

Therapeutic Child Care

OVERVIEW

During early childhood, the brain is developing the architectural framework for executive functioning, affect regulation, and attachment capacity. The manner in which adults respond to traumatic events early on will impact children for the rest of their lives. Stress is unavoidable and serves an important function. What makes stress “toxic”, is when it is prolonged, and for children, when the adults in their lives do not respond in ways that make them feel safe. We now know that toxic stress’ impact on young children’s (0-5) developing brain is particularly onerous as this stress causes chemical changes in the brain. Young children who have experienced complex trauma, (multiple and chronic traumatic events) are more prone to perceive threats in their environment, exhibit impulsive or inhibited behaviors and have difficulty trusting others. As a result, the children experience heartbreaking challenges in their ability to form relationships, to learn, and to regulate their frequently activated stress response. Several researchers have alluded to the epidemic of trauma in young children (Finkelhor, 2009; Briggs-Gowan et al. 2010). This is evidenced by the increase in the number of children expelled from early care settings. This number is three times that of children expelled from K-12. (Gilliam, 2005) In addition, children within this age range are more likely to be removed from their parent’s care.

Often many of the parents/caregivers of these young children have experienced their own history of childhood trauma and/or may be traumatized by their children’s experience. If that trauma has never been addressed, it can impact the parent’s capacity to respond to their children’s needs, to form a secure attachment with their children and to operate optimally in the world. While young children are very vulnerable, they also have the capacity to be very resilient. The literature illustrates that a consistent, nurturing caregiver can play a critical role in supporting a child’s resilience in the face of traumatic experiences.

The Department currently funds two therapeutic child care programs to capitalize on young children’s resilience by utilizing **The Center for Social Policy’s Strengthening Families Approach and Protective Factors Framework** http://www.cssp.org/reform/strengtheningfamilies/2014/The-Strengthening-Families-Approach-and-Protective-Factors-Framework_Branching-Out-and-Reaching-Deeper.pdf and the **Attachment, Self-Regulation and Competency (ARC) treatment framework** (Blaustein & Kinniburgh 2010; Kinniburgh et al. 2005). These therapeutic childcare settings take a family-centered approach in which families and professionals collaborate to improve outcomes for children, and in particular, facilitate children’s transition to a less intensive early care environment. The programs are located in Bridgeport (ABCD) and New Britain (Wheeler).

Target Population and Referrals

- Children ages 2.9 -5 years old and their families who meet eligibility criteria (based on identified behaviors and experiences^[1])
- Currently receiving in-home or out of home services with the Department of Children and Families (DCF) .

All referrals will be screened/approved by the DCF Area Office Gatekeeper. **Bridgeport:** Lisa.Urbanowicz@ct.gov; **New Britain:** Benjamin.Heller@ct.gov;

Length of Service

Maximum length of service is 18 months, Five days a week, minimum of six (6) hours a day.

Classroom Type and Capacity

The program will require one intensive services classroom with a capacity of no more than 15 children all of whom need a high level of support as evidenced by the Gatekeeper Screen. The program will offer age appropriate and developmentally appropriate activities to increase children's emotional regulation, executive functioning and self-care skills using a variety of modalities including play therapy, music, art, movement in doors and outside, in individual and group settings.

Parent Involvement, Education and Support

The program will use the Circle of Security model and other approaches to bolster parenting skills. They will also keep parents actively engaged in their child's learning experience and treatment process.

^[1] Experiences include history of sexual abuse; expelled from day care center; witnessed domestic violence or DV is known to be present in the home, experienced separation from primary caregiver, parent with cognitive limitations or serious behavioral health issues; parent was involved with the Department of Children and Families or Department of Developmental Services as a young person. Behaviors: Doesn't speak when would be developmentally appropriate and not appropriate for B-3; Cries or has tantrum til exhausted; won't engage with other children and adults; hurts self on purpose; hurts animals; destroys their own or other's property; needs increased adult support to meet their safety needs; hits, shoves kicks or bites children, depending on frequency, duration/intensity; depression.