

FIRST STEPS TOGETHER

FAMILIES IN RECOVERY SUPPORT

NEWSLETTER



THIS MONTH: TOOLS TO SUPPORT PARENT-CHILD RELATIONSHIPS

A main focus of FIRST Steps Together is to strengthen and support parent-child relationships. This newsletter is all about using resources and tools that are trauma informed, promote healthy development, and focus on families' strengths to build confidence in their connections with their children. It includes articles from several FIRST Steps Together staff to highlight some of the specific models and programs that FIRST Steps Together sites are finding useful for home visits, groups or when meeting with clients.

MINDFULNESS TO SUPPORT PARENTS AND CHILDREN

"Mindfulness is a meditation practice that begins with paying attention to breathing in order to focus on the here and now—not what might have been or what you're worried could be. The ultimate goal is to give you enough distance from disturbing thoughts and emotions to be able to observe them without immediately reacting to them." from [The Power of Mindfulness How a meditation practice can help kids become less anxious, more focused.](#)

Find additional mindfulness resources:

[25 Fun Mindfulness Activities for Children and Teens \(+Tips!\). From PositivePsychology.com](#)

[6 Mindfulness and Meditation Apps for Kids, From Parents Magazine](#)



From [Zero to Three](#). This is a toolkit on mindfulness practice for use with clients, ourselves, and work groups: [Getting Started with Mindfulness: A Toolkit for Early Childhood Organizations.](#)

PROMOTING MOMENTS OF MEETING: USING THE NEWBORN BEHAVIORAL OBSERVATIONS (NBO) SYSTEM IN CLINICAL WORK WITH PARENTS AND CHILDREN

About three months into my work with Rachel and her infant son Evan (names and details have been changed to protect privacy) an event occurred that brought the Department of Children and Families (DCF) back into their lives. An unstable living situation put both of them at risk. If she could not find different housing within a week, DCF would remove the baby from her care. While we discussed the situation, Rachel looked lovingly at Evan who sat in her lap, smiling and cooing with delight. I commented on how he seemed oblivious to the storm brewing around him. "How would you describe your relationship with him?" I asked. Without hesitation she responded, "We have a bond you cannot break."

(continued on next page)

PROMOTING MOMENTS OF MEETING: USING THE NEWBORN BEHAVIORAL OBSERVATIONS (NBO) SYSTEM IN CLINICAL WORK

(continued from previous page)

At our first meeting, when we sat on the floor with then 6-week-old Evan on a blanket between us, we observed him together. When he fussed and she rummaged anxiously to prepare his bottle, I commented on his behavior, narrating for her my observation of his calm patience as he anticipated being fed. Over the hour-long visit, I began to learn her story, woven in with ongoing observation and reflection on Evan's behavior and her ability to understand and respond to his earliest forms of communication. When his fussing escalated to an all-out cry and she struggled to quiet him, I noted how difficult the moment was for both of them. When he finally settled into a deep sleep in her arms, we all felt relief. **The Newborn Behavioral Observations (NBO) system offers a structure for this kind of careful observation of caregiver and baby together.**

A sense of oneself in the world as hopeful and effective emerges out of countless moments of meeting such as I observed between Rachel and her baby.

Connections between nerve cells are formed in these early weeks and months when caregivers act as "neuroarchitects," shaping the developing brain. **Successfully navigating difficult times, which typically occur as babies learn to understand themselves and the world around them, promotes growth along with the feeling for both child and caregiver that "I can change things."**

When a mother with a history of opioid use disorder first comes home with her baby, a swirl of seemingly insurmountable tasks may threaten to overwhelm her. Beyond the usual disorganization that accompanies a new person entering a family, there are the demands of visits for medication, parenting groups, and what may feel like countless requirements laid out by DCF. Transportation to meet these different demands is often a major challenge.

Sitting quietly in a room with a clinician who takes the time to listen to parent and baby together may lack the sense of urgency of other demands. Certainly, safety and necessities of living must be our top priorities. But trauma filled histories typically bring these women to motherhood in the context of opioid use, making parenting fraught with painful and complex emotions. Protecting time and space to nurture this new relationship is paramount. Supporting moments of meeting in the early weeks and months, when the brain is most rapidly growing, can start the next generation on a path towards a more hopeful future.

Claudia M. Gold, MD
Clinician
Center for Human Development

VIDEOS ON NBO



In this [NBO Video](#), you can watch Dr. Gold do a Newborn Behavioral Observation with a 3-day-old infant



This video, [The Hello It's Me Project. Dr. Gold](#) describes using the Newborn Behavioral Observations (NBO) system as an anchor to engage a community around listening to parents and babies

INFANT MENTAL HEALTH WORK: WHY IT MATTERS & HOW IT'S DONE

Throughout this newsletter, we touch on many models to support parents. Here's a little exploration into the "why and how" of the work we do that focuses on parent and baby, alongside our work on recovery and connecting to resources.

WHY It Matters

The research is clear that infant mental health work has the power to change outcomes for children and parents.

Best Outcomes with Multiple Generations: [Harvard Center on the Developing Child](#) concludes that the **best** outcomes for young children are created in models that have a "**2 generational approach**"- in other words, when we focus on the wellness of parent and baby, together, we offer our families the most benefits.

Reflecting on Relationships: Arietta Slade and her colleagues show how helping a parent **reflect** on relationships is the key to **breaking intergenerational cycles of trauma**. The research suggests that helping a parent think about how feelings affect behavior, provides a solid path toward creating better parenting relationships than what may have been true in a mother's own childhood.

Parenting Changes our Brains: Research has found that **our brains change when we become parents**. Any biological parent probably isn't surprised by this, but it's true for adoptive parents too. These changes can be seen on MRI scans. So, keep in mind, during a time of brain change, other changes are possible too. This makes newly minted parents **prime candidates for intervention** to help families succeed.

Healthy Relationships Promote Healing: Research from our colleagues in the field of neuroscience reminds us that healthy parent-child interactions are **healing for parents!** Positive interactions stimulate our brain's reward pathways - interestingly these are the same ones that had been stimulated in the past by substances. A baby's smile, a shared gaze... these are literally rewiring a parent's brain, building resilience and supporting **recovery!**

When you do these in your work - know you are doing something that really matters, the research shows this!

HOW It's Done

Promoting infant mental health is something you are already doing in your work with families. Here are some great examples:

- **Talking** about a parent and child being apart, saying goodbye, and missing each other
- **Wondering** about why a parent or baby might be behaving a certain way... being curious about what are some *other* reasons that haven't been thought of yet
- **Helping** mom remember when she felt cared for and supported as a child
- **Experiencing** the world of the child by "speaking for the baby." Gently voicing "Mom, I love it when you hold me like that, it helps me calm down much more quickly!" shows her that it's possible - and rewarding - to try and imagine what goes on in a baby's mind.
- **Asking** about a parent's behaviors, asking what might have been going on and what she might have been feeling
- **Encouraging** a caregiver and baby to share a positive moment together... and **lead the cheer** when it happens!



Amy R. Sommer, LICSW,
Clinical Coordinator
Center for Early Relationship Support
Jewish Family & Children's Service

BRAZELTON TOUCH POINTS

As FIRST Steps Together providers, we work with parents and children during some of the most vulnerable points in their relationships. Here at Bay State Community Services, we believe that research-based tools are critical in supporting families navigate the ins and outs of what it means to be in healthy, stable relation to one another. We were fortunate enough to be able to host a [Brazelton Touchpoints training](#), *Understanding Children's Development and Behavior* this past summer and have found that the knowledge we gained has been extraordinarily beneficial in our work with families.

Touchpoints is a developmental framework for understanding behavior in children aged prenatal through six years, rooted in the work of T. Berry Brazelton. This approach expands upon the relationship building principles guiding Brazelton's Newborn Behavioral Observation (NBO). The Touchpoints Approach is described by the Brazelton Institute as "a way of providing care to families by understanding development and supporting relationships," grounded in systems theory, cultural responsiveness, and reflective practice. Touchpoints is governed by "guiding principles" and "parent assumptions," which include the belief that all parents are the experts on their children, and **all** parents have strengths.

Although Touchpoints sounds complex, when broken down to its core components it is a very intuitive and simple way to understand early childhood development. While many childhood development models are guided by achievement of milestones, this

approach focuses on "touchpoints," or the "period of regression and disorganization that occurs as the child is learning a new skill." There are fifteen touchpoints correlating to different ages that milestones usually occur at. However, instead of simply saying that many children will begin to crawl around nine

months, Touchpoints takes the time to explain that before this happens, parents may notice that babies become more irritable when tired, may be less interested in food, and may be testing parental limits leading up to the actual event of crawling. Without the understanding that developmental regressions occur before milestones are achieved, many parents are left wondering if there is something wrong with their baby or can be frustrated with the seemingly sudden changes in behavior. **Touchpoints emphasizes that development is not linear, and that periods of disorganization are necessary for children to achieve their milestones.**

In our work with families, we have been able to use Touchpoints to reframe the way that parents think about their child's behavior.



Using this tool has inspired many amazing conversations and understanding in the moms we work with, and oftentimes gets them excited for times of chaos, because they know that this means their child is about to make a developmental leap. We have already seen less frustration and more understanding in the parent-child relationships that we have been able to use this model with. We are very excited to continue to build our knowledge base in Touchpoints and see where it takes us!



Madeline Tarbox
FIRST Steps Together- Clinical Supervisor
Bay State Community Services

PARENTS AS TEACHERS

Montachusett Opportunity Council (MOC) uses Parents as Teachers (PAT), an evidence-based home visiting program that can serve children prenatally through completion of kindergarten. The firm belief is playing is learning.

Each home visit focuses on three main areas: Parent-Child Interaction, Development Centered Parenting, and Family Well-Being. In order for a visit to qualify for PAT, the child must be present and at least one item from each of three main areas must be touched upon at the visit.



Parent-Child Interaction:

- Nurturing
- Designing/Guiding
- Responding
- Communicating
- Supporting Learning

Developmental Centered Parenting:

- Healthy Birth
- Attachment
- Discipline
- Health
- Nutrition
- Safety
- Sleep

Family Well-Being:

- Basic Essentials
- Relationships with Friends and Family
- Education & Employment
- Mental Health & Wellness
- Physical Health of Family

PAT visits typically take an hour in order to touch on all the topics. Every visit begins with a review of the last visit and discussion of any former resources and goals. We usually then follow with a parent child activity, one that is age appropriate and can help define where the child is on a developmental scale. Activities can be modified depending on abilities of the child. We ask the parent to do the activity with the child and are able to engage in parent-child interaction and really support the strengths of parents. The visits then will go onto discussion on the other topics. With each targeted topic the parent is given a handout so that they may read and follow up later with any further questions. Each visit is also accompanied by giving the child a new or loaned book depending on your agency's budget. Daily reading is encouraged and fits into the Massachusetts Home Visiting Initiative (MHVI) goals as well.

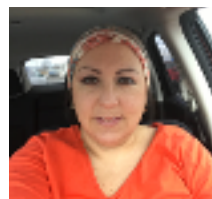
Utilizing Parents as Teachers as Part of FIRST Steps Together Home Visiting: During a home visit for FIRST Steps Together, it can sometimes be challenging to touch on all three areas, especially if a family is in crisis. We have found that Family Well-Being is often the easiest to incorporate because it includes both mental and physical health, creates a way to support parents while interacting with their child, and encompasses a whole family approach.

PAT also supports screenings for both parents and children. We screen parents for intimate partner violence and depression as well as utilize the [Ages and Stages Questionnaire \(ASQ\)](#), [Ages & Stages Questionnaires®: Social-Emotional \(ASQ SE\)](#), [Life Skills Progression \(LSP\)](#) and [the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes \(PICCOLO\)](#) screening tools for parent-child interaction. The screenings allow home visitors and families to communicate about what the family's or child's needs may be.

Mori Boudreau
Program Supervisor
Montachusett Opportunity Council



Parents as Teachers®



CIRCLE OF SECURITY

[Circle of Security](#) (COS) group is an eight-week group curriculum for parents of young children. I like the intervention because it is a relatively straightforward and compelling way to encourage parents to think about the meaning behind child behavior that fosters healthy attachment. The material is accessible, and the graduation certificate at the end of the series is often appreciated. During the group, participants watch video clips illustrating the main concepts with scheduled pauses for questions to promote reflection. The video clips are from a parent's perspective and are delightful to watch. This helps translate complex ideas about attachment and makes them simple and "sticky" so parents can easily access the material.

The approach is a parent reflection model, instead of a parent education model. That means that instead of telling parents strategies about what to do and how to do it, the model encourages thinking about yourself as a parent in relationship to your specific child.

There is a premise that it is possible to change the parent-child relationship and that the parent has more ability to change the relationship than the child. The Circle of Security promotes the idea that children need their caregivers to be a secure base from which to go and explore their world, and a safe haven to return to for safety, reassurance, and re-fueling.

My favorite take away from COS is a shift from seeing my child as a problem, to reframing: "How can I improve my relationship with my child, what is their behavior telling me?" We can then start to see the need for attention as the need for an emotional connection where behavior is a form of communication. Kids are more likely to behave well when feeling secure in their emotional connectedness and safe in a parent's love. A parent's own history can trigger a response that keeps them from being able to see or respond sensitively to their child's need. Becoming aware of these triggers allows parents to reflect instead of react and choose to respond differently.



Two takeaways from the Circle of Security curriculum are:

**Parents do not need to be perfect! Good enough is great!
It is never too late! (beauty of rupture and repair)**



Danya Handelsman
Clinician
Jewish Family & Children's Services

SERVE AND RETURN

From [Harvard University Center on the Developing Child](#), **Serve and Return** interactions shape brain architecture. When an infant or young child babbles, gestures, or cries, and an adult responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child's brain that support the development of communication and social skills. Much like a lively game of tennis, volleyball, or Ping-Pong, this back-and-forth is both fun and capacity-building. When caregivers are sensitive and responsive to a young child's signals and needs, they provide an environment rich in serve and return experiences. [Find the Guide on Serve and Return here.](#) And a video, [5 Steps for Brain-Building Serve and Return.](#) Also find a sweet video of father and baby son engaging in serve and return [here.](#)



[The Brain Architects Podcast: Serve and Return: Supporting the Foundation](#)

What is "serve and return"? What does it mean to have a "responsive relationship" with a child? How do responsive relationships support healthy brain development? And what can parents and caregivers do in their day-to-day lives to build these sorts of relationships? This episode of [The Brain Architects](#) podcast addresses all these questions and more!

SOBER PARENTING JOURNEY

Sober Parenting Journey (SPJ) is a hands-on personal experience where one learns from "the inside out." One of the biggest benefits of the program is being able to use self-investigation. Addiction is complicated and difficult to overcome and affects everyone in the family. Parents in recovery from addiction face an additional challenge; building strong, positive relationships with their children. SPJ helps parents learn both intellectually and emotionally. SPJ helps parents to implement coping skills and techniques for communication and engaging in behaviors that are most effective when parents are in recovery.



In SPJ, parents learn from parents. SPJ helps parents understand the possibility of relapse and helps prevent relapse patterns from interrupting the lives of the families.

My personal experience with SPJ has been great. I completed the program as a parent (mother and grandmother) in recovery. I also facilitated a SPJ group at Plymouth Recovery Center.

The best takeaway from this group was witnessing parents share how they were able to focus on their children and communicate with them more effectively so the children can foster their full identity. SPJ groups create an environment where parents can build trust and honesty, work through their fears, talk about their secrets, and extinguish negative thoughts and behaviors.



Elizabeth Doherty
Family Recovery Support Specialist
Bay State Community Services

FACILITATING ATTUNED INTERACTIONS

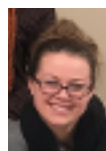
The **FAN (Facilitating Attuned Interactions)** approach, developed by the Erikson Institute, encourages the "ultimate goal [of] strengthening the provider-parent relationship, resulting in parents who are attuned to their children and ready to try new ways of relating to them." (www.erikson.edu) The FAN offers a visual tool to assist providers in identifying the parent's presentation and whether they are in a "thinking" or "feeling" state, to determine which approach would be most appropriate in helping the parent sit with their feelings, process their concerns, or collaboratively explore solutions. This approach allows providers to strengthen their relationship and attunement to the parent's needs. This, in turn, models and carries over to the parents to strengthen their own attunement and capacities with their children. The FAN approach also offers quite a few simple tools to use in sessions:

"Highlighting" is a practice of the provider pointing out parent strengths and successes, and highlighting moments of connection between parent and child, or highlighting moments of insight and reflective capacity within the parent

"Offering a drop" is a practice of offering one small piece of information, and then checking in with the parent about their understanding and how they make sense of the one piece of information just offered

The FAN approach also encourages an introductory and halfway point check in between the provider and the parent, which could be framed as an opening question "what was it like to be your child's parent this week?" and a mid-session check in "are we getting to what you wanted to address this session?"

The FAN visual and more in-depth training offers many useful ideas and approaches as to how to strengthen the parent- provider and parent-child relationship, in order to build the parent's sense of confidence and competence and build their parenting capacities.



Sophia Terry, LCSW,
Program Specialist and Parent/Child Clinician
Jewish Family & Children's Services

BAY STATE COMMUNITY SERVICES TRAINING: LESBIAN GAY BISEXUALQUEER/TRANSGENDER (LGBQ/T) TRAINING

Last month Bay State Community Services hosted a workshop led by postpartum doula [Rachel Hess](#), MS, entitled **Supporting LGBQ/T Families: Moving from Tolerance to Cultural Humility**. The workshop intended to help participants gain a deeper understanding of the range of LGBQ/T identities, families, language, and potential needs during the perinatal period. During the morning, participants talked about the importance of gender-neutral language and spent time reflecting on how to avoid perpetuating structural oppressions including ways that each of us can change our materials and practices to be culturally competent. Staff from three FIRST Steps Together site were able to participate.



Comments from the training were extremely positive and participants felt like the interactive and engaging presentation helped them increase their awareness, understanding and knowledge of LGBQ/T individuals and families.

Maureen Whitman, Program Specialist, said, "I appreciated Rachel's explanation around how she ordered the letters in the title of her workshop. She explained that by shifting the T (representing transgender) to the end, it made a distinction between terms that are describing someone's sexual identity from those expressing gender identity. I think we all left the day with many of these important insights and tools to use in our work ."

HAND IN HAND

[Hand in Hand Parenting](#) is a nonprofit international resource on parenting which helps with parent stress, aggression in young children, healing childhood trauma, building sleep confidence, sibling rivalry, and separation anxiety. Listen to their parenting call for parents and professionals, [How Parenting Triggers Past Hurts](#). Check the website for their blog of resources and to subscribe to their newsletter.



**FIRST STEPS
TOGETHER**
FAMILIES IN RECOVERY SUPPORT

mass.gov/first-steps-together

For more information: Maureen
Whitman at
MWhitman@JFCSBoston.org

FIRST STEPS TOGETHER IS FUNDED BY A GRANT FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION TO THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH. THE PROGRAM IS ADMINISTERED BY THE BUREAU OF FAMILY HEALTH AND NUTRITION.



Caring for Generations
JF&CS
Jewish Family & Children's Service