March 15, 2021

We are glad to share with you our Clinical Evaluation Report for the year January 1- December 31, 2020. The report was prepared by Hillary Mayers, LCSW, as she has done for the past 18 years.

This has been a most interesting and challenging year for us, for the families we serve, and indeed, for the world; we have learned so much. Having begun our year with typical in-person services in many different sites, we moved to telehealth services mid-March after assessing staff, client, and administration needs. This report is divided into three parts: the response to the pandemic, pre-pandemic services, and new initiatives, and describes processes and outcomes of the different services.

We are grateful, encouraged, and amazed at the capacity of our staff and the families we serve to continue important, needed, evidence-based work under the circumstances of the pandemic. We are deeply grateful to everyone who supported us in many different ways throughout this time. We could not have managed without our network of support.

We hope you are safe and well and look forward to a time when we can meet in person once again. If you have any questions, do not hesitate to contact me; I will be genuinely happy to answer them.

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Co-Executive Director Clinical

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chances for children

PROGRAM EVALUATION

January 1, 2020 to December 31, 2020

Introduction

2020 has been a most unusual year for CFC, as it has been for the rest of the world. It has both challenged us and provided us with unique opportunities for innovation, service, and growth. We are pleased to share the outcomes of our clinical interventions, our programmatic transformations, and our contributions to the field of infant mental health during the months of the COVID-19 pandemic and the shutdown of in-person/in-office services. This report has three parts. Part I: Chances for Children's response to the COVID-19 pandemic. Part II: January – March 15, 10 weeks prior to the shutdown of in-person services. Part III: New initiatives.

PART I: Chances for Children's Response to the COVID-19 Pandemic

The Need

Lack of accessible mental health services for families with children birth to five has been particularly acute in the Bronx for the past twenty years and was the catalyst for the creation of the CFC program in Highbridge, the area of the south Bronx most gravely underserved. Sadly, the pandemic has highlighted the continuing vulnerability of neighborhoods in the Bronx. This month the CCC (Citizen's Committee for Children of New York) released an analysis of the barriersto well-being for children and families in each county of NYS, assessing six domains: economic security, housing, health, education, youth, and family and community. *The only county in New York State showing the highest risk across all six domains is the Bronx.* Here, 40.8% of children live in poverty despite a participation of 85.4% in the labor force among families with children. Since the shutdown of the pandemic, there has been a collapse of service industry jobs and families are increasingly struggling. One of the sites in which CFC provides service is a pre-school in which 70% of families have been infected with COVID-19 and 100% of families have lost employment. In all of our sites, families have been without essentials of daily life (food, diapers, formula). The daily stress of overcrowded living conditions along with food and housing insecurity make the need for mental health services even more acute.

Addressing the Increase in Mental Health Needs During COVID-19:

For the last twenty years and until March 2020, CFC has provided services in-person in our various offices, including dyadic, individual parent, and group sessions. As COVID-19 lockdowns have changed New Yorker's lives dramatically and altered routines in every area of functioning, CFC has also needed to change: services now take place through a telehealth model. This change, however, does not change the "what" of our model, but rather the "how". Instead of in-person, in-office sessions wenow use phone, video, and/or text depending on what a family can access.

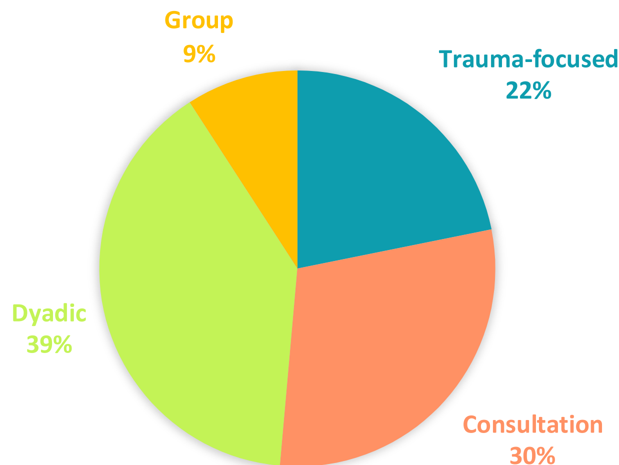
Our pre-pandemic model of service required restructuring and creative solutions to function in the pandemic environment. During the first two weeks of the lockdown, CFC assessed and addressed the needs of clinicians and administration. We secured access to encrypted video platforms, and access to concrete resources that families needed, including food and diapers. Regular staff meetings allowed us to problem solve both clinical and logistical conundrums, to create new necessary consent and release forms and to support staff self-care. Because CFC is self-sustaining and without layers of bureaucracy, we were able to make this change rapidly and effectively, continuing to receive referrals, offer services, communicate with partners and service providers, and offer trainings to collaborating agencies. *This has allowed CFC to operate at full capacity through the pandemic.*

Program and Demographic Information

Total sessions scheduled	1497 (1237 telehealth)	
Total sessions attended	1260 (1067 telehealth)	84% attendance, up from 66.5% in last report (86% telehealth)

Referrals received	140
Referrals declined/referred out	44

		Dyadic	Group
Cases opened	149	136	13
Cases completed		66	
Cases ongoing (open)		26	
Prematurely discharged		14	
Dropped out		11	
Never began services		19	



Demographics for Assigned Cases (includes all interventions: dyadic, consultation, and group). *(*The number in parenthesis indicates the number of responses available for this item.)*

Condition	N	%	Comments
Ethnicity	(127)*		
Latinx		79%	
African American		12%	
Multi-racial		5%	
Other		4%	(Caucasian, African, Asian)
Child Gender	(134)		
Male	73	54%	
Female	61	46%	
Single Parent		40%	
Parent Working/School	43 (95)	45%	
ACS Involved	22 (112)	20%	
Foster Care Services	11(116)	9.4%	This is lower than in past years because of COVID-19 constraints to treatment
Hx of Domestic Violence	33 (82)	40%	
Hx of Trauma	33(82)	40%	
Hx Mental Illness		27%	
Current Depression	12(45)	27%	
Child Delay/Referral Out	20		

The CFC Program During the Pandemic:

1. *Dyadic services*: For families who had been engaged in dyadic services when the lockdown occurred, CFC continued to provide services as before, now through telehealth.

2. *Consultations:* For new referrals, CFC began offering consultations of up to five one-hour sessions with specific goals in mind: to provide support for families to help reduce stress, to help establish and maintain daily routines during the pandemic, to provide guidance regarding children's behaviors and strategies to support their development, to address the particular need that brought the family to services. (Some examples of issues addressed have been: a family struggling with talking to their child about the death of a family member, an outbreak of domestic violence in the home, families with children in foster care struggling with virtual visits.)

3. *From Consultation to Dyadic Service:* As was to be expected, once work began with a family and an alliance was created, other more complex issues emerged, and many families wanted to continue services. As CFC is committed to meeting the needs of different families in different ways, families who wished to continue services have been moved into the customary dyadic service.

4. *Group:* Parent-child groups are an integral part of the CFC model. Early in the pandemic, families who were currently engaged in groups were contacted on a weekly basis via text to maintain relationships. A number of these families had intense concrete needs during this time, and CFC was able to provide resources and support. After several weeks, CFC was able to find a video platform secure enough to accommodate groups on- line. Weekly, parent-child dyads have come together virtually to support each other and remain connected during this very isolating time.

5. *The Trauma Tier:* As trauma-trained clinicians, CFC works with a number of families grappling with serious prior traumas, including very young children who have witnessed the murder of a parent. Many of these cases are court involved; these have been prolonged and disorganized by the lockdown, adding increased confusion and anxiety to overwhelmed families. In addition, trauma-involved families deal with many systems besides the court such as child protective services, foster care agencies, shelters, and other mental health and legal providers most of which have been seriously crippled by the lockdown, making dealing with them even more complex than usual. This has resulted in an exponential increase in case management for CFC. Fortunately, CFC's prior relationships with these families has allowed support and trauma work to continue effectively throughout the lockdown through the telehealth model and has prepared us to create new processes for newly referred families in this tier.

6. *Supporting collaborating partners through training and COVID-19-related presentations:* CFC has many collaborating partners, among them the organizations that house the CFC program as a resource for their families (Paul's House/Sheltering Arms in Mott Haven, Cardinal McCloskey in Melrose, Kingsbridge Heights Community Center in Kingsbridge). In addition, we have collaborations with Mosaic Mental Health where we provide training in the CFC model, and the Strong Starts Court Initiative (SSCI) in Bronx Family Court, a special division devoted to ensuring permanent homes quickly for infants and toddlers that come into the foster care system through ACS. These organizations have turned to CFC to provide needed information and training on infant mental health issues during the pandemic.

Evaluation of the Clinical Program during COVID-19

Evaluation of clinical services in the time of COVID-19 has been a continuous process that has evolved over the many months of the pandemic. The newly instated telehealth interventions have required the creation of new measurement tools, the revision of those tools as we conducted trials, and more revisions as time passed and the needs of families changed. We expect that the trials we have conducted during the pandemic will allow for robust evaluation going forward into 2021.

In the past, CFC has used pre-post intervention video recordings of parent-child interaction to assess improvement in the mutuality of parent-child interaction and relationship. These videos, coded by external researchers blind to time and condition of family, were the primary indicators of the continuity of our success over the years.

In addition, we measured improvement in parental reflective functioning. (Reflective functioning, also called mentalizing, is the ability to think about how mental states affect behavior. A parent who can mentalize can think about how her/his behavior and her/his child's behavior influence and affect one another. It has been associated with the capacity for tolerating distress, for communicating effectively, as well as with child attachment security.) Further, we measured the child's developmental progress, and parent satisfaction with services offered.

New Measures for a New Time

As described above, intervention by phone, video and text has altered the "how" but not the "what" of the CFC's work. This has required different means of evaluation as recording pre-post intervention videos has not been possible for many reasons. Conversations with other programs serving young children have indicated that, because this is a new and unusual situation for agencies, no specific instruments for evaluation have been developed or validated. Therefore, CFC created several measurement tools to investigate of the quality of our work during these last 9 months.

1. ***Exit Survey*:** Upon completing their services, families are administered an *Exit Survey* via phone by a graduate student in psychology. Though hired by CFC, the surveyor has no knowledge of the family and the family is assured that answers will remain anonymous. This survey allows us to assess client satisfaction with services, the help they received, and their relationship with their clinician, as well as the parent's understanding of how the COVID-19 pandemic affected their child, and the degree to which the CFC program was able to relieve some of the stresses experienced during this time. Initially this survey was conveyed to families through Google Forms texted to their cellphones; however, the response rate was lower than anticipated. For this reason, CFC altered the administration of the survey to a personal phone call which has had more consistent results.

2. ***Pre-Intervention Questionnaire:*** All families are given a *Pre-Intervention Questionnaire* assessing the specific needs of that particular family and creating a baseline from which to begin services. The questionnaire includes areas such as degree of stress, sense of isolation, and capacities to manage child's behavior especially during the lockdown. The purpose of this questionnaire was to give us a baseline of the family's response to the pandemic and lockdown and, specifically, to understand how it was affecting their relationships with their children. As the pandemic continues in different phases, and as the vaccines become more available, circumstances continue to change. We expect that this questionnaire will also need amending.

3. ***Clinical Session Rating Scale*:** The CFC-created *Clinical Session Rating Scale* is completed by the clinician after dyadic video sessions. This scale assesses parent behavior, child behavior and dyadic interaction during the session and is based largely on the same categories used in the past to code pre/post intervention video recordings (Babybooks 2, UMD. See most recent CFC Evaluation report 2019-2020.) This scale aids the clinician in assessing the dyadic relationship while concurrently addressing the more concrete issues that brought the family for services. After using this scale for several months and finding it useful, we have now structured it to be administered after the first dyadic video session and every five sessionsthereafter including the final session before completion. (*Please note: not all families have access to video platforms; therefore, some cases are treated via phone and text. For this reason, the number of cases reporting outcomes using this scale will be smaller than the total number of cases treated.)*

   The purpose of this scale is to help the clinician focus on the parent-child relationship, a relationship that has been impacted in many subtle (and many dramatic) ways during this time. Disruptions in relationships during the pandemic have been extensive as parents lost jobs, ranout of food, and been squeezed into overcrowded living circumstances where people of many ages attempted to manage the lockdown. In such situations, relationships with the

littlest ones can easily be overlooked. When overwhelmed parents need clinical time to process theirown distress, clinicians are challenged in a new way to find a way back to the parent-baby relationship. Helping to repair the disruptions of this period is a critical part of CFC's work and here the Clinical Rating Scale gives the clinician a frame in which to reflect on the work done and understand the issues that remain. This is particularly useful at the moment as without video recorded interactions to reflect on, it is the only tool we have to assess directparent-child interaction.

CFC is exploring ways of collecting, monitoring, and maintaining video recordings from on-line sessions for future use.

Results

EXIT SURVEY RESULTS

Using the combination of text surveys and telephone calls described above, CFC collected data from 29 participants. Of these, all participants reported *strongly agreeing* or *agreeing* that:

- CFC services helped them resolve problems
- Interactions with CFC were a source of support
- CFC offered strategies for play that supported development
- Participant looked forward to speaking with clinician

For the following questions, several parents chose the *not applicable* category. Other than these, all participants *agreed* or *strongly agreed* that:

- CFC sessions helped participants understand how COVID-19 affected their children's behaviors (2=*not applicable)*
- It is easier to explain to my child why everything is so different (1= *not applicable*)
- I would recommend CFC to other families (1= *not applicable*)
- I feel like I understand my child better since coming to CFC (1= *not applicable)*

All but one parent felt that:

- participation in CFC helped them feel less stressed during the pandemic.

10 parents added additional comments to the survey. These are entered below.

Me ayudo muchísimo

Very satisfied with services; Looking forward to in-person services

Clinician was amazing. Very helpful and comforting opening up to her.

Family wishes for face to face meetings with clinicians but understands that it may not be possible due to pandemic

Todo fue excelente. Creo que en el futuro, yendo a las oficinas en persona para los servicios seria bueno, pero por ahora los videos fueron muy buenos.

Very helpful

Really good program (2 parents)

Thank you for everything taught. Family can use what they have learned and apply it to their other children

Zoom sessions worked. Clinician was very hands-on, emailing different ideas, taking 15 minutes to do role plays on how to address child behaviors. This helped a lot. Parent learned that child was more behind than parent originally thought-- a year behind. Clinician also helped with IEP discussions by ensuring that child receive services that she needs. Child still asks for clinician to this day.

PRE-INTERVENTION QUESTIONNAIRE RESULTS

As we began our telehealth services at the beginning of the pandemic lockdown, as well as offering families our usual services, we offered a five-session consultation to support families as they tried to help their children make sense of the virus and the need to stay at home. A typical assessment of a family's needs is a lengthy and on-going process, so the Pre-Intervention Questionnaire was designed to give us a baseline of the family's response to the pandemic and lockdown and, specifically, to understand how it was affecting their relationships with their children.

Below please find the results of the Questionnaire as reported by the 20 parents who were contacted during the pandemic after we began using this instrument. The percentages reflect the degree to which parents felt high or very high levels on the item.

Pre-Intervention Questionnaire % Parents/Children experiencing High or Very High Levels CFC 2020	
Parent	Percentage
Stress level	52.6 %
Degree COVID-19 Affected Life and Relationships	47.4 %
Degree Lockdown Affected Daily Routines w/Child	44.4 %
Degree of Difficulty Talking w/Child about COVID-19	26.3%
Degree Parent Felt Isolated as a Parent	25.0 %
Child	
Stress Level	36.8 %

These findings were lower than we had anticipated. We have speculated that since the questionnaire was administered at our first contact before getting to know us, parents may have been wary of exposure and may have underreported. It is also possible that because parents had already experienced several months of pandemic prior to our introduction of this questionnaire, they had adapted to the circumstances to some extent. We explored whether being a single parent affected senses of isolation, but this was not significant and might be explained by living conditions which are frequently quite crowded. We know anecdotally that despite a small percentage of parents reporting difficulty discussing COVID-19 with their little ones, many parents were deeply grateful for a children's book called *Cyrus the Virus, by Eszter Perenyi and Oscar,* which we were able to distribute to families on line. In general, a large majority of parents were more concerned about the particular difficulty that brought them to us than by the circumstances of the pandemic, that inevitably exacerbated those problems.

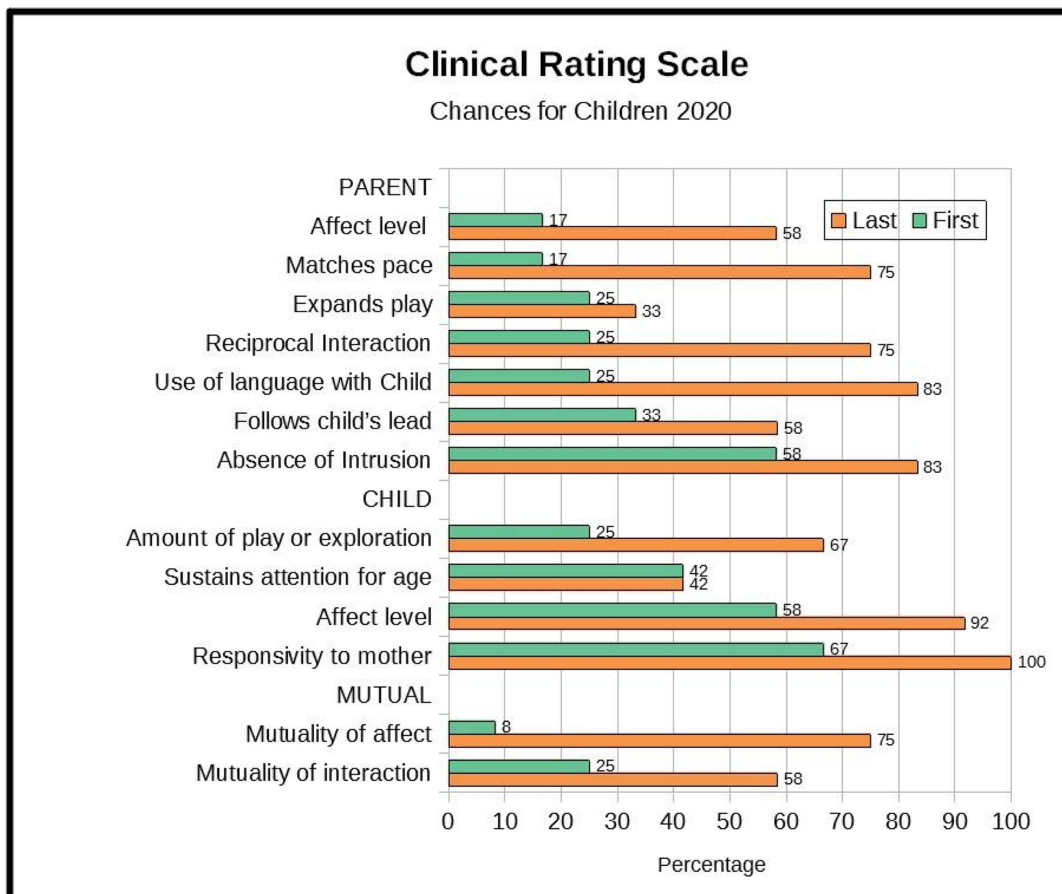
CLINICAL RATING SCALE RESULTS

The Clinical Rating Scale assesses 12 items of caregiver-child interaction, six items for the caregiver, four for the child, two for the dyad. It is scored on a scale of 1 (low) to 5(very high). Scores of 4/5 are considered good for all items. Scores from the first and last recorded assessments of 12 dyads are used in this analysis. The chart below looks at the first and last recorded evaluations of cases after we began using the Clinical Rating Scale in July, 2020 (N=12). *Please note:* some of these cases had been receiving treatment before the use of this instrument was introduced; therefore, the first rating

is not a baseline. Some of the cases are continuing to have treatment, therefore the latest rating does not necessarily represent a completed case.

Bar graph explanation: Green bars indicate the percentage of parents rated good (4/5) at the first scoring. The orange bars indicate percentages of parents rated good after telehealth sessions with Chances for Children staff. This is across the full sample (n=12) across all measures in the Clinical Rating Scale. Rates are given for both the first and final telehealth assessments that were recorded. For example, looking at Parental Affect Level, at the first telehealth assessment, only 17% of parents showed positive affect. At the latest telehealth assessment recorded, 58% showed positive/very positive affect. (To assess Parental Intrusion, we calculated what percentage occasionally or never intruded.)

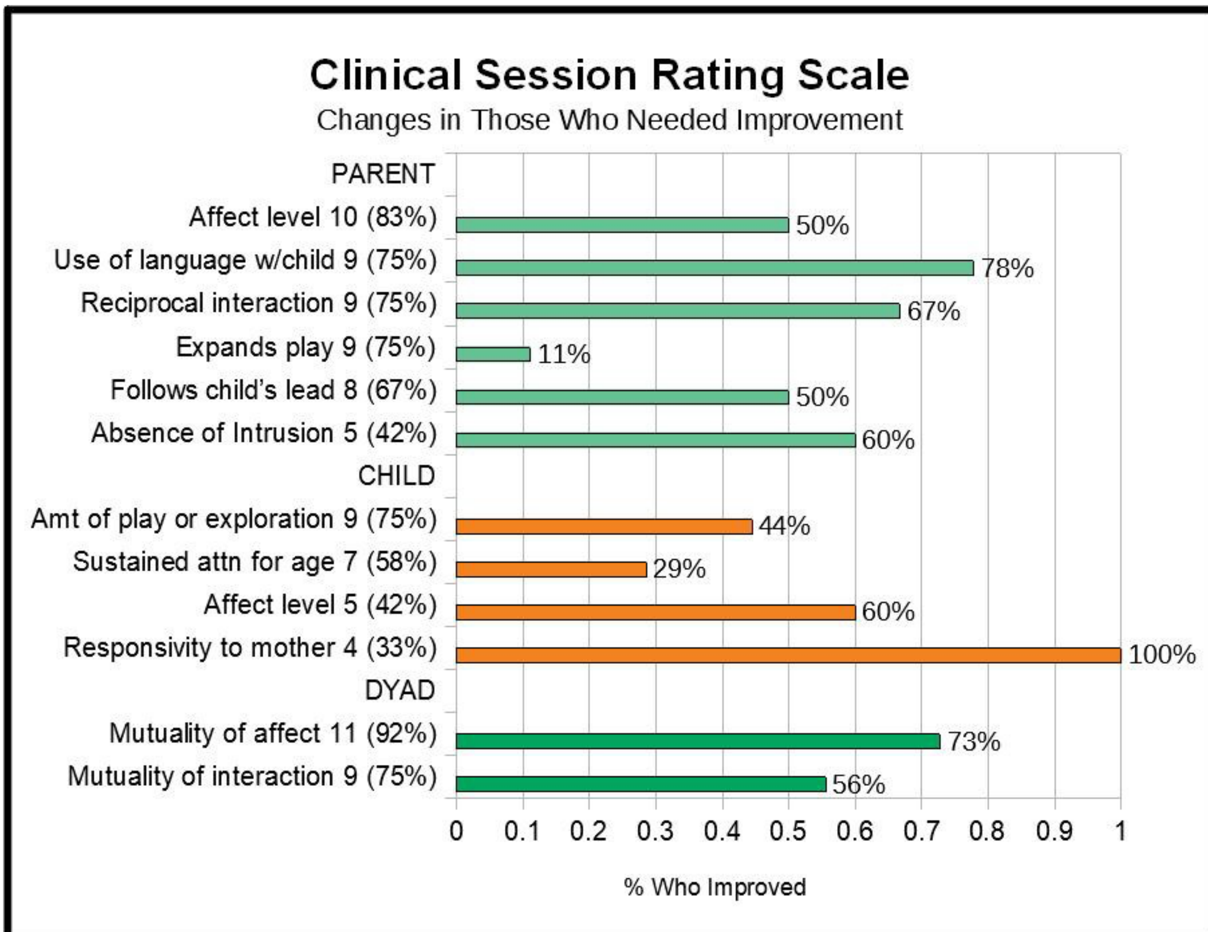
We were pleased to see that even using a telehealth platform, we were able to bring about positive change in so many areas. That at first measure only 25% of parents scored high on use of language with their children, but at latest measure 83% of parents indicated high use of language, is critical for the development of little children confined at home with minimal external stimulation.



This next chart assesses at a deeper level the percentage of change the CFC intervention had specifically on those dyads who needed improvement in a particular area, (i.e. mutuality of affect or use of language.) *To test this, only dyads who failed to achieve a desired score of 4/5 at first assessment and therefore needed improvement were considered.*

For these dyads, we tested whether the number of parents needing improvement at first assessment had improved to a 4/5 score at the latest assessment. For example, looking at Parental Affect, 10 of 12 parents had scores below 4 initially and were included; (this is 83% of the total number of parents). Of these, 50% (5 parents) achieved a 4/5 at second assessment. Across this sample, all items except Parent Expands Play showed improvement and *were statistically significant, p<.001.*

Here we were particularly pleased to see that by the end of intervention all children displayed positive responsiveness to their mothers, and among the parents who had room for improvement, one half to three quarters increased to positive scores across all items except expanding play. Even though the number of cases evaluated is small, it is important to see that dyadic telehealth sessions as offered by the CFC team can be effective.



The Group Program

Remarkably, CFC was able to create a sustainable virtual parent-child group program that has supported parents during the pandemic. During groups, parents and children engage in activities together, listen to stories, sing, dance, and speak of the difficulties of managing during pandemic.

Summer Session: June- August
8 sessions held
4 families attended
Ethnicity: 4 Latinx
Parent age range: 30-40
Child age range: 15-30 months

Fall Session: September- December
8 sessions held
3 families attended
Ethnicity: 2 Latinx, 1 Asian
Parent age range: 30-40
Child age range: 1-4 years

Vignette:

Group leaders wrote: *It was amazing to see how families kept the group in mind during the times we did not meet, intentionally carrying through what they learned about connection and relationships by engaging in play and exploration. Our theme was "the many uses of a box." In one session, we were surprised to see that the box we had introduced the week before was visible in the background, and the kids were already exploring and playing with it. A mom shared how they incorporated the box within their playtime during the week and how they expanded their imagination creating new ways the box could be used. This becamethe takeaway for another mom who shared her surprise that her children could be occupied and engaged with something as simple as a box, and this helped them expand their thinking as a family.*

Supporting our Collaborating Partners:

During these past months as agencies, providers and programs have struggled to adapt to the constraints COVID-19 required, there have been many requests for training, supportive supervision, and information. CFC has offered eight trainings to organizations in the communities we serve. Most notably, as part of the steering committee for Strong Starts Court Initiative, CFC was asked to provide a webinar training in collaboration with them to address the needs of babies and toddlers in care and involved with the court system during the pandemic. This webinar, entitled *Virtual Visitation for Babies and Toddlers during COVID*-19, was attended by over 300 people. As well as supporting partners in the Bronx, it is important that CFC contributed to the globalunderstanding of the effects of the pandemic on families with babies zero to five. Many organizations working with infants and toddlers throughout the world come together under anumbrella organization called the World Association for Infant Mental Health (WAIMH). Early in the pandemic WAIMH issued a call for papers for a special on-line edition of their publication *Perspectives.* CFC submitted two articles, *Symbolic Play using Telehealth: A Brief Case Study during the COVID-19 Pandemic* by Martha Alvarez and

When the Screen Becomes a Playground: A Dyadic Therapy Program's Transition to Telehealth During COVID-19, by Hillary Mayers. These were published on-line in the Fall, 2020 edition, contributing to a greater understanding of telehealth use with young families and widening the exposure of Chances for Children in the field.

PART II: 10 Weeks of CFC pre COVID-19 Lockdown

January 2020 began with the full array of in-person services in Highbridge, Kingsbridge, Melrose, Mott Haven, and Riverdale locations, including dyadic intervention, group intervention, trauma tier intervention, professional training, and presentations to the community for outreach.

Dyadic Services:

In the Dyadic, Consultation and Trauma Tiers during this period:

Referrals received	21 (+11 from 2019 assigned)
Cases opened before 3/12/20	34
Sessions attended	193
Sessions scheduled	260 (74% attendance)

Of the 34 dyads engaged in intervention at the time CFC closed, 31were able to continue services remotely (91%).

Note: Eight dyads who had begun services in the prior year, completed services by the time we closed mid-March. Of these, four dyads had completed pre-post intervention video recordings. These videoswere not coded as four dyads would not give us numbers needed for significant outcomes.

Group Services:

The year began with two groups: *Growing with My Baby* and *Growing with my Toddler,* held on Tuesday and Thursday mornings respectively from 9:30-11:00. Both groups aim to strengthen the care-giver child relationship, to relieve stress and isolation, to help implement developmentally sensitive practices, to boost reflective thinking, and to increase caregiver confidence. Carefully designed routines include free play, story, snack, and a themed discussion with caregivers.

Growing with My Baby

7 sessions held
5 families attended
Parent age range: 30-40 years
Child age range: 10-15 months
Ethnicities:
3 Latino, 2 Caucasian

Growing with My Toddler

6 sessions held
7 families attended
Parent age range: 30-40 years
Child age range: 1.5-2.3 years
Ethnicities:
6 Latinx, 1 African-American

Vignette:

During a group, families were reflecting on the effects the mood of a parent might have on a child. In the role play that followed, a father and an unrelated mother took the parts of parent and child. How inspiring and extraordinary it was to see the father on his hands and knees, crawling around the room trying to get "mom's" attention while she was busy readying herself for her day, not responding to the father-baby grabbing at her feet, desperately trying to get her attention and becoming more and more frustrated.

Reflecting on this later, the father spoke of how it felt to be this baby and the deeper understanding he had now of his 15-month-old seeing the world through his eyes. He had not realized that the frustration he often felt when his son wanted his attention mirrored the frustration his son felt when he couldn't get it. This led to a profound discussion about the ways moods impact relationships and gave permission for compassion, understanding, and heightened patience in the group's dyadic and even triadic relationships.

Part III: New Initiatives

On September 26, 2019, CFC launched a new collaboration with Cardinal McCloskey Community Services (McC), Early Childhood Education Division, designed to bring badly needed Infant Mental Health Consultation and Dyadic Services to the underserved families with children 0 to 5 residing in the Melrose neighborhood in the Bronx. The McC agency offers an Early Head Start home-based visiting program (including eight home visitors and a family worker) as well as several on-site Early HeadStart programs. The families enrolled in these programs are 85% Latinx immigrants.

During the first month of the collaboration, a needs assessment indicated different needs. Thus CFC created a three-tier Infant Mental Health Consultation program that offers:

- Infant Mental Health trainings and reflective consultation to the Early Head Start Home-Based Family Visitors. Twelve sessions have been held to date; the group is on-going.
- On-site Dyadic Services for up to three dyads at any given time. CFC has worked with 11 dyads and dyads continue to be referred.
- A specialized group for parents of children with unique medical challenges. This group of eight families with children ages 12-23 months aimed to expand maternal reflective capacity anddecrease feelings of isolation and stress on the parent-child relationship. One of the participants named this the "Warrior Moms' Group" (see vignette below). Eight sessions have been held to date; the group is on-going.
- In addition, CFC joined an on-going *Monthly Socialization Group* introducing Infant Mental Health ideas and principles through especially designed dyadic and group activities focusing on the parent-child relationship and the parents' role as the child's first teacher in the context of the families' traditions, culture, values, and beliefs. These are large groups

typically well attended by enrolled families (60 families total). CFC has participated in nine sessions to date; the group is ongoing.

Training and Reflective Consultation:

Twelve interactive trainings were offered designed to bring the Science of Infant Mental Health to Home-based Visitors in the context of relational, trauma, and reflective frameworks. Training aimedto help the team understand the complex consequences the lockdown was having on the developingchild and on the child-parent relationship. Critical themes included:

- the impact of the collective trauma on families in the Bronx
- the meaning of death of a parent/family member at a critical time in the life of a young child
- how to support parents to strengthen the child's sense of "secure base" and create developmentally safe "inside" routines
- how to support parents managing the stress of food insecurity and the general sense of fear, helplessness, and despair

All trainings provided concrete relationally-based and developmentally-sensitive strategies that could be implemented in the context of a Telehealth model of intervention. In addition, team and individual reflective consultations were held on alternate weeks to support home visitors'capacities to process the profound struggles experienced by the families they serve and to create abuffer against vicarious traumatization and burn out.

Vignette:

Maria and Sol

Maria migrated to the United States 20 years ago; she was 15 and an unaccompanied minor.

I met Maria one morning after a socialization group. She drew me into a corner and said, "I love the gratitude exercise we just did Silvia! Here, I want you to meet my 'premie miracle'; she fills me with gratitude! No one wanted me to have her because they knew that she had genetic problems… but here we are." Maria's daughter, Sol, was sleeping in her arms, lovingly molding into her chest. I wondered about the meaning of this beginning for Sol and Maria.

The following week, Maria came to our "Warrior Moms" group, which is a group for mothers whose little ones have complex medical issues and developmental delays. Sol slept for the entire time, and Maria, tenderly caring for her, said, "She just had a sonogram to check her kidney tubes. Everyone wonders why I keep her close and do not let anyone touch her!" What did Maria mean by that? Later she approached me again and said, "Silvia, I want to come to see you. The teachers think that Sol has

separation anxiety…but it is me. I cannot leave Sol with anyone, not even with her dad and we have been married for 11 years! He is my love; he saved me from a life of alcohol and despair."

Maria, Sol, and I met regularly; Sol always sleeping in her mother's arms. During the second time we met, Maria told me her story, buried in her heart since she was nine years old. One of her uncles had raped her. Afterwards she ran away and raised herself, until one day she united with three others living lives similar to hers. They decided to migrate to the dreamed North. Maria cried as she spoke, but it did not awaken Sol.

Gently, wondering together about the power of the past over the present and about all that makes Sol a miracle, we slowly imagined what Sol needs now that she is two years old and out of danger. We imagined what Maria would need to feel that she can create safety and protection for Sol. How could Maria open to a world that has good and bad and everything in between,including the horror she'd experienced? We talked about angels, rescuers, ghosts, monsters, and we talked about healthy development. Maria rescued her dream of giving Sol the experience of unconditional love as a shield. We spent a third session just wondering about this, holding little Maria in the moment, Sol, always sleeping…

Sometime later during a socialization group, Maria was singing her "Amistad song" with other mothers. "Look Maria" I exclaimed, "Sol is running! She is playing with the children! She is far away from you picking up those toys! Maria what a joy!"

Maria replied, "Silvia, I understood what she needed. It will take me time, but you are here, and everyone here is so loving toward us. It just happened! This is the first time she did not sleep and I was able to let her go, and be a two-year-old."