

CHANCES FOR CHILDREN – NY
EVALUATION OF RESULTS FOR SERVICES DELIVERED
2017 – 2018



INTRODUCTION

CFC is pleased to submit the evaluation of our 2017-2018 clinical program. This year has brought many exciting changes to the organization that will enable us to provide CFC services to more families that need our services. Our outcomes this year confirm our capacity to achieve this without compromising our high standard of clinical work or its quality.

In 2018 CFC hired both an executive director and a clinical director, both of whom began in January, 2018. They have worked tirelessly to create systems that will streamline all processes from intake to evaluation. During the 2017-18 clinical year, CFC has offered services in 4 locations in the Bronx: Highbridge, Hunts Point, Mott Haven, Kingsbridge. All of these communities demonstrate high levels of need and conditions of acute environmental stress. Here is a snapshot average of these 4 areas according to **the Citizen's Committee for Children of New York, Inc. ("Keeping Track of New York Children: 2017 Edition.")**

Child Poverty Rate = 51.8% (of all children living in these 4 areas of the Bronx)
Families Entering Homeless Shelters (per 1000 families) = 12.6
Child Abuse & Neglect Investigations (per 1000 families) = 54.3
Children Entering Foster Care (per 1000 families) = 4.2

CFC was created eighteen years ago with the purpose of intervening at a critical moment in the lives of families: the developing years of a new generation. Since then there has been abundant evidence supporting the critical importance of the first three years of life and its effect on the development of the infant brain, on later resilience, physical and mental health, academic achievement and social relationships (<https://developingchild.harvard.edu/>) Brain development in the early years is dependent equally on genes and environment: the infant brain is literally shaped by the environment it encounters (Infant Mental Health Journal · October 2017 DOI: 10.1002/imhj.21674.) Because the environment of the infant is largely shaped by the infant's relationship with its caregivers, when caregivers are stressed, depressed, traumatized or without hope, infants suffer the consequences. For these reasons, it is critical to intervene as early as possible when families are in need.

Distinct from parenting programs that do not include the child, Chances for Children is a strengths-based, dyadic model that prioritizes the relationship between caregiver (parent) and child. Repeated experiences with parents and children in which relationships are co-created during moment to moment interactions, continue to highlight for us the importance of relationship building as an essential vehicle for long-term change.

CFC is a relationally based, trauma informed program that provides a dyadic parent/primary caregiver-child intervention using Infant Mental Health evidenced based techniques that aim to 1. strengthen the child-caregiver bond, 2. expand the parent's reflective capacity, 3. increase the parent's developmental understanding, 4. increase the parent-child positive interactions, 5. assess for early developmental indicators, and 6. provide referrals. We provide the following:

DYADIC SERVICES

- Evidence-based, best-practices model using video-recorded parent-child interaction and feedback.
- 15 week series of sessions, renewable
- Child and parent meet with CFC clinician 1 hour weekly
- Child developmental screening and referral if necessary
- Parent depression screening and referral if necessary
- *AIM: strengthen and solidify bonds of attachment between parent and infant, improve parenting skills, including the ability to anticipate and appropriately respond to developmental changes in the infant over time.*

GROUP SERVICES:

Infant Group (0-12 mos)

- Toddler Group: parents with children 1- 3 years of age
- Weekly sessions 1 1/2 hours
- *AIM: to improve the parent-child relationship, to aid parents in finding appropriate limit setting strategies, to relieve isolation, and to help parents feel less stressed and more effective as caregivers.*
- *Structure: Carefully structured routine includes singing, free play, story and snack, parent discussion and dance. A theme is presented during parent discussion and applied during free play aimed at building positive relationships between parents and their children.*

EVALUATION OF CFC DYADIC PROGRAM

There were 149 referrals made to Chances for Children this year. Of those, 40 referrals never began services due to: scheduling conflicts, inconsistent contact information, moves to other boroughs, inability to travel, illness in family, or too many concurrent services.

CFC served 99 families in our dyadic program this year, 10 of these families repeated the 15 session intervention. Of these 99 families, 49 completed the intervention; 44 are currently in process and the remaining 6 were discharged after at least 6 sessions of intervention. Of the 49 cases completed, we have video data on 47. (In 2 cases it was not appropriate to video.) The following tables report on the final number of families served: dyadic demographic information, sources of referral, dyadic program information, dyadic session information.

DYADIC DEMOGRAPHIC INFORMATION (N:93)

CHILD: MALE	51	54.8%
CHILD: FEMALE	42	45.2%
ETHNICITY: HISPANIC	77	82.8%
AFRICAN AMERICAN	11	11.8%
OTHER	5	5.4%
DEPRESSED ON CES-D SCREENING (N:47)	13	27.7%
CHILD REFERRED FOR ADDITIONAL SERVICES	8	17%

SOURCES OF REFERRAL (N:91*)

HIGHBRIDGE: ACS/ FOSTERCARE		7.7%
HOSPITAL/CLINIC	12	13.2%
COURT	6	6.6%
NURSE FAMILY PARTNERSHIP	4	4.4%
SELF	8	8.8%
OTHER	3	4.4%
HUNTS POINT ALLIANCE FOR CHILDREN	13	14.3%
KINGSBRIDGE HEIGHTS COMMUNITY CENTER	21	23.1%
SHELTERING ARMS	17	18.7%

(44% OF REFERRALS FROM SOURCES OTHER THAN PARTNERS)

*2 OF THE 93 CASES REPORTED ABOVE WERE TWINS; EACH CASE = 1 REFERRAL)

DYADIC PROGRAM INFORMATION

TOTAL CASES SERVED	99
CASES COMPLETED (2 CASES COMPLETED WITHOUT VIDEO)	49

CASES DISCHARGED WITH SIGNIFICANT INTERVENTION	6
CASES CURRENTLY IN PROGRESS	44
CASES WITH REPEATED CYCLES	10

DYADIC SESSION INFORMATION

SESSIONS SCHEDULED	1684	
SESSIONS ATTENDED	1083	64.30%
LETTERS WRITTEN TO COURT	38	
INTERVENTION VIDEOS MADE	184	
FEEDBACK SESSIONS COMPLETED	87	
CASE MANAGEMENT	266	

MEASURES

CFC aims to achieve the following in our direct service with families: 1. *Improved parent behavior* that emphasizes thoughtful reflection over impulsive reaction, non-punitive limit setting and responsiveness to children's cues, all of which are shown to reduce risk of abusive/neglectful parenting. 2. *Timely referral* to early intervention services so children enter school ready to learn, and 3. *Client satisfaction* with services provided.

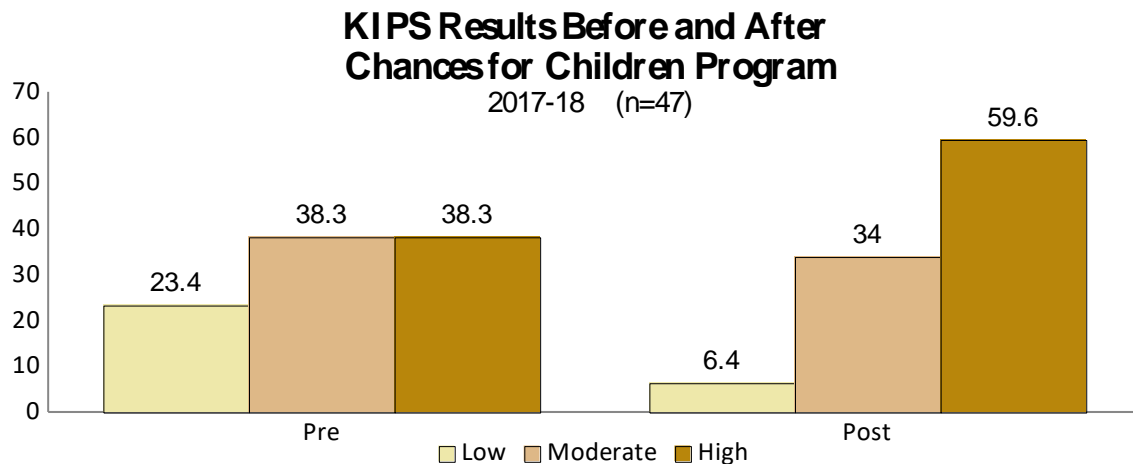
To this end, our evaluation examines these three domains: parent/child interaction; identification of developmental delays and parent satisfaction.

- To evaluate the interaction between parent and child, pre/post intervention videos record ten minutes of child-parent free-play. These videos are then coded by researchers blind to time of video and case material. No coder sees the same family at both pre and post intervention. Video material is coded using the KIPS (Keys to Interactive Parenting Scale.)
- To identify developmental delays, CFC uses a developmental screener, the NDDS (*Nipissing District Developmental Scale*). Any child who does not meet age appropriate milestones is referred to Early Intervention services or other specialized services.
- Parent evaluation of services offered is collected through an Exit Inventory, a self-report inventory that rates statements along a 1-5 continuum from strongly disagree to strongly agree. The inventories are completed at the end of services and mailed to the office.

RESULTS

1. Parent-child Interaction

The following graph represents the percentage of parents scoring low, medium and high on the Keys to Interactive Parenting Scale (KIPS) before and after the CFC intervention. (NOTE: the items on this scale assess a parent's capacity to build relationship, to support confidence and to promote learning with their child.



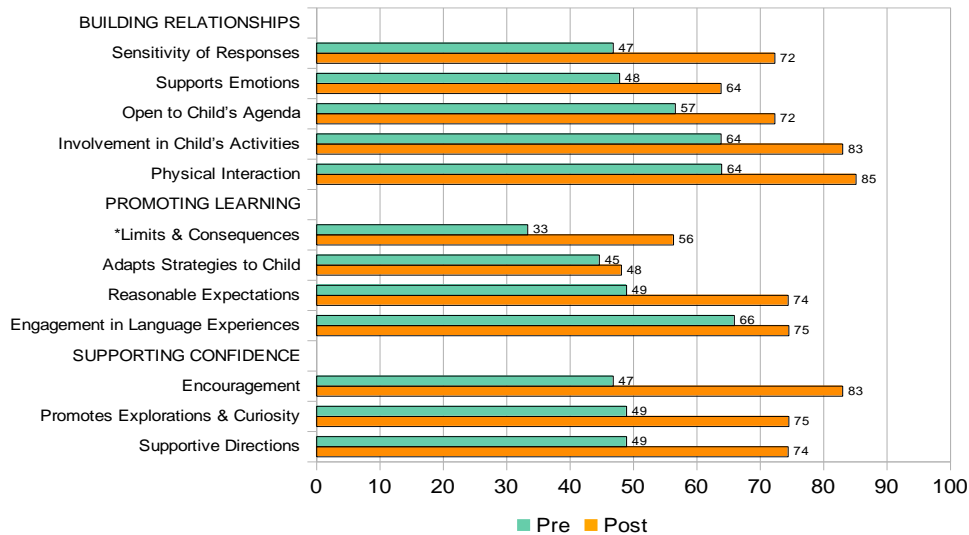
KIPS - Keys to Interactive Parenting Scale

Interactive parenting shifted towards higher quality interaction after the program. At baseline, prior to the CFC intervention, parents scored largely Low or Moderate (61.7%). After the program, many parents had shifted upward with the vast majority (93.6%) demonstrating Moderate and High interactive parenting. After the program, almost 60% showed High Interactive parenting. *This improvement in Interactive Parenting Quality was statistically significant, (McNemar-Bowker Chi Sq=12.571, df=3, p=.006)*

Please see below the individual items that are coded for each parent pre and post intervention. (*Note: The numbers on each bar represent the percent of parents demonstrating high quality interactive parenting on that item.) *As in prior years, not only do CFC participants do well overall, they improve in EACH area addressed by KIPS.*

■ Pre ■ Post

Keys to Interactive Parenting Scale (KIPS) Improvement after CFC 2017-18 n=47



(*Note: The numbers on each bar represent the percent of parents demonstrating high quality interactive parenting on that item.)

2. Identification of Developmental Delay:

Of the 49 cases that were completed to date, 8 children were referred to Early Intervention, (16.3%.)

3. Client Satisfaction:

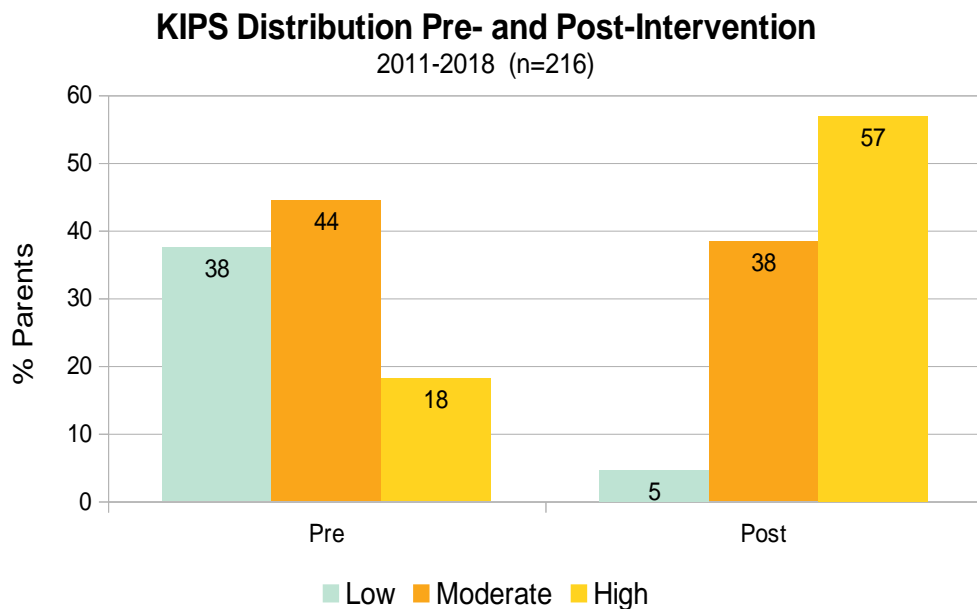
Of the 47 dyads with full data, 36 (76.6%) returned exit inventories. The inventory is designed so that there are questions with both positive and negative valences (ex: a. *I feel accepted and welcomed in the CFC program*; b. *The CFC program has not been useful to me and my child.*) All participants who returned inventories strongly agreed (5) or agreed(4) to the positive statements about the CFC program and clinicians. Also, all participants strongly disagreed (1) or disagreed(2) with the negative statements. See table below.

1. My clinician and I agree on our goals in the CFC program.	100%: 4/5
2. What I am doing at CFC gives me new ways of thinking about parenting.	100% :4/5
3. CFC has not been useful to me and my child.	100%: 1/2
4. I feel accepted and welcomed in the CFC program.	100%: 4/5
5. My experience at CFC helps me see things from my child's perspective.	100%:4/5
6. I believe CFC helped me think differently about my situation.	100%:4/5
7. I believe my child had a good experience in the CFC program.	100%:4/5
8.I feel (clinician's name) is not interested in my thoughts (<i>does not listen to me.</i>)	100%: 1/2
9. I believe the way we are working <u>with my situation</u> is helpful.	100%:4/5
10. I am satisfied with my experience in the CFC program.	100%:4/5

ACCUMULATED RESULTS OF INTERVENTION 2011-2018

Chances for Children has been using the KIPS coding system since 2011. To date, we have 216 dyads coded at both pre and post intervention times. Prior to 2011, from 2000-2008, CFC demonstrated positive intervention results on 285 dyads coded with a different coding system, the Maternal Behavior Rating Scale by Gerald Mahoney. *Both sets of results show statistical improvements that provide evidence of 18 years of rigorously measured evaluation and successful intervention.*

The following graph illustrates the accumulated results on 216 dyads from 2011-2018 using the KIPS rating scale.



KIPS Results of Interactive Parenting Before & After Chances for Children

Interactive Parenting Quality	Pre-Intervention		Post-Intervention	
	Number	%	Number	%
Low (1.0-2.9)	81	37.5	10	4.6
Moderate (3.0-3.9)	96	44.4	83	38.4
High (4.1-5.0)	39	18.1	123	56.9

After completing the CFC program, 88.9% (72 of 81) parents with low scores improved to medium or high quality scores (50.0% of parents to medium quality; 38.3% to high). For the 96 parents whose interactive parenting before CFC was of medium quality, 61.5% (59 parents) improved to high quality.

Testing these changes statistically, we find that indeed there is a statistically significant improvement in interactive parenting after participation in Chances for Children. [McNemar-Bowker Chi-Sq=112.311, df=3, p<.001]

EVALUATION OF GROUP PROGRAM

This year CFC offered 2 groups, one for families with infants and one for families with toddlers. Groups convened for a fall session, a winter/spring session, and a summer session. (During the 2017 summer session, baby and toddler groups were combined because of participant’s scheduling issues.) Groups meet for 90 minutes once a week. A specific routine is followed each week that includes singing, free play, story and snack, parent discussion and dance. Each session is structured around a theme that is presented during parent discussion and applied during free play. The focus of all groups is to build positive relationships between parents and their children. More specifically, CFC aims: to improve the parent-child relationship, to aid parents in finding appropriate limit setting strategies, to relieve isolation, and to help parents feel less stressed and more effective as caregivers. Our referrals for group come from a variety of organizations including: Nurse Family Partnership, preventive service and foster care agencies, pre-schools, WIC and medical clinics.

GROUP DEMOGRAPHICS N=33

MALE	14	42%
FEMALE	19	57.50%
HISPANIC	20	60.60%
AFRICAN AMERICAN	13	39.30%
DEPRESSED ON CES-D SCREENING	3	9%
REFERRED FOR SERVICES	2	

REFERRAL SOURCES

SELF	18	54.50%
WIC	6	18%
CFC	4	12%
NFP	1	3%
CLINIC/HOSPITAL	3	9%
UNKNOWN	1	3%

EFFICACY EVALUATION OF GROUP

For the last several years, CFC has been exploring different ways of evaluating our group program. We have tried out 3 measures this year in addition to the Parent Satisfaction Survey that we have used in the past: the PRFQ (Parent Reflective Functioning

Questionnaire, Luyten et al., 2017,) the Mindmindedness Interview (MM,) and the Highbridge Infant Parent Peer Rating Scale (HIPPRS).

1. The PRFQ is a widely used self-report tool that assesses a parent's capacity to understand behavior (hers and her child's) as driven by mental states- that is, thoughts, feelings, desires, and needs. We aspire in our work to help parents become interested in their child's minds, *and to reflect before reacting to their child's behaviors*. "Parental reflective functioning is thought to foster the infant's own capacity for reflective functioning, which in turn is assumed to play a crucial role in emotion regulation, the development of a sense of personal agency, and secure attachment." (Luyten P, Mayes LC, Nijssens L, Fonagy P (2017) The parental reflective functioning questionnaire: Development and preliminary validation.)

The PRFQ consists of 18 items and is rated on a 1-7 scale, strongly disagree to strongly agree. The items are divided into three factors: *Prementalizing*, (a non-reflective stance in which the parent is *unable* to see the world through her child's eyes), *Certainty of Mental States* (a stance in which the parent believes he/she knows precisely what the child is thinking and why she behaves as she does), and *Interest and Curiosity* about the child's mind. We collected 16 of these questionnaires and found that as we had hoped, *prementalizing decreased* and *Interest and Curiosity and Interest increased*. There was little change in Certainty of Mental States. We will be using this tool with all our participants (dyadic and group) in the future.

2. In addition, this year we piloted a short interview designed by Elizabeth Meins to assess a similar construct to parental reflective function which she calls Mindmindedness (MM.) The Mindmindedness Interview has been used widely in current research; one model consists of 2 questions: *If you were to describe your child to someone who didn't know him/her, what would you say? Just as you did with your child, please choose another person who is important to you and describe that person*. The answers are audiotaped, transcribed and coded using the MM Manual, version 2 (Meins, E., & Fernyhough, C. (2012). We collected 11 interviews; however, due to recording difficulties we only have two post intervention interviews. These will now be coded, and we will make a decision as to whether to continue with them in the future. As this was the first year using this technology, we are working out the kinks in recording so that we will have more consistent, reliable recordings in the future.
3. Last year CFC piloted a measure to assess changes in behavior during groups, the Highbridge Infant Parent Peer Rating Scale (HIPPRS). Observations are conducted in real time during group. Each dyad is observed for 10 minutes and each behavior is rated on a 4-point scale. It was determined that this scale was a viable instrument to use that did not disrupt the group's activity, that the results aligned with the clinical assessments of the group leaders.

This year, all dyads in each group were assessed with the HIPPRS at the beginning of their participation in group and again when the seasonal session concluded. We assessed 33 dyads and have completed pre-post data on 23 of those dyads. Evidence of improvement was found only in the peer subscale. This may be a result of several factors: first, many of the behaviors being rated were already being performed by parents at baseline so that there was no room for improvement, and secondly the very small sample size yielded low statistical power for finding improvement. Because parent feedback and clinical observation demonstrate the usefulness of the program, the lack of findings may be reflecting that the items being measured are not the pertinent ones; that is, the questions we have been asking are not the right questions. Rather than continuing with this scale, we have begun to ask different questions so that in the coming year, we can have a clearer understanding of how our groups are useful to parents which they appear to be as evidenced by the Parent Exit Inventories.

CLIENT SATISFACTION

Client satisfaction was assessed using an exit inventory at the end of each group 'semester' to assess the experience and quality of the parent-child groups. This survey is scored by a 5-point Likert Scale: 1- Strongly Disagree to 5-Strongly agree. Of the 33 dyads who attended group, we have 20 inventories. Of these, 100% ***agreed or strongly agreed*** that:

- they were treated with respect and courtesy,
- the environment was welcoming and that both they and their children felt comfortable in the group,
- they saw a change in their own ability to see the world through their children's eyes,
- they use strategies learned in the group at home as well as sing songs and recreate activities, and
- they all endorsed being willing to recommend the group to other parents.

"It's good to have a place where you feel at home, and where you can share parenting skills and experiences. "

"I think this group helped my child a lot in the way he interacted with other children. It makes me happy to see him happy, when he plays with other children. It also helped me a lot to talk with the other moms, about our experiences."

"I think it is very good, the program, it has helped me a lot with my daughter and it helped me too. They talked about different topics/themes and that has helped me to help children and that they have a lot of fun playing. I've learned a lot of different things. I wish there were more programs like this up to age 4."

"Growing with my toddler has helped me become the best mom I can be. It has helped my children grow and help me grow. The staff is so friendly and respectful. I love coming to playgroup and my child is excited to come.... Growing with my toddler is like my second home."

6 dyads attended more than one semester of sessions. Because these groups have been so successful and popular, we are expanding our offerings for the coming year by adding an additional group.

CONCLUSION

In this year of change, growth, and expansion, CFC has been able to maintain its mission of delivering high quality intervention, individually designed to meet the different needs of different families encompassing trauma, developmental delays, mental illness, and court mandate. Flexible, effective interventions that support nurturing relationships between child and caregiver can create and bolster the resilience that is protective against “toxic stress” so debilitating to the infant brain, a stress which pervades communities where opportunities are scarce, incomes are inadequate, and drugs and violence are ubiquitous. As academic research continues to demonstrate the vital importance of environmental influence during the first years of life, CFC continues to work to help parents create the best environment possible for their child through interactive parenting that is reflective, responsive, and reliable. CFC has been able to demonstrate 18 years of successful outcomes improving interactive parenting in families with children under 5 of diverse cultures and caregivers across 4 neighborhoods in the Bronx.

Looking forward, it is our intention to continue to expand our specialized trauma services, to broaden our outreach efforts, and to expand our group program while maintaining the high quality of our interventions and exploring new methods of evaluation to deepen our evidence base.

HIGHLIGHT!

CFC has been able to demonstrate 18 years of successful outcome improving interactive parenting in families with children under 5 of diverse cultures across 4 neighborhoods in the Bronx.

CLINICAL VIGNETTE: *Mothering the mother*

Though Ximena immigrated to the United States from Central America, the language she spoke was not Spanish but Mazatec, one of a family of languages spoken in Mexico, Guatemala, Honduras and El Salvador. A number of the families in the CFC program are people of Mayan or other indigenous ancestry who immigrated to America to escape violence and trauma in their countries of origin. As a child, Ximena lived in a poor rural area with her mother and younger sister. Because her mother needed to work, she locked the children in the house during the day often with nothing to eat. After a time, Ximena and her sister dug a tunnel out of the hut and then spent their days begging for food. Ximena

remembers that when they were old enough to go to school, they were so dirty that the school would send them home. At age 14, Ximena was sold into marriage for two pigs and a rusty bicycle. Her husband, an older man, was physically abusive, and she lived in constant fear. Eventually Ximena managed to run away and found her way, alone, to the US and a relative. Here, sadly, the story repeated itself; she was left with no food, no clothes, a slave to her Aunt's demands. Here, not knowing the language, unable to communicate, read or write, she could not escape. Finally, a neighbor came to her aid and found her a live-in job with a family.

Now, some years later, Ximena is married again and is a mother herself with little idea of what it means to be a mother. What she knows is that her child and her house must be clean at all times. She bathes her child multiple times a day and cleans day and night. Like many of the other immigrants in this community, Ximena lives with her husband and child in a room in an apartment with many other families. Use of the kitchen and bathroom is tightly scheduled; children cannot move around freely nor can they make noise. Once again, Ximena felt like a captive in her own home.

Ximena was referred to our program through a daycare-home-based program that supports families with home visits until there is a place for them in the center. When she came to us her stress level was so high that her hair was falling out. Our task was to help this traumatized woman feel safe enough with us to begin to share her story, a place where over time she might feel safe enough to rest her thoughts for a brief while on her child instead of on sheer survival. Ximena and her son, Paulo, are still working with us. She has learned she needn't bathe him so frequently and that time spent playing with Paulo is as important and mutually satisfying as cleaning her room. At Chances for Children we speak often of the importance of "mothering the mother" so that she then is able to mother her own child. This is foremost in our minds as we work with Ximena and Paulo.