

Salvation Army Family Treatment Services

Therapeutic Nursery

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The Therapeutic Nursery provides a model of early intervention services that addresses attachment, trauma and prenatal drug exposure in infants and toddlers of recovering women addicts.

Challenges for our Population due to Substance Abuse and Trauma

- Attachment-lack of bonding and attunement
- Maternal depression
- Maternal lack of positive discipline skills and parenting models
- Maternal challenges in emotional self regulation
- Maternal lack of empathy and neglect
- Infant, toddler emotional and sensory regulation challenges due to disruptions in attachment and drug exposure
- Toddler behavioral aggression and increased tantrums

Therapeutic Nursery Services

include

- **Developmental and Infant Mental Health Assessments**
- **Individualized Family Support Plans**
- **Referrals for Occupational/Speech/Physical Therapy**
- **Developmental Play Groups**
- **Parenting Education Groups**
- **Social Work Services**
- **Child/Parent Psychotherapy**

Goals of the Therapeutic Nursery

To identify, assess and intervene for developmental needs

To reduce environmental risk by strengthening parent-child interaction and attachment

To reduce the symptoms of drug exposure



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- **The Therapeutic Nursery uses the HELP (Hawaii Early Learning Profile) to assess for any developmental concerns.**

HELP Chart Domains:

- 1) **Gross Motor**
- 2) **Fine Motor**
- 3) **Cognitive**
- 4) **Language**
- 5) **Social**
- 6) **Self-Help**



To reduce the symptoms of drug exposure

A Child Observation Sheet is used to help Therapeutic Caregivers in identifying possible symptoms of prenatal drug exposure.

Sensory Regulation, Emotional Regulation and Motor Concerns are the leading categories in addressing prenatal drug exposure symptoms.



To reduce environmental risk by strengthening Parent-child interaction and attachment

Mothers are generally reunited with their children after being separated due to their addiction and Child Welfare Services involvement.



Therapeutic Nursery (TN) Evaluation

includes

Child Developmental Evaluation

and an Infant Mental Health Evaluation.

Infant Mental Health Evaluation

- Interview with parent to gather prenatal history and other psychosocial factors (including parent's attachment experience).
- Assessment of parent/child interaction using KIPS-videotape and scoring.
- Adult/Adolescent Parenting Inventory to assess parenting values and beliefs
- Assessment of social-emotional development, using Greenspan's stage model
- Parent/child observation checklist
- Maternal mental health summary including history, Beck Depression Inventory and Complex Trauma Screen

Infant Mental Health Evaluation

(continuation)

- Consultation with Therapeutic Caregivers for HELP Developmental Chart, social-emotional development, and parent/child interaction.
- Contact with Child Welfare Services workers, Public Health Nurses, Healthy Start Workers, etc. who were involved in family's services.
- Diagnosis using the 0-3 Diagnostic Classifications
- Recommendations for early intervention services including infant mental health services.
- Review of recommendations and findings with the parent and consultation with Therapeutic Caregiver for development of child's Individualized Family Support Plan.

Child-Parent Therapy

Is based on Alicia Leiberman's model, which is evidence based, and Stanley Greenspan's Floor-time model. It stresses the importance of the quality of the therapeutic relationship to provide "a corrective attachment experience". The focus of the therapy session is the quality of the parent-child interaction. Parents learn how to read and respond to their children's cues through play.



Qualities of Attachment Building Interactions

- Consistency of Response to Basic Needs
- Attunement
- Emotional Availability
- Response and Reciprocity
- Empathy
- Interactive Repair

The Child/Parent Psychotherapy Model Allows

- Therapy for caregivers and very young children, even under a year
- Culturally sensitive intervention
- Flexibility to address issues for either/both members of the dyad
- A relationship based focus
- The ability to address trauma and intergenerational patterns as well as current issues in the interaction
- Individualized psychoeducation
- Support for emotional and neurological self regulation