Questions and answers from the Lessons from the Field Blog:

How are crisis nursery staff connecting children to early intervention services through the family’s school district if they feel there are developmental concerns including mental health concerns?

Molly Kenney:
Great question Robin. Children’s developmental needs are addressed in a variety of ways. As part of every intake the Crisis Nursery Staff complete a Family Basic Needs Assessment with the primary caregiver. The assessment addresses several domains including the children's health and education. Staff encourage all families to complete a early childhood screening and provide the resources necessary to connect the families with the appropriate screener. Additionally, when the childcare staff recognize developmental concerns, they write a concern sheet and it is addressed with the parent/guardian at discharge. This provides an entry for the staff to address the concern and help the parent to understand what may be typical behavior and where the child may need some additional supports. The parent/guardian is usually receptive this feedback because of the trusting relationship that has been established with the staff.

What resources do you use to teach parents developmental information?

Molly Kenney:
The Family Services Team access a variety of resources to increases their knowledge of child development. In addition, the team participates in trainings on Child Development. One resource that is frequently accessed is the Zero to Three National Center for Infants Toddlers and Families. Their mission is to promote the health and development of infants and toddlers and they have a wealth of information on typical child development. (http://www.zerotothree.org).

Crisis Nursery Staff use a variety of strategies to support parents/guardians in their understanding of typical child development. Prior to the child's intake the Family Services staff ask the parent/guardian to set some goals for their child while they are staying at the Nursery. This is a guided process where the family advocate provides the parent/guardian a variety of options in four different domains (Health and Hygiene, Social Emotional Development, Communication and School Readiness). This is the Crisis Nursery’s first opportunity to help increases the parents/guardians awareness of developmental expectations and creates a safe place to discuss the parent/guardian’s knowledge and expectations of typical development. Children’s goals are defined by the Early Childhood Indicators of Progress which was developed by the Minnesota Department of Education (http://education.state.mn.us/mde/index.html). Goals for the children are categorized into three different age groups including Birth -15 months, 16- 35 months and 3 years – 6 years. Staff build on the first discussion and use the intake as another time to talk more about the child’s goals, strengths, and the parent/child relationship. Family Services Staff use the Strengthening Families Initiative developed by the Center for the Study of Social Policy (http://www.cssp.org) and
the Harvard Center for the Developing Child (http://developingchild.harvard.edu) to increase their knowledge and inform their approach in developing strategies for developmental discussions with parents/guardians. Another great hands-on tool staff use is the Minnesota’s Early Childhood Intervention System Development Wheel created by the Minnesota Department of Health. This tool has been extremely helpful to demonstrate what can be expected of children beginning at 3 months, 6 months, 9 months, through 5 years. I believe copies of the wheel are available at: Minnesota Department of Health/ MN Children with Special Needs/P.O. Box 64882, St. Paul, MN 55164.

**What are expectations for parents during the time their children are staying at the Crisis Nursery?**

Michele Fallon: Parents participate in goal setting for their children and are asked to provide information that will assist staff in providing the best possible care (with questions asked intentionally to facilitate reflection on the part of the parents). Parents are also asked what they hope to accomplish while their children are at the Nursery and then asked at discharge if they have been able to accomplish their personal goals–goals can be anything from "catching up on sleep" to finding housing and many things in between. Thus, the intention is that the parent feel empowered to set their own goals, but the expectation that something will be accomplished implicit and explicit.

**How do you collaborate with primary care, such as helping families develop relationships with their primary providers (physicians, nurse practitioners, etc.)?**

Molly Kenney: One of the Crisis Nursery’s most significant interventions is a Family Basic Needs Assessment for every family accessing overnight residential care for their children. As part of the intake, the family meets with a family advocate to assess areas of strengths and challenges in eleven different domains (shelter, food, clothing/hygiene, transportation, child health and development, child education, parent education, parent health, income/employment, childcare, and safety). The assessment includes a series of questions in each area in an effort to help support the family in areas they identify as challenging. Areas that are identified as challenging are discussed more thoroughly and resources are provided to help the family get more connected within their community. In the area of child health and development some of the questions for discussion include: Do your children have health insurance? Do your children have access to a regular pediatrician and/or a dentist? Are your children able to get necessary medications? Do you have concerns about your children’s health or development? Are there barriers to getting your children adequate physical or psychological care? When parents/guardians express concerns in any of these areas, the family advocate will listen empathically and support them in the challenges they are experiencing. Additionally, the family
advocate will take this opportunity to inform them of the importance of having health insurance, finding a primary pediatrician, scheduling well child visits and providing medications when necessary. If needed, the advocate will provide resources for the family to get connected with resources in the community. The Crisis Nursery also has a Home Visiting Program for families who are interested in more intensive support. The Home Visitor uses a similar intervention and provides support in this area when deemed appropriate. Additionally, the Crisis Nursery has had a strong partnership with Partners in Pediatrics for over 10 years. Crisis Nursery staff have access to the Partners In Pediatrics 24 hour nurse triage line. Staff access this whenever they have a question regarding the children in the care of the Crisis Nursery. If a child becomes ill during their stay at the Crisis Nursery, staff bring the child to the clinic to obtain the necessary medical care. The result of the clinic visit is then discussed with the parent at the time of discharge.

I thought that the study that Dr. Thomas discussed toward the end of her presentation seems interesting. The study used rats and looked at caretaking behavior and disruption of availability of resources. I would like to know if Dr. Thomas can provide the reference, so I can read the study.
-Karen

Kathleen Thomas, Ph.D.:  
The researcher most associated with this paradigm is Dr. Tallie Baram of the University of California, Irvine. An example of her work would be the following paper: Ivy, AS, Brunson, KL, Sandman, C, & Baram, TZ (2008). Dysfunctional nurturing behavior in rat dams with limited access to nesting material: a clinically relevant model for early-life stress. Neuroscience, 154(3), 1132-1142. Reply

I was wondering if there has been any work around emotional neglect as a form of trauma – specifically when there have been no other forms of neglect and/or abuse.
-Cat

Michele Fallon:  
Hi Cat–My familiarity with research around emotional neglect, particularly in the absence of documented physical or sexual abuse/neglect, would be related to the extensive body of literature related to attachment. Patterns of insecure attachment are linked to more rejecting or dismissive parenting styles (resulting in an "insecure-avoidant" attachment style) and inconsistently responsive parenting styles (resulting in "insecure-resistant" attachment adaptations) which we know have long lasting emotional/relational consequences. If you are asking this in practical terms about whether emotional neglect or abuse is technically considered "neglect" and therefore subject to child protection considerations, the answer is 'yes,' but with the caveat that it is considered "more difficult to assess." I think this is an example of where what we know from research about the very negative consequences of emotional neglect/abuse is a long way from being translated into policies that protect children. I recommend the National Children’s Trauma Stress

Kathleen Thomas, Ph.D.:
I am not as familiar with empirical studies in this area. One researcher who has clearly discussed emotional neglect as a form of trauma is Dr. Dante Cicchetti. Dr. Cicchetti is a faculty member in the Institute of Child Development here at the University of Minnesota, but has conducted much of his groundbreaking research on child maltreatment through the Mt. Hope Family Center in Rochester, NY. I am attaching a reference to a review that discusses his career studying the biological and psychosocial consequences of child maltreatment. It will at least provide you with the names of researchers who are most likely to be conducting empirical studies of emotional neglect. However, I would encourage you to contact Dr. Cicchetti with your question as well.