

Safe Babies Court Team Meets START

*A Relational Model for Children 0-3
in the Child Welfare System*

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What is Safe Babies Court Team?

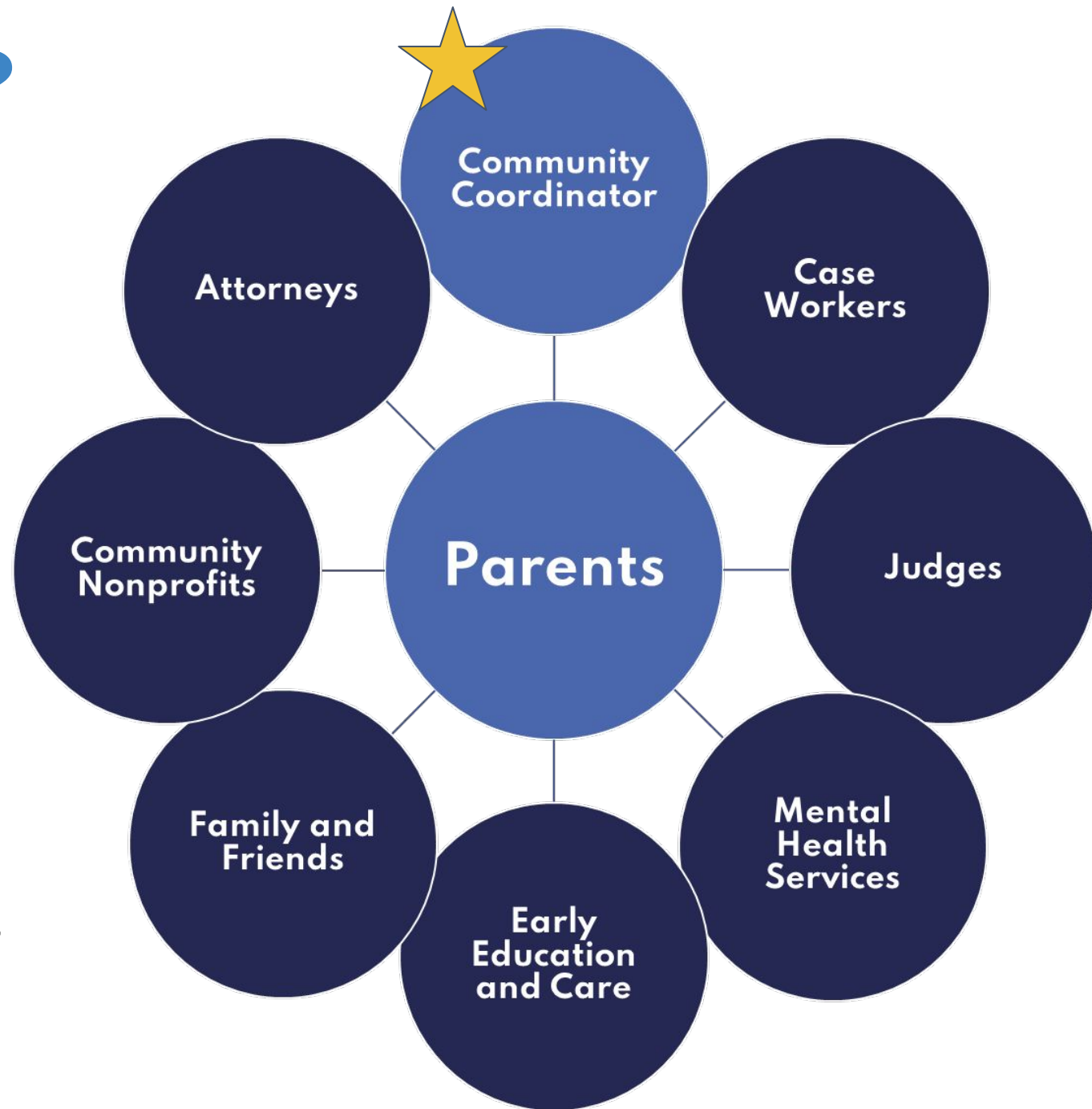
What is Safe Babies Court Team?

Transformative **child welfare initiative**: Ensures **infants, toddlers, and families** involved in the child welfare system receive critical support resources.

- ★ Embeds an Infant/Family Advocate (**Community Coordinator**).
- **Seeks family reunification** whenever safely possible.
- Ensures **team collaboration** via monthly meetings.
- Children in **stable, permanent homes** faster than the national average.

How Does It Work?

- ★ Brings in **Community Coordinators (CCs)**
- Convenes **direct-service agencies** and **community partners** to meet needs
- **Needs Met:** mental health; substance use; etc.



Safe Babies Standard Practice



	With Safe Babies Court Team
Court Hearings	Court Hearings every 4-6 weeks
Family Strengthening	Increasing consistency of family time to 3-5 times per week
Family Engagement	Facilitated, trauma-informed meetings; better parent engagement
Access to Services	Quality early developmental screenings and services
Development Needs	Child welfare and court staff trained on early childhood development

What is START?



START is the Center for Great Expectations' community-based home visitation/telehealth program for pregnant and postpartum persons and their infants/young children affected by trauma and substance use disorder.

START is designed to overcome the barriers to treatment for pregnant and postpartum persons.

START provides services in 8 counties in New Jersey and is adapted to meet the unique needs of each community and population.

Early Relational Health Services

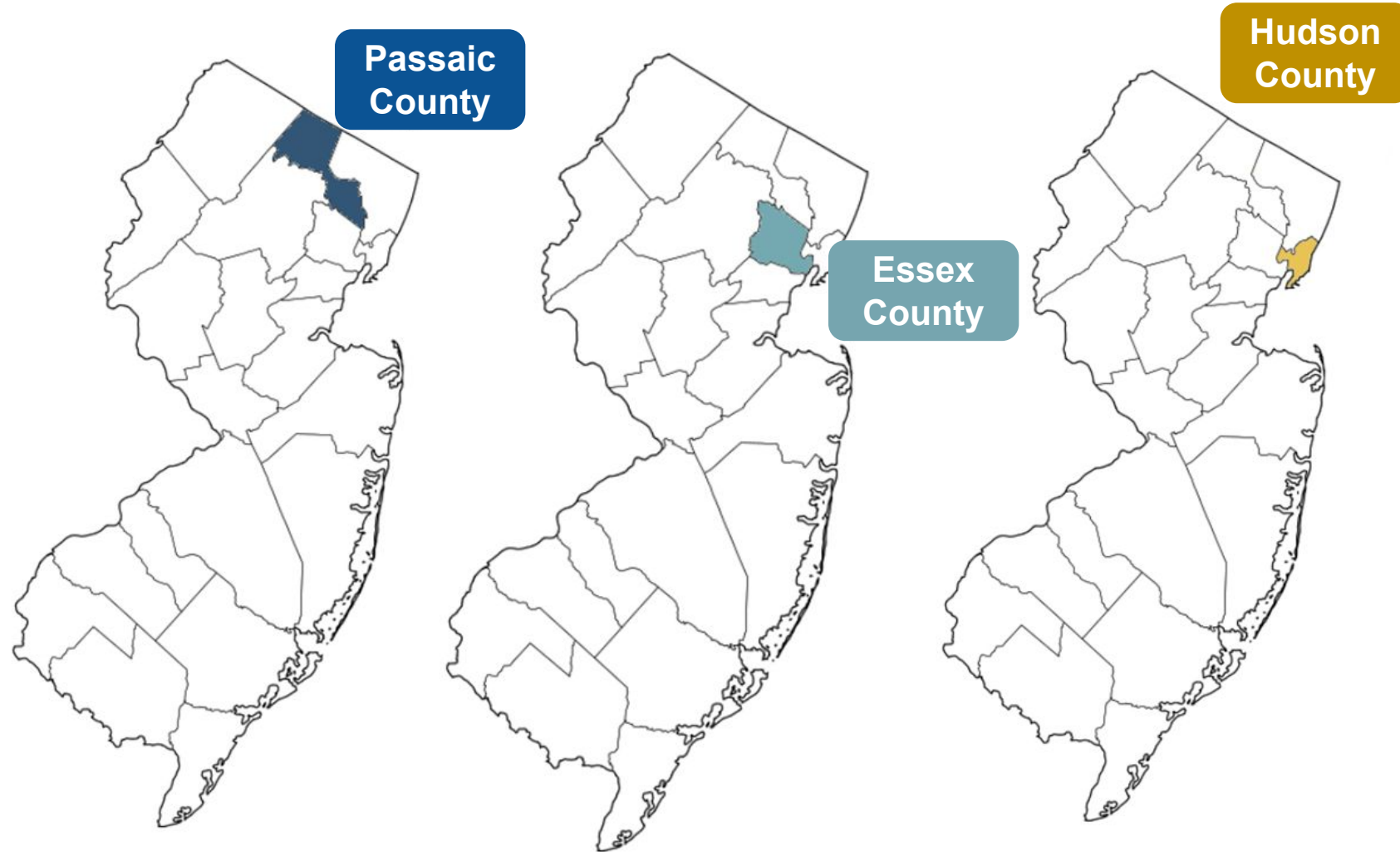
Clinical Treatment Services: Families receive **Child-Parent Psychotherapy** and counseling focused on how trauma and substance use affect the **parent-child relationship**.

Peer Recovery Support: Persons with lived experience in recovery provide coaching and the **Brazelton Touchpoints Intervention**.

Family Advocacy: A family advocate supports the needs of the foster/kinship family, focussed on **creating shared caregiving routines** between homes, helping resource parents **identify and respond to trauma-behaviors**, and provides **education to family court judges**.

Partnership in New Jersey

- Three counties:
Passaic; Essex; and Hudson
- Staff have child welfare, SUD and MH **lived experience**



Intended Outcomes

***Based on
National Data**

**80% of families co-create
consistent predictable routines**

**Increase reunification rates
to 50%**

**Realign normative development
through dyadic therapy,
reduction of parental substance
use and reduction of stress**

**Ensure both caretaker and
bio parents are present at
50% of decision making**

**No differences in outcomes
by race or ethnicity**

**75% of Judges, as
foster/kinship families, trained
in trauma, substance use and
early relational health**

Objectives of this Session

- Define a relationship-based model that supports evidence-based therapeutic interventions for birth parents and caregivers to aid in recognizing and responding to trauma-related behaviors in children with attachment disruption.
- Practice techniques to reduce stigma related to parents involved in the child welfare system
- Increase participation by all caretakers in Family Team Meetings and court appearances.
- Review educational materials to decrease stigma and increase understanding for caregivers and family court judges.

Our Relational Process

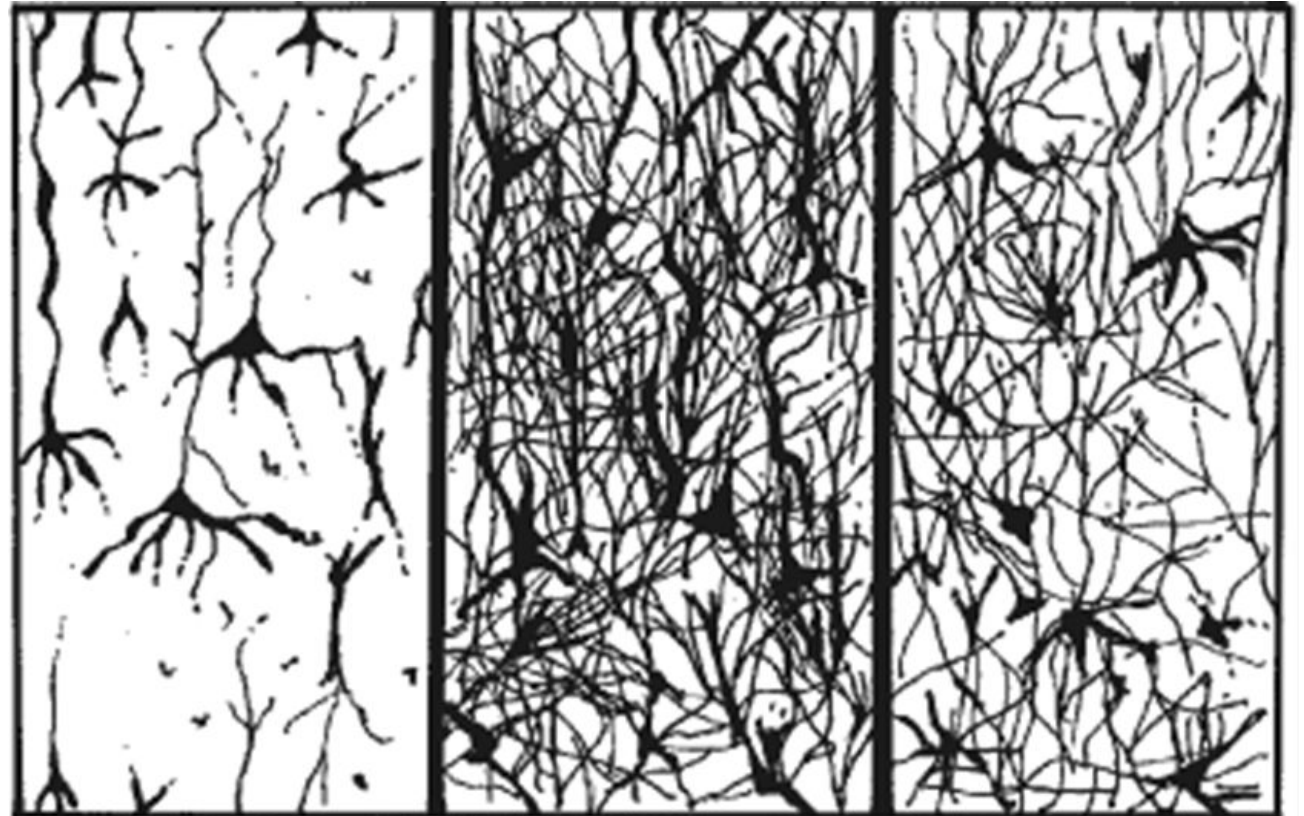
Key factors in relationship building between SBCT and START:

- Recognizing and respecting each other's role and expertise
- Similar goal of supporting the best interests of the child
- High level of expertise and high expectations for quality
- Our way of relating will create capacity for birth and foster families to relate.
- Not mine, ours.

Centering the Caregiver-Child Relationship

The human brain develops in response to its environment.

Humans form the ability to regulate emotions in interactions with safe, stable, and nurturing caregivers.



at a child's birth

at 7 years of age

at 15 years of age

Let's Reflect

- **What is this baby learning about themselves in the moment?**
- **What is mom learning about their identity as a mother?**



Theoretical Backing: Parenting as a Cultural Practice

The Efe: live in the Ituri Forest of Zaire

- Semi-nomadic group of 6-50
- Continuous social interaction and exposure: camp free of physical barriers, the hut used for food storage, sleeping, protection from rain
- Most of an individual's activities and affective states are public information
- Goals: avoid disruptive conflict, minimize aggression, cooperate, commitment to group success.

Takeaways from The Efe

- **No universally optimal way of parenting**
- **Cultures each draw from strategies adapted to unique social factors**
- **The idea that a child must attach to one primary caretaker is limited to western culture and tied to the idea of raising self-reliant individuals.**

The Question:

Does the western primary caregiver paradigm work for children born into a culture of trauma and SUD?



Our Response: Create a Cooperative Caregiving Relationship

Both birth family and resource family receive support in raising children

- Birth Parent: Child Parent Psychotherapy, Peer Recovery Specialist with Brazelton Touchpoints, Case Management
- Resource Parent(s): Support identifying and responding to trauma-related behaviors, Brazelton TP.
- Support development of relationship between birth parent(s) and resource parent(s).
- Create consistent caregiving routines and share information about interaction and child's development.
- Give all caregivers a voice in decision-making environments.

Considerations in Connecting Families

- Holding multiple perspectives while creating one intention: **keeping the child's wellness in mind.**
- Careful attunement to determine readiness of families.
- Trust between families contingent upon **trust with provider.**
- Differences in cultural backgrounds often exist.
- Fear of info disclosure for both parties: **clarity around what is disclosed.**
- Find common ground.
- **Relay positive information about birth parent** to resource families.
- Process fears and concerns in clinical sessions.

Use of Ritual in Creating Connection Between Caregivers

Stone Ceremony

Wishes Box: Focus intention on child wellbeing

Acknowledgements

Loving Kindness Meditation



All About Me Book

- Used to co-create consistent routines and predictable interactions.
- Is a keepsake and connection tool, not only communication device.
- Is adapted to the needs of each family and changes over time.
- Early on, completed in session and passed between staff. As trust develops, can be passed directly between caregivers.
- Sections: feeding, bath, bedtime, medical, development, activities, behaviors, shared goal-setting.



DIAPERING

Diapering provides a powerful opportunity for close-up face-to-face and interaction and touch.

When you repeat back the sounds baby makes, you are helping them develop language skills and also helping them feel seen and heard. Tickle and raspberries on bellies create moments of joy and help babies know they are worthy and loved.

What makes baby smile and laugh most? Are there things baby does now enjoy? How do you respond?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Our Shared Goal Plan

Child's Name: _____ Date: _____

Shared goal for child's development:

Why is this important?

What strengths and resources do I have that will help me to accomplish this?

Birth Parent:

Resource Family:

What could get in the way of us achieving this goal?

Birth Parent:

Resource Family:

What will I do if this happens:

Birth Parent:

Resource Family:

Who will support me:

Birth Parent:

Resource Family:

Steps to take:	Target Date:	Date to Complete
Step 1:		
Step 2:		
Step 3:		
Step 4:		

How will we know when we have succeeded?

Importance of Consistent, Predictable Routines

- Creates safety, a necessary factor for normative growth and development.
- Decreases distress associated with transitions between homes.
- Decreases need for vigilance and rigidity.
- Increases self efficacy and a sense of mastery.



Family Team Meetings

- **All relevant providers are invited:** birth parent(s), resource parents, community coordinator, DCPD caseworker, START clinician, START family advocate, attorney for DCPD, attorneys for the birth parents, child(ren)'s attorney, IOP providers, visitation supervisors, other supports.
- **Focus/recognize strengths** of caregiving system.
- Provide birth parent the **opportunity to speak** on their treatment and goals.
- Collaborate on creative problem solving and set concrete, achievable goals.
- Assist families with **transitions**.
- Offer an empathetic ear and information to share.
- Focus on what mom has **accomplished and overcome**.
- **Set ground rules** and rephrase to trauma-informed language.
- When faced with stigma, offer alternate perspectives and trauma-informed lens.



FTM Meeting Content

Child-focused meeting:

1. Includes goals that were in the previous meeting – were these goals achieved.
2. What appointments are coming up?
3. What assessments have been done?
4. What medications is the child on? What follow up is needed?
5. Needs of the child while in resource home: are there providers on this call who can help with those needs?
6. Parent is invited to speak about concerns for child.
7. Parent is invited to speak about visitation.



If meeting includes discussion of birth parent's treatment:

1. Speak about child first, then the resource parent can log off.
2. Parent is invited to share their experience and progress.
3. Each provider can speak individually how mom is progressing and acknowledge her strengths.
4. End with goals for next meeting.

Family Court Preparation

Goals of family court prep sessions :

- **Offer opportunity to practice regulation**
- **Practice effective communication**
- **Learn how to advocate for themselves**
- **Organize thoughts, values, and actions in safe place**



Sample Education Materials

Sample Education Materials

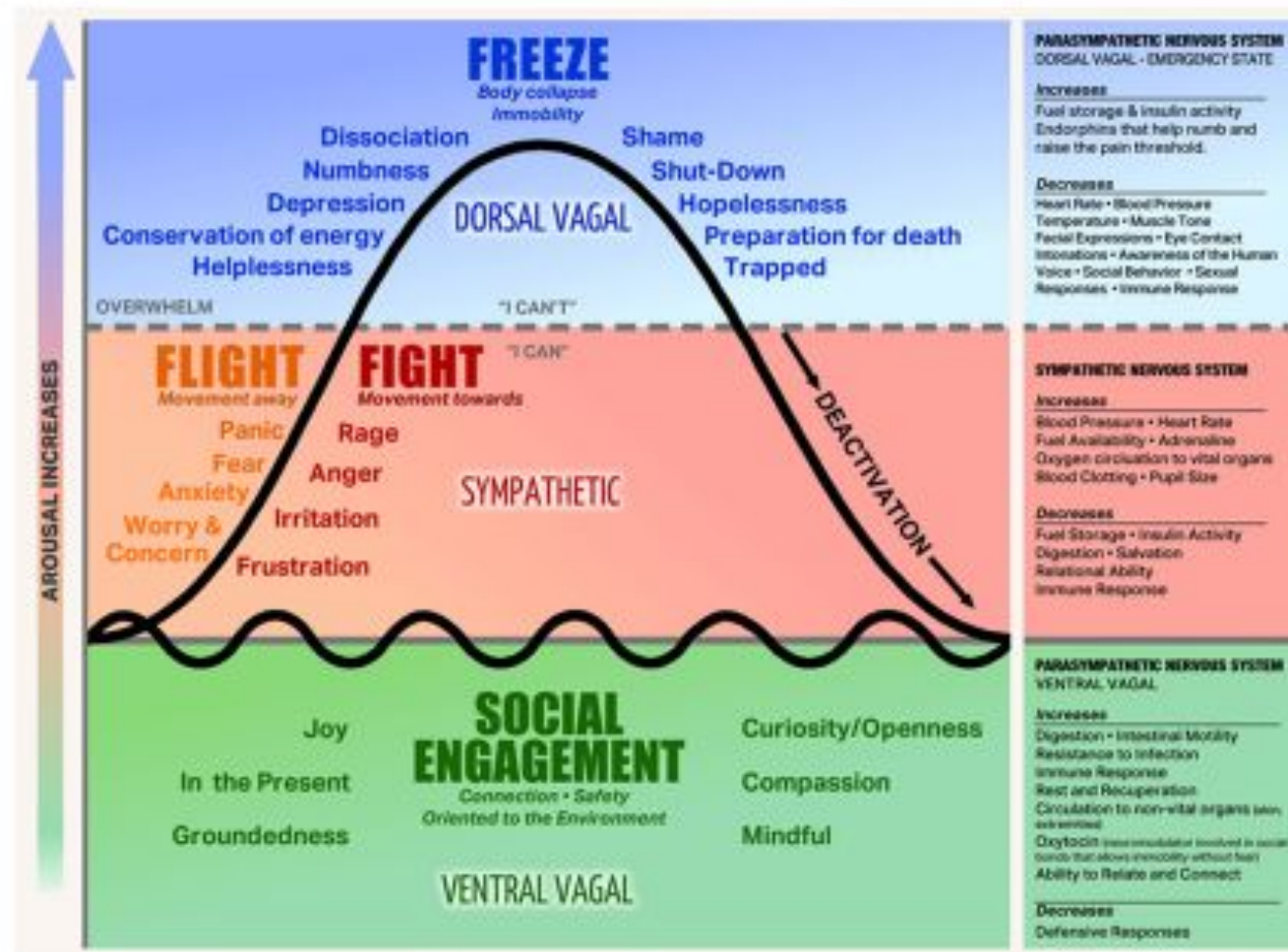
What is Addiction?

- A choice
- A character weakness
- A moral failing
- A response to social environment
- An outcome of ACEs
- An attachment disorder
- An adaptation to Trauma



Self-Medication Theory

- According to Dr. Edward Khantzian, people who become addicted suffer because they have difficulty regulating:
- Emotions
- Sense of self-worth
- Relationships
- Behaviors



Drugs are Used to Modulate Specific Symptoms

- Opiates are powerful anti-aggression and anti-rage agents
- Depressants have a relaxing effect on tense, rigid defenses
- Stimulants energize and activate (or paradoxically, can calm)



Substance Use Disorder and Trauma

https://www.dropbox.com/s/vtzkuroduaowbxi/2022_Preview_V3.mp4?dl=0

Case Presentation and Discussion



Case Presentation Discussion

- What **factors** would you take into consideration when determining their **readiness** to collaborate on sharing routines?
- What would you recommend staff do to **increase trust** between families?
- What areas of **collaborative routine creation/child care** would you start with, if this were your case?
- Do you see evidence of **stigma** as a barrier in this situation? If so, how?
- If you were running a **FTM** with this caregiving system, what are some things you would keep in mind?
- What does each **caregiver** need most?
- **What does the child need?**

Child Welfare Professionals Quotes

“Having everyone around the table, **especially the clinicians**, makes so many more things possible.”

“...[The **Safe Babies schedule**] is **crucial to keeping a case moving forward toward reunification**. The ordinary [schedule] of 2 or 3 [months] between hearings creates unnecessary delay.”

What's Next?

Next Steps

- **Expand** to new regions of NJ and embed **collaborative, high-quality services** for families.
- **Implement expanded trainings:** Judges, caretakers, professionals.
- Use **preventative strategies** to keep babies with their families.
- Determine **additional benefits** via clinical assessment data analysis.

Thank you for your support!

**Questions and
Discussion**

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