



Nurturing Interventions

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“ Kind words can be short and
easy to speak, but their echoes
are truly endless. ”

Mother Theresa

Nurturing Interventions

Research in the mental health, child development, and education fields indicates that children need to be supported by nurturing adults in their lives (Shonkoff & Phillips, 2000; Brazelton, 1990; Shore, 1997). Experts in trauma-informed care also emphasize the importance of using nurturing interventions and practices to promote healing in educational, residential and hospital treatment programs. Studies on resiliency found that relationships with caring people are critical in helping people to overcome obstacles (Werner, 1984). While many treatment programs have recognized the importance of nurturing interventions, they have also acknowledged that staff members may, unintentionally, have interactions with children that are not nurturing or promoting therapeutic relationships. Educating staff on the importance of creating nurturing interventions and building therapeutic relationships is essential to helping children to heal and also helps many programs to significantly reduce or eliminate the use of S/R.

Nurturing interventions that promote healing fall into four categories:

1. Therapeutic Use of Self (Staff interactions with children)	This includes all non-verbal and verbal interactions/interventions by staff members that send messages that they care about the child and believe in him/her.
2. Development of Positive & Supportive Peer Relationships, Interactions & Activities	This includes individual, group and community efforts to help each child respect and support their peers' efforts in recovery, healing, and learning.
3. Program Practices and Interventions with Children	These practices and interventions include a range of age appropriate holistic activities that are part of daily routines.
4. Providing a Nurturing Physical Environment	The program's physical environment is comfortable and supportive of children's sensory needs and offers helpful alternative spaces to meet these needs, such as a relaxation room or an indoor gym.

How child-caring services can become more nurturing

It is important that staff understand the impact of both verbal and nonverbal communication with children. The way staff members interact with each child is important and helps establish feelings of safety and security, which is the basis for forming nurturing therapeutic relationships.

One therapeutic model that is beneficial in helping staff develop the interpersonal skills necessary to work with children with complex trauma and attachment issues, is the *didactic developmental psychotherapy* model by Dan Hughes (2003, 2004).

Hughes is a psychologist who drew from the works of Stern (1985) on the attunement of emotion and communication, Tronick & Gianino (1986) on barriers and solutions to communication difficulties, and Bowlby (1969, 1988), on attachment (Holmes, 1993), Hughes developed an approach that provides core principles that can be used as a guide by staff members. Together, with the use of cognitive behavioral strategies, Hughes developed the PACE model to co-creating nurturing interactions, which is central to co-creating nurturing environments of care. The acronym of PACE stands for:

P: *playful*

A: *accepting*

C: *curious*

E: *empathic*

The PACE model can be used by staff members working with children with mental health issues. The PACE qualities are important ways in which adults can interact with children to foster feelings of safety and trust. A *playful* nature represents having a light-hearted, upbeat and generally playful approach, and *accepting* is an approach that is non-judgmental. *Curious* and *empathic* are additional qualities that represent the ability to interact in a manner that is open, sincere, interested in exploration, and sensitive to the child's experiences.

Nurturing Services

Services should evaluate all aspects of the daily routine to ensure that practices are nurturing, reduce stress, and facilitate each child's growth and learning throughout the day. The following are suggestions on how to achieve a nurturing environment:

- Staff members use calm voices with children at all times, actively listen, use empathetic statements that are short and specific, make eye contact, offer help and support, be fair, show concern, and make statements that reflect children's feelings. With small children, staff members may lower their bodies and physically get down to the child's level to speak with them. Staff members avoid talking down to or at a child.

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- Staff members are given training opportunities where they can learn different ways to incorporate nurturing interventions. Services have systems where staff members receive feedback from peers, children, and families. One program in Massachusetts conducts intermittent staff-resident role reversal sessions for adolescents and staff members to experience the challenges they each encounter in their respective roles.
 - Services use individualized empowerment systems for children in place of the point and level systems of motivation. Children should never lose all of their privileges or lose specific privileges for a long period of time (Mohr & Pumariega, 2004).
 - When staff members need to correct a child's behavior, they use interventions that are supportive, specific, non-judgmental, and instructive and provide a clear rationale as to why the child's behavior is being corrected.
 - Staff members, children and their families work collaboratively to design creative and holistic program interventions. Examples include music therapy, art therapy, dance, drama, sports, massage therapy, meditation, Qi Gong, animal therapy, Tai-Chi, exercise, yoga, journal writing, mediation, gardening, volunteering, and aromatherapy.

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- Programs have special traditions (for holidays, birthdays, welcoming a new child to the program, etc.) that children and families can help design. Staff, children, and families form committees and “brainstorm” ideas about how to make the program better and ways to implement these changes.
 - Children are allowed to help create their own routines with various calming activities to slow down. Examples include drinking tea (decaf or herbal) before bed, reading, massages, listening to music, and telling stories.
 - Staff members praise children whenever they have the opportunity, especially for smooth transitions from one activity to another. They strive for a ratio of six positive statements for every corrective statement.
 - Meals are pleasant and include nicely set tables with flowers and napkins, taking turns, and giving thanks. Children are encouraged to practice manners and conversation skills.
 - Programs have routines for sharing good news, such as during community meetings.

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- Staff members **avoid** using approaches that children have identified that they do not like, such as describing only problematic behaviors, showing anger, giving negative feedback, using profanity, showing lack of understanding, being bossy and demanding, displaying a negative attitude, having unpleasant physical contact, making mean or insulting remarks, shouting, not giving children the opportunity to speak, making accusations, using blame statements or being unfriendly (Willner et al., 1977).

Do

- Recognize a child's strengths and accomplishments
- Use words to let the child know how you are feeling
- Use kind and gentle words
- Give positively framed feedback (e.g., "That is a great loud voice for outside. I'll bet we will hear you across the yard. Now we need to use our indoor voices.")
- Ask for help and cooperation
- Use a quiet, calm voice
- Give the child an opportunity to speak
- Ask questions, encourage discussions
- Use friendly touching (if the child agrees), such as a pat on the shoulder or a "high five"

Do Not

- Focus on what a child is doing wrong
- Show your anger or act out your anger
- Use hurtful or profane language
- Frame feedback in a negative manner (e.g., “You really should not be so loud”)
- Demand that a child do something
- Shout or speak harshly
- Monopolize the conversation
- Blame or accuse
- Touch the child in an aggressive manner or in any way that makes him/her uncomfortable

The Massachusetts *Warm Welcome*

The *Warm Welcome* was developed as a result of listening to the experiences of youth and families who had participated in the admission process to Massachusetts’s inpatient and/or residential programs. Youth and families candidly shared how stressful, overwhelming, and scary this experience was for them.

This was followed by a series of meetings and discussions and a process of actively soliciting good ideas, suggestions, helpful hints, tips, and recommendations from youth and families about what would help during this difficult time. The staff at DMH

began to write down these suggestions. As the list developed, the *Warm Welcome* list and protocol was created and shared with the statewide programs.

The document is continually reviewed and updated by the programs' Family Service Leaders (AKA: Parent Parents), Peer Mentors, program staff, and persons-served. All of the ideas are intended to help people manage adjusting to a new program during a difficult time and begin their treatment journey feeling supported from the start. The suggestions are simple, straightforward, kind and compassionate.

The *Warm Welcome* is included as an additional reference at the end of this chapter.

Positive outcomes of nurturing interventions

Child-caring services can expect a number of positive outcomes as a result of incorporating nurturing interventions into all parts of the program, including:

- There is a high level of child, family, and staff satisfaction with the service.
- The use of all restrictive interventions, including S/R, is greatly reduced or eliminated.
- Children and staff laugh more.
- Children and staff members use kind words and convey a more positive, supportive attitude.

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- Children, families, and staff members enjoy a variety of activities that promote health, such as sports, yoga, mindfulness, and meditation. These activities become part of children's discharge plans to help them transition successfully into the community.
 - Children become more aware of what happens to their bodies and their thinking when they feel upset and learn coping skills that help them maintain self-control, such as the use of sensory diets, mindfulness exercises, and journal writing.
 - Children begin to feel more confident about themselves and their abilities.
 - Families feel nurtured and supported and are able to manage their fears and become more available to participate and interact with their children and staff.
 - Staff members feel nurtured and supported and are able to more effectively and compassionately partner with children and families.
 - Staff members learn skills that help them remain calm, neutral, non-judgmental, and focused during crisis situations.

Additional resources

The Massachusetts *Warm Welcome* is included as an additional resource at the end of this chapter.

The Warm Welcome and Engagement

Steps to take to support and develop a positive, kind, and successful experience in CCU/IRTP/CIRT

Screening Processes (DMH & program staff)

- ☐ Offer to get each family connected to PPAL (Parent/Professional Advocacy League)
- ☐ Provide listing of other resources for the family and siblings
- ☐ Call regularly to update on process, check in on how family is coping and if they have any questions

Before Preadmission Meeting

- ☐ Family Service leader (e.g. Family Liaison, Family Advocate, and Parent Partner) calls the youth's family and introduces him/herself to the family. He/she provides support, reassurance, and encouragement. The first call is intended to check in on how the parent/family member is doing, support the family, and extend a warm welcome. Depending on the nature of the contact, the Family Service leader can also:
 - Ask what would help make the transition easier into the service
 - Provide more information about the program, if needed
 - Answer any questions
 - Provide information on resources, web, local groups and groups/trainings offered by the program
 - Note questions that can be addressed by other team members and relays that information.
- ☐ Peer Mentor calls the Youth and the sending facility/program and does something similar to the Family Staff member's call: introduce him/herself; provide support, reassurance and encouragement. The Peer Mentor can also:
 - Ask what would help make the transition easier into the service
 - Provide an overview of the program, if indicated
 - Answer questions

Before Preadmission Meeting Continued

- ☐ Family Staff member creates “welcome basket/kits” for parents. These could include items such as
 - Pad of paper & pen
 - Hand lotion
 - Important business cards
 - Listing of local restaurants and places of interest
 - Movie passes, restaurant coupons or gift cards
 - Mints
 - Map of area
 - Map of Hospital or directions to facility
 - Public transportation schedules
 - Magnets to help post key information
 - Folder to store/organize paper
- ☐ Peer Mentors Create “Welcome Baskets/Kits” and include:
 - Paper & Pens
 - Journal
 - Gift – examples: T-Shirts, Baseball Hat
 - Listing of phone numbers to call when they have questions
- ☐ Whenever possible try to schedule a tour prior to admission. This can happen before or after the preadmission meeting, but cannot happen until it is certain the youth will be going to that program

At Preadmission Meeting

- ☐ Bring family partner & youth advocate/peer mentor and bring a gift or welcome basket
- ☐ Bring a program handbook and program information for youth, family, and professionals
- ☐ Bring an contact list for both youth and family should they think of questions after the meeting

At Arrival

- ☐ Greet the youth and family when they arrive (preferably a familiar face from pre-admission meeting, peer mentor and/or family service leader/family partner/advocate.
- ☐ Offer a beverage, snack, or meal to the youth/family)
- ☐ Find out the youth's favorite meal and make that for him/her when they arrive
- ☐ Have service dogs ready to greet, welcome and be available to help at admission
- ☐ Give youth a tour and have youth advocate/peer mentor shadow to support the youth's transition into the programming
- ☐ Each youth has developed with the input of their family a Safety/Coping plan that is shared with the program staff.

Night of Admission

- ☐ Have the Family Service Leader/Parent Partner call to check in with the family to support, empathize, reassure check and ask, *"How are you doing?"*

During the youth's stay

- ☐ Invite the family to be on-site anytime and invite telephone calls. Ask about scheduling challenges/needs. Offer to set up a regular telephone time
- ☐ Ensure that youth's Safety/Coping Plan is available (visible) to Youth, Family and program staff
- ☐ Ensure that youth's Safety/Coping Plan is updated regularly, shared with and made visible to the team so that as youth progress the plan is adjusted to meet current needs.
- ☐ Inform the family about the program/school schedule

During the youth's stay continued

- ☐ Invite family members to join Hiring /Interview committees
- ☐ Invite youth to join Hiring/Interview committees
- ☐ Invite the family and youth to participate in staff orientation to present consumer experience of care and mental illness
- ☐ Invite family and youth to conduct programmatic/staff reviews
- ☐ Invite family/guardians and youth to complete Report Cards quarterly and review feedback to provide a real time response to concerns.
- ☐ Offer Photo Nights –Photographers come and take family photo. As a gift provide frames 1 for family and 1 for youth
- ☐ Integrate aspects of typical teen life into the programing. Be sure youth have knowledge of current music, dance and have some basic skills to be able to interact with positive peers in the community.
- ☐ Offer yoga classes
- ☐ Offer Hip hop classes or other dance classes included in programming (Dancing or other “typical youth activities” so that the youth in the program are able to interact with peers living in the community
- ☐ Connect with pro-social peers in community
- ☐ Engage in community activities (individual not group outings)
- ☐ Connect to home/community providers (pediatrician, etc.)
- ☐ Attend school in the community
- ☐ Provide family education and family therapy in the home
- ☐ Invite parents/family members to orientation and other trainings Invite parents/family members to participate in Rounds/Team Meetings
- ☐ Ensure that parents are connected to:
 - Parent/Family Alumni
 - Local support resources
 - Parent nights
 - Open House
 - Poetry Fairs, Science Fairs, Art Shows, etc.

Preparing for Transition

- ☐ Create opportunities to practice skills
- ☐ Spend time becoming comfortable with new environments, school, program, home, neighborhood, etc.
- ☐ Celebrate and remember successes
- ☐ Highlight the rituals and routines that have been helpful
- ☐ Identify key places in the community that they youth and family would like to use: e.g., Hair and nail salons, local YMCA, movie theaters, public transportation, restaurants, comic book stores, etc.
- ☐ Connect youth to community activities. Create a plan to allow youth to complete any community projects (e.g. in a dance class can they continue through recital, if in a sport how can they complete the season)
- ☐ Hold a transition meeting:
 - Invite all interested parties, family, new programs, new providers, extended family, school representation, state agency etc.
 - Review achievements in programs
 - Review future vision and goals for this next step
 - Review appointments, plans for support
 - Review school and plans for support
 - Answer everyone's questions. Make plans to address any loose ends
 - Create an action plan and a timeline
 - Create a transition and discharge crisis plan and be specific about "what to do if..."

At Graduation

- ☐ Peer Mentor/transition specialist discuss with youth what would be helpful as they transition and how they would like to celebrate graduation
- ☐ Parent Partner discuss with family what would be helpful as they transition and how they want to celebrate this graduation
- ☐ Identify key people to support and go with the youth as they move out of the program

At Graduation Continued

- ☐ Create a contact plan so youth and family know who and when they will hear from people
- ☐ Leave plenty of time for good-byes and remember good-byes can be hard

Supporting Transition

- ☐ Create a plan for visiting and phone calls
- ☐ Create a plan for communication with new providers
- ☐ Create a plan to help youth acclimate to new environment
- ☐ Even if youth is returning to a familiar place they have changed help adjust to being in an old place with new skills and a new story
- ☐ Send Mail and e-mail:
 - Send a card to the youth (Congratulations, We miss you, Good Luck etc.)
 - Send a card to the family to congratulate or just encourage
 - Write a letter that reminds the youth of their accomplishments
 - Write a letter that reminds the family of their accomplishments

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