

#### ZERO TO THREE Early connections last a lifetime

# Supporting Families with Complex Trauma in Child Welfare

Darneshia Bell Technical Assistance Specialist Quality Improvement Center for Research-Based Infant-Toddler Courts ZERO TO THREE

#### Over the next hour...

- Take a look at the Child Welfare experience: through the lens of a child
- Highlight the importance of early relationships
- Increase the awareness of ways to recognize and support parents with a trauma history
- Discuss strategies for supporting families
- Questions and Answers





## Close your eyes...





#### Early Relationships Shape Brain Development





- Teach us how the world works and how we are valued—that profoundly shapes who we will become
- Provide the context in which the experiences shaping brain development unfold: which connections are reinforced and which will drop away, unused
- Create the bedrock for learning and school readiness and for all later relationships

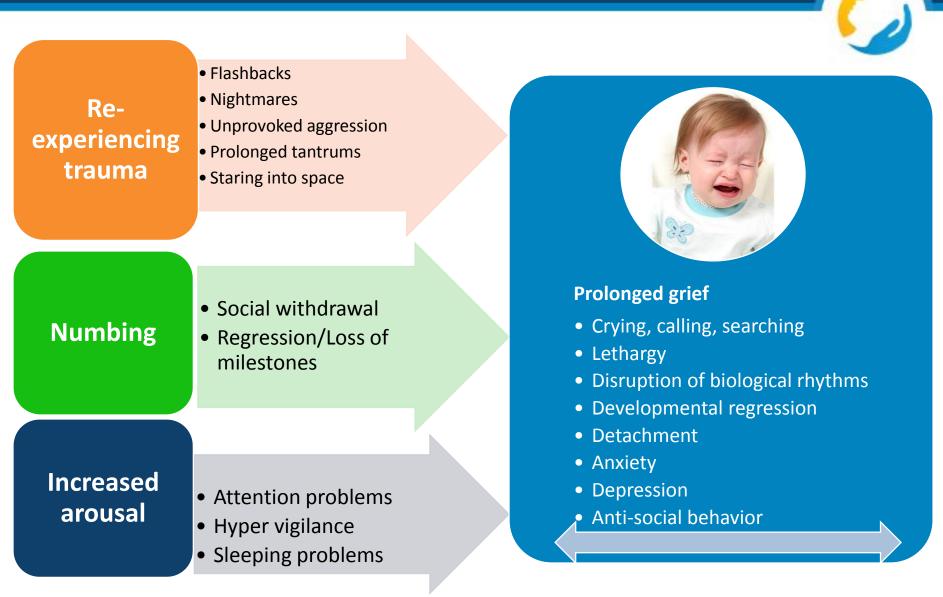
#### Trauma for young children in foster care

- Difficult experiences precipitating placement
- Separation from parents, usually sudden and traumatic
- Placement with a series of caregivers
- Very little contact with parents after placement





#### Mental Health Warning Signs in Infants & Toddlers



# **Important Questions to Ask:**



- The difference between developmental appropriate behavior and serious concerns that require interventions?
- How do you begin a dialogue when you have concerns and who are you talking to?
- How do you start to think about tapping into mental health services and getting help?
- How do you find a qualified therapist who is able to address your concerns and if none are available, what strategies are they using?



Mental Health Services that support work with young children



- There are evidencesupported interventions that are appropriate for many children
- Many therapists lack any specialized knowledge or training on trauma and its treatment.
- <u>When there is a choice of</u> providers, select the therapist who is most familiar with the available evidence and has the best training to evaluate and treat the child's symptoms.



Normative, Developmentally Appropriate Stress

**Traumatic Stress** 

Emotionally Costly Stress

# Trauma begins before birth

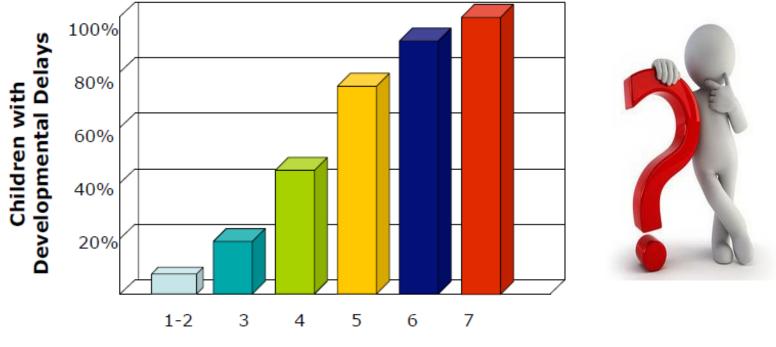
#### Mother's lived experience:



- **Poor nutrition**
- **Alcohol**
- **Poverty**
- Racism
- Victim of violence
- **Insecure housing**
- Little or no prenatal health care
- Few or no social supports
- (Epigenetics)



#### Significant Adversity Impairs Development in the First Three Years



Number of Risk Factors

Source: Barth et al. (2008)

RISK FACTORS EXAMINED: Maltreatment  $\diamond$  minority status  $\diamond$  single caregiver  $\diamond$  poverty  $\diamond$  domestic violence  $\diamond$  caregiver substance abuse  $\diamond$  caregiver mental health problem  $\diamond$  low caregiver education  $\diamond$  biomedical risk condition  $\diamond$  teen-aged caregiver  $\diamond$  4 or more children in the home

#### Parents Present a Complex Picture of Need

### Co-occurrence of:

- Child maltreatment
- Poverty
- Substance abuse
- Mental health disorder(s)
- Domestic violence
- Unresolved trauma
- Racial/ethnic prejudice
- Historical trauma



# **Executive Functioning**

#### Brain Changes with Traumatic Stress

- Reduced volumes and cell damage in:
  - Hippocampus
  - Prefrontal cortex
- Same pattern of brain damage is seen in Depression



- Working Memory: capacity to hold and use information in our heads for short periods
- Inhibitory Control: skill to filter thoughts and impulses to resist distractions, stay focused, think before acting
- Mental Flexibility: ability to adjust to changed priorities or perspectives, apply different rules



Everyone is a genius.

But if you judge a fish on its ability to climb a tree,

it will live its whole life believing it is stupid.

~ Albert Einstein

# Can't Vs. Won't

### Compliance vs Trauma and EF

- Difficulty planning, organizing, prioritizing, initiating and following through
- Difficulty learning from past experiences
- Impaired judgment
- Poor receptive language skills
- Difficulty switching gears
- Defective memory
- Maturity consistent with a much younger age than their chronological age
- Inability to predict outcomes
- Short triggers



# What are ACE's?

An adverse childhood experience (ACE) describes a traumatic experience in a person's life occurring before the age of 18 that the person remembers as an adult.



#### Adverse Childhood Experiences Questionnaire



#### During your first 18 years of life, did you experience:

- 1. Physical abuse?
- 2. Emotional abuse?
- 3. Contact sexual abuse?

ZZZZZZZZZ

- 4. Emotional neglect?
- 5. Physical neglect?

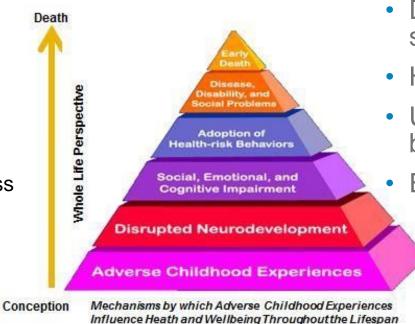


- 7. Parental substance abuse?
- 8. Losing a parent to divorce or separation?
- 9. A household member going to prison?
- 10.A household member who was depressed,
  - mentally ill or attempted suicide?

The survey instrument is available at <u>www.acestudy.org</u>

# Early Childhood Adversity Has Lifelong Health & Social Consequences

- Early Adverse Experiences:
- Emotional, physical, or sexual abuse
- Emotional or physical neglect
- Household Dysfunctions
  - Mother treated violently
  - Household substance abuse
  - Household mental illness
  - Parental separation or divorce
  - Incarcerated household member



 Increase Risk as Adults of:

- Alcohol or substance abuse
- Depression/ suicide attempts
- Heart disease
- Unhealthy behaviors
- Early death

Source: CDC Adverse Childhood Experiences Study http://www.cdc.gov/violenceprevention/acestudy/index.html

#### Adverse Childhood Experiences Linked to:

- Teen pregnancy
  Multiple sexual partners
  Alcoholism
- Unstable relationships
- Risk of repeated victimization
- Mental health problems
- Suicide attempts



Original ACE Study vs. SBCT Families 4 or More ACEs



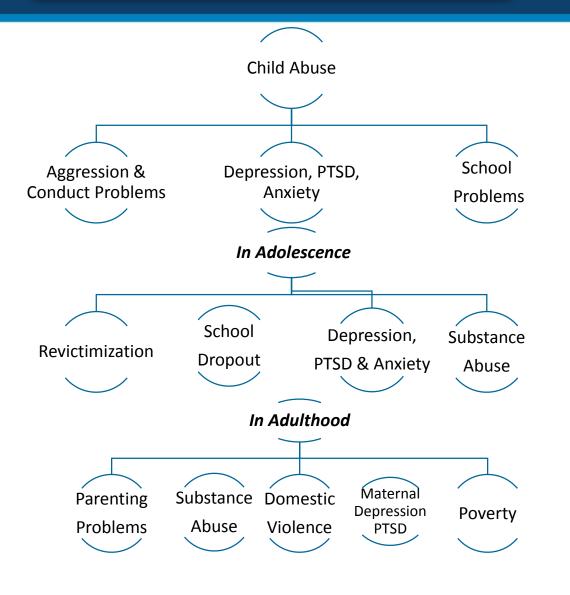
#### **Original ACE Study** 6.2% of participants with 4+ ACEs



# SBCT families with closed CWS case

 70% of children have at least one parent with 4+ ACEs

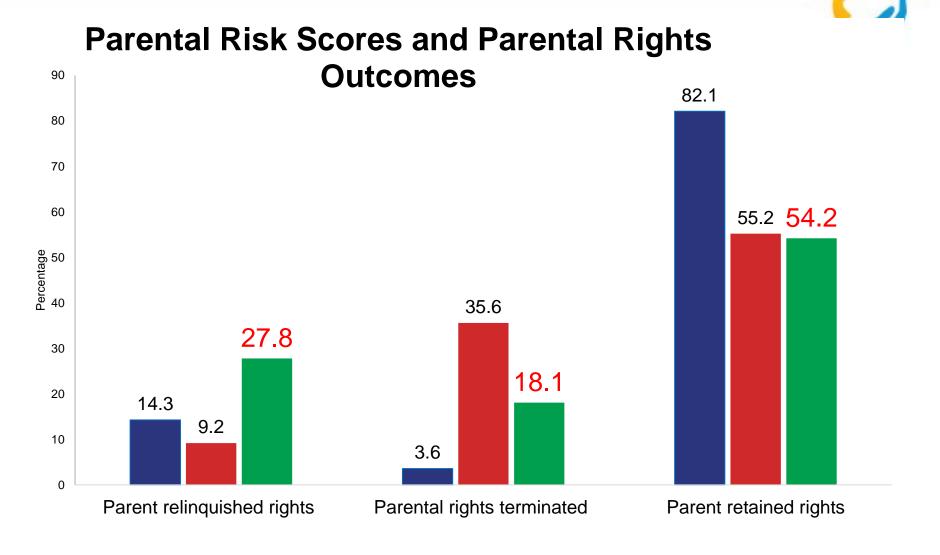
#### **How ACEs Cross Generations**



#### Child Abuse – Generation 2

## Health Risk Related to ACEs

- Adults with 4 or more ACEs are 7 times more likely to become an alcoholic
- Adults with 5 or more ACEs are 7 to 10 times more likely to suffer from drug addiction
- Women exposed to 3 types of violence in childhood are 3.5 times more likely to be victims of domestic violence as an adult
- Women with 4 or more ACEs are more than 5 times as likely to be raped
- Women with 5 or more ACEs are 2 times more likely to have a teen pregnancy



#### Some Strategies for Supporting Resiliency in Families





## Mental Health Services for Parents

- CBT: Cognitive Behavioral Therapy is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behavior that are behind people's difficulties, and so change the way they feel.
- TF-CBT: **Trauma-Focused Cognitive Behavioral Therapy** is an evidencebased treatment for children and adolescents impacted by **trauma** and their parents or caregivers.



#### Mental Health Services for Parents

- DBT: Dialectical Behavior Therapy is a highly effective type of CBT, it teaches clients four sets of behavioral skills: mindfulness; distress tolerance; interpersonal effectiveness; and emotion regulation.
- EMDR: Eye movement desensitization and reprocessing is a powerful new psychotherapy technique which has been very successful in helping people who suffer from trauma, anxiety, panic, disturbing memories, post traumatic stress and many other emotional problems.

#### Access to Quality Child Care



#### Consistency:

- Trained staff with knowledge of the impact of trauma for children in care
- Expectations (developmentally appropriate)
- Routine

#### Safety:

- Is it inviting and does it promote creativity?
- Are considerations for the individual child's response to change factored into any adjustments made?

#### Stability:

- Faces & Places
- Communication amongst all those who touch the life of the child
- What behavioral strategies are being used?



#### **Project Play Tool Kit**





Download the Toolkit from our website

# Projectplay.uams.edu

#### Addressing Placement Changes

- Children 0 to 2 years old (29.5%) were more likely to have experienced a placement change than any other age group
- For 15% of the children placed in out-of-home care, caseworkers reported that no reunification efforts were ever made with anyone in the child's family and that no reunification plan was in place.



NSCAW II Baseline Report, Caseworker Characteristics, Child Welfare Services, and Experiences of Children Placed in Out-of-Home Care. OPRE Report #2001-27e, 2011

#### Intentionally Supporting Placement Stability

#### New Haven Infant Toddler Court Team

**GOAL:** Reduce number of placements to 2 or less for 80% of infants and toddlers in foster care from March 2017 - September 2017

**STRATEGY:** The three core components identified as priorities

- 1. Foster Parent Intervention
- 2. Continuum of Mental Health Services
- 3. Targeting Infants and Toddler in Out-of-Home Care

**OUTCOMES: Exceeded their goal.** The most recent data in September 2017, shows that the number of **SBCT cases with 2** or less placements equals 90%.





#### Strategies for Infants and Toddlers Who Have Experienced Trauma

- Keep noise and lights low
- Introduce stimuli one at a time
- Employ soothing techniques
- Routines are key
- Simplify (one toy, not 5)
- Calming activities
- Create a safe quiet space where the child can go if s/he feels out of control
- Every age: Speak slowly. Use short sentences. Give directions one at a time. Repeat often. Use visual cues.

#### Clear goal setting for safe parenting in the home...

#### What services and supports are in place that promote:

#### Consistency:

- Modeling & choices
- Age appropriate expectations
- Routine From current to permanent placement
- What is being mirrored from child care, foster placement, and biological parents in behavioral strategies?

#### Safety Practices:

- Self-Regulation learned by caregivers and the child
- Supports for Social/Emotional Development through quality parenting resources
- Natural and logical consequences that are consistent across all caregivers

#### Stability:

- Faces & Places
- Building the Foundation in the home:
  - Love & Play
  - Routines & Rituals
  - Positive Attention







Supporting opportunities for families to connect in the most natural settings possible.

Helping parents cope with their feelings in order to visit consistently

Recognition of the parent's strengths in responding to their child and encouraging them to improve their core skills

Preparing parents for their child's reactions and how to plan to give their child their full attention.





Creating Safe Spaces

#### Problem Solving as a team...

Define and List Issues—Prioritize Note Common Goals & Concerns **Be Positive** Negotiate **Discuss** Issues **Brainstorm Options Scaffolding Solutions** 

Act as Angel of Reality

# " Step away from the timeline!"

Shifting the focus away from "not giving up hope just yet"

#### Transitions are EVERYTHING...

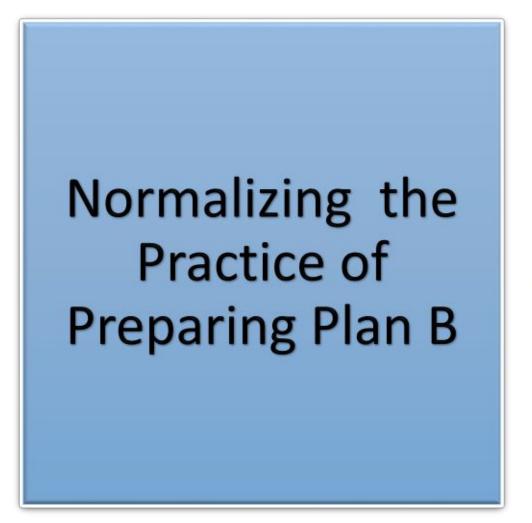


# Without this...

# Never offering <hr/> this...</hr>



#### Warming Your Way Into Courageous Conversations...







# Racing to the Finish line: The **unintentional** set up

# What the Judge Can Do:

- Ensuring momentum and accountability towards the intentional path to permanency through more frequent reviews.
- Considering the lens of the child; ordering services that are childcentered and family focused.
- Promote and support the use of collaborative problem solving opportunities through Family Decision Making Meetings.



#### Our Tasks as Professionals:

- Helping parents understand how to navigate the system
- Addressing the Language Gap
- Listening to understand (shaping the investment)
- Gaining their buy-in by digging deeper
- Teaching parents to advocate for themselves and their children
- Problem-solving in real time
- Leaving your social bias at the door



**Teaching Parents to Fish** 



#### Closing Thoughts...

- How you are is as important as what you do.
- Hold people up. Believe in them when the parent doesn't yet believe in him/herself. See them as parents and not problems.
- Recognize your own triggers and areas of vulnerability. Know when you're feeling burned out.
- People don't always receive messages the way we think they will. How do you share information in ways that will be perceived by parents as respectful?









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# **Questions and Answers**

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We are all a product of our earliest experiences.