

In this Issue *Healthy Families New York and Infant Mental Health*

Wendy Bender, PCANY

When people hear the term Infant Mental Health (IMH), they often think of mental illness. They might imagine a baby on a psychiatrist's couch getting therapy. Look at the following definition of IMH from Zero to Three and notice that it is actually positive and strength-based.

What is Infant Mental Health?

"The developing capacity from birth to 3 to experience, regulate, and express emotions, form close relationships, and explore the environment and learn. This is all done in the context of family, community, and cultural expectations for young children." 1

It's easy to see how attention to IMH fits with the Healthy Families America/Healthy Families New York (HFA/HFNY) model.

Who can foster good IMH? Parents! But also child care providers, preschool teachers, Early Intervention (EI) specialists, pediatricians, Child Protective Services, college professors, state and national policy makers, judges and of course, home visitors. This is a multidisciplinary field and there is a lot of work being done. The World Association for Infant Mental Health (WAIMH) promotes education, research, and study across the world. More than half of U.S. states have an IMH Association.

Impact and Importance of Infant Mental Health

A record number of young children are being expelled from childcare and preschool. Expulsion rates in preschool are three times higher than K-12. 2 Depression can appear in infants as early as four months of age.

There has been a strong focus on kindergarten readiness. Many kindergarten teachers say the most important skills for children are the ability to get along with others, listen and follow directions Social/Emotional (S/E) development. Children who are not socially and emotionally prepared often have long-term difficulty in school.

Research in the Adverse Childhood Experiences (ACE) study that looked at brain development and experiences suggests children with lower social and emotional skills are at risk for problems in school, child care, work settings and in adult relationships. The ACE study demonstrated how negative events in early childhood: abuse, neglect, substance abuse, domestic violence, mental illness, and an incarcerated primary caregiver, have a lifelong impact.

"The good news is, the brain's openness to experience endures for a surprisingly long time." 3 The brain has plasticity, the capacity to still be molded. There is hope!

Healthy S/E development in early childhood helps children learn and master the skills they need to be successful in school and throughout their lives. Children who have mastered these skills are better able to:

- Manage impulses and regulate their behavior
- Learn to identify and begin to understand their feelings
- Manage strong feelings and express them in appropriate ways
- Learn to recognize feelings and emotional cues in others
- Develop empathy
- Make friends
- Develop confidence, cooperativeness and the capacity to communicate 4



How does the HFNY model address IMH?

Relationships

We work hard to establish healthy, trusting and nurturing relationships with parents. We support them in creating the same with their child. Relationships where a child feels cared for and protected offer the best chance for optimal growth and development, for children and parents.

We are "trauma informed"

We recognize that many parents in HFNY have experienced trauma and that a history of unresolved loss and traumatic life events can bring "ghosts into the nursery." 6 Past events can affect the relationship between the parents and the baby and get in the way of future success. Time spent playing and feeling joy helps retrain a traumatized brain that is growing and changing all the time!

We focus on the parent, the child AND their relationship

Every home visit centers on parents, the child, and parent-child interaction (PCI). We routinely assess how each is doing.

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Healthy Families America and Infant Mental Health

Kate Whitaker MsEd IMH-E® (IV)
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Healthy Families America focuses on the importance of developing strong attachments between parents and their young children.

Because infant development is critical in becoming a healthy person, HFA embedded IMH concepts throughout the core home visiting trainings and our HFA Best Practice Standards. The key to an IMH approach is the capacity to reflect on the power of relationships and understanding the depth of an infant/parent relationship is what creates one’s sense of being. Who we are (our self-esteem), how we perceive the world (safe or threatening), our understanding of relationships (are people trustworthy? hurtful?) are all based upon our experiences during infancy and early childhood. None of us has experienced a stress-free or trauma-free early childhood. How, our parents or caretakers assisted us in handling stress matters greatly. Increasing our curiosity about all relationships is a critical component of IMH.

An important component of IMH is reflective practice. In the current Best Practice Standards, HFA has clear definitions and guidelines for reflective supervision and clarifies the distinctions between administrative, clinical, and reflective. In partnership with the Alliance for the Promotion of Infant Mental Health, HFA is encouraging all staff to consider an infant mental health endorsement.

For more information contact Kate Whitaker, HFA National Training Director at kwhitaker@preventchildabuse.org.



the Link

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Child development is the focus. Using an evidenced-based curriculum assures that we are talking about critical topics and places child development at the center of our focus. Parents might look at whether their baby can hold her head up by four months, pick up a Cheerio at six months, use words and start to walk around twelve months. For most children, we are learning that unless there is a developmental concern, if their S/E development is going well, the rest of their development will follow naturally. For example: If Mom notices when her baby makes a sound and makes one back, they have started a serve and return interaction. When that happens routinely, the baby will naturally expand her sounds, try to imitate her mother and eventually learn to babble and then use words. Amazing!

S/E development is tied to attachment. A baby is born wired to seek a secure attachment; a safe, comfortable, predictable and pleasurable relationship to help in times of need. Attachment develops through a relationship. One of the best parts of HFA/HFNY is the joy and excitement during PCI activities. We create opportunities and join in the fun, helping the parent notice her baby's strengths and needs. We offer anticipatory guidance about next steps in development and discuss them in a way that matters to parents.

How do we do it?

1.) We recognize what stress does to us.

Parents often don't understand what their baby is experiencing and often don't realize babies can sense their parents' emotion. Watch a stressed out father try to calm his baby and you will see how difficult that is. He's more likely to have success if he calms himself first. When dad recognizes those baby cues and responds effectively, both he and baby calm down. When this mutual regulation happens repeatedly over time, the baby learns how to do it for himself. The same is true for us. When we are stressed it is difficult to help a parent. When Dr. Victor Bernstein of the University of Chicago worked with HFNY years ago, he used the term "stress-eyetis" – the inability to see what is working when we are stressed. He talked about how we hydroplane to a solution, instead of really listening and exploring the problem.

A critical part of this work includes regular, routine and protected reflective supervision that supports each of us in our ability to grow and understand ourselves in this work.

2.) We believe in reflective practice and we strive to remain open, curious and reflective.

In every home visit, we notice and assess the parent, the child and their interaction. The parent-child interaction is as important as if it were an additional person in the room.

- We use motivational interviewing skills (OARS – Open-ended questions, Affirmations, Reflections and Summary) to help us stay in the moment and follow the parent's lead.
- We use CHEEERS (cues, holding, expression, empathy, environment, rhythmicity/reciprocity and

smiles) to focus on specific aspects of the interaction.

- We use the HFA Reflective Strategies (Accentuate the Positive, for example), as a way to identify and enhance the parent's capacities and Explore and Wonder to invite the parent to recognize and show empathy for their child.
- We invite the parent to watch, wait and wonder, "What might my baby's experience be? How is that the same or different than my own experience?"

Next Steps: What is still needed?

Many home visitors worry about using the Ages and Stages Questionnaire-SE, a development screening tool, for fear of not knowing what to do if there is a problem. "We don't have Infant Mental Health counselors," some have said. That may be true for some communities but IMH is all about focusing on infants and their parents, and home visitors are doing this already.

This is not traditional mental health. Many communities have no IMH services that treat a parent and a very young child as a dyad. IMH specialists focus on infants' and very young children's relationships with their parents and caregivers because there is ample evidence that early intervention can prevent or reduce problems later. This is a relatively new field. Local Early Intervention service workers are striving to include a social/emotional perspective in their work.

Stay tuned - there are exciting developments coming. Contact **Wendy Bender** at wbender@preventionchildabuseny.org more information.

Resources

- http://www.huffingtonpost.com/matthew-melmed/babies-mental-health-matters_b_7213290.html
- <http://csefel.vanderbilt.edu/>
- <http://www.zerotothree.org/child-development/early-childhood-mental-health/>
- NYAIMH.org
- <http://challengingbehavior.fmhi.usf.edu/>

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2. Babies Mental Health Matters (http://www.huffingtonpost.com/matthew-melmed/babies-mental-health-matters_b_7213290.html)
3. From Zero to Three Video: Connecting with Babies: The Power of Parent/Child Interaction. <http://www.zerotothree.org/child-development/early-childhood-mental-health/>
4. http://www.okdhs.org/NR/rdonlyres/E1C71983-237E-46D6-A2FD-E2D723EAFE3B/0/0656-WhatisInfantandEarlyChildhoodMentalHealth_occs_12012011.pdf
5. Center for the Study for Social Policy: <http://www.cssp.org/reform/strengtheningfamilies/about#protective-factors-framework>
6. Journal American Academy Child Psychiatry. 1975 Summer;14(3):387-421. [Ghosts in the nursery. A psychoanalytic approach to the problems of impaired infant-mother relationships.](http://www.ghostsinthenursery.com) Fraiberg S, Adelson E, Shapiro V.

What's going on in New York related to Infant Mental Health?

- The New York State Association for Infant Mental Health (NYSAIMH) will begin offering an IMH Endorsement in 2017. HFA training requirements align, allowing most HFNY staff to qualify, <http://www.nysaimh.org>.
- A Joint Task Force from the Early Intervention Coordinating Council and the Early Childhood Advisory Council is working to develop guidance that supports Early Intervention (EI) professionals in addressing social-emotional needs, including specific information needed to effectively screen, evaluate, and serve children determined to be eligible for EI services. Mary McHugh, a director at the NYS office of Mental Health noted “By joining forces, this guidance not only provides targeted information on social-emotional development to all providers who care for very young children but will assist professionals who work with or within the EI Program.”
- Evelyn Blanck, Associate Executive Director of the NY Center for Child Development, in partnership with Dr. Sheila Smith, a director at the National Center for Children in Poverty, has worked to ensure that young children and their families are not left out of the New York State Medicaid Redesign Plan. They have sought to ensure services and supports are built in, recognizing that young children receive their primary health and developmental supports from parents and caregivers in home and community settings, and are also regularly seen in pediatric care for well-child visits. Ms. Blank offered: “Infants, toddlers, and preschoolers are highly vulnerable to family risk factors, therefore, mental health services should aim to strengthen key adult-child relationships, ensure the well-being of parents and caregivers and support their ability to provide for young children’s social-emotional needs. Mental health supports need to be in home, community, and pediatric settings.”
- NYS Council on Children and Families is leading a state-wide effort to bring the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Pyramid Model to NYS. This model focuses on promotion, prevention and intervention and works to train the work force on SE development.

An IMH Case Scenario

Two year old Becca has a new puppy. Her dad sits with her and lets her hold and pet the puppy. Becca is wound up with excitement and gets a bit rough. Dad shows her how to be gentle. Becca tries to be gentle but thumps her pet on the head. Dad warns her that if she can't be gentle the puppy will have to go in her crate. That does nothing to settle Becca and Dad takes the puppy away.

Distraught, Becca throws herself on the floor, crying and kicking. Dad breathes deeply and takes a moment to calm his own emotions; he knows whenever Becca throws a tantrum he gets angry and frustrated, so and he has learned that his own feelings hinder his ability to help Becca. He talks with Becca, not in a calm, quiet voice, but in a semi-loud voice that almost sounds like the angry Becca. (Dad isn't angry; he is using this loud voice because he knows it works.) Several times he repeats, “YOU ARE ANGRY. YOU WANT THE PUPPY.” Almost like magic, Becca quiets and gets up to sit on Dad's lap. He holds her, rocks her and quietly says, “I know you got angry and sad. It's hard to be gentle when you're excited. We'll pet the puppy later.”

This exchange between Becca and her father offers an example of a parent who is fully attuned to his child's SE needs. He sat with her, he tried to teach her how to be gentle, he offered a clear warning and he followed through with the consequence. When Becca had a meltdown, he took a moment to collect himself before responding. He showed her empathy and he did it in a way she understood. As a two year old, she doesn't have the language/cognitive skills to understand if her father used only words, so he used his emotion to match her level of upset. When he did that, she thought, “Oh, Dad 'gets' how I feel.” That allowed her to calm down; Dad held her and gave her time to pull herself together.

Note: If a home visitor had been present she might have offered an ATP (Accentuating the Positive). “Boy, you really have taken the time to learn what works for her. If you can do this when she's 2, it will be so much easier when she's 13!”



Spotlight: Healthy Families of Rensselaer County



Sitting left to right: Cassie Swearingin, FSW, Maria Feleder, FSW Supervisor, Erica Henderson, FSW, Aileen Bobelewski, FSW. Sitting on arm of sofa left side Kim Lockridge-Hetko, Sr FSW, sitting on right arm of sofa Renee Evans, FSW. Standing left to right, Carol Marrero-Lugo, FSW/FAW, Joann Carter, Sr FSW, Laurie McBain, Program Manager, Patti Walek, Data Manager-Program Secretary, Michele Venson, FSW Supervisor, Rita Babie, Sr FAW coordinator, Lisa Wood-Jesmain, FSW, Marcia Harrison, FSW.

Healthy Families of Rensselaer County is one of the three original Healthy Families New York (HFNY) programs. We are proud to be celebrating twenty years of home visiting in Rensselaer County. We are located in the Capital Region at Samaritan Hospital in Troy. We are funded by the New York State Office of Children and Family Services and St. Peter's Health Partners Community Foundation. Our relationship with Samaritan Hospital and St. Peter's Health Partners provides our participants with resources that greatly increase their success in raising healthy, happy kids.

Rensselaer County is comprised of both urban and rural communities. It covers 665 square miles and borders Vermont and Massachusetts. It is approximately two and a half hours from New York City and is directly across the Hudson River from Albany. Close proximity to Albany and other communities with low-income housing means our participants may be transient. Fortunately, there are two other HFNY programs close by. We work to connect families to those services when possible.

Healthy Families of Rensselaer County has strived to build a team that is reflective of our diverse participant population. Many of our staff were raised right here in Rensselaer County. Over this past year, we have worked to better serve an increasing number of Spanish-speaking families and have developed a diverse Spanish-speaking team. Our Family Support Worker/Family Assessment Worker (FSW/FAW) came to Rensselaer County as a child from Puerto Rico. Her supervisor emigrated from Argentina in 2000.

WHAT MAKES US UNIQUE?

Staff members say it is our commitment to the mission of Healthy Families New York, and the laughter and good humor that is always present at our site.

Michele Venson is an FSW Supervisor who has been here since the program's inception twenty years ago. Rita Babie, FAW and Outreach Coordinator, joined us 10 months after Michele. Michele, Rita and all of the staff have seen many changes to Healthy Families of Rensselaer County, and the staff reflects the resiliency and strengths we so appreciate and seek to enhance in our participant families.

Many of those families heard about us from other families we served. We believe such referrals reflect greatly our family-focused services and our commitment to the expectant and new parents of Rensselaer County.

WHAT OUR FAMILIES SAY...

"This was my first baby. I was very nervous and my worker provided me really important information that made me feel more comfortable."

"We wish we could stay in the program longer, we are graduating and we love Kim."

"I learned so much and I feel I am a better parent because of it."

"Our worker gets us motivated to do what we need to do, to better ourselves and the lives of our children." We want our

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cont. Spotlight: Healthy Families of Rensselaer County

kids to have it better than we had and our worker helps us learn how to do that and provides so many great parenting ideas.”

“My worker has helped me realize that it is ok to struggle sometimes and that I am not the only one. I never feel judged and that has made it easier for me to accept help when I need it.”

“We go to all the family activities and we love how the staff is so friendly and the kids love the activities. I like being able to talk to the other parents.”

“As a dad, I worried that I wouldn’t be taken seriously and Joann my worker has been so great. I use all the play activities and stuff I learned from Joann every day. I got to speak at the Fatherhood Summit and that felt so good.”

“Thanks to the encouragement of my worker, I went back to school and got my nursing license. That helped me feel really good about myself and I think that shows in how happy my little girl is. My husband and I learned so much about handling our stress different. Now, when I see a breastfeeding Mom, I say “good for you”. Our worker always worked around our schedules and my husband really appreciated that and made sure he was home for our visits. He loved the play activities and spends half his time on the floor playing with our daughter or reading to her. He didn’t have that as a kid and learning how important it is was important to him. I hope to work for a Healthy Families one day and give back what we were given.”

WHEN ASKED WHAT STAFF LIKE ABOUT THEIR JOBS, THEY JOINTLY OFFERED THIS RESPONSE:

We love that we get to bring the mission of Healthy Families America into homes and can use our resources to help families. The fact that there is evidence that what we do has a direct effect on preventing child abuse and developing healthier and happy babies and families, leaves us feeling good at the end of the day.

Collaborative Voices for the Promotion of Infant Mental Health

*Deborah J. Weatherston, Ph.D.
Michigan Association for Infant Mental Health*



Twenty-three state IMH associations are working collaboratively to use the Competency Guidelines® and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® that were created by the Michigan Association for Infant Mental Health (MI-AIMH). This process builds quality workforce development across disciplines at multiple levels of service.

MI-AIMH is in the process of establishing the Alliance for the Advancement of Infant Mental Health, Inc. (The Alliance). All licensed state associations will become members of the Alliance, strengthening the voice for competency informed practice, research and training specific to the promotion of IMH. The work of the Alliance will be distinct from, but complementary to the National Center for Infants, Toddlers and Families (ZERO TO THREE) and the World Association for Infant Mental Health.

Core knowledge, skills and reflective practice experiences are central to the strength of the Competency Guidelines® and consistent with the values and standards of Healthy Families America. The Alliance looks forward to strengthening the partnership with HFA across the country as together we nurture and support the social and emotional wellbeing of all families, cultures and communities. “We are all in this together.”

See www.mi-aimh.org or contact Deborah Weatherston at dweatherston@mi-aimh.org or Nichole Paradis at nparadis@mi-aimh.org

Congratulations Healthy Families Ontario FSW/FAW Teresa Deacon



Congratulations to Teresa Deacon, recipient of the 2015 ATHENA Young Professional Leadership Award! This annual award recognizes the accomplishments and contributions of young professionals who serve the Canandaigua community. Teresa was nominated for her work as the Assessment and Family Support Worker for the Healthy Families Ontario program at Child & Family Resources. She is a dedicated professional, enthusiastic and inspirational to the families she serves. Teresa rises to every challenge with a strength-based approach, consistently affirming the potential of everyone she meets. Teresa is a Certified Lactation Counselor and facilitator of the Baby Café, where she provides support to all parents of infants who are learning the art of breastfeeding, Teresa is a strong advocate, empowering families to achieve their potential without pressure or judgment. Sarah Scorsone, Program Manager says, “It is an honor to have Teresa Deacon on our team. Thank you Teresa for your dedicated contributions to the communities we serve!”

Fatherhood Summit

James Porter, PCANY

On November 4th, 2015, the New York State Office of Children and Family Services (OCFS) and Healthy Families New York (HFNY) convened the 4th annual Fatherhood Summit at the Century House in Latham, with generous support from Casey Family Programs. Nearly 200 people from the HFNY network and outside agencies attended. The day began with a passionate call to action on behalf of fathers. James Rodriguez, CEO and President of Fathers and Families Coalition of America, detailed how families and children benefit from having engaged fathers, discussed barriers to fatherhood involvement, and the importance of taking a trauma-informed approach to working with fathers. The roster of workshops included:

- An overview of the Fatherhood Toolkit, a training device that creates father-positive cultural change within programs and organizations, led by Will Henry of the Center for the Development of Human Services.
- Lenny Giardino of Upstate Cerebral Palsy (and formerly Program Manager of Healthy Families Madison) on Protective Factors and how they can be used to engage fathers.
- A panel of leaders from local Departments of Social Services who described their counties' innovations in fatherhood engagement and the positive changes they are making.
- Greg Owens of OCFS on methods of engaging fathers that are relevant to the changing nature of today's neighborhoods and communities.

The Summit concluded with a panel of fathers who participate in the HFNY program. These dads shared from the heart their insights and suggestions related to working with fathers and moved participants with their wisdom and authenticity.

The 2015 Fatherhood Summit was rich with important information regarding father involvement, best practice and success stories from across the state. Real change is happening in New York. More and more, our work with families reflects the essential role fathers play in their children's lives. As one father on the closing panel said, "It took two of us to make this child, it should take two of us to raise this child, all the way."



Panel of fathers who participate in the HFNY program



Left: James Rodriguez, CEO and President of Fathers and Families Coalition of America | Right: Thomas Dwyer, HFNY Program Contract Manager, New York State Office of Children and Family Services

Research Corner: Family Support Workers' Experiences with HFNY Programs

**Camille Barnes, Research Scientist,
Center for Human Services Research,
University at Albany**

Family Support Workers (FSWs) filled out a survey in the summer of 2014 about their workplace experiences in Healthy Families New York. The survey was conducted by researchers from the Center for Human Services Research in collaboration with the NYS Office of Children and Family Services to better understand the experiences of FSWs. Eighty-seven percent of the Family Support Workers responded including some from every program.

Home visitors who responded, showed a diversity in personal, educational, and family characteristics. FSWs tended to be women in their mid to late 30s who have two children. Overall, FSWs were well-educated; most had a college degree or had attended college. Most FSWs worked full time exclusively as an FSW. Most NYC FSWs tended to be more diverse, less likely to have a live-in partner, and earned higher salaries than FSWs outside the city.

Notable findings:

- FSWs felt particularly confident and encouraged by their HFNY programs in the area of Breastfeeding.
- More than other areas, FSWs wanted more program encouragement related to safe sex and STDs, self-sufficiency, and working with child welfare.
- Compared to other areas, FSWs were less comfortable addressing substance abuse, domestic violence, and working with child welfare.

FSWs tended to want the most additional training in domestic violence, depression and mental health, and substance abuse. Since this survey, HFNY has worked with the NYS Office for the Prevention of Domestic Violence to develop training for home visitors and Prevent Child Abuse NY's training team provided six one-day sessions around the state on depression.

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cont. Research Corner: Family Support Workers' Experiences with HFNY Programs

Home visitors reported their program provided a supportive and positive work environment that fosters their autonomy and skill development. Here are some highlights from FSWs' responses describing work characteristics:

- A positive impression of the work climate, particularly in terms of the task dimension (including job importance, autonomy in completing tasks and the ability to use one's knowledge to overcome challenges)
- Above average scores on job mastery (feelings of control in one's job duties).
- High satisfaction with their supervisors and frequent use of reflective supervision techniques by supervisors.
- Appropriate caseloads, with paperwork seldom interfering with their jobs.

FSWs also reported positive work outcomes including:

- Satisfaction (above US norms) with supervision, nature of work, coworkers, communication, contingent rewards, and operating conditions. (FSWs reported dissatisfaction with pay and promotion opportunities).
- Most reported low levels of burnout.
- Slightly above average feelings of emotional connection to their program.

In general, FSWs reflected positive perceptions of their job and the HFNY program. They feel that their programs are very supportive of program objectives and believe that they have skills and knowledge to effectively work with families. While FSWs expressed dissatisfaction with pay and promotion opportunities, they were generally satisfied with their work experience. Researchers plan to conduct more data analysis to identify the connections among the individual characteristics, program, objectives, work characteristics, and work outcomes. This will contribute to an understanding of what conditions lead to the most positive work experiences.

Roving Reporter

"Infant mental health is the healthy social and emotional development of a child from birth to 3 years. What do you do in your work that you believe contributes to infant mental health?"



**Renee Evans,
FSW, Healthy Families of Renssalaer
County**

"Parenting is a stressful job and supporting the family is key in supporting the child. When a family has the right tools and support, they are better able to meet their child's physical, mental and emotional needs. We connect families to services and resources to reduce their

stress. We also monitor the child's development with screening tools that include the Ages and Stages Questionnaire-Social and Emotional version, so we can address possible issues early."



**Maria Cecilia DeFerrari,
Supervisor,
Ulster County Healthy Families**

"By actively engaging parents, educating my community and supporting my super-skilled staff, I am tending to the social and emotional well being of children, and the adults they will become. Participation in the Kempe as demonstrated in the Adverse Childhood Experiences survey is a healing process."



**Sheanna Ross,
Associate Director,
Morris Heights Health Center**

"At our Morris Heights program, we support and enhance the relationship between mother, father and child. We promote healthy social and emotional development by offering parenting enrichment activities like attachment and bonding exercises."



**Esther Piper,
Program Manager,
Healthy Families Clinton**

"Our program brings the concept of "infant mental health" alive. The positive impact that our program has in ensuring that families do and have what they need to help their infants develop into healthy, happy and safe children and later adults is the value that is being recognized, researched and evaluated. But how do we actually get an infant to be mentally healthy? It starts with a positive relationship with the expectant parents, with sharing information in a non-judgmental way, with having passionate staff conducting assessments and home visits and engaging the families, and making everyone feel respected and valued."



**Terri Cole,
Supervisor,
Health Families Broome**

"I emphasize the impact of how the parents' own mental health may influence on the infant's mental health."



~Welcomes~

Susan Atwell, Office of Children and Family Services



Hello! I am the new Healthy Families Unit Manager. I am so excited to work with the Healthy Families NY Team! I have been employed with the Office of Children and Family Services (OCFS) for fifteen years. Most of my time here has been spent working with programs regarding the abuse and maltreatment of children. Prior to OCFS, I was employed at a local Department of Social Services for ten years working with at risk adults and children.

I am proud to be one of the newest members of the HFNY team and I am looking forward to meeting you all in person. Healthy Families NY has achieved twenty years of positive outcomes for families and children and I am thrilled that I will have a part in continuing this program for another twenty years!

I am the proud mother of three adult children. It's nice no longer having to run to sporting events, plays and concerts, however I do so miss those days! Now I spend my free time traveling and being outside in the sunshine as much as upstate New York will allow. Please do not hesitate to reach out if you have a question or need some support. I am here to help!

Erika Leveillee, Prevent Child Abuse NY



I am very excited to join Prevent Child Abuse New York as the new Training and Staff Development Director. I have twenty years of experience working with children, youth, and families in both the child welfare and juvenile justice arenas. This has been by way of voluntary agencies, local Departments of Social Services, and as a university partner to OCFS. I was most recently a Training Program Coordinator in the Child Welfare Department at the Professional Development Program (PDP) where I coordinated multiple training projects regarding best practice service provision to adolescents in out-of-home placement and several youth voice initiatives. I specialized in evidence-based culturally competent trauma-informed care, safety and permanence, and promoting the achievement of positive measurable outcomes. My professional experience includes service as a youth care worker for court-placed adolescents in congregate care, child protective/foster care caseworker, foster parent home-finder and trainer, and life skill coordinator. I was also actively involved in youth leadership and positive youth development initiatives, and coordinated the efforts of the New York State Foster Care Youth Leadership Team, Youth In Progress. I look forward to being a part of Healthy Families New York and helping families across the state continue to succeed.

Manouska Archer, Prevent Child Abuse NY



I have been with Healthy Families New York for more than ten years and joined the HFNY training team in December 2015. I was the program supervisor for Newburgh Healthy Families for seven years and was extremely passionate about providing services to at-risk expectant and new parents in my community. I enjoyed the role of being a mentor, leader, and educator to my staff. I was also our program's cultural diversity trainer. I have a Bachelor's degree in Human Services from Mount Saint Mary College and am currently pursuing a master's degree from the School of Social Work at Adelphi University.

I was born and raised in Haiti and am fluent in Creole and French. In my spare time, I enjoy spending time with my family and traveling. My favorite place to go is Europe. I enjoy meeting new people because it adds to the quality of life, plus, I see everyone as fabulous!

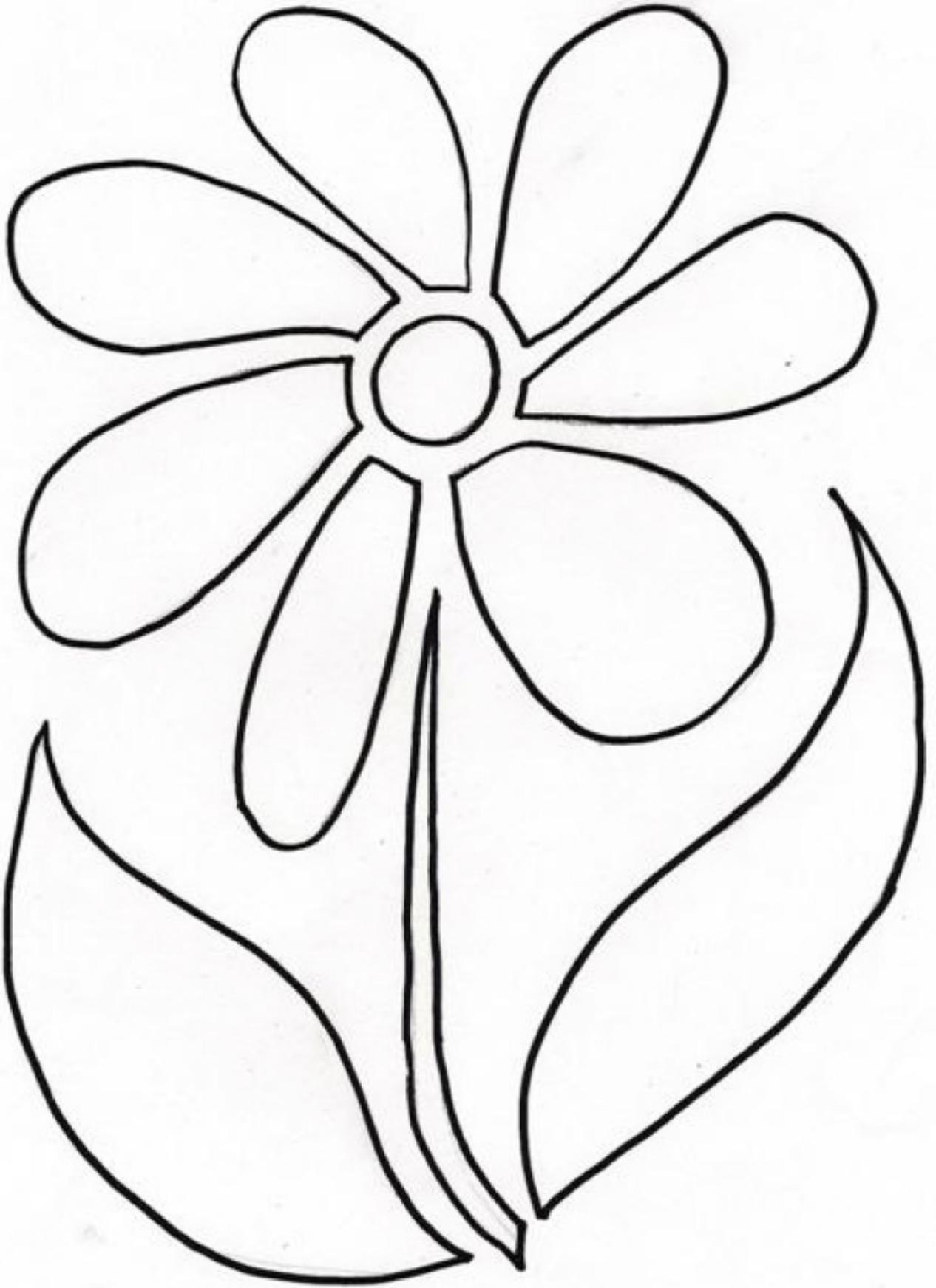
Memory Flower Activity

Tina Tison, PCANY

Research has shown that odors can be one of the strongest triggers for evoking memories of a past experience - much more so than sight and sound. You have probably smelled something like cookies baking or a campfire burning and been instantly transported back to a time long ago when you had that experience. Since most flowers also have a distinct scent, this activity incorporates using a simple picture of a flower to help recall pleasant experiences.

The flower petal graphics included below can be enlarged to accommodate a photo, or simply filled in with a written memory as shown in the example. Parents can do this with their children, or a home visitor might do so with a family to remember special moments. What better way to promote social and emotional development than by highlighting positive experiences parents have had with their children!





the Link

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In the Next Issue

The focus will be on Program Capacity with stories from the field. We'll share specific ideas from programs so you can learn how they have increased and maintained their capacity.

*"Our deepest fear is not that we are inadequate.
Our deepest fear is that we are powerful beyond measure."*

--Marianne Williamson