



The Newsletter of
**The Indiana Association for Infant and Toddler
Mental Health**

Infants and Toddlers in the Child Welfare System
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REFLECTIONS

**Fall
2008**

Vol.2 No. 4

*A Subsidiary of
the Mental
Health Association in
Indiana, Inc.*

Infants are the fastest growing age category of children to enter foster care in the United States; they both remain in and re-enter the child welfare system at higher frequency than older children (Dicker & Gordon, 2001; Wulczyn, 2002). It has been well documented that maltreatment in infancy results in more severe health and developmental consequences than maltreatment in any other period in childhood (Cicchetti, 1987; Egeland, Yates, Appleyard, & Van Dulman, 2002). For these vulnerable children, the child welfare system is under three federal mandates to provide for their care: to maintain child safety, to facilitate child placement in a permanent home, and to promote children's well-being.

Before 2005, Indiana child welfare was administered through the Division of Family and Children, just one of several divisions of the Family and Social Services Administration (FSSA). One of Governor Daniels' first official acts was to focus long overdue attention on child services and create the Department of Child Services (DCS). DCS is responsible for children protection, abuse and neglect prevention, adoption, foster care, and child support. To lead the agency, Governor Daniels appointed nationally recognized child welfare expert and locally revered Marion County Juvenile Court Judge, James Payne. Prior to Governor Daniels taking office, Indiana led the country in child deaths. Currently, child deaths are down 50% since 2002. Three significant changes to DCS reflect the commitment to improvement of the system: expand the case worker work force; amend case worker job requirements; and improve job orientation and ongoing mentoring of case workers. The number of caseworkers nearly doubled since 2004, with a total of 1,572 family case workers as of 10/1/2008. Case worker job requirements now include a college degree in social work or related field. They are required to participate in 12 weeks of training and ongoing mentoring/supervision. In addition, DCS and First Steps are currently working to develop a partnership to fulfill the CAPTA federal legislation which mandates state to either refer any child under three with substantiated abuse/neglect for early intervention, or have a screening process to determine need for referral (personal communication, Susan Tielking, Communications Director, DCS, October 1, 2008).

The issues and challenges are easily understood in reviewing the state of young children supported by welfare. And solutions may come to mind easily, but the path to implementation is not so smooth. However, one direction is clear, embed a developmental approach in child welfare to impact positive outcomes for these youngest children.

Jones Harden (2007) recommends child welfare policies that are infant-centered and designed to serve this unique population and their families. Further, she believes there is an urgent need for active collaboration between the local systems serving populations who are at risk, i.e. child welfare, family courts, mental health, early intervention, and early childhood education. Her recommendations are based on the following principles: infant centered decision making, early intervention, infant-centered work force, systems of care, and evidence-based practice. Zero to Three has translated these principles into their *Recommendations for Infants and Toddlers in Foster Care* (2004):

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Child Welfare, continued from page 1

- Prevent multiple placement
- Ensure developmentally appropriate visitation practices
- Assure comprehensive, developmentally appropriate health care
- Ensure referral to Part C
- Assure early childhood mental health assessment and treatment
- Mental Health consultation to child welfare agencies
- Ensure access to quality early care and learning experiences
- Use oversight of courts

Solutions in practice:

Zero to Three Project: Court Teams for Maltreated Infants and Toddlers are now in Texas, Iowa and Mississippi, Florida. Brings judicial leadership together with child development and offer assessment, screening, and treatment of the children and parents. Some of these programs collaborate with Early Head Start. Results have shown much improvement in parent-child interaction, high rate of permanency, and no recurrence of abuse and neglect, Zero to Three Impact Statement, Court Teams for Maltreated Infants and Toddlers, 2005

Zero to Three State Partnerships Train the Trainers Project: Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care (PCAN). A curriculum to support child care providers to create effective partnerships with families that enhance program quality, build protective factors for families, and help reduce the risk of child maltreatment. Indiana is one state participant.

What we know

We know about the infant's experience in child welfare and we know child welfare systems are serving higher numbers of vulnerable children and families. We know there will always be funding constraints and political pressures. We have some ideas on how to enhance outcomes of infants in child welfare—our challenge and charge is to move toward participating in what will create infant-centered child welfare services.

Consider the following protective factors present in families for successful functioning: family relationships that meet each member's need for nurturance and individual growth; skills and resources for coping with stress; social, emotional, and practical support; access to needed information; communities that support families. (Bavolek, n.d.; Cicchetti et al, 2000; Goldman et al., 2003; Pacer Center, 1990).

How can you contribute to the needed collaboration between child welfare practitioners, system administrators, family court judges, and child advocates in our state?

Learn More:

www.IndianaKidsCantWait.org

Prevent Child Abuse Indiana: www.pcain.org

www.childwelfare.gov/preventing/communities

Friends National Resource Center for Community-Based Child Abuse Prevention: www.friendsnrc.org

Center for the Study of Social Policy: Strengthening Families Through Early Care and Education:

www.strengtheningfamilies.net

The Circle of Security Project, early intervention training program for clinicians: www.circleofsecurity.org

Jones Harden, B. (2007). *Infants in the Child Welfare System: A Developmental Framework for Policy and Practice*, Washington, DC: Zero to Three

Shaw, E. & Goode, S. (2005). *The Impact of Abuse, Neglect and Foster Care Placement of Infants, Toddlers, and Young Children: Selected Resources*, Nectac Clearinghouse on Early Intervention and Early Childhood Special Education.

Dicker, S. & Gordon, E. (2004). *Court Teams for Maltreated Infants and Toddlers Impact Statement*, Washington, DC: Zero to Three

Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals, Zero to Three Policy Center

Helping Babies From the Bench: Using the Science of Early Childhood Development in Court (DVD): request from Daria Harlin, Zero to Three Court Teams, dharkin@zerotothree.org

The Power of Relationship-Based Approaches and the Foster Parent/Child Relationship with Infants and Toddler in the Child Welfare System

Stacey Cornett, LCSW

“People create their lives through relationships with others; development and learning take place ”in, through, and for relationships” (Josselson, 1996, p. 2). This statement underscores the significance that primary relationships play in the lives of children. Experiencing safety and security within a relationship affords young children the ability to focus their energies on many different developmental tasks including comprehending language, gaining predictability of biological functions such as eating, sleeping and eliminating, coordinating their movements, interpreting and coping with various sensations, coping with frustration and ultimately how to be in a relationship.

Infants and toddlers within the child welfare system may be more vulnerable to developmental, emotional, and relationship challenges due to experiences of neglect, abuse or witnessing violence, or the trauma of separation from their primary caregivers. Infants and toddlers that have been separated from their primary caregivers often have behavior that is difficult to understand as their past adaptive strategies may be confusing and misrepresent their actual needs. Young children in foster care may exhibit difficult behaviors such as inconsolable crying, tantrums, aggressive behavior, or self endangering behaviors. Alternatively, they may be withdrawn, independent, disconnected, precocious, and surprisingly easy to care for. Perhaps surprisingly both descriptions are examples of young children in need of the healing power of relationships. For many, a supportive relationship with a foster parent can have significant healing effects even when a young child is in no obvious need.

Although we usually think of the parent/child relationship as being the most influential relationship a child experiences, other relationships can and do have a major role in children’s lives. As indicated by The National Scientific Council on the Developing Child “Relationships matter critically. Consistent relationships with caring adults are essential for healthy development” (2004, p.5). Therefore, foster parents have the unique opportunity to make a difference in the life of a child not only while they are in care but even far beyond the time that they leave care.

Foster parents are sometimes advised to seek mental health assessments for young children who have symptoms of distress. It is critical for foster parents to be aware of the importance of remaining with their foster children throughout the assessment. The assessment process may be stressful for infants and toddlers if separation from even a newly developing caregiving relationship forces them to have to mediate yet another new relationship alone. In addition, even when placements are new, foster parents have valuable information regarding baby’s reactions, needs, responses to caregiving and developmental capabilities. Lastly, foster parents can benefit greatly from the support assessment and treatment can offer in managing the needs of their foster children.

When considering the needs of young children in treatment, strong consideration should be given to the benefits of a relationship-based approach. Relationship-based approaches serve each partner in the relationship and the relationship itself. These approaches emphasize provision of a supportive relationship to the parent, foster parent, or other caregiver, who in turn is then better prepared to provide a supportive relationship to the child. Many providers are accustomed to including parent figures in treatment only in the face of obvious parenting deficits;

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Relationships, continued from page 3

however, there are other reasons for providing a parent-child approach. Infants and young children should always receive dyadic treatment. Parent-child treatment is also appropriate when children have experienced trauma. For example, even high functioning parents, foster parents and other important adults in young children’s lives can need support in interpreting the needs of traumatized infants and toddlers who signals can be hard to decipher.

Mental health professionals using a relationship-based approach can assist foster parents in building a unique profile of the temperament, needs and appropriate interventions needed for each child. When parents, foster parents, and other caregivers experiences empathy, emotional responsiveness, clear verbal and non verbal communication, acceptance and acknowledgment from providers, they are empowered to provide these essential elements of relationship to the children in their care.

Indiana Child Welfare Statistics

(pcain.org and Division of Child Services)

- In 2006, 84,707 reports of child abuse
- In 2006, 20,857 reports were substantiated
- In 2006, 53 child fatalities, 66% were children 0-3 years of age, 33% were over 3 years of age
- 2008, 2544 children under 5 years old are in licensed foster care homes (an unknown # of children are placed with relatives, or non-licensed homes)
- 2008, children in foster homes: 177 are below 12 months of age, 551 are one year old, 527 two years old, 445 are three years old, 424 are four years old, 420 are five years old

TRAINING/EVENT CALENDAR

Zero to Three National Training Institute, December 5-7, 2008, Los Angeles, CA

MHAI Heroes in the Fight Luncheon, December 11, 2008

Indiana Association for the Education of Young Children, April, 2-4, 2009

The Institute for Building Healthy Families, April 20-22, 2009, Indianapolis, IN

MHAI Annual Meeting, June 5, 2009, Union Station, Indianapolis, IN

Autism and Vaccines, June 12, 2009, Indianapolis

IAITMH Mentorship Program for Mental Health Professionals 2009

Registration Information Coming Soon!

Contact Angela Tomlin (atomlin@iupui.edu) if you are interested in a group for your area or interested in being a mentor.

RED FLAGS

Red Flags for Infants and toddlers in foster care include

- Difficulty falling asleep or staying asleep
- Difficulty eating, pickiness regarding foods
- Crying with difficulty in consoling
- Avoiding eye contact; not smiling; not initiating social interactions
- Easily frustrated; giving up easily
- Developmental delay

(Williams, M. PhD, et al *Linking Infants and Toddlers in the Foster Care System with Early Childhood Mental Health Services, 2007; Poster Session Zero to Three 2007*)

“We have mountains of research that tell us how children who’ve been exposed to abuse or neglect for long periods of time have less exploratory behavior. They don’t learn as well. They have more fears and they’re more likely to have physical and mental illnesses as adults...abuse and neglect literally changes the brains of young children.”

Jack Shonkoff, MD, Harvard University

TOYS to “GO WITH” and “GROW WITH” Patricia Martin-Brown

Children in foster care often have very little to call their own and too often use grocery bags and trash bags to transport their few belongings from place to place. This holiday, consider giving a foster child their own piece of rolling luggage, something child sized, and decorated with the child’s favorite cartoon character or super hero. There are “princess” roller bags and Dora roller bags for little girls, Spiderman roller bags, dinosaur roller bags and Thomas the Train roller bags for little boys, and Micky Mouse roller bags for any child. There are also fun rolling backpacks and duffel bags for the school aged child.

Pack the roller bag with new transportable toys. The best toys are often the simplest. Toys that allow a child to direct the play themselves, what child development experts call “**open-ended**” play. Toys that promote “**open-ended**” play have the potential for a different result every time the child plays with them. Such toys promote the **growth of “ideas”** in the child’s mind. These are generally the kinds of toys that children have played with for generations. Consider bright colored building blocks, and pretend toys like dolls, plastic food, a toy cell phone, trucks and animals for the younger child or building systems like Legos or K’nex, costumes and dress up clothes for the slightly older child.. Another great “**open-ended**” idea are arts and crafts materials like play dough, colored paper, markers, crayons and colored pencils and paints.

No matter what toys you choose to pack into their roller bag or tuck under the Christmas tree, the most important way to grow a child’s sense of dignity and importance is to spend time with them and be a joyful participant in their play. So choose a toy you will have fun with too!

FROM THE CHAIR Angela M. Tomlin, Ph.D., HSPP

As we have seen, Indiana’s DCS is working hard to improve the training of their staff and efforts are also planned to improve supports and training for foster parents. Progress so far is encouraging, but more is needed. A recent article in the Indianapolis Star cited a report from the National Coalition for Child Protection Reform (NCCPR) indicating that Indiana’s rate of out of home placement was more than 20% higher than the national average and most of our neighboring states and that Indiana’s removal rate has increased by 10% over the last 4 years, whereas nationally, a removal rates were down 4%. NCCPR further asserts that the rate of repeat abuse in Indiana is increasing, suggesting that there are still problems within the system. (See full article at <http://www.indystar.com/apps/pbcs.dll/article?AID=2008811080441>).

As we continue to seek progress in helping families in the child welfare system, it is critical that we chose practices and programs that are effective. Programs and practices can demonstrate effectiveness through careful research and clinical trials. A wealth of information about the effectiveness of program is now readily available online. On the federal level, SAMHSA hosts the National Register of Evidenced-Based Programs and Practices (<http://www.nrepp.samhsa.gov/index.asp>). The website allows for sophisticated searches on many dimensions including child age, type of program, and study design. A website hosted by the University of California-Berkley provides easy to access information about many aspects of child welfare, included appropriate practices (http://calswec.berkeley.edu/CalSWEC/EB_Practice.html). Another site that is specific to children is the Promising Practices site, which also provides detailed search options (<http://www.promisingpractices.net/program.asp?programid=134>).

As we work together to understand the needs of individual children and our system as a whole, let us use the tools that science brings to find the best approaches. Our children’s lives depend on it.

What is IAITMH?

The Indiana Association for Infant and Toddler Mental Health is an inclusive group of individuals, family members, caregivers, professionals and agencies who collectively use their knowledge, concern, education and expertise to actively advocate, promote, educate, and influence local, state, national and international mental health issues regarding infants and toddlers.

MEMBERSHIP

Yes, I want to become a member of the Indiana Association for Infant and Toddler Mental Health

Name _____

Address _____

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State, Zip _____

Phone _____

Family \$15 Professional \$30

Student \$10

Send me info about group or corporate rates

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