



chances for children Fact Sheet



Our Work

Chances for Children – NY provides clinical interventions especially designed to address the unique relational, emotional, and developmental needs of very young children. Our interventions target the two factors research has shown to be most critical for positive mental health outcomes across a person’s life: positive attachment and healthy early relationships. We offer our services to pregnant mothers and parents and their children from birth to age five in the Bronx – a borough of New York City. We provide clinical group and dyadic services to strengthen understanding, enhance sensitivity, nurture relationships, and repair the impact of trauma on the developing child. Our services are provided free of charge to families in English and Spanish.

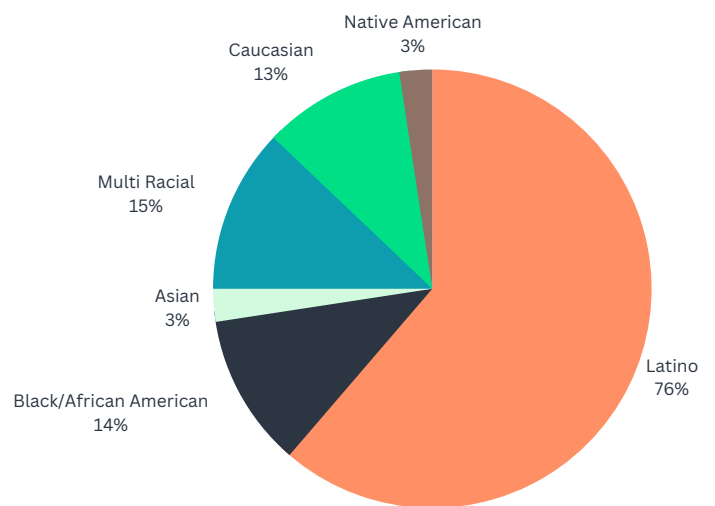
In 2000, we began providing services to teen mothers and their infants in city high schools. In 2008, we moved out into the community. To combat the cycles of violence, poor health, and lack of success in education and employment, we aim to break the intergenerational transmission of trauma by providing infant mental health services to families with young children. Chances for Children - NY helps families rediscover their strengths, supporting both parents and children to nurture their resiliency in the face of regularly encountered adversity.

What We Do Matters

Research indicates that dyadic interventions such as those offered by Chances for Children - NY are critical in supporting young children experiencing difficulties resulting from family changes, school transitions, environmental stresses, and traumatic events, helping them to manage fears, anxieties, and losses. Our work aims to help children at the most fragile time in their lives when their brains are still developing. Research shows that this work can improve executive function, build coping mechanisms, increase one’s capacity for agency, and aid in building life-long self-esteem and relational health.

Who We Serve

We serve one of the poorest congressional districts in the United States, as well as one of the districts with the highest removal rate of children into foster care in New York City. According to the Urban Child Institute, children raised in the presence of or by victims of physical, sexual, and/or emotional abuse face a future of negative consequences. Inability to regulate one’s emotions, mental illness, and developmental problems are just some of the issues they can face. Of the parents/caregivers we serve: 18% are involved with the Administration for Children’s Services (ACS), 4% have experience with the foster care system, 30% have a history of domestic violence, 56% have a history of trauma, 22% have history of mental illness, and 49% are experiencing depression. Through our extensive network of community partners, we reach families in need.



Our Services

Parent-Child Dyadic Therapy Program:

The therapist, parent, and child meet together weekly in person or via telehealth. The dyadic therapy program consists of three tiers:

- **Parent-Child Dyadic Therapy:** Our core intervention, provided through individualized parent-child sessions held for one hour weekly for a period of time depending on needs and clinical progress.
- **Severe Trauma Focused Therapy:** For families grappling with traumatic events that have directly impacted the young child, including witnessing the death of a parent.
- **Consultation with Families:** When families have typical developmental concerns (ex. separation anxiety), we offer up to five sessions to address their concerns. If the family decides there is a need of more in-depth services, dyadic therapy is offered.

Group Program:

Groups developed out of a need for socialization and shared experiences for families and are currently provided via telehealth.

- **Parent & Child Groups:** Parent and child both develop a sense of community, strengthen bonds and coping skills, and play together and with other families during 8-10 one-hour sessions.
- **Pregnant Mothers Support Group:** Developed to provide emotional support to pregnant mothers, until the newborn reaches 3 months, using a lens of infant mental health that encourages prenatal bonding, secure attachment, and a reflective stance. These groups allow us to intervene at the earliest stage possible and meet for 6-8 one-and-a-half-hour sessions.

In 2022

- 189 interventions were provided to 169 unique families (338 individuals) - some families participated in multiple services
- 76.2% of the interventions provided to families were within the Dyadic Therapy Program
- 2047 sessions (dyadic and group) were delivered with an attendance rate of 80%



Evaluation of Services

Our annual Evaluation Report demonstrates the benefits of our services to families. In 2022, on measures of parent, child, and dyadic behavior following intervention, significant improvement is demonstrated by parent-child dyads needing improvement before receiving services. For example, across all parental behaviors, we saw a trend: the majority of parents exhibited poor (low) levels at baseline but improved so that the majority of parents showed high levels after our intervention. Pre-intervention 87% of parents exhibited low or moderate levels of Reciprocal Interaction. After intervention, 61% showed high levels of Reciprocal Interaction. Similarly, pre-intervention 68% of parents exhibited low or moderate levels of Use of Language with Child. After intervention, 87% showed high levels of Use of Language with Child (to access the report, please visit cfcny.org).

Our Team

Chances for Children – NY is led by Co-Executive Directors Silvia Juarez-Marazzo, LCSW, NCPsyA, and Lillian Rountree and an 11-member Board of Directors which includes our organization's two co-founders Elizabeth Buckner, LCSW, and Hillary Mayers, LCSW.

We employ seven therapists (5.6 FTE) with master's level training and expertise in infant mental health, four of whom are bilingual in English and Spanish. We are committed to team support and provide one hour weekly individual clinical reflective supervision, a weekly clinical team meeting, and a monthly administrative meeting. Additionally, we provide a master's level one-year clinical internship program. We maintain the highest standards of clinical care while building our infrastructure and increasing our capacity to serve families.