Early Childhood
Mental Health Symposium

Unintended Consequences of Delivering Services Without Attending to Early Childhood Mental Health

Gerard Costa, Ph.D.

Plan

- Facing some realities and "Starting Points"
- Data on Child Maltreatment
- The Problems and Opportunities of the Very Young
- Two Brief Clinical vignettes:
  - Iatrogenic and Unexpected Problems
  - When intervention is necessary: What happens and what follows
- Birth and Foster Family Relationships
- Some General Considerations
- Some Promising Approaches
- Open Discussion

Objectives

Participants will….

- Learn about the central importance of viewing child protection and intervention events "through the eyes of the child", and from developmental and early mental health lenses.
- Learn about the unintended adverse consequences on the child, parent and attachment relationship when child protective intervention is necessary.
- Learn about promising approaches in visitation, caregiver support and judicial leadership to minimize these consequences.

Facing some realities: Starting Points

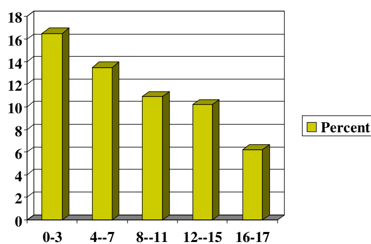
- Child maltreatment occurs, and state intervention is necessary.
- Interventions engender both intended and unintended consequences which must be examined.
- Interventions must acknowledge the importance of attachment relationships, even with parents who have been abusive and neglectful.
- All development is organized through the nature of relationships.
- Parenting is a relationship not a skill and the belief we can "teach" parenting is not well supported.

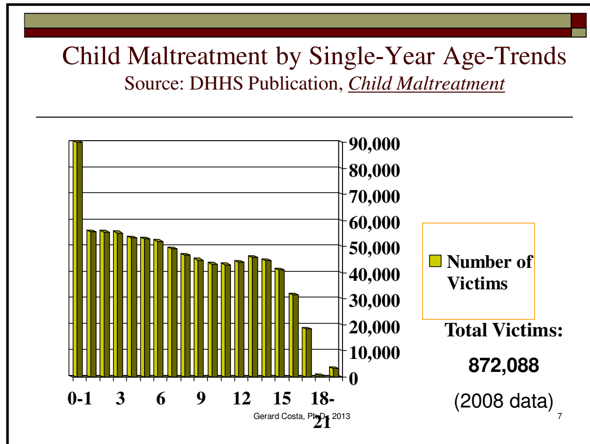
- We must consider all interventions through the "eyes of the child", and recognize that change in placement means change in relationships.
- We must preserve the child's relationships, and recognize that infants and children must not bear the burden of inconvenience and redress when making plans and decisions about their lives.
- We must attend to the needs of all those who care for the child (birth and resource families).
- We must attend to the needs of the helpers.

Child Maltreatment

Victim Percentages by Age Groups

Source: DHHS Publication, *Child Maltreatment*





The Problems and Opportunities of the Very Young

- Early experiences matter. Brain development in the early years is experience/relationship dependent, and early neural circuits form foundations for higher level circuits.
- Brains are "co-constructed" and "sculpted" by what happens.
- Infant brains are more likely to form connections than "lose" them – for good or for bad.
- Consistent, predictable, regular, attuned loving care is necessary for development. Taking care of baby's physical needs is not enough.

The Irreducible Needs of Children

T. Berry Brazelton, MD and Stanley Greenspan, MD

" Our research, and that of others, demonstrates that in the first few years, the ingredients for intellectual, emotional, and moral growth are laid down. If they are not, it is true that a developing child can still acquire them, ***but the price rises and the chances of success decrease with each subsequent year***. We cannot fail children in these early years." (p.x, italics added).

Two very brief clinical illustrations

Shalika

- 17 y/o HIV+ mother of newborn
- Living with Maternal Aunt who had maltreated her as child
- Homeless and living in various shelters with HIV+ father of baby
- Child placed (and subsequent infant) with foster mother 17 miles away.
- Brief therapeutic course of Birth Mother- Foster Mother treatment – made possible by significant work with both and remarkable commitment of foster mother.
- “Rupture and Repair” addressed repeatedly in the theraputic work.
- Reunification and sustaining relationship.

Shalika: Iatrogenic Problems and the Unexpected

- Placement not made due to neglect or maltreatment but due to unavailable, safe housing.
- Placement, separation, and limited visitation created difficulties in attachment relationship, having nothing to do with reasons for placement.
- Lack of planning and anticipation around separation.
- Maternal experience of rage, shame, humiliation, inadequacy, jealousy.
- Forging relationships without systemic support

Naema

- 26 y/o unmarried mother with 2 children in placement. Parents died 3 months apart when she was 11 (substance abuse); Cared by maternal grandmother since age 2. "Always alone" – and felt socially awkward and unbefriended.
- Reason for removal of children: mother verbalized threat to authorities about children when they were being placed for supervision with a family friend in whose home the mother (as a child) had been sexually abused.
- Three additional children born – all placed in foster care from hospital.
- Tubal ligation completed at final delivery
- Mother appears limited and responds passively to authority

Naema:
Iatrogenic Problems and the Unexpected

- Delay between removal of children and first visitation.
- Visitation practice, transportation, location, setting and schedule unrelated to developmental and emotional needs of children and parents.
- Unavailable residential treatment programs for maternal-child care.
- 4 resource homes involved without contact with biological mother.
- Computed that time with infant totaled less that 50 hours for entire first year.

- Change of judge in case mid-stream.
- Mother's pro-bono attorney died mid-case. His partner took over.
- Three caseworker changes over 3 years (Each change in caseworker reduces the chances of permanency by 52%;National Clearinghouse on Child Abuse and Neglect, 2005)
- Multiple maternal and "bonding" evaluations conducted.
- Termination of parental rights of all 5 children.

So why does this happen and can we do better?

Some General Considerations

- Through the "eyes of the infant/child"
- Redefining the role of "resource family" and recruiting, re-tooling and supporting them accordingly.
- Developing judicial and protective service models less rooted in litigious process (e.g. prosecution, defense, etc.)
- Birth Family-Resource (Foster) Family Relationships and Work (handout)
- Redesigning an intervention protocol (handout)
- Creating "life narratives" and other representations that address not just the present, but anticipate the future developmental needs and strivings of children and their families

Consider……..

- One way we can help children who undergo such changes in their relationships is to try our best to link those who cared for the child before the move, and those who are now caring for the child. These connections help the child and all caregivers with the extreme pain and worry that can accompany such disruptions in attachments. Of course, when the child has been removed from the birth mother, the pain to both is intensified. Both birth parent and foster parent need support to talk with each other, and to arrange thoughtful plans for ways to help the child learn that the adults in the child's life will *bend over backwards* to help promote security and love in the child.

What are some of the ways this can happen? Here are some ideas

- Be sure that all families, birth and foster, call the child by the same name, follow the same care practices (like eating and toilet learning), and talk without judgment or criticism about each other.
- Allow photographs of the birth and foster families to in each home. This can be quite difficult and may require some discussion and reassurances for both families.

- Transportation for visits with the birth family must be done by the same transportation staff in the same vehicle as much as possible. Ideally, it is better for the child to be brought to, and picked up, for a visit by his foster family. It is so helpful for a child to see that both mother and foster mother, for example, can see each, talk with each other and even share information about the child (e.g. how he slept last night, what he ate today, or that she had a tummy-ache last night).
- Visits should occur regularly, at least three times a week for an infant under 18 months, twice weekly up to age 3, and once weekly thereafter.

IMAGINE

Imagine that one day, I came to your home and told you that you were moving to a new location. Imagine you were not permitted to take any food you had prepared, none of your clothing, you could not take any photographs of people you knew and loved, no "things" with you - not even your pillow. Then suppose, I moved you to a new place where your bed felt differently, the sun came into your room differently, the smell of the home was unfamiliar, the kinds of clothes, language and facial expressions that people had were strange to you. Then suppose I moved you like that 5 times in one year. Then suppose I did this all during the first year of life when you had no way to understand these changes nor language to express your confusion.

This is what happens to many young infants, when for their safety and protection, they are removed from families who gave birth to them or cared for them. Yet we now know that infants from the first moments of life recognize familiar smells, voices, can see and distinguish people, can show us through expressions and movements how they are doing and how ***we*** are doing with them. Such changes, even when they occur to protect the child from neglect, maltreatment and danger, have adverse effects on a child. Infants are not "too young" to suffer, be changed and be formed by these experiences. Even when parents and caregivers fail in their love and treatment, children form relationships with them.

The Importance of the Birth-Parent, Foster-Parent Relationship

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- These practices require much planning and support, and birth and foster parents should talk with their child's caseworkers and helpers to determine whether this can happen.
- It is not easy being a foster parent, to recognize that in cases where the placement is temporary, you must form a loving attachment with the knowledge that you may have to later say good-bye to the child you are caring for. Foster parents may also feel anger and resentment at a parent who has been neglectful or hurtful to their child. These feelings and beliefs need to be talked about with the persons who are helping you and the child. When they can be addressed, and we can help the child feel less "divided" between relationships, we really can help all involved.

Handouts

- Children in Two Homes
- Multiple Transitions
- A New Way of Intervening and Fostering Children When Child Maltreatment Occurs

Open Discussion

Some promising approaches

- Visitation Guidelines and Visit-Coaching
- Bio-behavioral Catch-up and Caregiver Commitment
- The Safe Babies Court Team (ZTT)

Components of Effective Visiting

(Burke & Pine, as cited in Dougherty, 2004)

- Structuring visits to enhance opportunities for parents to practice and enhance their caregiving skills
- Schedule visits at the homes of foster families, at times that include increasingly challenging situations, such as meal times and bedtimes.
- Include parents in activities that allow them to be part of their children's lives: school activities, doctor appointments, recreational activities
- Encourage birth parent-foster parent interaction

Potential Benefits of Visitation
(State of Pennsylvania)

- Supports parent-child attachments
- Reduced sense of abandonment while in care
- Enhances the well being of children in care
- Frequency of visiting the child in placement is associated with change for the better in parental feelings toward the placement and also with less time in placement.
- Written visiting plans correlated with increased frequency of visits and reunification

Recommended Contacts for Effective Visitation
(Michigan Ass. For Infant Mental Health)

Child's Age	Parent/Child	Contacts
0-6 months	Protection, comfort, interest/ Feels regulated, falls in love with caregiver	1 – 3 contacts of 1 – 4 hours per week
7 – 18 months	Sensitive, empathic reading of cues, loving/falls in love with caregiver, develops purposeful communication, intentionality	1 – 3 contacts of 1 – 4 hours per week
19 – 36 months	Pretend play, use of language, limits, logic/emotional ideas, foundation of a theory of mind	1 to 3 contacts of 1 – 8 hours per week

Intervention with Biological Parents: Promote Secure Attachment with Visit Coaching (Beyer, 2003)

- Principles:
  - Empowerment – build on family strengths.
  - Empathy-support families to meet the unique needs of their child.
  - Responsiveness-help families manage the conflict between adult and child needs.
  - Active parenting-help the family understand how the child's behaviors are shaped by their words, actions, and intentions.

Visit Coaching (Beyer, 2003)
Key Points

- Surveillance vs. Purpose
  - Event vs. process
- Foster parent - biological parent relationship
- Help the parent develop their caregiving capacities and practice them.
  - Impact of early history
  - Significance of play for the parent-child relationship.
  - Attunement-Misattunement-Repair
  - Infant massage

Visit Coaching (Beyer, 2003)
Practical Points

- Pre & Post visit meetings
  - Prepare before; self assessment and prepare for next time after
- More visit time
  - Coached visits more than once per week may be needed to meet the needs of the child, parent, or family.
- Conducive environments
  - The visit does not have to be contained in an office.
- Make visits challenging relative to the reason for removal.

Fostering the Foster Parent

- There are specific clinical interventions to help foster parents to better understand the maltreated youngsters that they invite into their homes.
  - Mary Dozier – Attachment and Biobehavioral Catch up

Attachment and Biobehavioral Catch up Intervention
(Dozier, Lindheim, & Ackerman, 2005)

- Session goals:
  - Provide nurturance even when it is not elicited. Use of video that displays babies directly eliciting care and babies that fail to do so.
  - Help foster parents to reinterpret their foster baby's signals, help them to be more in touch with their own reactions to their foster baby's signals.

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Attachment and Biobehavioral Catch up Intervention
(Dozier, Lindheim, & Ackerman, 2005)

Intervention Goals	Outcome
Nurturance	Organized attachment
Following child's lead	Regulation of behavior and biobehavioral systems
"Overriding" own issues	Organized attachment, regulation of behavior
Nonthreatening behavior	Child not threatened of parent

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Attachment and Biobehavioral Catch up Intervention
(Dozier, Lindheim, & Ackerman, 2005)

- Session goals (cont'd):
  - Follow the child's lead (when not distressed) and take the lead (when the child is distressed).
  - Let the children be "in charge" of some interactions
  - Help the caregiver learn to read the child's signals for engagement and reengagement
  - Help the caregivers understand their own comfort levels in providing nurturance and how this can effect their responsiveness to the infant.
  - "Shark music" while parenting (their own inside material)
  - Importance of touch in parenting a child
  - Helping the child gain experiencing and in expressing emotions

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Biobehavioral Catch-up
(Dozier, 2005)

- Issues addressed
  - Helping caregivers provide nurturance for distressed infants even when parents are uncomfortable providing nurturance.
  - Help caregivers to override their tendencies to respond “in-kind” to infant behaviors.
  - Provide a predictable environment.

The Safe Babies Court Team Project

- Based on the Miami model and under the leadership of ZERO TO THREE.
- current projects are in 5 locations and growing
  - Des Moines, Iowa,
  - Hattiesburg, Mississippi
  - Little Rock, Arkansas
  - New Haven, Connecticut
  - Omaha, Nebraska

http://www.zerotothree.org/maltreatment/safe-babies-court-team/

Maltreated & Traumatized Young Children: The Potential Triple Threat to their (Attachment) Development.

1. Experience of neglect and abuse
2. Experience of separation, loss, and lack of a secure base despite a safe placement.
3. Experience of being lost: A child’s unique needs are not addressed efficiently by the system of child welfare, mental health, etc.

Addressing the Triple Threat Using a Court Team Model – Theoretical Background

- Focus on promoting attachment
  - Training
  - Assessment
  - Treatment
  - Court proceedings
  - Placement decisions
- Physical safety is not necessarily psychological safety

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Court Teams

- Purpose: to reduce the recurrence of abuse and neglect and improve outcomes for vulnerable young children
- Model is based on judicial leadership partnered with child development expertise and child welfare/protection services (and other partners)
- Project directly addresses the co-occurrence of child maltreatment, substance abuse, domestic violence and parental mental illness.

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The Safe Babies Court Team Project

- Judicial Leadership:
- Local Community Coordinator
- Active Court Teams Focus on the Big Picture
- Targeting Infants and Toddlers in Out-of-Home Care (younger that 36 months)
- Placement and Concurrent Planning:
- Family Team Meetings Monthly to Review All Open Cases

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The Safe Babies Court Team Project

- Parent-Child Contact (Visitation): The Safe Babies Court Teams focuses on increasing visitation by expanding the opportunities (e.g., doctor's appointments) and the locations (e.g. the foster home, the birth parents' home).
- Continuum of Mental Health Services (Parent and Child)
- Training and Technical Assistance
- Evaluation

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