

# Baby Leadership Learning Collaborative

## Doing Better Together

**Susan Dickstein**

Rhode Island Association for Infant Mental Health  
Providence, Rhode Island  
Bradley Hospital/Warren Alpert Medical School of Brown University

**Katherine L. Rosenblum**

University of Michigan  
Zero to Thrive  
Ann Arbor, Michigan

### Abstract

The Baby Leadership Learning Collaborative (Baby LLC) initiative is a leadership group committed to bridging relationships across service sectors to promote infant–early childhood mental health and to break the multigenerational cycle of risk often associated with early adversity and trauma. Baby LLC has guided an early relational health focus within Rhode Island's Safe and Secure Baby Court (SSBC) and leverages the power of creative partnerships for the benefit of the baby. The authors describe efforts to enhance collaboration among the family court, child welfare, a local birthing hospital, family home visiting programs, and university-based clinical research programs to expedite, improve, and individualize services for vulnerable families so they are better able to maintain healthy relationships with their babies.

Baby Leadership Learning Collaborative (Baby LLC) is an initiative of the Rhode Island Association for Infant Mental Health (RIAIMH), funded as a 3-year project, in part, by the Rhode Island Foundation's Behavioral Health Fund. It was designed to create a community foundation of learning and action to achieve better outcomes for the infants and toddlers in Rhode Island's (RI's) child welfare system who were placed in out-of-home care. It also supports the promising results attained in the pilot year of RI's Safe and Secure Baby Court (SSBC). Our story involves the application of infant mental health principles to effect systems change, to guide creative and courageous thinking so that we might do things differently. Baby LLC leaders were encouraged to recognize systemic problems with an eye toward prevention ("upstream"); to take ownership of problems without judgment; and to pause to see the bigger picture that

involves multiple perspectives, options, and opportunities that are often missed in the press to fix problems (Health, 2020). Ours is a story about determination to expedite, improve, and re-envision services for families engaged in the child welfare system. We will briefly introduce Baby LLC, summarize the history of SSBC, and describe our foundational principles and initial objectives. We will share reflections taken from a discussion among Baby LLC stakeholders, in their own words, highlighting key insights and perspectives gained through the Baby LLC process.

### Baby LLC Background

Baby LLC includes professionals across service sectors who are passionate about the welfare and well-being of infants, toddlers, and their families. Our collective mission is to make sure a baby's earliest experiences set the stage for optimal health, development, and learning, especially when circumstances are challenging. The Baby LLC Advisory Group (comprised of champions from RI's child welfare, family court, and infant mental health sectors) originally designed the first

#### Competencies for Prenatal to 5 (P-5) Professionals™

##### P-5 8

For more information see page 4, or visit [www.zerotothree.org/p-5](http://www.zerotothree.org/p-5)



Photo courtesy of Samantha VanHout

Baby Leadership Learning Collaborative (Baby LLC) participants tasked with working together to “build a tree that can weather a storm” using spaghetti and marshmallows. Discussion explored both how participants worked collaboratively (relational health in teams) and what worked to build a resilient tree (strong foundations).

year of Baby LLC to offer opportunities to learn together about early relational health principles that guide practice change for infants and toddlers in the child welfare system, while powerfully deepening our connections and trust in each other.

Prior to Baby LLC, SSBC had been in operation for 2 years (beginning in March 2017), with a goal of serving young, first-time or new parents of children from birth to 18 months old (criteria which have since been extended to serve children up to 24 months old). SSBC is modeled after ZERO TO THREE’s Safe Babies Court Team™ approach, adapted for RI’s unique resources and circumstances. Many families involved in RI Family Court have an option to volunteer for a unified intake evaluation conducted by the Family Court’s social workers. This serves to direct families to one of two (voluntary) specialty court programs that best suits the unique family situation and that offers resources aligned with family needs. The Family Treatment Drug Court is a longstanding specialty court designed to serve families (with children of any age) involved in the child welfare system who are identified with substance use issues, with a primary goal for parents to achieve recovery.

SSBC is distinctly designed to serve families without primary substance use disorders but who instead may have had a history with the child welfare department as juveniles, and/or are currently experiencing housing insecurity, mental health issues, exposure to domestic violence, trauma history, or tenuous parenting skills. Families agree (a) to cooperate with extra support to achieve reunification and case closure through increased court oversight and (b) to participate in individualized case planning based on an initial parent–child assessment and targeted referrals to community-based family home visiting programs. The goal is to support families to maintain safe and secure relationships with their babies, with the ultimate vision of breaking the cycle of maltreatment from one generation to the next.

The initial 2 years of SSBC yielded very successful outcomes. For example, there were twice as many families who agreed to participate in this voluntary court program as expected (total of 73 cases enrolled by the end of year 2), a lowered average length of time to reunification (i.e., 4.5 months), and reduced recidivism (to date, only one case was re-opened to the child welfare department after closing). Also during this time, stress points in the system were identified, such as the lack of consistent leadership and communication among community partners, limited staff training and support to conduct SSBC key practices such as increased visitations, and missed opportunities to engage foster parents in the process.

Thus, during the 1st year of Baby LLC we aimed to build on the success of SSBC by engaging a cross-system, cross-sector learning and collaboration, with a focus on:

- deepening understanding of core infant mental health principles and reflective practices known to improve outcomes that minimize the impact of traumatic loss often experienced by families whose babies are removed from care;
- sharing current program practices related to strengthening relationships for vulnerable babies involved in the child welfare system, including system collaboration successes and challenges; and
- determining ways to embed early relational health strategies across service settings to more effectively promote relationships: between vulnerable parent(s) and the baby, among all of the baby’s parents/family members/caregivers, between the baby’s parents/caregivers and community providers, and among the cross-sector providers involved in the family’s care.

In consultation with key partners in child welfare and family court, RIAIMH actively recruited champions across service sectors who were willing to invest significant time and energy in the process of systems change work. Our original idea was to create a small “think tank” of about 20 leaders to gather together for 6 full-day sessions during year 1 of Baby LLC to learn about the empirical foundations that would guide our systems change work. To ensure that the work was grounded in current developmental science and best practices, Kate

Rosenblum, PhD, co-director of Zero to Thrive at the University of Michigan, was engaged as a consultant and co-facilitator of our group process. We were humbled by the overwhelming interest and commitment to the idea of Baby LLC and ended up hosting 55 people from 18 different agencies/programs during the initial 2-day convening (November 2019). During these 2 days, we shared knowledge, stories, and food. We provided time to process strong emotions that arose about the content, about shared understandings related to racism and cultural bias, and about differing perspective on how to get the work done. We began to recognize the power of sharing our sometimes disparate perspectives in an effort to inform systems change.

During our initial 2 days of Baby LLC, we examined research that grounded our understanding of the unique developmental situation of infants and toddlers, including the following key points: (1) infant brains develop more rapidly than at any other time in life; (2) infants are completely dependent on adult caregivers for nurturance, protection, and survival; and (3) the quality of relationships early in life impacts long term child outcomes across developmental domains (e.g., Jones Harden, 2018). More specifically, we examined studies of young children and families within the child welfare system that suggested the following:

- Infants and toddlers are particularly vulnerable and have the highest mortality rates associated with child abuse and neglect.
- Infants and toddlers are not inherently protected from adverse experiences—they can experience loss, grief, and trauma and can carry even pre-verbal experiences forward as body memories and relational templates.
- Child welfare involves balancing attention to risks—at times professionals' well-intentioned interventions may have iatrogenic effects; that is, what professionals do in efforts to be helpful may in fact also cause harm.
- Racial disproportionality and inequity are ubiquitous in the child welfare system.
- Relationships can be supported and strengthened within the context of child welfare—that is, a number of evidence-based interventions have demonstrated efficacy to promote safe and healthy parenting and more positive infant outcomes.
- It is never too late. Interventions can change behavior, and even alter brain-based indices of empathic parenting in adult women with early childhood trauma histories and mental health problems. However, it is both more efficient economically and more compassionate to intervene early to prevent long-term negative outcomes.

We discussed that, from an infant mental health perspective, supporting the parent–child relationship is where the hope resides. We discussed how we can begin to help parents and babies in seriously troubled relationships when our systems are designed not to judge what is wrong with the family, but



Photo: Anastasiya Bezheneva/shutterstock

The goal of Safe and Secure Baby Court is to support families to maintain safe and secure relationships with their babies, with the ultimate vision of breaking the cycle of maltreatment from one generation to the next.

rather to focus on what has happened to them; and when our practices and policies are geared toward strengthening and preserving the parent–child attachment relationship that is so crucial to healing for both generations. We realized together that supporting parents in ways that are meaningful to them, and enlisting parents as partners in the repair work, is good for babies. And we also recognized that this is complex work—infants and toddlers in the child welfare system require and deserve the coordinated effort and attention of our entire community. As Osofsky and Lieberman (2011) wrote, "...We can prevent human tragedy, save the social and financial costs of ... problems associated with maltreatment, and support the health and productivity of future generations" (p. 127). It requires that we work together.

Following this experience, we stayed committed to change and adaptation. While we had planned the following 4 training days of Baby LLC for March and May 2020, the COVID-19 pandemic required us to cancel all of our scheduled in-person gatherings. We discovered that those initial 2 days in November had laid a foundation for the work to continue through the dual crises of COVID-19 (requiring social distancing and prolonged cessation of in-person visitation) and issues of racial injustice and inequity that run through the fabric of our work. For the purpose of telling our story for this article, Dr. Dickstein (RIAIMH) invited 9 champions to reflect on Year 1 Baby LLC, including our 2-day convening, subsequent (virtual) gatherings, and the related ongoing growth and development of RI's SSBC. These individuals are representatives from family court, child welfare, family home visiting, and infant mental health researchers/clinicians. Of note, as this conversation unfolded, we were moved from reflection to action, considering possibilities for real next steps.

## Reflections From Baby LLC Leadership

Dr. Susan Dickstein (RIAIMH executive director) facilitated the conversation. RI's SSCB was represented by the Honorable Michael B. Forte (chief judge, RI Family Court), Sharon O'Keefe



Photo: OL3 Studio/shutterstock



Interventions can change behavior, and even alter brain-based indices of empathic parenting in adult women with early childhood trauma histories and mental health problems.

(chief legal counsel, RI Family Court), and the Honorable Lia Stuhlsatz (associate justice, RI Family Court/SSBC). The child welfare agency (RI Department of Children, Youth and Families; DCYF) was represented by Aimee Mitchell (chief of staff), Patricia Hessler (chief legal counsel), James Smith (senior legal counsel assigned to SSBC), and Stephanie Terry (assistant director of Child Protective Services). The RI Department of Health (RIDOH) was represented by Sara Remington (Maternal, Infant, and Early Childhood Home Visiting Program implementation manager). And we were joined by Dr. Kate Rosenblum (Baby LLC consultant; professor of psychiatry and of obstetrics and gynecology at the University of Michigan). The following sections outline the key themes that emerged in the Baby LLC leadership discussion and reflection. Note, we capture the essence (not necessarily verbatim transcript) of each participant's comments.

### Seeing the Problem Differently

**Michael Forte, chief judge, Rhode Island Family Court:** I am so pleased about the development of the SSBC. It started as a small idea when we learned that toxic stress is a major factor (for babies), and that we need to focus on repairing attachment. We did some research, visited a nearby state with a baby court, and learned about the ZERO TO THREE Safe Babies Court Team model....and then we made it our own. All programs depend on the quality of the people involved, and there is deep commitment by SSBC personnel. A measure of their talent is the results achieved by this court in the short amount of time it's been in session...but baby court is the crown jewel of our collaboration.

**Sharon O'Keefe, chief legal counsel, Rhode Island Family Court:** When the chief was appointed as chief judge, he and I had a conversation about the intergenerational nature of child abuse and what we could do to stop it. We realized there are lots of services in the community that are available, but not being accessed by DCYF or the court. So we brought

all these people to the table, all very excited and more than willing to work together to develop a prototype for the court. It started as a pilot project with definite criteria, with an advisory group that met regularly. Frankly, we didn't get much cooperation from DCYF in the beginning...we had a succession of different point people from the department until the [new DCYF] director got there. Then it changed, and we had good cooperation after that. We are committed to stopping the intergenerational cycle of child abuse by focusing on mothers and babies, and ensuring certain fundamental things like graduated case plans, frequent visitation, and placement with kin to encourage frequent visitation. The crown jewel is the parent-child assessment, and it is paid for by Medicaid. It serves as the blueprint for the case plan that indicates what to prioritize by order of importance. Before this, for more than 30 years, parents would be spinning and spinning and spinning, going to this and that service—I'm not sure I could do it! The theory is we prioritize the case plan based on the parent-child assessment. One thing at a time, prioritizing frequent visits and frequent court reviews. One thing that is often overlooked is the importance of dedicated staff, from the court, DCYF, and parents' attorneys. Everyone is pulling on the oars in the same non-adversarial direction.

**Lis Stuhlsatz, associate justice, Rhode Island Family Court/SSBC:** I just love this opportunity so much because what the court means to me is the incremental buy-in of all the players. It started out with new ideas, and it took a little bit to catch attention and have people attend regularly. But now we're at the point where Dr Dickstein, for example, trains staff at DCYF, wrapping around full circle to incorporate all these ideas. And the Functional Family Assessment (FFA; a new DCYF intake format focused on behavior change and supports), shows much more progressive case planning for all DCYF cases, which dovetails with SSBC. We've gone from a point of having push back from the social workers about the 3 visits a week to having social workers refer the cases for intake at arraignment.

**Aimee Mitchell, chief of staff, DCYF:** Working with teenagers on an inpatient unit, I came to the realization that the experience needs to be different in the earliest years...I can't quite convey the excruciating pain our teenagers are in with no families, having been in 12 different placements, and how often the story can harken back to their earliest years. As I came into the early childhood sphere, I assumed little kids are resilient. But after watching Ed Tronick's (Still Face procedure) video, and crying, I realized how I have inadvertently made assumptions about babies that were misinformed and misguided. I've been in early childhood now for 14 years—I redirected my entire career to figuring out how we can design the system so it serves the people it's supposed to serve...that it actually serves a baby and their family. It's designed to serve them, so we need to pay attention to their relationship, pay attention to attachment, connect, engage. We turned the system upside down on its head.... When I heard Chief Judge [Forte] and Associate Justice Stuhlsatz speak at the early Baby LLC conference, it so moved me. Because we are shifting a whole generation's experience of needing help. We are changing

what it means to need help. Families need help when they reach a critical crisis point, and we are organizing around them and supporting them in a really different way.

## Doing Things Differently

We realized that to do things differently, we need to avoid judgment, empower families to succeed, and stop doing “dumb stuff.” These courageous conversations are the foundation for systems change.

### Avoiding Judgment

**Stephanie Terry, assistant director, DCYF:** All too often, families cycle through the system and then we look to the parenting evaluation to prove that they can’t parent instead of identifying their strengths and opportunities to support them. Good practice dictates that the assessment should come first to clarify what the needs are. SSBC encourages understanding family needs in a number of ways: through the clinical assessment, frequent visitations, the learning and coaching piece, and with the increased visitation and interaction between the court and the department—it creates an atmosphere of really wanting to see families succeed. When the child has been taken away and a parent feels hopeless, it can be a trigger to revert to behaviors that got the parent there in the first place. So they might self-medicate, use substances, make poor choices. “I’m not going to get the baby back anyway, so why should I stop?” This is where the change in the approach to families begins to break that cycle. I like the high level of inclusion of natural supports, of foster parents, and of community helpers to work with babies that are at home, not just those removed from home. I think there are a lot of positive practices here.

### Empowering Families to Succeed

Breaking the cycle of adversity and promoting positive outcomes requires nurturing parent–child relationships at the core. A key to success is having well-prepared and supported professionals who bear witness to a family’s struggles and seek to engage and empower families to achieve healthy solutions.

**Lis Stuhlsatz, associate justice, Rhode Island Family Court/SSBC:** You know, we forgot how great parents are. Parents can really succeed if you give them an opportunity. We (have succeeded in closing cases in) 4½ months. When you think about the resources saved that can be used for the fewer cases that have more serious issues, that alone is a benefit. Everyone had to take a leap of faith and do this differently. It’s more time consuming on the front end, but shortened (overall) to have a happy ending...It seems very positive and hasn’t led to re-openings and some of the pitfalls that everyone was worried about. In fact, only 1 of our closed 64 cases has been re-opened to the department. I love when a pregnant mom shows up at the Family Court building to see if she can get into Baby Court before she has her baby. That can happen because she heard about it from somebody who participated. That community building is so positive, I just have to say that Monday (when SSBC cases are heard) is my favorite day of the week!



Photo: herjua/shutterstock

Breaking the cycle of adversity and promoting positive outcomes requires nurturing parent–child relationships.

**Patricia Hessler, chief legal counsel, DCYF:** I think at the beginning, at DCYF, there was a lot of trepidation that families needed a longer time to make the behavioral changes necessary. And now we see that this is not the case. Providing intensive services and supports up front, while the parties are all motivated, is producing really positive outcomes.

**Sara Remington, implementation manager, RIDOH:** We have had families in (evidence-based) family visiting ask to be part of Baby Court, which is really wonderful. I think it really speaks to the environment you’ve created. Our family visitors go to court with our families, and they talk about coming away from the experience, and how it is different from any other court. And then we wonder, why can’t every family be part of SSBC? So, thank you for that. It not only transforms the family’s experience but it also transforms staff members’ experiences. Staff can also feel beaten down by the process and feel like no matter what they are doing to support early relational health, that the systems are up against them. SSBC is different.

**Lia Stuhlsatz, associate justice, SSBC:** That’s the nicest thing to hear—that within the community there’s an interest in being part of this. It comes full circle. There’s nothing special or different about the families who participate—it’s just seeing them differently and giving them an opportunity to succeed. I really appreciate you letting us know that, and having it come from the community and trickle up from the community seems to work better. So that is very good feedback. Thank you.

**James Smith, DCYF legal counsel for SSBC:** So, this might be a small matter, and is related to how attorneys practice. When a client is before a court represented by counsel there are inherently differing interests involved on the two sides. But as legal counsel for DCYF, within the Baby Court, all of us are aware that [we] have the same goal, and that’s reunification. I’ve taken some opportunities, even though I’m not the parent’s lawyer, to say “Hey look, we want you to succeed.” Because we want success, we want to act more as a team in this court more so than in a criminal court. We can actually contribute to a parent’s success just by our own willingness to help the

Photo: adriaticfoto/shutterstock



None of us can parent alone, none of us are able to succeed on our own.

---

respondent by easing off a bit on the adversarial perspective. In the end, we all want to be successful. If you take those little things, and you seize on those opportunities, then the chance of the parent's success and the child's success will actually multiply. So that's been my perspective working in the baby court.

**Lia Stuhlsatz, associate justice, SSBC:** I can't say enough—just to have the DCYF attorney be the same person each time and be familiar with the case is so important. On this calendar, and the regular calendar too, Mr. Smith always does the work to speak ahead of time to the social worker or the court-appointed special advocate, and the parent perceives that this is important to everybody—because everybody is prepared for the case.

### Stopping Doing the “Dumb Stuff”

Baby LLC has provided an opportunity to have courageous cross-sector conversations that have involved examination of practices that are not consistent with positive outcomes, and that have yielded creative innovations.

**Lia Stuhlsatz, associate justice, SSBC:** Here's a bigger theme. What dumb stuff can we stop doing that we thought was right at the time? One of the main things is we don't have to prolong reunification out of fear. And we don't have to remove out of fear either. Both are very bad for children because you're prolonging the separation time at a crucial point for the child. And we're the problem. If we have all these systems, let's have some confidence in them. I think the Department of Health has wonderful programs—many times expectant moms are already involved in these programs [when they come into court]. We can hand off the baton with a lot of services that they already took advantage of. Another thing I think we can do more quickly is not feel we have to keep a case open for 6 months after reunification, which has always been the standard—if we can have the RIDOH programs in place that are going to remain open after the court case closes. I mean it's about the services and the oversight but it doesn't have to be us (i.e., the court).

**Katherine Rosenblum, consultant:** At a big picture level, I'm really struck by how this notion of early relational health applies not only to caregivers/parents and babies, but to the systems as well. Each of you has played out the importance of those cross-system relationships that...when you talked about Baby Court being born out of first these meetings and relationships that were formed with an appreciation of relationships, and then branching out and building [new] relationships, Baby LLC comes from that tradition to further deepen and strengthen the roots. Another thing I'm struck by are some of the themes: how important [is] this notion of a nonjudgmental stance that offers hope, that believes in the potential of families, of parents, that imagines a better outcome both for the system and also for the family.

Believing in the potential of families and understanding that requires support. None of us can parent alone, none of us are able to succeed on our own. We're all embedded in networks and systems that offer us the support and help we need. And in this work, we're thinking “How do we create a team approach to serving and supporting families?” In a lot of work I do, I use a metaphor of trees because they need strong roots in order to branch out and grow and thrive. And kids are like that. For them to grow and learn and succeed they need strong roots. And roots are born from connection. And trees are stronger when they grow in forests, when their roots can connect with one another. It's our job to nurture. I was in a meeting [with early childhood champions] when one of the presenters said to me, “Well that doesn't work so well when the soil is garbage [referencing systemic racism and police brutality against the Black community].” I thought that was an important message—how do we help parents nurture children's roots, and how do we nurture parent's roots, and how do we ensure that the soil we provide is rich and fertile and will allow people to thrive? That it's not going to be a barrier. A lot of what we talked about today is about improving the quality of the soil you are all providing to families so children and parents can grow and thrive. Inspirational.

### Seeing the Problem Through a Social Justice Lens

Shortly after the foundations of Baby LLC were established, the COVID-19 pandemic served, among other things, to magnify the impact of systemic racism and racial injustice, exposing ongoing health and mental health inequities in our systems of care. Subsequent tragic instances of racial violence have heightened our resolve to intentionally center our work on racial equity, implicit bias, and antiracism.

**Katherine Rosenblum, consultant:** So many of the ideas are congruent with a social justice lens. Judge, when you were talking about attending to how you close cases, you know, how long do you need to be involved, when and how does that happen...it got me thinking about surveillance, and how we do that and what does that mean and what's our goal. As you were speaking, Patricia, about models that were more restorative, or mediational, and how do we engage in that...I was thinking how all of this is also orienting toward a more healing approach.



When we think about relationships as opposed to crimes, we're thinking about healing and restoring and attending to justice issues. Because if we do believe that the soil is part of the problem, then this work is about community healing and racial justice. One of my favorite mantras in this space is to remove the harm, not the child. Your points about prevention in the hospital, getting in early to prevent removal when possible, and also to prioritize acting quickly to provide support immediately if removal is necessary.

### Re-envisioning the Potential of Foster Parents

This group has acknowledged the critical importance of harnessing the potential of foster parents and foster-bio parent relationships, to improve outcomes for infants and families. We are beginning to re-envision systems change through this lens, and learning about the work of the Quality Parenting Initiative through the Youth Law Center. They advocate for systems change practices in line with some of the changes you're already making in child welfare—like using the FFA to guide family support.

**Aimee Mitchell, chief of staff, DCYF:** Susan [RIAIMH executive director] and Kate [early relational health consultant] are just stunning! You just jumped into this with us—into conversations around how to think about the work differently. I'm a huge advocate of community collaboration—how to come together and think through solutions. How to bridge gaps between providers and DCYF. DCYF wants to see how all grown-ups who are caring for babies can work together so we don't add to the trauma they have already experienced, whether in their bio families or by process of us removing them. For example, I looked at our visitation DOP [departmental operating procedure]—it's awful. This policy does not enable us to think creatively or make individualized judgments—it just tells us what to do. We need to find space to help people know that teams matter, different perspectives matter. Visitation policy has archaic language about parents earning things—like, you have to behave well to see your child. That has nothing to do with protective capacity. Like with the FFA, we need to shift our way of thinking about visitation—and build in shared parenting, early teaming, and even pre-removal conferences. We can pair parents with mentors in the system, who may be the foster parents, and reduce trauma. It's tragic that a young adult with a newborn is terrified to reach out to anyone for help because of terrible experiences they had with DCYF in the past. That's what creates the intergenerational cascade.

**Stephanie Terry, assistant director, DCYF:** We are looking, because of COVID, at a safe place to allow parents to quarantine. At least one of our new sites has been rehabbed. This could be a family shelter for family placement to prevent removal. One of the populations to go in that building could be the Baby Court families. At this time, the only place you can go (as a parent and baby together) is into a foster family who's willing to take you, or a relative who's willing to take you, or if you have a substance use disorder, into the Starbirth residential program. The building is furnished, beautiful, and wide open.

It's a good place for families who can't reunify only because they have no place to reunify to. Breaking that cycle.

**Patricia Hessler, chief legal counsel, DCYF:** (I have another idea) based on this conversation. Piggybacking on what Jim [DCYF legal counsel for SSBC] said early on, about SSBC being a less adversarial process, and that right from the beginning it is a less adversarial process, with more team work, and more of a "We're all on your side to get this done" kind of process. So, I'm wondering if this might be an opportunity to look at our pilot mediation program which got interrupted because of COVID. I'm looking at it now as a way to more quickly mediate a disposition of a case plan or services, or "Let's talk about what are the behavioral changes necessary in order for you to have your baby safely returned to you or to remain with you." The more upfront we can get that kind of buy-in and an agreement with everyone, I think the services will be in place and we get off on a better relationship. I just see it as more of a teaming approach to get families back together again as soon as possible. So that's something I want to talk to Stephanie [assistant director, DCYF] about—as we are starting to work with the courts for training. And Sharon [chief legal counsel, RI Family Court], I'd love to get your thoughts on this—just to take some of the successes we're learning from this Baby Court, and how can we transfer it to what we do on the regular child welfare side. I'd like to explore that possibility.

### Conclusions

Although this rich discussion lasted well beyond the time allotted when we scheduled our video conference call, Baby LLC will offer opportunities for the conversation to continue, and for collective action to be taken. In practical terms, we have plans for Baby LLC to resume meeting as a cohort (virtually) on a monthly basis to move ahead with the work. This part of our story ends with the Baby LLC questions that have remained on our minds:

- How do we support relationships and rebuild attachment through visitation?
- How do we support staff and supervise around infant-early childhood mental health and trauma in a more reflective way?
- How do we support the system to build awareness of families' unique needs across all levels of promotion, prevention, and intervention?
- How can we challenge ourselves to be uncomfortable?
- How can we reduce disproportionality and promote racial equity?
- We are hard-wired to seek connection—how do we keep communities connected?
- How do we move past blame and move toward action?
- How can we remove the harm and not the child?

We know that in order to work toward prevention of negative outcomes in the context of child maltreatment and early trauma,

we need to look “upstream” to deepen healthy connections between babies and parents, between parents and providers, and among all providers working on behalf of vulnerable families. This is hard work—it requires attention to the broad intersections of early relational health, adversity and trauma, and racial justice. The development of RI’s SSBC and the Baby LLC initiative provide hope that we can do better together.

## Acknowledgments

The authors thank the participants in these conversations:

- Michael B. Forte, Chief Judge, Rhode Island Family Court
- Patricia Hessler, Rhode Island Department of Children, Youth and Families
- Aimee Mitchell, Rhode Island Department of Children, Youth and Families
- Sharon O’Keefe, Rhode Island Family Court
- Sara Remington, Rhode Island Department of Health
- James Smith, Rhode Island Department of Children, Youth and Families
- Lia Stuhlsatz, Rhode Island Family Court/Safe and Secure Baby Court
- Stephanie Terry, Rhode Island Department of Children, Youth and Families

The authors are grateful to the community champions who are committed to this work: Maryann Lynch, Maureen Barden Lynch, Sophia Cohen, and Lynn DeMerchant (RIAIMH); Danita Roberts (Meeting Street Center), Cynthia Loncar (Brown Center for Children and Families/WIHRI), Kristine Campagna (RIDOH), and all the SSBC staff, community service providers, foster/resource families, biological families, and young children who conduct and inspire the work.

Susan Dickstein was funded, in part, by Rhode Island Foundation Behavioral Health Fund (Grant Number: #2895\_20191291), *Promoting Infant Mental Health in the First 1,000 Days: Investing in RI’s Infant/Family Workforce* (2019–2022)

---

**Susan Dickstein, PhD, IMH-E®**, executive director, Rhode Island Association for Infant Mental Health is a licensed clinical psychologist and associate professor (research) in the Warren Alpert Medical School at Brown University, Department of Psychiatry and Human Behavior and Department of Pediatrics, and psychologist at Bradley Hospital. For 2 decades, Dr. Dickstein was director of the Bradley Hospital Early Childhood Clinical Research Center (part of the Bradley/Hasbro

Children’s Research Center) and collaborated on research within the realms of developmental psychopathology, attachment theory, family functioning and risk, maternal depression, and early childhood mental health. Dr. Dickstein developed an online training course, *Foundations for Infant/Toddler Social Emotional Health: Provider and Parent Modules*. Dr. Dickstein has published numerous peer-reviewed articles and book chapters related to her research. Dr. Dickstein consults on national evaluations and community-based projects that integrate infant and early childhood mental health principles and evidence-based practices, including reflective supervision/consultation strategies. Dr. Dickstein is a founding member of the Rhode Island Association for Infant Mental Health and a founding partner and president of the board of the Alliance for the Advancement of Infant Mental Health. Dr. Dickstein has earned Endorsement as an Infant Mental Health Clinical Mentor, an internationally recognized designation. She sits on numerous state-level and national advisory committees on infant and early childhood mental health and is currently engaged in system-change work in the child welfare arena.

**Katherine L. Rosenblum, PhD, ABPP, IMH-E®**, professor of psychiatry and of obstetrics and gynecology, University of Michigan, is a clinical and developmental psychologist with expertise in infant and early childhood mental health. At the University of Michigan, she leads a number of initiatives focused on the well-being of young children and their families. At the University of Michigan, she leads a number of initiatives focused on the well-being of young children and their families. She is the psychologist consultant to the University of Michigan School of Law’s Child Advocacy Law Clinic. In the Department of Psychiatry, she co-directs the Zero to Thrive program that includes the Infant and Early Childhood Clinic, a specialty clinic designed to provide developmentally informed and relationally focused assessment and intervention for children birth to 6 years old. Dr. Rosenblum has been recognized nationally and internationally for her work in infant and early childhood mental health. She is a member of the Academy of ZERO TO THREE Fellows. She has earned Endorsement as an Infant Mental Health Clinical Mentor, an internationally recognized designation, and is vice president of the board of the Alliance for the Advancement of Infant Mental Health. Dr. Rosenblum’s research, training, and clinical work focus on parenting and infant and early childhood mental health. She directs a number of federally and foundation-funded studies aimed at prevention and intervention for families with infants and young children. She has published numerous peer-reviewed articles and book chapters.

---

## References

- Heath, D. (2020). *Upstream: The quest to solve problems before they happen*. Avid Reader Press.
- Jones Harden, B. (2018). Enhancing the safety, permanency, and well-being of infants and toddlers in foster care. *ZERO TO THREE Journal*, 38(3) 45–53.
- Osofsky, J. D., & Lieberman, A. F. (2011). A call for integrating a mental health perspective into systems of care for abused and neglected infants and young children. *American Psychologist*, 66(2), 120–128. <https://doi.org/10.1037/a0021630>