) with a nationally representative sample of young child welfare participants ($n = 511$), and then used a statistical method called "propensity score matching" to balance out the differences between the groups. After propensity score matching there were no statistically significant differences between the Court Teams cases and the comparison cases.

The ZTT Court Teams sample included all children in the initial four sites who entered the project by December 31, 2009. The community coordinators routinely collected data from the CPS family service plan, from information shared at monthly case review meetings and court hearings, as well as from conversations with case workers and service providers. The study used data collected through September 2010, representing a follow-up period of 1 year or more for 94% of ZTT cases.

The researcher drew a comparison group from the National Survey of Child and Adolescent Well-Being (NSCAW), a nationally representative, longitudinal study of children involved in the child welfare system (U.S. Department of Health and Human Services, 2009).

This analysis used the child welfare worker data in order to most closely reflect ZTT's own reliance on child welfare data collected from CPS/professional sources. The researcher selected the comparison group based on the criterion used for ZTT enrollment, namely, experience of a child welfare–supervised out-of-home placement before age 3 years. All NSCAW cases had a follow-up period of 1 year or more.

The researcher also conducted one-on-one, open-ended phone interviews with the coordinator in each of the four sites to begin to understand how the initiative affects time to permanency. Each interview focused on how key actors in the program (the judge and the community coordinator) responded to a series of cases and how other program components (such as the monthly case reviews) were implemented for these families. The interviews included discussion of a total of 46 cases across the sites.

The Effect of the Court Teams Project on Time to Permanency

The ZTT Safe Babies Court Teams Project had a significant effect on how quickly children exit the foster care system. Children who participated in Court Teams exited foster care 1 year earlier, on average, than a nationally representative group of children from the NSCAW longitudinal survey. Children in Court Teams left foster care in just over 1 year (median 12.6 months), whereas the comparison group exited foster care in just over 2 years (median of 25.0 months). When we controlled for differences in characteristics between the two groups that might explain these results, we found that children in Court Teams left foster care nearly 3 times as fast as the comparison group (McCombs-Thornton & Foster, 2012).

The initiative also appeared to have a significant effect on how children exit foster care. Young children typically exit foster care in one of four ways: reunification, adoption, relative guardianship, or nonrelative legal

guardianship (U.S. Department of Health and Human Services, n.d.). Children who experience reunification usually spend less time in foster care than children who are adopted. The effect of the program on time to permanency was in fact explained somewhat by differences in types of exits. Reunification was the most common type of exit for ZTT children (38% ZTT vs. 29% NSCAW), whereas adoption was most frequent for NSCAW children (15% ZTT vs. 41% NSCAW). The analysis found, however, that children involved with Court Teams spent much less time in foster care regardless of the type of exit. Of children who were reunified, those in the Court Teams Project exited foster care 8 months faster on average. Among those who were adopted, children in Court Teams left foster care 10 months sooner on average. Of children who reached permanency with a relative guardian, children in Court Teams exited foster care 3 to 4 months faster on average. And among children exiting to a nonrelative guardian, children in Court Teams left foster care an average of 10 to 13 months quicker (McCombs-Thornton & Foster, 2012).

Key Court Teams Components

The statistics show a strong effect of the Court Teams Project on reducing time in foster care. However, they do not indicate which parts of the project are most important for reducing this time. Researchers conducted interviews with the community coordinators in each of the four sites to begin to understand how the project works to reduce time to permanency.

Role of the Parent

Analysis of the interviews revealed that the parents' decision to comply with CPS requirements is a major determining factor in the case outcome. When CPS assumes temporary custody of the child, one of the first steps is to develop a service plan (also called the "service agreement," "case plan," or "family plan of service" in the Court Teams sites). The case worker typically meets with the parents to understand their service needs and barriers to creating a safe home for the child. The service plan reflects these needs, clearly outlining the interventions in which parents are required to participate. Whether parents comply with the services ordered in the service plan is at the center of the permanency process. Their decision to comply with the service plan ultimately influences the direction of the case and the final case outcome. Figure 1 shows how the parents' approach to the service plan affects the case outcome. As one community coordinator put it:

The case closes when CPS says the parents have completed the service plan, they've done everything we've asked them to do. We have a place for the children, a permanent place for the children, the case is closed. . . . It is like a contract with CPS and the parent. You do what you are supposed to do; you get your children back.

When parents comply, the case usually ends in reunification. Parents who do not comply generally lose or give up their parental rights, leading to adoption or legal guardianship. Parents who comply somewhat but not to the full extent tend to draw out the case even longer. Parental approach to compliance is therefore linked to how children exit foster care, which, in turn, is linked to time to permanency.

A variety of factors influence the parents' behavior in complying with the service plan. Analysis of the qualitative data yielded three main influences on the parents' approach to compliance, namely, their own parental attributes, the availability of social support, and the child welfare system. Figure 1 illustrates these central factors that affect the parents' decision and capacity to comply.

Role of the Safe Babies Court Teams

With the parents' behavior being key to the outcome, how does the ZTT Court Teams Project influence time to permanency? Figure 1 suggests that the ZTT Court Teams could ultimately decrease time to permanency by directly influencing the parents' decision to comply with the service plan and indirectly through influencing their social support network, case workers, and service providers.

Figure 1. Key Influences on Parents' Approach to Complying With the Service Plan

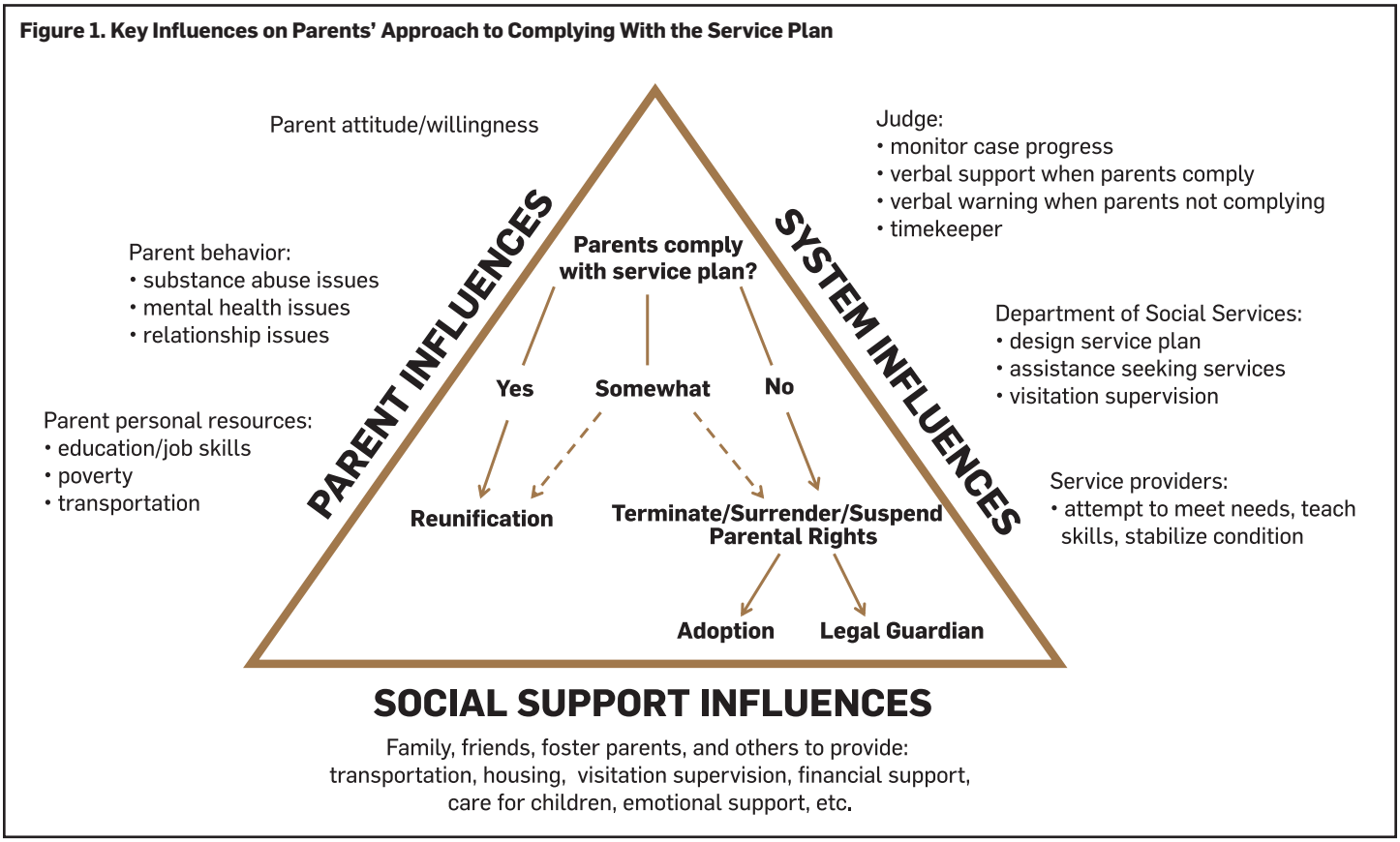


Photo: ©iStockphoto.com/Rosemarie Gearhart

The Court Teams Project seeks to decrease the time required before the child is officially discharged from foster care and achieves permanency.

Analysis of the interviews revealed that two of the Court Teams model components appeared to be most directly related to time to permanency: the judge and the monthly case reviews. Table 1 shows how these components work to speed up the permanency process.

Role of the Judge

The judges in the four Court Teams jurisdictions use different approaches in the courtroom. Some mainly react to the information shared during the hearing. Others ask many questions about parental compliance, the child's well-being, and the overall progress of the case. Regardless of the style, each judge uses her authority to directly encourage the parent to comply. The judges also try to support and motivate key influences on the parents' compliance, namely the temporary caregiver and family (social support influences) and the case worker and service providers (systems influences).

Much of the judges' attention in the courtroom appears to center on the parents. Community coordinators described how each judge displayed both encouragement and firmness, as warranted, toward the parents. When the parents are complying with the service plan and appear to be taking steps to change their behaviors, the judge can be very encouraging. There were many examples of judicial support shown to the parents, as in this case:

[The judge] was very supportive and really wanted the children with their mother. And, you know, basically would encourage her and would actually praise her and tell her she was doing a good job and tell her to keep it up . . . assuring her we were going in the right direction. . . . [The judge] is very good about praising when you've made progress on your service plan and you're doing what you're supposed to do.

There are other parents who show little sign of overcoming their addictions and destructive behaviors. Judges often refer to the passing time to encourage the parents to act. "We're running out of time" was a consistent comment from the bench across the sites. In addition, when the CPS worker and service providers share in court that the parents are not complying, the judge may be much more directive, as in the this case:

So the judge was pointing this out to this mother, that "You know, all of this stuff is in place, and anytime that somebody set something up for you and gets you what you need, it gets sabotaged by this volatile relationship that you have [with the dad]. It circumvents everything that everybody is trying to do. And you don't take advantage of it. And you have to make a decision for yourself if you're going to choose this relationship or if you're going to choose your children." And the end result is that she chose the relationship.

Table 1: Effect of ZERO TO THREE Court Teams Program on Key Influences Affecting Parental Compliance With Service Plan

Key ZTT Court Teams Component	Parental Influences	Social Support Influences	Systems Influences
Judicial leadership	Motivate parents to act/continued encouragement Order additional services or activities, or facilitate getting needs met, or both Point out how relatives, case workers, and providers have helped; may ask them for more effort in helping the parent get services Model for the parents the importance of child well-being* Order increased visitation* Increased focus on the timeline	Thank temporary caregivers Ask how they are doing caring for the child; what needs they have Give family members opportunity to comment in court on what they have observed between the parent and the child since the last court hearing Increased focus on the timeline	Point out all the case worker and providers have done for the parent and the child; encourage professionals to continue Order additional services or activities as needed; may require case worker or service provider to do a specific task on behalf of parent or child Motivate case worker to act if they have not Increased focus on the timeline
Monthly Case Reviews	Very frequent and regular opportunity for judge to hold parents accountable May motivate parents to comply more quickly to avoid warning from judge at next fast-approaching hearing	Opportunity for temporary caregivers, visitation supervisors, and family members to communicate their needs and have them met quickly, often because of judicial intervention	Keep all involved parties on task Requires key actors to respond faster; do not procrastinate Illuminate case direction and likely outcome more quickly

* May not be directly related to parental compliance, but may help remind parents of benefits of complying

No matter the approach, in all cases, the judges appear to be quite consistent and clear. The recurrent message to the parents is that they need to change their behavior and comply with the service plan to get their children back—time is ticking.

Although much of the judges' focus is on the parents and how they are complying with the service plan, the judges also direct some of their attention to the other key influences on the parents' decision to comply, namely, their social support network and the professionals involved in the case. Judges routinely carve out time for the relatives and foster parents (often one and the same) to speak about the case. In addition to informing the judge how the child's needs are being met, the coordinators thought that giving the caregiver the floor might help highlight for the parent the importance of the child's well-being.

Lastly, judges also appear to be the timekeepers on a case, setting expectations for the case worker and service team to guide the case to permanency within a certain time period. Three of the community coordinators specifically mentioned the role of the Adoption and Safe Families Act in pushing cases along. Judges appear to vary in how they fulfill this timekeeper role. One community coordinator noted that the judge in her site sets clear expectations for the case worker to present recommendations on a permanent placement by the 6-month mark. Another coordinator described her judge as making sure all reasonable efforts had taken place and giving parents many opportunities to get their children back.

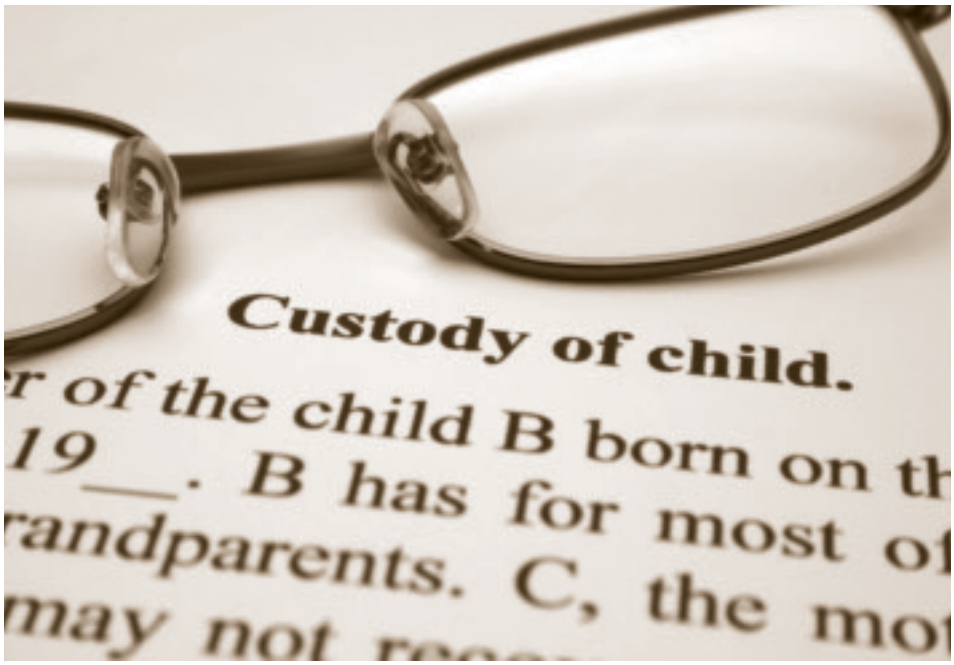


Photo: ©iStockphoto.com/alexskopje

Children who experience reunification usually spend less time in foster care than children who are adopted.

Monthly Case Reviews

Each local court team reviews the progress of the case on a monthly basis. The intent of the monthly reviews is to help move the case along. The Court Teams program model does not specify exactly what this process should include in each site. Instead, the local court team must develop a plan for the monthly reviews appropriate for their environment. Three of the four sites meet this requirement by holding formal monthly hearings. The fourth site holds hearings about every 6 weeks, with family team meetings in between each hearing. Prior to the Court Teams Project, community coordinators noted that hearings were held only about every 3 months across the sites.

Hearings involve nearly all of the key players in the case. The judge and other court employees, community coordinator, child welfare system professionals, the family, and the temporary caregiver participate in the hearings. Child welfare system professionals include the case worker, case worker supervisor, attorneys, and, if available in the site, guardians ad litem (a child's courtroom advocate), and CASA volunteers. Service providers typically submit a report to the court on the parents' participation in service, although sometimes the providers are called to testify in court. The child may or may not attend the hearing, depending on whether the temporary caregiver brings the child to court. As one coordinator noted, "the judge likes to see the child at least once at the beginning of the case."

The court hearing is the only contact that judges have with the families. Judges generally are not able to speak about the case outside of court. Therefore, the monthly hearings are the mechanism the judge uses to influence the parent, the social network, and the systems professionals.

Community coordinators were quite consistent in their description of the role of the monthly hearings. Across the sites, the monthly case reviews were described as filling two main roles: (a) helping to keep the parents and professionals "on task" and (b) showing the judge and CPS whether and how the parents are complying with the service plan.

Community coordinators spoke about staying on task most commonly in regards to the staff on the case. For instance:

Everybody stayed on task because they knew we were gonna be staffing and we were going to be in court. So there was no room for, for example, making a referral a week before we go to court because we were always going to court. So everybody was pretty much able to stay on task because we were going so much. . . . We all can be procrastinators, but if you know you'll be in court every month and you'll be staffing every month, you're gonna do what you're supposed to do because that question will be asked every month.

Some of the community coordinators noted the influence of the monthly court hearings on the parents as well. As this coordinator reflects:

Because usually CPS cases, the hearings are every 90 days, but with this, the parents know that they have to be in court every month. It gets them motivated to get on the ball so they don't have to go to the judge in 30 days to explain to the judge why they haven't done what they are supposed to have done 30 days prior. So maybe it just kind of keeps them motivated to complete the service plan.

All community coordinators indicated that progress with the service plan was discussed at every monthly case review or hearing. One described the purpose of the monthly hearings:

The purpose was basically to keep a handle on the progress or lack of progress in the case. And what progress was being made and if there was no progress being made, why. And who was responsible. And if there's anything that needed to be done to move the case along.

The monthly case reviews allowed the judge and CPS to more quickly deduce the parents' intent. Are they going to comply with the service plan? Are they going to change their behavior so they can provide a safe and stable home for the child? As one coordinator noted:

The case reviews can help in one of two ways. In this particular case it helped CPS determine that they needed to go on with TPR [termination of parental rights], to terminate the rights because you're coming in every month and you're showing no progress, no progress, no progress. . . . Either it's gonna help get home faster or help CPS determine where we need to go on with the concurrent plan, termination of parental rights.

In other cases, the monthly hearings provided information "the judge needed to assure [the judge] that [the mom] would be capable of taking care of her children."

Conclusion

The ZTT Safe Babies Court Teams Project appears to have a significant effect on how quickly children exit the foster care system. The judge and the monthly case reviews seem to be the key program mechanisms for moving cases more swiftly out of foster care. Although the results are affirming, they should be viewed in moderation. The statistical analysis, for instance, considers only the first episode in child welfare and doesn't account for cases that may have experienced further abuse and then reentry into the system. There also may be additional variables that could explain the time-to-permanency outcome that were not included in the analysis. In addition, the analysis of which program components are linked to time to permanency is limited by the reliance on feedback from the community coordinators and by the fact that only one person reviewed the data. Even with these limitations, the ZTT Court Teams Project offers a promising approach to accelerate and foster a permanent home for young children.

Kimberly McCombs-Thornton, *PhD, is the evaluation director at the North Carolina Partnership for Children. Prior to that she was at the University of North Carolina at Chapel Hill where she conducted the evaluation of the ZERO TO THREE Court Teams initiative. Dr. McCombs-Thornton has 20 years of experience working with nonprofits and universities to evaluate programs for children and families, including systems change efforts related to pediatric HIV/AIDS, neonatal case management, Success By 6, and homeless families.*

References

Hafford, C., & DeSantis, D. (2009). *Evaluation of the Court Teams for Maltreated Infants and Toddlers Project: Final report.* Office of Justice Grant No. 2006-MU-MU-0065. Arlington, VA: James Bell Associates.

McCombs, K. (2007). *ZERO TO THREE Court Teams for Maltreated Infants and Toddlers year 1 cross-site report: Evaluation findings.* Washington, DC: ZERO TO THREE.

McCombs-Thornton, K. L., & Foster, E. M. (2012). The effect of the ZERO TO THREE Court Teams initiative on types of exits from the foster care system: A competing risks analysis. *Children and Youth Services Review, 34*(1), 169–178.

National Research Council & Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development*. J. P. Shonkoff & D. A. Phillips, (Eds), Board on Children, Youth, and Families; Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. (n.d.). *Child welfare outcomes 2002–2005: Report to Congress prepared by the Children's Bureau (ACYF, ACF) of the U.S. Department of Health and Human Services.* Retrieved from www.acf.hhs.gov/programs/cb/pubs/cwo05/index.htm

U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Office of Planning, Research, and Evaluation. (2008). *Child maltreatment 2006.* Washington, DC.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Office of Planning, Research, and Evaluation. National Survey of Child and Adolescent Wellbeing (NSCAW) overview. (2009) [cited 2009 Oct 20]; Available from: www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/nscaw_overview.html#overview

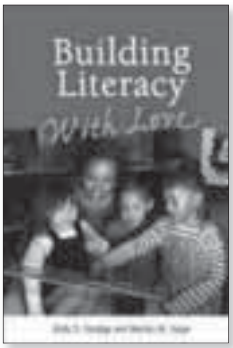
U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Office of Planning, Research, and Evaluation. (2011). *Child matreatment 2009.* Retrieved from www.acf.hhs.gov/programs/cb/pubs/cm09/cm09.pdf

Wulczyn, F., Chen, L., Collins, L., & Ernst, M. (2011). The foster care baby boom revisited: What do the numbers tell us? *Zero to Three, 31*(3), 4–10.

Wulczyn, F., Hislop, K., & Jones Harden, B. (2002). The placement of infants in foster care. *Infant Mental Health Journal, 23*(5), 454–475.

Zeanah, C., Boris, N., & Lieberman, A. (2001). Attachment disorders in infancy. In M. Lewis & A. Sameroff (Eds.), *Handbook of developmental psychopathology* (pp. 293–307). New York: Basic Books.

Resources to Promote Early Literacy and School Readiness



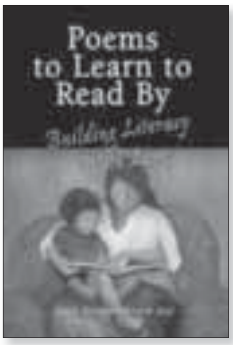
Building Literacy With Love

A Guide for Teachers and Caregivers of Children Birth Through Age 5

BETTY S. BARDIGE AND MARILYN M. SEGAL

ITEM: 328-OLB • ISBN: 9780943657820
384 PAGES, $29.95

This book offers practical suggestions for implementing effective, research-based teaching practices in child care settings. It also includes numerous fun and practical activities to promote phonemics, phonetic awareness, alphabetic knowledge, and fluency.



Poems to Learn to Read By

Building Literacy With Love

BETTY S. BARDIGE AND MARILYN M. SEGAL

ITEM: 340-OLB • ISBN: 9780943657929
228 PAGES, $22.95

This collection of poems that young children can enjoy with parents and teachers provides tools to support emerging language and literacy. Some poems tell stories while others simply play with sounds and words. The poems address the interests, feelings, and questions of young children. Readers also will find ideas on how to use the poems to strengthen children's language, build their literacy skills, help them manage strong emotions, and enhance their relationships.

Learning Happens DVD

CLAIRE LERNER AND REBECCA PARLAKIAN

ITEM: V507-OLB • ISBN: 9781934019085
60 MINUTES, $26.99

Learning Happens features 30 video vignettes on DVD that show parents and children—from birth to 3 years old—interacting during everyday play and routines. These vignettes provide rich examples of how:

- Development unfolds from birth to 3
- Young children acquire school readiness skills through everyday interactions and activities
- Parents and caregivers support children's early learning and development through daily interactions and activities

Getting Ready for School Begins at Birth

How to Help Your Child Learn in the Early Years

CLAIRE LERNER AND LYNETTE A. CIERVO

ITEM: 325-OLB • ISBN: 9780943657875
20 BOOKLETS (12 PAGES EACH), $30.00

ALSO AVAILABLE IN PACKETS OF 20 IN SPANISH!
ITEM: 326-OLB

This booklet helps parents and other caregivers understand how children from birth to 3 years old learn the basic skills they need to be successful in school. It also shows parents and caregivers how they can nurture the development of these crucial skills.

Before the ABCs

Promoting School Readiness in Infants and Toddlers

REBECCA PARLAKIAN

ITEM: 304-OLB • ISBN: 9780943657691
25 PAGES, $17.50

This resource examines the important role that cognitive and social–emotional skills play in preparing children for school. The book also helps infant–family program leaders and staff understand the many ways they can support the development of school readiness, including early literacy and early numeracy, in very young children.

Children's Play

The Roots of Reading

EDITED BY EDWARD F. ZIGLER, DOROTHY G. SINGER, AND SANDRA J. BISHOP-JOSEF

ITEM: 311-OLB • ISBN: 9780943657752
216 PAGES, $39.95

The value of play for both cognitive and social development is well documented by scientific research. Play—guided by teachers, child care providers, and parents—can contribute to emerging literacy by motivating a child to develop critical cognitive and social skills necessary for success in kindergarten and the early elementary school years.

"Essential. A must read for early childhood and elementary school educators."
—CHOICE Magazine

And don't miss this free resource!
www.zerotothree.org/literacytips

TO ORDER:

Call 1-800-499-4301
www.zerotothree.org/bookstore

ZERO TO THREE®
National Center for Infants, Toddlers, and Families

Early Intervention and Factors of Change

YVON GAUTHIER
Centre Hospitalier Universitaire Sainte Justine
Montreal, Quebec, Canada

Around the year 2000, I became very preoccupied—almost distressed at times—with the growth of a child psychiatry that I did not recognize. Most conferences and symposia in our community seemed almost exclusively devoted to the psychopharmacology of various disorders encountered in children. Canadian and American scientific journals seemed to publish mainly articles related to treating mental health issues with medication. I could no longer ignore the fact that, increasingly more often, mental health professionals were seeing young hyperactive children and that the treatment of such disorders had become almost exclusively pharmacological. Even with young children, medications such as amphetamines, anxiolytics, antidepressants, and even antipsychotics were increasingly used to relieve anxiety, sadness, and behavioral problems. Bipolar disorder, a disease of adults, seemed to be diagnosed earlier and earlier in the life of a child on the basis of criteria that remained unclear. Under the influence of the *Diagnostic and Statistical Manual of Mental Disorders DSM-IV* (American Psychiatric Association, 1994), child psychiatrists focused primarily on symptoms, often forgetting that establishing a relationship with the child and his family was an essential part of any therapeutic effort. This movement toward medication and away from psychotherapy was more subtly felt in the 1990s; by the early 2000s, I could sense that the psychosocial dynamic background was clearly pushed aside.

My own professional journey took me from a classical psychoanalytical training to a practice in a large pediatric hospital where I worked as a consultant in addressing the psychological needs of hospitalized children. My experience with infants' severe reactions to hospitalization led to successful efforts in changing visiting practices so that parents could stay with their infants. My colleagues and I conducted research (Gauthier et al., 1977; Gauthier et al., 1978) with very young children with asthma that completely changed formerly accepted ideas about the "pathological mother's" role in that severe illness. The development of the field of infant observation led to considerable knowledge about the importance of early infant–mother interactions. Bowlby's attachment theory and the rather amazing development of research in that field were opening up theoretical perspectives and clinical practice toward the determinant significance of early influences on child development.

In other words, during this time period, clinicians were evidently increasingly influenced by the important work on the human brain and the role of neurotransmitters, but there was something else happening in the field that was at least as important. There was more available knowledge, no longer theoretical, on understanding the importance of the early years for both normal and psychopathological development. But such knowledge appeared easily minimized or ignored and not integrated into teaching and practice. Mental health practitioners seemed to be subtly influenced by this new movement toward focusing exclusively on the contribution of neuroscience and brain development.

Early childhood professionals are in the midst of profound changes in their way of thinking about early child development. My own professional journey (Gauthier, 2009) reveals the history of this change in the field and the urgent need for professionals to make the effort to integrate knowledge in both spheres of human functioning. Martin

Abstract

Scientific advances in the knowledge of the brain and its functioning are considerable and undeniably useful in child mental health. At the same time, however, observational research on a longitudinal basis is demonstrating the importance of the family environment in a child's early years on adolescent and adult outcomes. Environmental influences are particularly evident in the domain of early intervention with disadvantaged families. This article considers the factors of change, particularly the role of the trust relationship, in early intervention with high-risk families. The author suggests that the field of child development, as it continues to promote neuroscientific therapeutic advances, should simultaneously integrate the most important role of the relationship in all therapeutic interventions.

Drell (2006) talked of "a paradigm shift from the mind to the brain" (p. 224). Scientific advances in the knowledge of the brain and its functioning are considerable and undeniably useful. But at the same time, observational research on a longitudinal basis is demonstrating the importance of the family environment in a child's early years on adolescent and adult outcomes.

The importance of environmental influences is particularly evident in the domain of early intervention with disadvantaged families, especially when the intervention is delivered around the time of birth and in the early years with infants and parents. What follows is a summary of the role of attachment theory in approaches to early intervention and the factors of change that explain the results from such interventions.

Attachment Theory and Early Intervention

Bowlby's attachment theory (Bowlby, 1969/1982, 1973, 1980) has led to significant research on early attachment. Mary Ainsworth played a major role in this research endeavor by creating the "Strange Situation," a procedure to assess the quality of a child's attachment to her caregiver, which has gradually become a standardized research instrument on the world scene (Ainsworth, Blehar, Waters, & Wall, 1978). Mary Main, a student of Ainsworth, also played an influential role by creating the Adult Attachment Interview, an assessment measuring the relationship between parents' security of attachment and their child's development and security (Hesse, 2008). Such instruments have been useful in numerous longitudinal studies over the past decades, showing close ties between early security of attachment and adolescent and adult outcomes (Grossmann, Grossmann, & Waters, 2005; Sroufe, Egeland, Carlson, & Collins, 2005).

However, clinicians did not wait for the knowledge that is now available from such significant research to work with the hypothesis that early intervention might be useful in preventing disturbed development and psychopathology in early childhood. In this context, early intervention refers to helping new parents improve the care and protection of their young child so as to develop a secure attachment. Such interventions are classified as either preventive or therapeutic depending on whether a problem has been observed, and thus a therapeutic approach is initiated, or whether a program is implemented early with high-risk families without their expressing a need to prevent problems from occurring.

Photo: ©iStockphoto.com/Andriy Brazhnykov

Even with young children, medications were increasingly used to relieve anxiety, sadness, and behavioral problems.

Fraiberg's Pioneering Role

Fraiberg was probably the first to put together the role of traumatic childhood with the incapacity to care for a baby and meet all its needs. In her oft-cited paper, "Ghosts in the Nursery," Fraiberg decided to go on a home visit to try to understand how a 5-month-old could be so physically ill, and she observed something essential:

It's as if this mother does not hear her baby's cries ... There were, we thought, two crying children in the living room. The mother's distant voice, her remoteness and remove we saw as defenses against grief and intolerable pain. Her terrible story had been first given factually, without visible suffering, without tears. All that was visible was the sad, empty, hopeless look upon her face. She had closed the door on the weeping child within herself as surely as she had closed the door upon her crying baby. (Fraiberg, Adelson, & Shapiro, 1975, 389–390, 395–396).

Fraiberg's intervention, what she termed *kitchen psychotherapy*, is based on a return to memories of a traumatic childhood. But these memories are cut off from feelings attached to them—an avoidance of painful affects split-off from memories of their traumatic past—and the intervention allows the emergence of parental abilities buried under the repressive forces and, with it, the possibility that a child can resume a normal development despite this traumatic background. Fraiberg eventually established a successful clinic for toddlers in deprived areas (Fraiberg, Lieberman, Pekarsky, & Pawl, 1981).

Models of Intervention

Fraiberg's pioneering work is the foundation on which several interventions were developed over the years, most often using attachment theory as their main theoretical inspiration. Other clinicians created new models with other theoretical variables to structure their intervention, as described here.

Attachment Model

Alicia Lieberman, a student of Fraiberg, developed what she then called *infant–*

Photo: ©iStockphoto.com/Courtney Keating

The development of the field of infant observation led to considerable knowledge about the importance of early infant–mother interactions.

parent psychotherapy (IPP) and used it in an early study (Lieberman, Weston, & Pawl, 1991), in which she and her team evaluated 100 children of Spanish origin living in poverty along with their mothers, half of them being seen every week at home in mother–infant psychotherapy and the other half forming a control group. In these dyads, the researchers noted the changes between the ages of 12 and 24 months and found an increase in empathic response from the mother to her child's signals and in her active involvement in interaction with the child; improvement of the mutual partnership between mother and child around the conflicts unique to this age; and a decline in the child's resistance, anger, and avoidance. In explaining their positive results, the authors noted in particular the importance of a positive relationship with the therapist and the mother's ability to use the therapeutic situation to explore and better understand her own emotions and those of her child (Lieberman et al., 1991).

In a recent book published with Patricia Van Horn, *Psychotherapy With Infants and Young Children*, Lieberman described what she now calls *child–parent psychotherapy* (Lieberman & Van Horn, 2008). Attachment theory still is the essential influence as evident in the subtitle of the book: "Repairing the Effects of Stress and Trauma on Early Attachment." In this approach, the therapist sees the child and parent together and makes attempts to link the maternal past with current maternal perception of and response to her child. It is preferable that both parents are present, but most of her clinical illustrations show that most often the mother–child dyad is the "port of entry" (Stern, 1995) for therapeutic work.

Using a similar attachment perspective, the Circle of Security project (Hoffman, Marvin, Cooper, & Powell, 2006; Marvin, Cooper, Hoffman, & Powell, 2002) is an intervention with high-risk mother–infant dyads that explores both closeness and exploration aspects of the attachment process in an attempt to increase the parents' sensitivity to the child's signals and to increase the parents' capacity to reflect on their behaviors, their child's behaviors, and their own life history.

Mixed-Attachment Model

The second main model of early intervention is now called the *psychoeducational home visitation* (PHV) model. Influenced by attachment theory, it enlarges itself through taking into account multiple factors operating at various levels of the environment (e.g., community, family; Cicchetti & Lynch, 1993) to influence child development and uses psychoeducational and cognitive–behavioral techniques for addressing parent skills training, maternal self-care, and the development of adaptive competencies in children (Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002). Home visiting is a frequent instrument in this model of intervention.

Of such studies, David Olds's research on the Nurse–Family Partnership has had the most influence in this movement toward early intervention because of its replication in diverse communities (Olds, Sadler, & Kitzman, 2007) and its longitudinal follow-up, with significant results achieved in the long term. Recently, Olds (2005) explained how his experience as an educator of 4-year-old children in a disadvantaged environment has made him understand that, at this age, these children already presented with too many developmental delays and disturbances and that intervention should occur earlier, as early as the prenatal period. Olds built the Nurse–Family Partnership program on complementary theoretical models: human ecology (Bronfenbrenner, 1979), the ability of personal control (self-efficacy; Bandura, 1977), and attachment theory. The objectives are to improve pre- and postnatal conditions to ensure optimal development in children, prevention of abuse and neglect, and self-sufficiency among the parents. Olds's randomized research focused on at-risk populations such as first-time mothers and single parents, who were often very young and poor. It is primarily a prevention program based on the findings of nurses' home visits from pregnancy (nine prenatal visits) until the child is 2 years old (23 visits postpartum).

On the basis of the positive results in an initial research conducted with a semi-rural and largely White population of 400 women in Elmira, NY (Olds et al., 1997), Olds repeated the study with 1,139 women in a largely (92%) African American population living in Memphis, TN (Kitzman et al., 1997). The results from the Elmira study were remarkable: a decrease of abuse and neglect in childhood; fewer accidents and ingestions of poisons; improved maternal behavior; fewer subsequent pregnancies; and more returns to work and less dependency on state support. Fifteen years after the start of the intervention program, the

long-term effects are highly statistically conclusive: a decline in problems due to alcohol and drugs, in problems with the law, and in early sexual activity. "Many of the beneficial effects of the program found in the Elmira trial that were concentrated in the higher risk groups were reproduced in the Memphis trial" (Olds, 2002, p. 167). Olds then followed with a study of 735 women living in urban areas in Denver, CO, and aimed to identify whether members of community organizations without specific training (lay community health visitors) could achieve results similar to those obtained by nurses, as in the previous two projects (Olds et al., 2002). It is interesting that the Denver study of paraprofessionals, however well trained, revealed modest results, whereas the nurses had superior results (statistically significant) in relation to both mother and child. Olds's approach is very influential in recent programs such as the CAPEDP project in Paris (Tereno et al., 2009) and the SIPPE program (Comeau, 2010) in Quebec.

Photo: ©iStockphoto.com/Mats Persson

Neurobiological research shows that early development of the brain is under the influence of a child's environment.

Using the Two Models With Maltreating Families

Two studies have tried to compare results from these two models with maltreated preschoolers and their mothers. In one study, one group of parents and children received preschooler–parent psychotherapy (PPP), and the other group received PHV based on the Olds model. Two other groups were used as control groups over a period of 1 year (13 months, 32 sessions). Results indicated a greater decline in the PPP children of mothers who were perceived as unresponsive and aggressive, compared with the PHV group, and a greater decrease in their negative self-esteem. They also observed that children in the PPP group had more expectation of a reliable, rewarding, and fulfilling mother– than did those in the PVH (Toth et al., 2002).

In a similar study, researchers compared the IPP model with psychoeducational parenting intervention (PPI) and with two other control groups. The intervention lasted from the child's age of 1 month to age 26 months. Results indicated dramatic increases from disorganized to secure attachment in the two groups who received the intervention, which was contrary to the authors' hypothesis that IPP would be more successful in improving attachment security. However, as seen in previous research (Toth et al., 2002), as children grow older, PPP seems to be more successful than PVH in improving the child's image of his mother and his own self-esteem. Several programs now add video feedback to their intervention. For example, Ellen Moss and her colleagues worked with primary caregivers who were reported for maltreatment and their children (1–5 years). The intervention consisted of eight weekly home visits directed at the caregiver–child dyad and focused on improving caregiver sensitivity. Following the observation of caregiver–child interactions, the intervener engaged in brief discussions related to attachment and emotion regulation and provided videofeedback of parent–child interaction. Results revealed significant improvements in parental sensitivity and child attachment security, as well as a reduction in child disorganization. Older children also showed lower levels of internalizing and externalizing problems (Moss et al., 2011).

Factors of Change, With an Emphasis on the "Relationship"

Several objectives are clear in the interventions described earlier: working on developing mothers' sensitivity; working on parenting behaviors; and becoming aware of internal working models, or how one's own attachment history is influencing the capacity to care for a new child. Quite often, the intervention will be a combination of such objectives. A recent review concluded:

> *Several programs have now rigorously demonstrated success in supporting early attachment security and in positively affecting other important outcomes, including children's neuroendocrine regulation (according to cortisol levels), IQ scores, and behavior problems. Both more or less intensive programs have demonstrated promise . . . the more intensive programs have typically served high-risk, multiproblem families.* (Berlin, Zeanah, & Lieberman, 2008, p. 754)

Those results raise an important question: How do researchers explain the positive outcomes with such high-risk populations, given the fact that often the intervener is not the most extensively trained individual and that the demand for care in preventive interventions is not directly expressed? Some of the intervention elements that have been studied to answer this question include frequency of contacts, home visiting, and the trust relationship between clinician and parent.

Frequency of Contacts

Existing studies give contradictory results. Egeland, Weinfield, Bosquet, and Cheng (2000) surveyed 15 attachment programs and came to the conclusion that "interventions would have to be lengthy, intensive and carefully-timed in order to

achieve and maintain an impact on developing attachment relationships" (p. 70). The researchers may have been influenced by the fact that their own program, (STEEP; Erickson & Egeland, 1999), dealt with parents who had a high proportion of psychiatric problems. In contrast, in their meta-analysis, Bakermans-Kranenburg, van IJzendoorn, and Juffer (2003) suggested that "less is more" and contended that "less broad interventions that only focus on sensitive maternal behavior appear rather successful in improving insensitive parenting as well as infant attachment security" (p. 208). However, a recent meta-analysis of such programs for at-risk families (Nievar, Van Egeren, & Pollard, 2010) showed that programs with more frequent visitation had higher success rates. Intensive programs or those with at least three visits per month were more than twice as effective as less intensive programs.

Home Visiting

Home-based services have been a most prominent method of early intervention with high-risk families. It is not easy to study what happens in home visiting, how trained the intervener is, how frequently she visits and for how long, and what educational strategies she uses—all of which may explain a significant variability in results (Gomby, Culross, & Behrman, 1999). As seen in the meta-analysis previously cited, "appropriate and frequent home visiting for low-income families improves the environment of children's development by improving maternal behavior" (Nievar et al., 2010, p. 514). In a major study of projects in which home visiting was the main instrument, Heinicke and Ponce (1999) came to the conclusion that the power of the intervention is based on the relationship between intervener and parent. More recently, research in Early Head Start projects suggested that "the helping relationship that forms between mother and home visitor is a significant component of parent involvement in Early Head Start visiting programs" (Korfmacher, Green, Spellmann, & Thornburg, 2007, p. 474).

Those significant results suggest the importance of the next variable.

Trusting Relationship

In reviewing the work of several colleagues (Emde, 1990; Fonagy, Steele, Steele, Higgitt, & Target, 1994; Fraiberg et al., 1975; Heinicke, Beckwith, & Thompson, 1988; Lieberman et al., 1991), and also on the basis of my own experience, I find that the essential factor of change appears to be the trusting relationship that develops, despite all the parent's resistances and provocations, through the therapist's emotional availability and empathy and through the regularity and continuity of contacts. To join these young deprived women, one must try to create with them the interactions that they deeply missed through the crucial years of their development and, most often, during their adolescence and young adulthood. There exists a great similarity between the role played by a sensitive, available mother in the development of a child's secure attachment, leading to the child's cognitive and relational potential, and the impact of the continuity and the availability of a therapist on the process of change in therapy, particularly with very deprived mothers (Gauthier, 1997, 2009).

Recent psychological literature reveals similar ideas. For instance, in the introduction to a special edition of the *Infant Mental Health Journal* describing the results of early interventions with disadvantaged mothers, Daniel Stern (2006) wrote, "All agree that the nonspecific effect lies in the 'therapeutic' relationship between home visitor and mother" (p. 2). The concepts of *secure base* and *empathic support* are often used to explain the positive results of a therapeutic relationship. Stern continued:

> *[T]he need for a secure attachment figure on the part of the new mother (not the new baby) is crucial . . . new mothers have a need for a secure base usually made up of experienced women . . . the idea of a secure attachment for the mother and a "holding environment" for her seem to merge together . . . . The largely unpredictable products of their interaction become the subject matter that brings about change . . . the process of interrelating, itself, brings about change . . . it brings about new experiences, feelings, insights, and interactional skills* (Stern, 2006, p. 3).

Berlin et al. (2008) reached a very similar conclusion:

> *[W]e argue that the parent's relationship with the intervener serves as the engine of therapeutic change . . . . according to Bowlby and others, success in addressing parental working models and parenting behaviors depends on the quality of the relationship between the intervener and the parent. Especially important is the extent to which the intervener serves as a "secure base" from which the parent can mentally explore herself and her relationship with her child. Bowlby (1988) purported that new attachments are one of the factors most likely to alter internal working models" (Berlin et al., 2008, pp. 747–748).*

As I read this, I was moved to read Bowlby's paper again and to realize that the conclusion I had come to was much in the line of what Bowlby had been writing: "during the course of psychotherapy . . . restructuring his working models, it is the emotional communication between a patient and his therapist that plays the crucial part" (Bowlby, 1988, p. 157)!

Family Environment and Brain Plasticity

Neurobiological research shows that early development of the brain is under the influence of a child's environment. Specifically, in his extensive review of brain development research, Allan Schore strongly suggested that attachment experiences, stored in the right hemisphere, are the basis of internal models that are the core of how children learn to regulate their emotions and behavior. A secure attachment relationship facilitates the emergence, at the end of the second year in the life of the child, of a system of control

Learn More

L'attachement. Un départ pour la vie [Attachment. A departure for life]
Y. Gauthier, G. Fortin, & G. Jéliu (2009)
Montréal, Quebec, Canada: Editions Ste. Justine.

Child analysis in a changing world. In the face of a paradigm shift from the mind to the brain: Can we meet the challenge?
Y. Gauthier (2011)
Infant Mental Health Journal, *32(6), 583–595.*

of his emotional functions (Schore, 2001). Recent research has also demonstrated the role of the environment in the development of the young child's capacities to react to stress. The infant's genetic predisposition to defend himself is actually influenced by the parental capacities to respond to the infant's stress. The parental figure who is insensitive to the infant's distress leads to a hyper- or hyporeactive stress system through the hypothalamus-pituitary-adrenocortical axis—the interaction between the hypothalamus, pituitary, and adrenal glands that controls reactions to stress: "Research strongly suggests that the [hypothalamus-pituitary-adrenocortical] stress response can be programmed to be hypo- or hyper-responsive through early social experience and that cortisol can have permanent effects on the developing baby's central nervous system" (Gerhardt, 2004, p. 84).

Conclusion

Early interventions with the most disadvantaged populations can lead to positive outcomes as described earlier. I, like others, have come to believe that the trust relationship established with these parents is the most significant factor of change. If one adds the influence of attachment experiences on the early development of a very plastic brain, it is now possible to speak of the social brain (Cozolino, 2006). In this context, it would be most regrettable that the mental health field, as much as it continues to follow the neuroscientific therapeutic advances, would not simultaneously integrate the most important role of the relationship in all therapeutic interventions. Results already obtained with early intervention strongly support even more involvement with very young families, starting in pregnancy and following up in the early years of the child's life—the most significant time for prevention and therapeutic work.

YVON GAUTHIER, *MD, is a child psychiatrist, child analyst, and emeritus professor (child psychiatry) at the University of Montreal, and past president of the World Association for Infant Mental Health (1996–2000). He worked at Ste. Justine Hospital (Montreal), a large university pediatric hospital from 1960 to 2010 where he spent his career as a clinician, teacher, and researcher. He is the author of* L'Avenir de la Psychiatrie de l'Enfant *([The Future of Child Psychiatry] 2009, Toulouse, France: Érès) as well as numerous articles. He can be reached at yvon.gauthier2@sympatico.ca*

References

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment : A psychological study of the strange situation,* Hillsdale, NJ: Lawrence Erlbaum Associates.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders DSM-IV*. Arlington, VA: Author.

Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., & Juffer, F. (2003). Less is more: Meta-analyses of sensitivity and attachment interventions in early childhood. *Psychological Bulletin, 129*(2), 195–215.

Bandura, A. (1997). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*, 191–215.

Berlin, L. J., Zeanah, C. H., & Lieberman, A. F. (2008). Prevention and intervention programs for supporting early attachment security. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 745–761). New York: Guilford Press.

Bowlby, J. (1973). *Attachment and loss. Vol. 2: Separation, anxiety and anger.* New York: Basic Books.

Bowlby, J. (1980). *Attachment and loss. Vol. 3: Loss, sadness and depression.* New York: Basic Books

Bowlby, J. (1982). *Attachment and loss. Vol. 1: Attachment.* New York: Basic Books. (Originally published in 1969)

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development.* New York: Basic Books.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Cambridge, MA: Harvard University Press.

Cicchetti, D., & Lynch, M. (1993). Toward an ecological/transactional model of community violence and child maltreatment: Consequences for children's development. *Psychiatry, 56*, 96–118.

Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology, 18*, 623–649.

Comeau, L. (2010). *Services intégrés en périnatalité et pour la petite enfance à l'intention des familles vivant en contexte de vulnérabilité (SIPPE).* Institut National de Santé Publique du Québec. [Perinatal and early infancy integrated services for vulnerable families. Quebec National Public Health Institute.]

Cozolino, L. (2006). *The neuroscience of human relationships. Attachment and the developing social brain.* New York: Norton.

Drell, M. J. (2006). The impending and perhaps inevitable collapse of psychodynamic psychotherapy as performed by psychiatrists. *Child and Adolescent Psychiatric Clinics of North America, 16*, 207–224.

Egeland, B., Weinfield, N. S., Bosquet, M., & Cheng, V. K. (2000). Remembering, repeating and working through: Lessons from attachment-based interventions. In J. Osofsky & H. Fitzgerald (Eds.), *WAIMH handbook of infant mental health: Vol. 4. Infant mental health in groups at high risk* (pp. 37–89). New York: Wiley.

Emde, R. N. (1990). Mobilizing fundamental modes of development: Empathic availability and therapeutic action. *Journal of the American Psychoanalytic Association, 38*, 881–914.

Erickson, M. F., & Egeland, B. (1999). The STEEP program: Linking theory and research to practice. *Zero to Three, 20*(2), 11–16.

Fonagy, P., Steele, M., Steele, H., Higgitt, A., & Target, M. (1994). The theory and practice of "resilience." *Journal of the Child Psychology and Psychiatry, 35*(2), 231–257.

Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry, 14*, 387–422.

Fraiberg, S., Lieberman, A. F., Pekarsky, J. H., & Pawl, J. H. (1981). Treatment and outcome in an infant psychiatry program. *Journal of Preventive Psychiatry, 1*, 89–111, 143–167.

Gauthier, Y. (1997). Facteurs de développement, facteurs de changement. In A. Ciccone, Y. Gauthier, B. Golse, & D. Stern (Eds.), *Naissance et développement de la vie psychique:*

Mille et un bébés (pp. 59-68). Toulouse, France: Érès. [Factors of development, factors of change. In Birth and development of psychic life: One thousand and one babies.]

Gauthier, Y. (2009). *L'avenir de la psychiatrie de l'enfant* [The future of child psychiatry]. Toulouse, France: Érès.

Gauthier, Y., Fortin, C., Drapeau, P., Breton, J. J., Gosselin, J., Quintal, L., et al. (1977). The mother-child relationship and the development of autonomy and self-assertion in young (14–30 months) asthmatic children: Correlating allergic and psychological factors. *Journal of the American Academy of Child Psychiatry, 16*(1), 109–132.

Gauthier, Y., Fortin, C., Drapeau, P., Breton, J. J., Gosselin, J., Quintal, L., et al. (1978). Follow-up study of 35 asthmatic preschool children. *Journal of the American Academy of Child Psychiatry, 17*(3), 679–694.

Gerhardt, S. (2004). *Why love matters. How affection shapes a baby's brain*. New York: Routledge.

Gomby, D. S., Culross, P. L., & Behrman, R. E. (1999). Home-visiting: Recent program evaluations—Analysis and recommendations. *The Future of Children, 9*, 4–26.

Grossmann, K. E., Grossmann, K., & Waters, E. (2005). *Attachment from infancy to adulthood: The major longitudinal studies*. New York: Guilford Press.

Heinicke, C. M., Beckwith, L., & Thompson, A. (1988). Early intervention in the family system: A framework and review. *Infant Mental Health Journal, 9*(2), 111–141.

Heinicke, C. M., & Ponce, V. A. (1999). Relation-based early family intervention. In D. Cicchetti & S. L. Toth, (Eds.), *Rochester Symposium on Developmental Psychopathology, Vol. 9: Developmental approaches to prevention and intervention.* New York: University of Rochester Press.

Hesse, E. (2008). The adult attachment interview, protocol, method of analysis, and empirical studies. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 552–598). New York: Guilford Press.

Hoffman, K. T., Marvin, R. S., Cooper, G., & Powell, B. (2006). Changing toddlers' and preschoolers' attachment classifications: The Circle of Security intervention. *Journal of Consulting and Clinical Psychology, 74*, 1017–1036.

Kitzman, H., Olds, D. L., Henderson, C. R., Hanks, C., Cole, R., Tatelbaum, R., et al. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing: A randomized controlled trial. *JAMA: Journal of the American Medical Association, 278*(8), 644–652.

Korfmacher, J., Green, B., Spellmann, M., & Thornburg, K. R. (2007). The helping relationship and program participation in early childhood home visiting. *Infant Mental Health Journal, 28*, 459–480.

Lieberman, A. F., & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment.* New York: Guilford Press.

Lieberman, A. F., Weston, D. R., & Pawl, J. H. (1991). Preventive intervention and outcome with anxiously attached dyads. *Child Development, 62*, 199–209.

Marvin, R., Cooper, G., Hoffman, K. T., & Powell, B. (2002). The Circle of Security project: Attachment-based intervention with caregiver-preschool child dyads. *Attachment and Human Development, 4*, 107–124.

Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. *Development and Psychopathology, 23*, 195–210.

Nievar, M. A., Van Egeren, L. A., & Pollard, S. (2010). A meta-analysis of home visiting programs: Moderators of improvements in maternal behavior. *Infant Mental Health Journal, 31*(5), 499–520.

Olds, D. L. (2002). Prenatal and infancy home visiting by nurses : From randomized trials to community replication. *Prevention Science, 3*(3), 153–172.

Olds, D. L. (2005). The nurse-family partnership: Foundations in attachment theory and epidemiology. In L. Berlin, Y. Ziv, L. Amaya-Jackson, & M. Cummings (Eds.), *Enhancing early attachments: Theory, research, intervention, and policy* (pp. 217–249). New York: Guilford Press.

Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., et al. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. *JAMA: Journal of the American Medical Association, 278*(8), 637–643.

Olds, D. L., Robinson, J. A., O'brien, R., Luckey, D. W., Pettitt, L. M., Henderson, C. R., et al. (2002). Home visiting by paraprofessionals and by nurses: A randomized, controlled trial. *Pediatrics, 110*(3), 486–496.

Olds, D. L., Sadler, L., & Kitzman, H. (2007). Programs for parents of infants and toddlers: Recent evidence from randomized trials. *Journal of Child Psychology and Psychiatry, 48*(3-4), 355–391.

Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal, 22*(1-2), 7–66.

Sroufe, L. A., Egeland, B., Carlson, E. A., & Collins, W. A. (2005). *The development of the person: The Minnesota Study of Risk and Adaptation from Birth to Adulthood.* New York: Guilford Press.

Stern, D. (2006). Introduction to the special issue on early preventive intervention and home visiting. *Infant Mental Health Journal, 27*(1), 1–4.

Stern, D. N. (1995). *The motherhood constellation: A unified view of parent-infant psychotherapy*. New York: Basic Books.

Tereno, S., Guedeney, N., Guedeney, A., Dugravier, R., Saias, T., Greacen, T., et al. (2009). CAPEDP-Attachment: Parenting skills and attachment in infants: Reducing mental health risks and promoting resilience. A French project to decrease disorganized attachment. *The Signal, 17*(1–2), 1–17.

Toth, S. L., Maughan, A., Manly, J. T., Spagnola, M., & Cicchetti, D. (2002). The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory. *Development and Psychopathology, 14*, 877–908.

Resources on Reflective Supervision

Reflective Supervision and Leadership in Infant and Early Childhood Programs

MARY CLAIRE HEFFRON AND TRUDI MURCH

ITEM 422-OLB • ISBN: 9781934019900
200 PAGES, $39.95

Reflective supervision is hard—and it's an even greater challenge when the same supervisor must provide both reflective and administrative supervision. The authors include a unique focus on this blended model of supervision. The book illustrates the foundations and frameworks of reflective practice and outlines ways to support reflective supervision in a wide variety of work settings. Other highlights of the book are:

- A discussion of the roles of the reflective supervisor
- Knowledge and skills needed for reflective supervision
- Tips for providing group reflective supervision
- Vignettes outlining common supervisory dilemmas

SPECIAL PRICE! BUY ALL THREE AND SAVE 20%!

Reflective Supervision 3-Pack

ITEM: 007-OLB • ISBN: 943670303 • $30.00

Being in Charge

Reflective Leadership in Infant–Family Programs

REBECCA PARLAKIAN AND NANCY SEIBEL

ITEM: 259-OLB • ISBN: 9780943657035
23 PAGES, $12.50

This booklet explores the experience of being a new leader in an infant–family program and describes how to use self-awareness, observation, and flexible responses as tools to increase on-the-job effectiveness and manage stress. Issues discussed include relationships with staff members and learning from conflict. Includes interactive group exercises.

Look, Listen, and Learn

Reflective Supervision and Relationship-Based Work

REBECCA PARLAKIAN

ITEM: 257-OLB • ISBN: 9780943657110
19 PAGES, $12.50

Written for program supervisors, this resource explores the link between supportive supervisory practices and effective staff–parent relationships. The tools and techniques presented will help program leaders promote high-quality services to young children and their families.

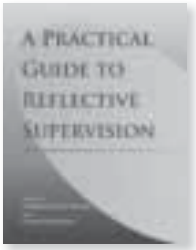
The Power of Questions

Building Quality Relationship-Based Work

REBECCA PARLAKIAN

ITEM: 258-OLB • ISBN: 9780943657493
11 PAGES, $12.50

This booklet address the complex decisions staff face every day in their work with parents and children. Learn how leaders and staff alike can use reflective approaches to establish quality relationships with families.



A Practical Guide to Reflective Supervision

EDITED BY SHERRYL SCOTT HELLER AND LINDA GILKERSON

ITEM 414-OLB • ISBN: 9781934019368
200 PAGES, $34.95

This book outlines the key steps in creating a system of reflective supervision within an early childhood program to improve services, support staff, and better meet the needs of children and families. With chapters written by leading experts, this book provides strategies for

- Conducting a reflective supervision meeting,
- Repairing ruptures in the supervisory relationship, and
- Combining reflective supervision with administrative supervision.

It also lists activities that can be used to build the reflective capacity within a staff. No program should be without this valuable resource.

Reflective Supervision

What Is It and Why Do It?

EDITED BY STEFANIE POWERS

ITEM: 390-OLB • NOV. 2007
48 PAGES, $15.00

Individuals share their views and insights about the process of reflective supervision and show how the practice raises consciousness about cultural, ethnic, and racial differences.

Putting Reflective Supervision Into Practice

EDITED BY STEFANIE POWERS

ITEM: 419-OLB • NOV. 2010
APPROX. 56 PAGES, $15.00

This issue of the *Zero to Three Journal* (guest editor, Rebecca Shahmoon Shanok) builds on the accumulated knowledge base by exploring current trends and issues in reflective supervision such as the role of neurobiology, developing an evidence base for reflective supervision, exploring diversity in work with young children and their families, and efforts to implement reflective supervision across disciplines and professions.

Reflective Supervision in Practice

Stories From the Field

REBECCA PARLAKIAN

ITEM: 267-OLB • ISBN: 9780943657592
27 PAGES, $18.00

This powerful training resource follows four infant–family programs as they implement reflective supervision. Challenges and benefits of reflective supervision are explored. This resource is especially beneficial for trainers involved in program improvement and leaders considering implementing reflective supervision in their programs.

TO ORDER:

Call 1-800-499-4301
www.zerotothree.org/bookstore

ZERO TO THREE®
National Center for Infants, Toddlers, and Families

Errata

Corrections to the March 2012 article "Active Implementation Frameworks for Program Success: How to Use Implementation Science to Improve Outcomes for Children" by Allison Metz and Leah Bartley, *Zero to Three*, 32(2), 11–18, are listed here:

On page 14, the third column, the second bullet should read as follows (corrected text is underlined): How can the drivers framework improve the implementation infrastructure of early childhood programs?

On page 14, the third column, in the second paragraph, the quotation should read as follows (corrected text is underlined): "We tend to focus on snapshots of isolated parts of the system and wonder why our deepest problems never seem to get solved" (Senge, 1990, p. 7).

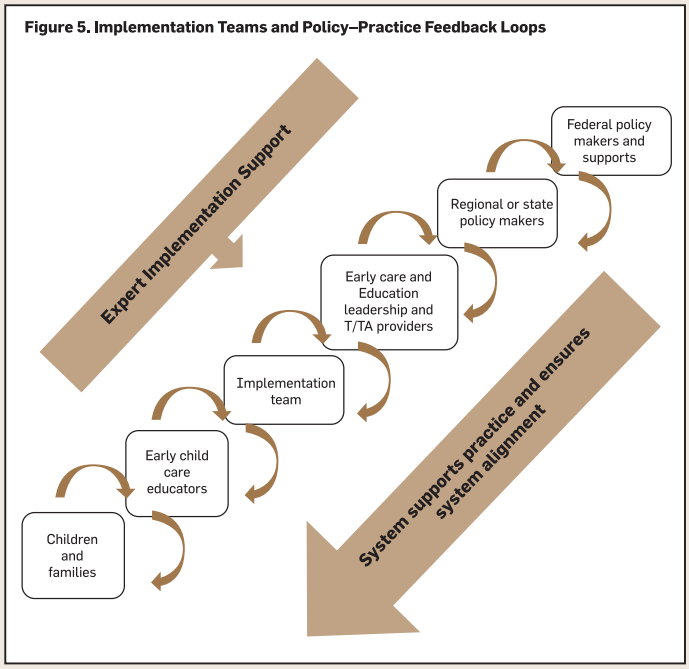
On page 15, the corrected Figure 3 is presented here:

Figure 3. Early Care and Education Professional Development Systems Cascading Logic Model

Population	Intervention Strategies (WHAT)	Intervention Outcomes
Children ages 0 to 5	Early care educators skillfully implement effective early care and education strategies	High quality early child care and education practices Positive child outcomes
Population	**Implementation Strategies (HOW)**	**Implementation Outcomes**
Early care educators	Provision of skillful, timely training, coaching, performance assessments in supportive administrative environments organized by early care and education providers, networks, and leadership	Early care educators competently and confidently use effective early care and education strategies
Early care and education provider managers	Agreements with trainers, quality consultants, and technical assistance providers Plans for release time for training, coaching, and ongoing consultation services Installation of data systems to monitor fidelity	Skillful, timely training, coaching, performance assessments and supportive administrative environments for early care educators
Regional and state early care and education trainers, quality consultants, and technical assistance providers	Professional development system planners develop standardized and centralized approach to professional development services in order to develop core knowledge and skills of professional development providers	Timely and skillful provision of services by regional or state early care and education trainers, quality consultants, and technical assistance providers
Early care and education policy makers, funders, and state leadership	Common mission for professional development in early care and education developed Formal structures created to build policy–practice feedback loops Changes in funding streams to support new functions and new relationships Collaborative partnerships to build professional development system infrastructure Fidelity and outcome data systems developed and maintained	Skillful professional development system leadership and planning to ensure high quality, consistent training for early care and education professional development consultants and technical assistance providers

On page 17, the corrected Figure 5 is presented here:

Figure 5. Implementation Teams and Policy–Practice Feedback Loops



Jargon Buster

Given the multidisciplinary nature of our work with infants, toddlers, and families, we often come across words or acronyms that are new or unfamiliar to us. To enhance your reading experience of this issue of *Zero to Three,* we offer a glossary of selected technical words or terms used by the contributing authors in this issue. Please note that these definitions specifically address how these terms are used by the authors in their articles and are not intended to be formal or authoritative definitions.

Phrase	*What it means*
Child Life Specialist	Child life specialists are specially trained professionals whose job is to help children adjust to the challenging environment of the hospital and its potentially frightening procedures, thus supporting healthy development and functioning during and after hospitalization. (Find it in Dicker, page 11)
Circle of Security Perinatal Protocol	The COS-PP is a group intervention focused on helping participants to understand, recognize, and appropriately respond to their infants' needs as well as to regulate their own emotions. It is based upon attachment theory and neuroscience. (Find it in Tomlin, Pickholtz, Green, & Rumble, page 18)
Ecological Theory of Development	Bronfenbrenner's (1979) ecological theory of development suggests that child development must be considered within the multiple relationships and systems that surround the child. (Find it in Britto, Barr, Rodriguez, & Shauffer, page 26)
Hypothalamus-pituitary-adrenocortical (HPA) axis	The HPA axis refers to the interactions among the hypothalamus, pituitary, and adrenal glands. It is part of the neuroendocrine system and controls reactions to stress and regulates many bodily processes. (Find it in Gauthier, page 50)
Permanency	The U.S. Department of Health and Human Services considers a child to have reached permanency when she is released from foster care and reunified with a parent or caregiver, legally adopted, placed with a relative who becomes the legal custodian, or living with another type of legal guardian. (Find it in McCombs-Thornton, page 43)
United Through Reading	United Through Reading is a program that offers deployed parents the opportunity to be video-recorded reading storybooks to their children. The goal of the program is to ease the stress of separation, maintain positive emotional connections between deployed parents and their children, and cultivate a love of reading in young children. (Find it in Yeary, Zoll, & Reschke, page 5)

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge, MA: Harvard University Press.

UPCOMING ISSUES

July: Stories From the Field—2012
September: Understanding School Readiness for Infants and Toddlers
November: Emerging Issues in Infant Mental Health

The Editorial Mission of the *Zero To Three* Journal

To provide a forum for thoughtful discussion of important research, practice, professional development, and policy issues in the multidisciplinary infant, toddler, and family field.

ZERO TO THREE's mission is to promote the health and development of infants and toddlers.

We are a national, nonprofit organization that informs, trains and supports professionals, policy makers and parents in their efforts to improve the lives of infants and toddlers.

How to Subscribe

- Call (800) 899-4301 between 9am–5pm, Eastern Standard Time
- Visit www.zerotothree.org/estore to place your order online day or night
- E-mail customer service staff at 0to3@presswarehouse.com

ZERO TO THREE®
National Center for Infants, Toddlers, and Families

Suite 350
1255 23rd Street, NW
Washington, DC 20037

Address service requested

Non Profit Org.
US Postage
PAID
Permit No. 425
Southern, MD