



the Link



healthy families
new york

the children of today are tomorrow's parents ∞ los niños del presente son los padres del futuro ∞ les enfants d'aujourd'hui seront les parents de demain

The Parenting Stress Index

In This Issue ...

Healthy Families New York staff use the Parenting Stress Index (PSI) with families to help identify the stressors they may be experiencing with parenting.

In this issue of *The Link*, we take a closer look at how we are using this tool. Read about how programs orient and train staff to use the PSI, how the PSI has helped home visitors to better help families, some tips gathered from interviews with home visitors and supervisors about how they effectively use the tool, and what we've learned about families from looking at the PSI data we've collected. We even have a PSI quiz for you to take, but you can only get the answers by visiting the Healthy Families New York website at www.healthyfamiliesnewyork.org. This issue's Milky Way focuses on how breastfeeding can decrease stress for new parents. We have a Spotlight on our colleagues at Healthy Families of Sullivan. And, as always, we share news and photos about the creative and important work going on in our statewide system.

Spring 2010

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A Closer Look at the Parenting Stress Index

Ellen Butowsky, PCANY

On assessments and in home visits, Healthy Families New York (HFNY) home visitors witness firsthand that high levels of parenting stress can lead to negative parenting practices and childhood outcomes. When parents' stress goes up the potential for child abuse goes up, and when stress is decreased the potential for abuse goes down. HFNY can share our measurements of parental stress with legislators and funders to show the impact our program has on supporting positive parenting and improving childhood outcomes by recognizing and working to lower parental stress.

The Parenting Stress Index (PSI) is a tool that was designed to measure the overall level of parenting stress experienced by parents of children between the ages of one month and twelve years. (Psychological Assessment Resources, Inc.) Healthy Families New York has been using the PSI Short Form since 1998. By completing the tool with families at regular intervals, we are able to identify stressors early, and that gives us more time and opportunities to work on them with families.

How and why did we choose the PSI?

Rose Greene, Co-Director, Center for Human Services Research, shared that early in the evaluation of HFNY, she and her colleagues were seeking an instrument that would measure parenting behavior and parent child interaction. The evaluators conducted a literature review and spoke to other home visiting evaluators across the

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HFNY Goals

- To systematically identify overburdened families in need of support
- To promote positive parent-child interaction
- To ensure optimal prenatal care and promote healthy childhood growth and development
- To enhance family functioning by building trusting relationships, problem-solving skills and support systems

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OCFS Update

By Bernadette Johnson, Program Coordinator, OCFS

Hello Healthy Families New York

As most of you are surely aware, our state is experiencing an economic crisis, and facing an enormous budget deficit. As we continue to be challenged with this, it is amazing to see that you continue to be focused on your work with families.

On the federal side, President Obama signed legislation to support home visitation services on March 23rd. The new measure authorized funding over 5 years to support a range of voluntary home visitation services to pregnant women, young parents and their children. OCFS is working closely with the NYS Department of Health to be in the best possible position to receive and utilize these funds when they are made available to states.

Our work is important, now more than ever. Families are faced with more stressors and need more support at a time when there are fewer services available in their communities. Where there are services, we need to collaborate with those services. When there are other family members in the home we need to engage them in services. We need to strive to continue and improve our services to the best of our ability. Thank you for your continued work for families and children during the most important time in their lives.



Program Happenings

Dutchess County Healthy Families

Community Baby Shower

Nikki Pison, Program Manager

On April 9th, 2010 Dutchess County Healthy Families (DCHF) partnered with the Lower Hudson Valley Perinatal Network (LHVPN) to coordinate a Dutchess County Community Baby Shower. The Poughkeepsie Housing Authority generously donated space for the event. The goal of the project was to get expectant mothers together for food, gifts, and good conversation, and to make them feel special for the afternoon. During the event, DCHF ran several "Mothers' Circles" on Breastfeeding and Perinatal safety in both English and Spanish, led by DCHF staff. A representative from Cornell Cooperative Extension led an informative discussion on nutrition during pregnancy and while breastfeeding. The Mothers' Circles were a wonderful opportunity to promote the benefits of breastfeeding and provide accurate information about the importance of having full-term births and avoid-



Basket that was raffled at the baby shower

ing medically unnecessary cesarean sections. Childcare was provided in another part of the building so that mothers could focus on the conversations and the information that was offered.

Other community agencies tabling at the event included Hudson Health Plan, Tri-County Cessation Center, WIC,



Claudia Aldarondo (FAW/CLC) and Luisa Salazar (FAW) demonstrating breastfeeding positioning in a Spanish-speaking Mothers' Circle.

and Astor. The author Denise Bolds spoke about her book on single-parenting, and raffled off a copy of it. In between the Mothers' Circles, participants were treated to a healthy catered lunch. At the end, six baby gift baskets, packaged in a baby bathtub, were raffled to the attendees, along with lots of other beautiful baby items and a new stroller. Every participant who attended received giveaways like reusable grocery bags, mugs, pens, and other promotional items from the participating agencies. Each mother was also given a goody bag with information and a handmade baby blanket, and all received a \$25 gift card for either Target or Babies R' Us. Thirty-eight pregnant women attended the event, and DCHF received 32 prenatal referrals. Of these, 21 were for women who were both in the target areas and not already in the program! DCHF staff was also able to help several mothers who were outside of the target area to find resources in their communities.

Dutchess County Healthy Families and LHVPN are planning to make this an annual event, and will also work together to duplicate the baby shower in Beacon, where the Institute for Family Health has its other DCHF program site.

Liz Fernandez, FSW Supervisor, facilitating a Mothers' Circle



A Closer Look at the Parenting Stress Index

(Continued from page 1)

country to seek their advice. The PSI met all of the criteria on the evaluators' list for choosing a new measure. It is a valid and reliable measure that had been tested over a long period of time with a variety of populations. It can be administered to parents of infants from birth through 12 years. Parents with a 5th grade education can understand the PSI and the short form only takes about 10-15 minutes to complete, depending on the parent's reading level, so administering it would not overburden home visitors who already had many forms to complete. The PSI has been widely used by other HFA programs; it is self-administered and does not require that the home visitor have a professional license or advanced specialized training.

How do we Orient and Train Home Visitors to Use the PSI?

In general, programs rely on the FSW supervisor to provide one-on-one orientation and training. Staff learns the purpose of the PSI, the administration schedule, basic information about the subscales, how to score, and how to discuss the implications of different scores and make appropriate referrals. (Take our PSI quiz on page 6 to see what you know about these topics.)

Amy Smith, Supervisor, Healthy Families Clinton County shared, "We have a wrap around training for the PSI that was developed a few years ago. We did a refresher training for all staff after that was developed. Now, it's just part of our usual wraparound trainings."

Starting Together, Madison County, has developed a training document to help FSWs learn to introduce the PSI to families. It offers ideas such

as: "Next week, I am going to share a survey that all families in Starting Together are asked to complete. As we have talked about before, there are a lot of stresses related to being a parent. Because all parents experience these, the survey measures these stresses so we can take a look at how the program is working."

This document also helps Madison's home visitors plan for discussing the PSI after completion. For example: "Let's talk about what you thought. Was there anything that struck you while you were doing the survey?" Or if the parent has completed the PSI more than one time, "Can you think of any differences between the first time you completed the survey and this one?" They also talk about ideas for decreasing parents' anxiety by cautioning against the word "score" when discussing the PSI. "Most persons have negative associations with the ideas associated with testing...the PSI is a 'measurement' of parental stress, not a test."

Several programs have used their site support visits from Prevent Child Abuse New York for PSI training. Kayla Thompson from Building Healthy Families Otsego shared: "The training with Wendy Bender gave us a clearer picture on how to use it [the PSI] to recognize where the family is currently at and how to implement the tool with families in an individualized manner. It went from being a tool I didn't really get, to now being my favorite tool."

Nikki Pison, Program Director from Dutchess County Healthy Families shared that her first step in developing training for her staff was to acquaint herself with the official

Research on the PSI ...

The Center for Human Services Research staff conducted an analysis of Parenting Stress Index (PSI) data. Here is some of what they learned.

Description of the Sample

We selected participants who had baseline PSIs done in 2008 (n=1821). More than half of the mothers (58%) enrolled prenatally and 62% were first-time mothers. The average age was 24 years and the youngest participant was 13. About 17% were married and 42% had the child's biological father living at home. About 19% were working at the time of intake and another 16% were in school. The majority of the mothers (63%) were neither working nor in school. In the sample, 43% of the mothers were white, 26% were black, 27% were Latina and 4% were listed as other race.

Of the 1821 biological mothers, 83% had valid PSI total and sub scores that were not considered "defensive" responses. Defensive responses alert researchers to exercise caution in interpreting the scores. Older participants were more likely to be defensive when answering PSI questions, and, interestingly, mothers enrolled prenatally were more likely to have defensive responses than the mothers enrolled postnatally.

(Continued on page 5)

Profile of the Mothers with High Parenting Stress

The mothers who scored above the 85th percentile on the PSI total and PCDI scores are considered to be experiencing a high level of parenting stress with their newborn child. Among the 1514 mothers with valid scores, 19% of them were experiencing a high level of parenting stress after the birth of the child. Not surprisingly, none of the mothers with defensive responses experienced a high level of parental stress.

The mothers experiencing a high level of stress were significantly more likely to be younger, first-time parents, lacking a high school degree, and receiving SSI/SSD at the time of intake. Mothers with twins or triplets were more likely to experience a high level of parenting stress. For example, while 14% of the mothers who were not first-time parents scored above the 85th percentile on the PCDI, 20% of the first-time mothers did. For the mothers whose family received SSI/SSD, 22% scored above the 85th percentile on PSI total scores.

Unexpectedly, the presence of a second primary caregiver in the home did not seem to make a difference in parenting stress scores. However, a smaller proportion of the married mothers experienced parenting stress than the unmarried mothers.

Compared to working or non-working mothers, the mothers enrolled in school at Intake were most likely to experience parenting stress once the baby is born and these mothers were much younger than the other mothers. The PSI data did not indicate any race/ethnic differences in experiencing a high level of parenting stress among Latina, black or white mothers.

(Continued from page 4)

Parenting Stress Professional Manual. The opening activity of the training for staff at the Dutchess program is to take the PSI themselves. Nikki said, "I saw light bulbs going off everywhere. Staff said they couldn't believe what this felt like, and that they'd never thought about how difficult some of the questions were to answer."

Nikki also developed a grid called "PSI Scoring Patterns and Possible Interpretations" based on information from the PSI Professional Manual. This grid offers ideas about what different combinations of scores could mean. For example, if the PD and PCDI are both high, it is likely that the parent's personal problems are affecting his/her interactions with the child. In this case, interventions would focus on the parent, and activities would focus on bonding and strengthening the parent-child relationship. Nikki stressed that the grid isn't a formula, but rather, a guide, because: "You need to put the numbers into the context of what you know is going on with the family and what kinds of interventions might be appropriate."

How is the PSI used on a Home Visit?

Madison County has a participant handout explaining the purpose of the PSI, what will happen with the results and what kind of follow-up will be done. In Otsego County, Kayla tells families: "We check in with families in a formal way about stress with parenting, because it can be stressful!" She shared: "I emphasize that we use the tool with all families, no matter what their situation."

Some programs review the PSI immediately after completion, while others base that decision on the family's situation and might instead review it at the next visit. Kayla said: "I used to talk about it right away and sometimes I felt like I was getting resistance. I've learned to listen to the message that resistance is sending me; I learned this through experience and our Motivational Interviewing trainings. Of course, sometimes there's something on the PSI that makes me know I should talk about it right then."

How do home visitors use the information from the PSI?

Nina Karhnak, Supervisor from Madison County shared, "When there are two adults, I strongly encourage the staff to take two PSIs to the visit. While we can only track the Primary Caretaker 1 in our Management Information System, it is helpful to do both of them. This can provide added opportunities for discussion in the home."

Kayla offered that "The PSI paints a clearer picture about what's going on and families say things they wouldn't say out loud unless we'd talked about it through the PSI. I say things like 'Oh, I noticed you said X, can you tell me more about that?' The PSI helps me stay neutral when bringing up these things since I'm just giving them back what they circled on an objective assessment. (See the Roving Reporter section on the back page for more examples of what home visitors have learned about parents through using the PSI.)

How is the PSI used in Supervision?

Supervisors shared that how they use the PSI in supervision depends on where the home visitor is on their own learning curve. For example, Nina initially scored it with home visitors but said, "Now that many of them have gotten used to it, they bring the form in already scored and we talk about the results." In Clinton County, Amy said, "There is a place on the supervision forms designated for the PSI as a reminder to supervisors to always discuss the tool in supervision."

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Lori Rotolo, Supervisor, Ulster County Healthy Start shared that, "The PSI became my favorite tool once I saw the connection between the PSI and setting goals with the IFSP. I have both forms in front of me in supervision and the PSI really informs the IFSP goals. For example, if isolation is a factor we've learned about from the PSI, we think in supervision about how the mom can decrease her isolation, and that's the direction we might go in. In one case, this led to a mom putting on her IFSP that she wanted to get her driver's license."

Looking ahead to how she would like her program to further integrate the PSI, Nikki said: "More role playing and processing of the PSI in supervision." She thinks supervisors have a great role to play in helping staff learn and practice how to talk about what they see on the tool. "For example, we want workers to feel comfortable talking about something like a high PCIDI not as a flaw in the parent, but rather to find a way to say, 'this is the result of the interaction between the innate characteristics of your child and your life situations.' That makes it much less threatening and helps keep the conversation open to what we can do next."

Implications for Practice

The data suggest that the mothers with an overall high level of parenting stress (PSI) or difficult interactions with the child (PCIDI) were younger, first time parents and without a high school degree. Additionally, the mothers whose family received SSI/SSD were much more likely to experience parental stress.

One would suspect that more risk factors would lead to more stressful parenting, and our data confirms this pattern. It appears that mothers experiencing a high level of parenting stress tend to see their newborn child as difficult. For example, unlike having twins or triplets, a single low birth weight baby does not necessarily lead to more stressful parenting. However, the mothers with low birth weight babies were more likely to perceive their child as difficult. Although the Difficult Child score is not a HFNY performance target, the mother's perception of the child as difficult may be a useful indicator for understanding if the mother will be experiencing overall parental stress.

Given that a sizable number of the mothers (17%) were scored for Defensive Response, it may be helpful to give additional assurance in advance of using the PSI that parenting stress is normal with new parents and that the results of the PSI will not be used to judge their parenting ability.

What's your PSI IQ?

By Caroline Chant, PCANY

Take this quiz on the PSI. You can find the answer key on the HFNY website: healthyfamiliesnewyork.org under "What's New."

1. What is the PSI designed to do?

2. What is the role of the Family Support Worker when a mother has a high overall score on the PSI?

- a) Provide curriculum and materials
- b) Listen
- c) Offer support
- d) Make referrals
- e) Pivot the focus to include the child
- f) All of the above

3. What are the three subscales of the PSI?

4. Which questions on the PSI measure the Defensive Response?

5. Which questions on the PSI measure for Parental Distress (PD)?

6. Which questions on the PSI measure for Parent-Child Dysfunctional Interaction (P-CDI)?

7. Which questions on the PSI measure for Difficult Child (DC)?

8. What are the time frames for completing the PSI?

9. What is the role of an FSW supervisor with regards to the PSI?

- a) Listen to the FSW and offer support
- b) Pivot the focus to include the child
- c) Brainstorm curriculum and ideas
- d) Help the FSW plan the visit
- e) Follow up in subsequent supervisions—keep the discussion going.
- f) All of the above

10. TRUE or FALSE

The Parental Distress (PD) subscale determines:

The distress a parent is experiencing in his or her role as a parent and personal factors that directly relate to parenting.

11. TRUE or FALSE

The Difficult Child (DC) subscale focuses on:

The negative attitudes or attributes that bonding and attachment might be threatened or inadequate.

12. What are the benefits to using the PSI in Healthy Families New York?

Program Happenings

Healthy Families Steuben

50,000 Visits!

Lisa Galatio, Program Manager

In December 2009, Healthy Families Steuben staff completed their 50,000th home visit. This accomplishment was celebrated at a staff meeting where individual contributions to the milestone were recognized, past staff was remembered, and tips for success were shared. Healthy Families Steuben began serving families in 1995 and serves over 250 families annually.



Healthy Families Broome

Advocating for Kids

Carol Peeling, Program Manager

Healthy Families Broome participants Jose, Sierra, and their 8 1/2 month old son, Christopher met with Assembly member Clifford W. Crouch in March to advocate for the Healthy Families Broome program.

Spotlight on Healthy Families of Sullivan

Lise Kennedy, RN, MS, Program Manager

Life in the country starts early, and so does the day of a home visitor. Healthy Families of Sullivan's (HFS) home visitors venture out to visit families even before some of the county is awake. Serving the entire county of Sullivan since 2007, HFS staff spends most of their day in the community visiting first time and/or new parents who usually do not have any family or community support.

After a highly publicized child fatality due to abuse, Sullivan County's legislators and managers recognized the crucial need for a primary prevention program. After an initial attempt in 2000, the program was started in 2002. First called Healthy Beginnings, the program started off in a tiny two room office with a staff of three: two FSWs (one Spanish-speaking) and one Program Manager/Supervisor/FAW/Data Manager (Lise Kennedy), serving the town of Monticello. It was funded locally as a partnership between Sullivan County's Public Health Services, which implemented and administered the program, and the Department of Family Services, which funded it through TANF.

With the generous mentoring of Ellen Butowsky, then Program Manager of Ulster County Healthy Start, the program did its very best to become a "real" Healthy Families program. At first, it was an uphill battle and Ellen used to joke that Healthy Beginnings was like "the little engine that could!"

In 2004, the program was awarded a grant from the William B. Hoyt Children and Family Trust Fund, which supported the hiring of a Supervisor and one more FSW, and the expansion of services to the Town of Liberty. In 2007, Healthy Beginnings received credentialing by Healthy Families America and funding from the Office of Child and Family Services (OCFS) allowing the program to hire a full-time FAW and several more FSWs, and extend services to all of Sullivan County. We also changed our name to Healthy Families of Sullivan in a gesture of solidarity with the other 38 Healthy Families New York.



Healthy Families of Sullivan is: Program Manager, Lise Kennedy; Supervisor, Patricia Bennett; Family Support Workers, Jill Beach, Susan Hrynko, Maria Cubero, Dani Cartuccio, Dina Jester; and Family Assessment Worker, May-Ann Rivera-Call

Unfortunately, with funding cuts in 2009, the program had to cut parenting groups, and the Program Manager position was cut back to a .25 position. Since then, the program has renewed its focus on the essence of the Healthy Families model, the in-home visit. Although the group events are missed, attention to the HFA critical elements has resulted in achieving 100% of the Healthy Families New York Performance Indicators for the entire last year.

Sullivan County comprises 997 square miles of mostly rural countryside, with 29% of the population living within two urban "pockets." We border Pennsylvania, and Orange, Ulster, and Delaware Counties. According to the US Census, in 2008 there were 76,189 people living in Sullivan County, 13.9% living below the poverty level. The current unemployment rate in Sullivan County is 9.9%. Sullivan County is "famous" for some of the worst peri-natal statistics in New York State.

One of the unique things about HFS is its host agency, Sullivan County Public Health Services (SCPHS), which is the county's local Health

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Department. SCPHS has always had a pioneering spirit, and embraced the opportunity to champion the Healthy Families program, as well as a Community Health Worker Program in 2007, in order to reach out to the community in need. Our program receives monthly referrals from WIC, and benefits from collaborative relationships with other public health programs, such as Early Intervention, Maternal-Child Nursing, and the Lead and Immunization programs.



The offices of Healthy Families of Sullivan

Another benefit of working within SCPHS is that HFS has access to our target children's immunization records. Healthy Families Sullivan's staff works with Public Health Nurses and others towards a healthier, safer county, and has been instrumental in piloting the county's car seat and Cribs for Kids programs. Our office houses an infant formula bank for the county.

Another service that HFS is able to offer participants is transportation. "Transportation is a necessity in this county," says Jill Beach, Senior FSW. "A lot of our participants don't have a driver's license

Susan Hrynko, FSW



or a vehicle, or they don't live anywhere close to a bus stop or they don't have families who'd run them to the store to cash WIC checks, etc. without charging them \$10. You're dead in the water here without a car." About 70% of our participants do not have their own vehicle. With participants' limited access to transportation, part of the home visitor's role is to provide education on the use of limited public transportation and possibilities for Medicaid Transportation to medical appointments. Home visitors also provide information to families about obtaining driver's licenses, and assist them in exploring programs in the community that may

enable them to buy their own vehicle. Many of HFS's participants have achieved this goal and become more independent.

We have many success stories at Healthy Families of Sullivan, and we work hard. But there is play time too! This summer, our staff will be looking forward to the Annual Picnic, made possible through the sponsorship of Kohl's Warehouse.

Healthy Families of Sullivan's staff knows that there is still a lot to be done, and many parents and babies to assist, and tomorrow is another day!



The Milky Way

Guest Writer
Peggy Sheehan, RN BSN IBCLC

How Breastfeeding Helps Decrease Parental Stress

*The moment she had laid the child to the breast,
both became perfectly calm.*

—Isak Dinesen

There is some level of stress each time we bring a new baby into our family. Uncertainties about our new parenting role and responsibilities, and concerns about finances, housing, and relationship changes are just a few of the issues that come up for new parents. These multiple stressors not only affect our own health, but have a direct impact on our baby, in a variety of ways. Fortunately, a woman's body provides her with a perfect way to mitigate the negative impact of stress on both her baby and herself. **BREASTFEEDING!**

In order to breastfeed, the mother must slow down and relax. She gets to interrupt the hectic routine of her day and gaze at her baby's face. She gets positive feedback as the baby snuggles into her body. The mother's confidence increases as, through the act of breastfeeding, she meets her baby's needs. Hormonally, the mother's body responds by circulating oxytocin, that "feel good" hormone. Oxytocin is released each time she breastfeeds, decreasing the circulation of stress hormones and calming her. "Feeding time" becomes "Mom time." Breastfeeding mothers have reported less perceived stress and a decrease in negative moods (1). Many benefits of breastfeeding are well documented and can be accessed at the web sites listed at the end of this article, but most parents choose breastfeeding because they want their baby to grow up and be the healthiest and happiest they can be!

HFNY staff has an integral role in the initiation and continuation of breastfeeding. We are invited into the homes of families at a special time. We make a difference not only during the years we are visiting, but for years—and generations—to come.

Breastfeeding Reduces Parental Stress: Let us count the ways! (We couldn't keep it to just 10!)

1. Breastfeeding meets baby's physiological and psychological needs.
2. Mothers experience a healthy recovery from childbirth.
3. Breastfeeding is an example of great parent-child interaction.
4. Fathers and mothers can worry less about the mother's long term health. (A history of breastfeeding has been associated with reduced risk of type 2 diabetes and of breast/ovarian cancer.)
5. Parents can worry less about infant/childhood illnesses.
6. Parents can worry less about time lost from work due to sick babies.

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7. Parents do not need to worry about meeting their infant's nutritional requirements: Breastmilk is customized for babies!
8. Parents do not need to worry about the cost of infant formula and bottle feeding supplies. (WIC is a supplemental program.)
9. Parents do not need to worry about the deficiencies of essential ingredients in formulas.
10. Parents do not need to worry about contaminants sometimes found in formula.
11. Parents do not need to worry about making formula correctly. (Errors in formula preparation put babies at risk for the potentially fatal side effects of under/over concentrated formula.)
12. Parents do not need to worry about infant injury from improper heating of formula.
13. Mothers and fathers can enjoy these special moments, confident that they are off to a great start as new parents!

(1)Breast-feeding is associated with reduced perceived stress and negative mood in mothers.
By Mezzacappa, Elizabeth Sibolboro; Katkin, Edward S.
Health Psychology. Vol 21(2), Mar 2002, 187-193.

Web Sites: www.cdc.gov/breastfeeding, www.ahrq.gov/clinic/tp/brfouttp.htm, www.aap.org/healthtopics/breastfeeding.cfm, www.healthychildren.cc, www.lli.org, www.ilca.org

Many thanks to Peggy Sheehan for filling in for Rayza de la Cruz-Stitt. Rayza will return to *The Milky Way* in our next issue.



Welcome Aboard

*Welcome Ronald
Simmons
OCFS Program Contract
Manager*

My name is Ronald Simmons and I joined Healthy Families New York as a Program Contract Manager in January 2010.

Before joining the HFNY team, I worked for the State Central Registry for Child Abuse and Neglect for 16 years in Albany, and before that, I was a Child Protective Service case worker for Rensselaer County.

I believe that my background allows me to understand the dynamics of working closely with community agencies, and to appreciate the challenges experienced by workers on a daily basis.

I live with my wife, Rosemary, and children, Sophie, age 9, and Rebecca, age 8, in the Colonie area.

I am excited to be working with an exceptional team, with many experienced veterans from whom I have much to learn.





Roving Reporter!

Share a time when through the use of the PSI and a mother's response, you had a "light bulb moment."

Ellen Butowsky, Prevent Child Abuse New York



Christine Bajdas
Supervisor

Healthy Families Cayuga/Seneca

When I was an FSW, I worked with a family where there are 5 children. It had always seemed to me that the family's life was really chaotic and disorganized. By doing the PSI, what I learned was that the mom was comfortable with managing all the issues related to her family life. It wasn't stressful to her in the way I was assuming it was. It helped me to stop seeing a problem where there wasn't one.



Tina Mandiville, FSW/FAW
Ulster County Healthy Start
Ellenville site

I was doing a follow up PSI and the mother shared how her baby was "annoying her all the time just to be mean to her," "cussing her out" and making inappropriate gestures. These uncharacteristic statements from the mother during the PSI led me to ask some questions and to find out that she had stopped taking her medication and going to therapy. Eventually, I did have to make a CPS call but that got her involved with an intensive mental health program. This mother has stayed with our program, even with me calling CPS, she and baby are doing great, and her most recent PSI showed lots of improvement! I think without that earlier PSI, I might not have gotten her talking about and sharing those very concerning ideas she was having about her baby.



Donna O'Brien
Supervisor
Healthy Families Chemung

One of the people I supervise was struggling with a 17-year-old mother, a prenatal participant. The mother lived in a home for folks with substance and mental health challenges, and the FSW was concerned week after week because the mother seemed to lack much interest in the baby or the program. It was the PSI that finally broke the ice! As the mother completed the questionnaire, she began to speak animatedly and revealed a strong interest in her child and a level of enthusiasm and common sense that were a wonderful surprise! At last the FSW and the mother found common ground and something they could work on together.



Bill Perry
Supervisor
Healthy Families Broome

I was sitting in my office when my phone rang. It was a father in the program calling during a home visit. The mother was completing the PSI and he was upset that the program was interested in her feelings but not his! I assured him we were very interested in the fathers' experiences too, and asked the home visitors to offer the PSI to him. We learned that he had very little stress!

New York
Prevent Child Abuse



Spring
2010

The Children of Today are Tomorrow's Parents. It's time to invest in the future of our children.
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