chances for children
CELEBRATING 20 YEARS IN 2020

20 20th

CHANCES FOR CHILDREN PROGRAM EVALUATION: JULY 2018 THROUGH DECEMBER 2019

CFC is pleased to submit this report on the outcomes of our clinical program from July 2018 to December 2019. It has been an exciting time at Chances for Children with new initiatives, new collaborations, and new systems for evaluation of our interventions.

THE NEED

According to Institute for Children, Poverty, and Homelessness, over 19,000 single mothers with children under five live in poverty in New York City, and the areas in which CFC works (Mott Haven, Morrisania, Highbridge, University Heights and Hunts Point) are all among the community districts with the highest percentages of single mothers living in poverty.[1] In fact, 30% of children living in poverty in NYC are under 5.[2]

These districts also include high levels of indicated child abuse investigations[3] with Highbridge being the community with the largest number of children in foster care in the Bronx, followed by East Belmont, Morrisania, and Mott Haven.[4]

Research tells us that poverty can have serious effects on biological and psychological development, largely through the toxic effect of stress on the developing brain. We also know that the quality of caregiving that a child receives can exacerbate stress or serve as a protective buffer against stress.[5] *Intervening at the level of the caregiving relationship can help reduce the effects of poverty on children and families.*

THE PROGRAM: ADDRESSING THE NEED

Chances for Children is a strengths-based, trauma-informed 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 highlight the importance of relationship building as an essential vehicle for long-term change. Our dyadic intervention uses Infant Mental Health evidence-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 and sensitivity, 4. Increase parent-child positive interactions, 5. Assess for early developmental indicators, and 6. Provide referrals when needed for both parent and child.

The CFC program is offered in two formats:

- Dyadic intervention for parent and child;
- Group intervention for parents and children.

DYADIC PROGRAM

The length of the CFC Dyadic Intervention is determined by progress and clinical need. Sessions occur weekly and include caregiver, child and clinician.

GOAL: To support positive bonds of attachment between caregiver and infant, strengthen parenting skills, boost reflective thinking, and the ability to anticipate and appropriately respond to developmental changes in the infant over time.

STRUCTURE: The CFC model is an evidence-based, best practices intervention that uses video recording of parent-child play with video feedback, and mentalization-based discussion. It includes child development screening, parent depression screening, and

GROWING TOGETHER
GROUP PROGRAM

(Fall, Winter/Spring, Summer: meets weekly for 1 ½ hours.)

GOAL: To strengthen the caregiver-child relationship, to relieve isolation and stress, to help implement developmentally sensitive practices, and increase caregiver self-confidence.

STRUCTURE: A carefully designed routine includes singing, dancing, free play, story and snack. Caregivers participate in a themed discussion that is practiced during free play and aimed to support positive relationships between caregiver and child.

AN ADDITIONAL NEED AND RESPONSE:

The referrals that are coming into Chances for Children currently are reflecting a trend seen across mental health settings: *an influx of seriously traumatized people in need of help. Babies and toddlers are no exception.* Terrible as it is to contemplate, babies and toddlers alike can develop post-traumatic stress responses that can significantly disrupt development.

CFC has been referred 3 cases of children under 4 who have been witness to one parent murdering the other parent. Nearly a quarter of our current cohort of open cases has reported a current or past history of domestic violence. We know that that among children under 4, the most potent trauma variable predicting the development of PTSD was not an event directed at their own body, but whether they had witnessed a threat to their caregiver.[6]

This year 39.4% of the families referred to CFC have a history of trauma. To meet the need of babies and toddlers impacted by violence, CFC has added a third element to our program: the CFC Severe Trauma Tier of Intervention. Trauma treatment requires a level of expertise different from the usual dyadic intervention, and requires significantly more management of complex systems outside the treatment room (family courts, criminal courts, child protective services), along with the necessity for case conferencing and more immediate family support.

SEVERE TRAUMA TIER INTERVENTION
(weekly sessions of caregiver, child, and clinician.)

GOALS:

- to repair the impact of the trauma on the child's emotional, social and general development,
- to strengthen the caregiver's capacity to keep the child safe and protected,
- when necessary, to help build a new relationship with a caregiver if a rupture has occurred in the primary caretaker relationship.

STRUCTURE:

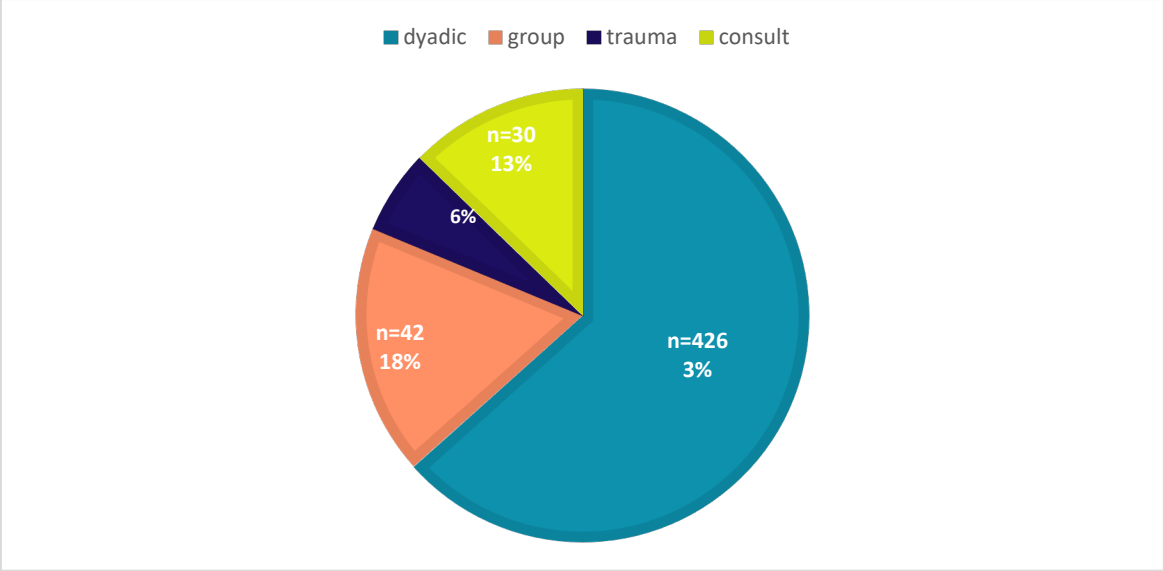
Includes individual sessions with caregivers and collateral family members, dyadic sessions and case conferencing with lawyers, other therapists, and child protection workers. These sessions continue until there is a resolution of symptoms in the child and a return to a typical developmental trajectory.

PROGRAM NUMBERS:

This evaluation report covers the period of clinical service between July 2018 and December 2019, a longer period than usual as we have been working to match our evaluation schedule to our fiscal year reporting, now January through December. The report includes program

demographics as well as outcome data from pre-post intervention videos externally coded with a new system we implemented this year.

During this period, CFC served **179 families** in the dyadic and trauma programs, **42** families in the group program, and **30** families in consultations. We received 276 dyadic referrals, 222 of which were viable. 2203 sessions were scheduled and 1,467 were attended, a rate of 66.5% (up 3% from our 2017-18 report.)



DEMOGRAPHICS OF PARTICIPANTS IN THE DYADIC PROGRAM:

As of January 1, 2020 we began using a new Salesforce program to track all information on all cases. This year, as in the past, demographic data has been collected from individual therapists from physical charts kept at the different locations at which they work. Having been encouraged to track additional items for evaluation, we have been adding items over the last year and a half. As a result, we do not have data on every item from each family referred.

The chart below describes the demographics of the CFC program. The first column in the chart describes the category; the second column shows the percentage of participants who fall into that category, and the third column shows the number of participants from which the percentage was derived; that is, the number of people within the category *out of* the number of people who reported on that item.

DEMOGRAPHICS OF DYADIC CLIENTS SERVED JULY, 2018 THROUGH DECEMBER 2019

Condition	*%*	*#/total # with scores*
HOMELESS (current or past(	12.3	20/162

TRAUMA (current or past)	39.4	63/160
DOMESTIC VIOLENCE current or past	21.7	35/161
MENTAL ILLNESS (current or past) DEPRESSION (current)	45.1 35.2	51/113 37/105
ACS/FOSTERCARE INVOLVEMENT	15.8	26/165
SINGLE PARENT	46.6	68/146
WORKING (current)	56.9	58/102
FATHER PARTICIPANT	9.7	16/165
CHILD TRAUMA	83	53/64
CHILD GENDER (Female)	47.0	78/166
CHILD DELAYED ON SCREEN REFERRALS MADE: 38	61.1	91/149

EVALUATION OF DYADIC PROGRAM

Measures:

CFC aims to achieve the following in our dyadic service with families: 1. Improved parent-child interaction 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. Developmental Screening of child participants with timely referral to early intervention services when needed, and 3. Client satisfaction with services provided. Therefore, our measures reflect the evaluation of these three domains.

1. *Improved parent-child interaction and dyadic reciprocity:* This year CFC implemented a new instrument designed to evaluate parent-child interaction called Babybooks 2, designed by researchers at the University of Maryland. Babybooks 2 is used to code pre and post intervention videos. In the past, the coding instrument we used (KIPS) measured only parent behavior. This new instrument allows us to capture more information about our intervention, giving us outcome data on parent, child and dyad.

   The Babybooks 2 coding instrument contains coding schemes for parents and children in free play episodes, designed to meet different developmental levels of children as they age. For the parent, it assesses *sensitivity, language quality, language amount, intrusiveness, playfulness, detachment, positive regard, negative affect*. For the child, it assesses *positive affect, negative affect, responsivity, noncompliance, language quality, language amount, and attention*. For the dyad, it assesses *mutuality and conflict.*

2. A second measure used to examine parent outcome is a measure of the parent's capacity for mentalizing, sometimes called Reflective Functioning or (RF). When we mentalize we think about how mental states (wishes, beliefs, thoughts) influence behavior. A parent who can mentalize can think about how her/his behavior and

her/his child's behavior influence and affect one another. Mentalizing means thinking about thinking or "keeping the mind in mind". It has been associated with the capacity for tolerating distress, for communicating effectively, as well as with child attachment security. Since its inception, CFC has emphasized reflection over reaction. To measure our effectiveness in supporting this capacity, we measure parental reflective functioning before and after CFC intervention. For this we used a new 18-item parental self-report measure with good validity and reliability called the Parent Reflective Functioning Questionnaire (PRFQ.) The parent rates 18 statements from 1 strongly disagree, to 7 strongly agree while keeping their child in mind. This questionnaire divides parental reflective functioning into 3 components: first, parents vary in their levels of *interest and curiosity* regarding their children's mental states; second, parents also vary in their *certainty regarding their understanding of the child's mental states,* and third, many parents have not developed the capacity to mentalize about their child's states of mind, called *prementalizing or non-mentalizing*. We would expect the parent's prementalizing scores to decrease, their interest and curiosity scores to increase, and the certainty of mental states to be midrange.

3. *Child Developmental Screening*

Along with a parent interview, CFC uses the NDDS (Nipissing District Developmental Screen) which looks at the social emotional, cognitive and physical development of children at different ages. Children who show delays on this instrument are referred to Early Intervention for Assessment for services.

In addition to the other screening tools, information on the child's history of trauma is collected when deemed appropriate. To assess this, we use the TESI, (Traumatic Events Screening Instrument-R).

4. *Client Satisfaction with Services*

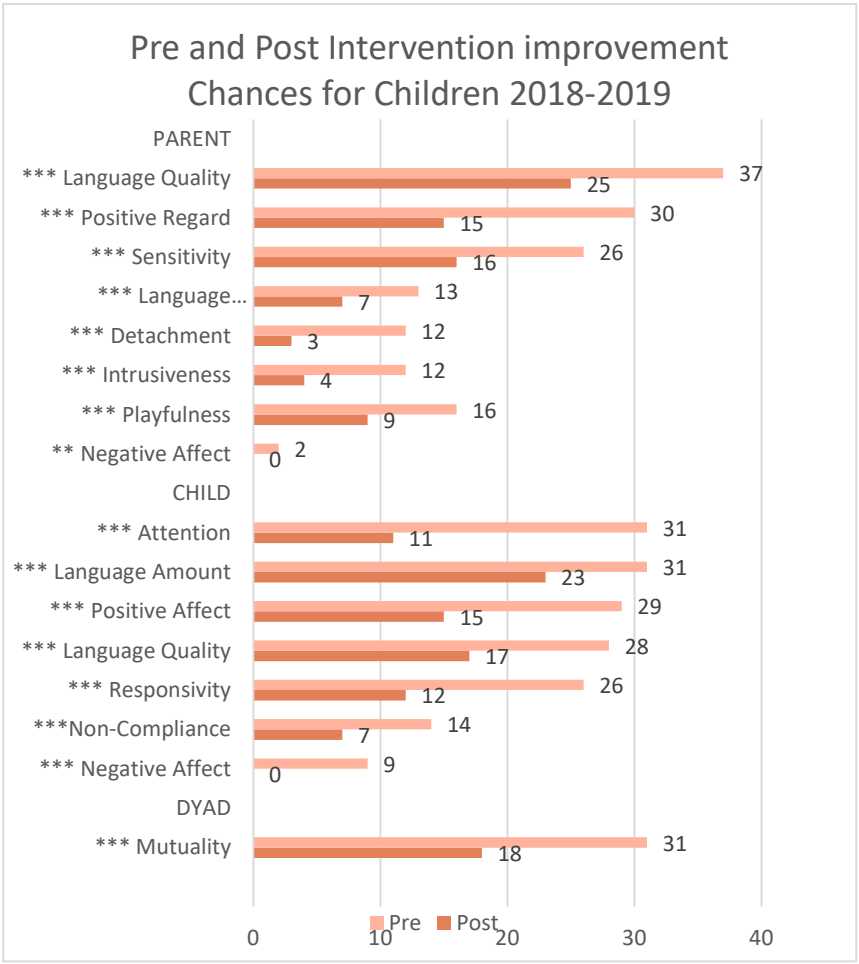
Parent evaluation of services offered is collected through an Exit Inventory, a self-report inventory that rates statements along a 1-5 continuum from strongly disagree to strongly agree. The inventories are completed at the end of services and mailed to the office.

Results

Video analysis

It is important to note that because of the unpredictable circumstances of many of our families, we are not always able to secure end of program video recordings (families relocate, parents enter the workforce, schedules change). In addition, there are circumstances in which the use of video is not clinically appropriate.

At this time, there are 55 dyads for whom we have pre and post video recordings whose results are reported below. The following chart represents the changes in parent, child, and dyad from pre-intervention to post intervention. Individual items for Babybooks 2 are coded 1-5 or 1-7. On this spectrum those at the midpoint or further in the negative direction were deemed to be 'Poor'. For Parental Detachment, scores of 3, 4, or 5 were coded as 'Poor'. Whereas for Parental Positive Regard, scores of 1, 2, or 3 were coded as 'Poor'. The number of parents or children showing problems in each area varied. In evaluating improvement after the CFC program, we decided to look at *only those who had showed a problem to be improved.* Testing was done using a one-sample binomial test. This tested whether, after the program, the number who had improved to a 'Good' score was statistically significant. The number of dyads in the cohort is fifty-five. Each individual item contained a different number of dyads who needed improvement. The specific numbers for each item are indicated in the graph below. The top row, lighter color, shows the number of parents who had "poor" scores before intervention. The bottom row, darker color, indicates the number of parents who had poor scores at the end of intervention on that item. *All items indicated statistically significant changes.*



Number with Problem (of 55)

** p < .01

*** p < .001

Parent Reflective Functioning (PRFQ)

32 participants had PRFQ scores both before and after the CFC program. (A similar number is currently in progress, yielding only pre-program scores.)

The PRFQ has three subscales: Pre-Mentalizing, Certainty of Mental States, and Interest and Curiosity. Desired scores on the PRFQ are Low Pre-Mentalizing, a moderate level of Certainty of Mental States, and a High level of Interest and Curiosity. We find that after the CFC program, parents tend to have lower average Pre-Mentalizing scores, lower Certainty of Mental States scores, and higher Interest and Curiosity scores. (We are happy to provide the statistical analyses of these results upon request.)

All three subscales show change in the desired direction after the CFC program. That is to say that after the CFC program, parents are better able to "keep their child's mind in mind" and to reflect from the child's perspective.

Child Developmental Screening

This year 91 of 149 children in the CFC program were screened as delayed. CFC made 38 referrals to early intervention. (Some of the children were referred by other programs such as ACS.)

Satisfaction with Services Offered

This year there were 53 participants who returned Exit Inventory surveys. The surveys are self-report questionnaires containing 10 items and a final question whether the participant would recommend the program to other families. Statements are scored from 1-5 from strongly disagree to strongly agree. The questions included: *The program helped me understand my child's point of view; I felt accepted and welcomed at the program; I discovered new ways of thinking about parenting, I was satisfied with my experience at CFC.*

All parents (100%) reported that they agreed or strongly agreed that they were satisfied with their experiences at CFC and would recommend it to other families. All families agreed that they and their clinician had agreed on goals and that the work with their situation was helpful. All reported feeling welcomed and accepted at CFC and that they were able to think differently about their situation after intervention. No one reported that the program had NOT been useful to them.

Evaluation of the Trauma Tier Intervention

Program Numbers:

Referrals	19
Cases opened	17

Cases completed	5
Cases ongoing	9
Cases dropped	2
Cases transferred from dyadic	2

Certain criteria must be met for inclusion in this intervention:

- The traumatic event must have occurred within the past year
- The child must have been a direct witness, victim, or directly impacted by the event
- Symptomatic behaviors must be present within the child including nightmares, avoidance, dysregulated behaviors, numbness, dissociation, self-harm, selective mutism, a regression in behaviors of daily functioning, and post-traumatic play.

A baseline level of functioning is determined using the

- Traumatic Events Screening Inventory (TESI) for children, used to specifically identify the traumatic event
- Child and Parent/Caregiver questionnaires designed by CFC to assess for caregiver's capacity to respond to the child's trauma sequelae and to protect the child
- Center for Epidemiologic Studies Depression Scale (CES-D) to screen for parental/caregiver depression
- Nipissing District Developmental Screen (NDDS), used to assess for developmental trajectory and/or delay.

Successful treatment includes a reduction of symptoms in the child as well as a return to a healthy developmental trajectory, and a restoration (or establishment) of trust in the child's now primary caregiver. For the caregiver, successful treatment likewise requires a reduction in symptoms and a strengthened capacity to keep the child safe and protected.

As evidenced by the child's progress reported by the parent, demonstrated in sessions, noted across settings *(*such as early educational settings) and developmental NDDS screening, these goals were fully met for each of the completed cases.

Looking toward the future, we are piloting pre and post parent questionnaires and a PTSD checklist to assess parent levels of support, levels of child PTSD symptomatology and child PTSD behavior. These will give us both baseline levels of functioning as well as post intervention performance.

Evaluation of CFC Group Program *Growing Together*

From July 2018 to December 2019, CFC offered both Infant and Toddler Groups, in four consecutive sessions: Fall 2018, Spring 2019, Summer 2019 and Fall 2019. The Infant group included babies from 2 months old to 20 months old, depending on the child's developmental maturity. The Toddler group included toddlers 20 to 33 months. During Summer sessions, baby and toddler groups are generally combined due to the participants' summer schedules.

Both groups follow the CFC "Growing Together" Group Model designed by Elizabeth Buckner, LCSW and Lindsay Nejmeh, LMHC. The "CFC Growing Together Groups" follow relational, reflective, and infant mental health principles and are structured following a routine that aims to: 1. Expand parent developmental sensitivity, 2. Increase parent reflective capacity, 3. Alleviate parent's feelings of isolation, and 4. Build a sense of culturally sensitive community. These goals combined ultimately support expanding the parent-child positive relationship and problem-solving parenting skill, helping parents feel less stressed and more effective as caregivers.

Both groups meet for 90 minutes once a week and follow a specifically designed routine that is consistent across both Infant and Toddler groups: check in, singing, free play, story time and snack, reflective parent discussion, dance and relaxation sections. Sessions are organized around themes presented during a reflective discussion with parents and applied during free play. The focus of all groups is to build positive relationships between parents and their children. The referrals for group come from a variety of organizations including: Nurse Family Partnership, preventive service and foster care agencies, pre-schools, WIC, medical clinics, as well as word of mouth, self-referrals, CFC Dyadic Services and the CFC Website. It is important to note that parents attending CFC groups may also participate in CFC consultation services and dyadic intervention if indicated.

Group Demographics

42 families participated in CFC groups during the period from July, 2018 to December. Of these, nineteen children were male and twenty-three were female. Families were primarily Hispanic (34), followed by African American or other. 5 parents screened positive for depression, and two children were referred for other services.

Male	19
Female	23
Hispanic	34
African American	7
Other	1
Depressed	5
Referred	2

Self-referred	19
CFC referred	9
CFC transferred	5
NFP	3
CDC	2
WIC	4

Most participating families were either self - referred (19) or referred from the CFC dyadic program (9). Other referral sources included WIC, Nurse Family Partnership and hospital based Child Development Centers.

Group Evaluation:

Prior to beginning the CFC Group, children are screened for developmental concerns using the NDDS, and parents are screened for depression, using the CES-D. CFC continues to look for a tool that adequately measures relational and clinical changes. Most recently, CFC piloted two different measures, the HIPPA, designed by Hillary Mayers and Liz Buckner and a measure developed by Dr. Darcy Lowell. Unfortunately, both captured only very limited aspects of the changes clinically noted. Most available evaluation instruments focus on the dyadic relationships between parent and child and do not address the other relationships present in the group setting, such as the parent-to-parent relationship or the peer-to-peer relationships of the children. Since reducing parental isolation and creating community is a primary goal of the program, and social experiences among children is an important goal of the parents, these items need measures other than self-report. These items are particularly difficult to track because we are unable to video record in the group setting which would allow for coding at a later time. This means all coding must be done in the moment, which is disruptive to the group if an external coder is present, yet too cumbersome to be done by one of the group leaders in the moment. For this reason, we have had to rely on clinical observation, descriptive narrative, and parent self-report. For this we use an Exit Satisfaction Survey. That said, CFC continues looking for and designing tools that can capture the qualitative changes in parents' capacities and the child-parent relationship that we note clinically.

Results of the exit surveys include families from summer 2018, fall 2018, winter, summer, spring and fall of 2019. All exit surveys indicate that parents agree or strongly agree that they felt respected and welcome in group, that their children felt comfortable, that they used songs and materials learned outside of group and that they felt feedback from other parents was helpful.

Examples of the groups' efficacy can be heard in the remarks of the parents themselves:

"*I feel like I can be open and honest here and I was surprised by that because I was afraid to come at first*."

"I love the group so much and the talks we've had as a group. We learn so much when all the moms discuss."

"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."

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

Another mom remarked at the end of her time with the group that she was certain she would be back in 3 years with her next baby. Please see the vignette at the end of the report for further descriptive group material.

Looking to the Future of the Group Program:

1. It is important to note, that as an extension of the goals for the Growing Together Groups, and in response to needs identified during reflective discussions with parents, CFC offered four unique events to strengthen the sense of belonging to a community of parents: The Holiday Community Celebration, the Mindful Eating Workshop, and "Storytime Morning with the Public Library". All these events were well attended and unexpectedly successful. Parents asked for more events of this nature.
2. In answer to the needs identified by one of CFC's collaborating agencies, CFC is piloting an Infant Mental Health Consultation program for Early Head Start home visitors including training, consultation and reflective group case conferences.
3. Also in response to the needs identified by this collaborating partner, CFC is piloting a well-attended group for mothers of children with medical and special needs**.**

CFC is currently exploring tools for evaluation of these new initiatives and hope to present these in our next report.

Vignettes

Group:

Four mothers and four children, 2 boys and 2 girls, have come to group today. Our theme is**:** *What is it like to be a two-year old, and what is it like to be the mother of a two-year old?*

A moment of playtime
One of the moms, M, has been a little bit quiet during playtime, letting her son J do his own thing. She has a friendly expression, as usual, but this morning she hasn't been engaging with him or the other children since coming to sit down on the mat. Perhaps she has needed a few moments to feel settled and adjust to being back in group. All of a sudden, she seems to awaken; she starts to move around and speak to the toddlers in a more animated fashion, drawing them into a spontaneous moment of imaginary play. She unfolds a doll blanket and holds it over the toddlers' heads like a tent.

M: *"Look, it's a house, everyone come into la casita! Come on, V, S, A, J, everyone is welcome in this casita!"*

M keeps up this game for several minutes. The children flock to her and delightedly get under the outstretched blanket, pretending they are squeezing into a little house and giggling excitedly. All four children join in, taking turns running in and out of M's "casita" and laughing. One of the little girls, S, who often "helps" at the end of group by standing up and holding the edge of the parachute during the "calm-down" activity (parents and children lying together on the mat while we play a soothing song and float a parachute over them), grabs onto the edge of the doll blanket opposite M and holds up the other side of the "casita." The game lasts several minutes.

Later group discussion
Later in the group routine, there is an opportunity for the parents to talk together while the children play separately. Today the conversation centered around the "casita game" and the idea that that although two-year-olds can be difficult, there is so much that they are working on and achieving, all developing at their own pace. During discussion, M, the mom who held up the blanket, makes a joking reference to "los terribles dos años" (terrible twos), and the moms agree that it's a difficult age (mainly because of the tantrums). While the question comes up whether boys are more difficult than girls, they ultimately agree that it's more about the personality and age of the child than the gender. There followed a brief but meaningful exchange between M and another mom, V:

V (mom): *"I just feel like 2-year-olds can do so much more now than they used to, like more than when we were little."*
Group Facilitator: *"What do you mean by that?"*
V: *"Oh, um, I don't know…"*
M: *"Maybe it's that we know more now about what 2-year-olds can do?"*
V: *"Yes, exactly."*
Me (and other facilitators*): "In the way that we know that every child is different and that they do things at their own pace. And that there's no one "right" way for them to be."*
[Moms all nod, agreeing with this.]

The group decides that although there are certain stereotypes around toddler behavior at this age, observing our own toddlers and coming to group at CFC helps remind us that every child is different and going through developmental stages at their own unique pace. Upon reflection, the two moments (M's game and the ensuing conversation about toddler development) seemed connected by similar threads: ones of acceptance, connection, and warm inclusivity, with children and families sheltered in a micro sense by M's tent/casita in that moment, and in a larger sense all safely nested within the nurturing space that CFC provides.

Dyadic:

Introduction
There is much discussion about the "preschool to prison pipeline" among educators, policy makers and infant mental health specialists. Already children in preschool are struggling. Preschoolers are suspended and expelled from school in astonishing numbers with rates higher than children K through 12 grades. According to the National Association for the Education of Young Children (NAEYC), each year over 8700 preschoolers are expelled from state and federally funded preschools and pre-k's, with the largest numbers being boys and minority populations.[7] Most of these children are without access to intervention or mental health services that could prevent such troubling outcomes.[8]

CFC is located in three sites with early childhood classrooms. The following vignette from one of these schools was written by Ariella Rodriguez, a clinician with CFC.

Spiderman

It is close to the end of my work day, and I've prepared the play room with all the essentials needed to facilitate a therapeutic interaction with my last scheduled dyad. Like many four-year-old boys, Jason would be expecting to see all my superhero figures intentionally displayed so he could incorporate them into the storyline he would create. In addition, he would need the dollhouse, a secondary but much smaller house that included doors you could physically lock with a key, a firetruck or school bus and a set of little people dolls.
I hear a knock on the door and Jason comes barging into the room. He is followed by his calm, even-tempered, yet strong mom. Jason quickly and vigorously takes off his shoes and jacket and runs to the mat to greet his plastic actors. Mom and I join him acknowledging how eager he is to start playing, but even more than that, to tell his story.

Little boy doll: "Ahhhhh! help me! help! Someone help me!"
Spiderman: "I'm on my way!"
Spiderman leaps into the air and grabs the falling child saving his life.
Little boy: "You saved me-- thank you Spiderman!"
Police officer enters the scene and points to Spiderman
Police officer: You're going to jail!
The officer takes Spiderman and throws him into the small house, representing the jail, and locks the door.
Mom: "Oh no Spiderman went to jail? I thought he was saving the little boy. What happened? What did Spiderman do?"
Jason: "He was bad."
Jason now pointing and speaking to Spiderman.
Jason: "You're going to jail. You are not listening and you hit people so you go to jail. You don't belong here."

Now we understood that Spiderman represented Jason himself. Every week for the past six weeks Jason had re-enacted rescue missions involving Spiderman as hero. But recently the script had called for a "bad Spiderman" who, as a result being thrown into jail, was isolated from the rest of the world. What had happened, Mom reported, was that Jason had been hitting and pushing his teachers and peers, and had allegedly choked another student. The teachers had responded by taking Jason out of the classroom to an empty classroom, until he was calm enough to return. Mom was not completely surprised as she knew firsthand of the many physical fights Jason was involved in at home with his six-year-old brother, but she had a hard time believing he would ever go beyond pushing or hitting. In fact, through the work we were doing together in helping Jason identify and work through his difficult feelings, the physical fighting at home had stopped. Now it seemed to be getting worse and Mom was confused and frustrated. She said that when she told Jason's teachers he would be out of school for a brief family vacation, they responded with relief.

Being a paraprofessional teacher herself, she understood how difficult it must be for teachers to manage Jason's behaviors while keeping track of 12 other children with their own needs, yet she was also coming to appreciate and understand Jason's struggles.
The next day I received a text message from mom which included a picture of Jason peacefully exploring the contents of box atop mom's bed. The message read, "I wish people could see him, like I do."

This comment helped me see how the combination of a mother's love and the work we had been doing together had helped her understand Jason's experiences. And isn't that what we all want? To be seen through a lens of love, compassion and grace? That our behaviors wouldn't define who we are as people, but instead be seen as puzzle pieces, essential to the bigger picture of the life we have lived so far and the challenges and the obstacles we face. Isn't that what life is like when you're a 4-year-old?

In the therapeutic confines of this play room, Jason was telling his story through the eyes of Spiderman. If we think on the smallest scale about what this superhero represents and how he came to be, we can begin to see why Jason identifies with him. Spiderman was a meek, timid and shy boy who felt helpless against those who repeatedly bullied him, until he got bitten by a radioactive spider that transformed him into a strong, confident and invincible superhero. Now with a muscular build, clear vision, the ability to cling to surfaces and shoot webs from his wrist, he can stand up and assert himself against those who once intimidated him. This is who Jason admires because it's who he wants to become.

As I got to know the complexity of this family's circumstances, it seemed that Jason was, metaphorically speaking, entangled in a web of confusion, frustration, neglect and helplessness. In our work, Jason was able to use play as a vessel for problem solving and healing, trying to make sense of the world around him and his uncontrollable feelings that spilled out into hitting and hurting others. In a safe environment, without judgment and without punishment, Jason could explore solutions. Helping him to identify and put words to his feelings allowed him to feel more in control of them. As Jason's capacity to communicate what he was feeling began to increase, his physical aggression decreased. He is now able to say, "I'm angry" when it's time to clean up the toys and say our good-byes. He can take space in a quiet area in the room to decompress and return back to engage with mom when he is ready. If you ask me, he's even better than Spiderman.

There is still more work to be done and Jason's mom's willingness to learn is one of her many strengths. By building on those strengths and empowering her, she empowers and supports Jason. By holding her, she can hold him. Together we are collaborating with Jason's teachers to support his emotional needs and to help his teachers gain a deeper understanding of who Jason is and how he sees the world, to see and acknowledge that his story has meaning as does his behavior. Here lies the chance for change.
Though as a society we have progressed away from the notion that children should be seen and not heard, we continue to need to be aware that we all play a part in building a healthy emotional environment for our children. I believe this family, like many families we work with

at Chances for Children, is a testament to that movement forward. What we do matters. What we do is powerful. What we do has meaning.

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[1] https://www.icphusa.org/wp-content/uploads/2016/04/Single-Mothers.pdf

[2] https://www.cccnewyork.org/

[3] HTTPS://WWW1.NYC.GOV/ASSETS/ACS/PDF/DATA-ANALYSIS/2018/ABUSENEGLECTREPORT2015TO2018.PDF

[4] HTTPS://DATA.CCCNEWYORK.ORG/DATA/MAP/3/CHILD-ABUSE-AND-NEGLECT-INVESTIGATIONS#3/A/3/5/40/A

[5]Jeanne Brooks-Gunn, Gregg Duncan. (1997.)The Effects of Poverty on Children. The Future of Children 7(2):55-71 DOI: 10.2307/1602387

[6] Scheeringa +Zeanah. November 1995 Infant Mental Health Journal 16(4):259 – 270

[7] National Associate for the Education of Young Child (NAEYC). (2017). *Standing together against suspension & expulsion in early childhood-Joint Statement*. National Association for the Education of Young Children, Washington, D.C.

[8] Black children represent 18% of preschool enrollment, but 48% of preschool children receiving more than one out-of- school suspension; in comparison, white students represent 43% of preschool enrollment but 26% of preschool children receiving more than one out of school suspension. Boys represent 79% of preschool children suspended once and 82% of preschool children suspended multiple times, although boys represent 54% of preschool enrollment https://www2.ed.gov/about/offices/list/ocr/docs-discipline-snapshot.pdf