MEETING THE DEVELOPMENTAL NEEDS OF INFANTS & TODDLERS IN THE CHILD WELFARE SYSTEM

Brenda Jones Harden, MSW, PhD

University of Maryland College Park

Infants/toddlers are the most vulnerable group in the child welfare system

in both their child welfare and developmental trajectories.

GUIDING DEVELOPMENTAL PRINCIPLES

- Early development is critical to later functioning
  - Impact of perinatal insults, trauma, and instability on development
- Early experiences matter
  - Importance of permanent, nurturing relationships and stimulating, intimate home environments

Developmental vulnerabilities exist across domains for infants and toddlers in the child welfare system

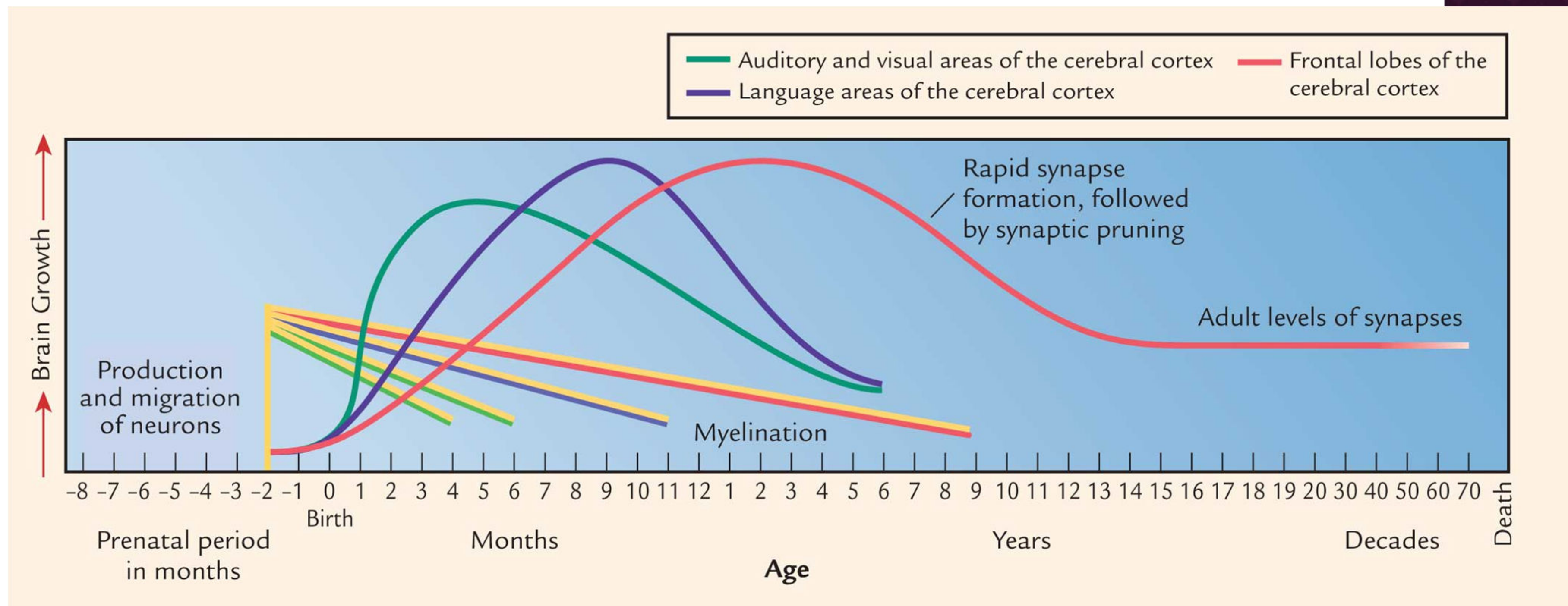
Evidence from the National Survey of Child and Adolescent Well-Being

(NSCAW; Administration for Children and Families; Webb et al.; Haskins et al.)

BRAIN DEVELOPMENT

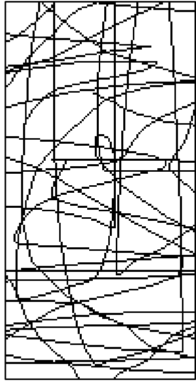
- Exponential growth of brain during early childhood
- Early childhood is sensitive period for many functions/ processes
- Human brain has capacity to change, especially in the early years
- Experience changes the brain at the structural and process levels
- Compromised brain development in children experiencing toxic stress

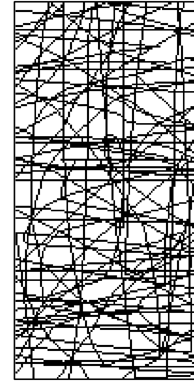
MAJOR MILESTONES OF BRAIN DEVELOPMENT



Copyright © Allyn & Bacon 2007

Pruning



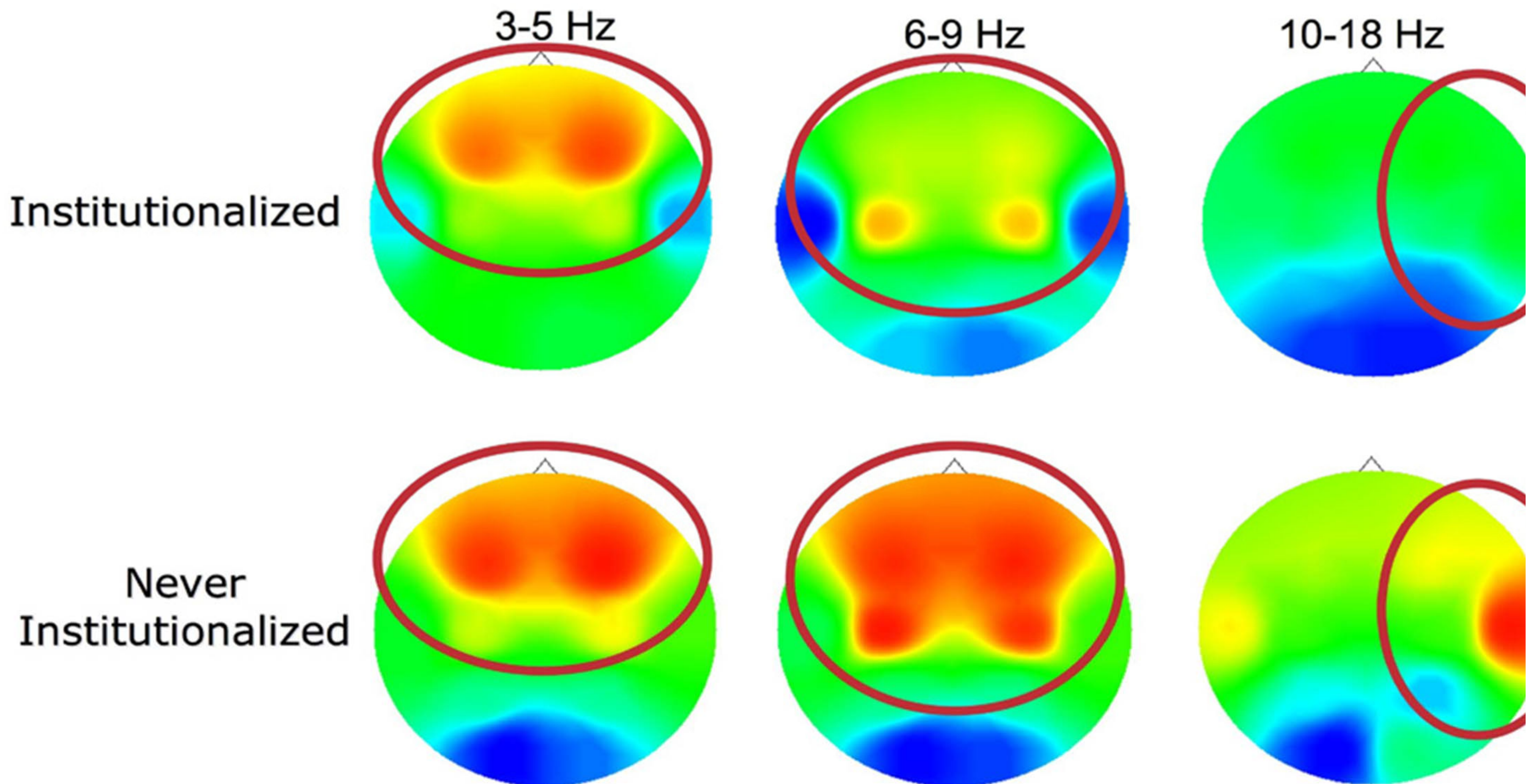


Newborn

Early Childhood

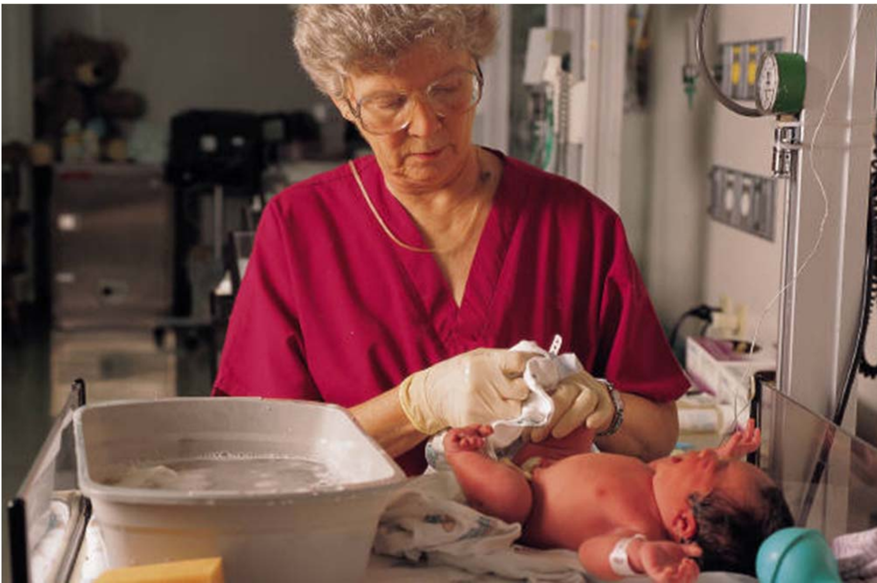
Later Childhood

Extreme Neglect Diminishes Brain Power



Source: C. A. Nelson (2008); Marshall, Fox, & the BEIP Core Group (2004)

PHYSICAL DEVELOPMENTAL OUTCOMES



- Sequelae of prenatal substance exposure
  - Prematurity/LBW
- Failure to thrive
- Shaken baby syndrome
- Traumatic brain injury
- Injuries/diseases
- Increased illnesses
- Poorer medical care
  - Better for children in foster care

COGNITIVE DEVELOPMENT OF INFANTS IN CHILD WELFARE

- Developmental delays
  - 50% in NSCAW
- Language delays
- Cognitive deficits
  - executive functions
- School "unreadiness"
- Placement instability related to delays
- Cognitive competence protective factor

SOCIAL-EMOTIONAL DEVELOPMENT OF INFANTS IN CHILD WELFARE

- Genetic predisposition to mental illness
- Neurobehavioral deficits
- Traumatic stress
- Attachment difficulties
- Self development difficulties
- Self-regulation difficulties
- Later behavior problems

ATTACHMENT/EARLY RELATIONSHIPS
(CASSIDY & SHAVER)

- Sensitive period first two years of life
- Consolidation during 6-12 months of age
  - Process begins prenatally
  - Attach figure internalized after ~30 months
- On-going, day-to-day interactions with caregivers
- Absence of these interactions affects brain growth and maturation

ATTACHMENT/EARLY RELATIONSHIPS
(CICCHETTI, CARLSON, EGELAND, TOTH)

- Core developmental processes emerge in context of early relationships
  - Cognitive exploration
  - Self development
  - Emotion regulation
- Attachment problems linked to later mental health and relationship difficulties
- Children with disorganized attachment classifications have worse outcomes
  - Maltreated children

CHILD WELL-BEING

- Consistent medical care
  - Medical home for children in CW
- Early intervention
  - CAPTA/IDEA required Part C referrals
- Early care/education
  - Early Head Start/Head Start
  - Respite and child care

CHILD WELL-BEING

- Home stimulation
  - Child development oriented home visitation
- Opportunity for consolidated attachment experience
  - Consistency in caregiving
- Infant/early childhood mental health intervention
  - Parent-child relationship building
  - Parent management

CHILD PROTECTION DECISIONS/SERVICES

- Structured decision-making
  - Questions re: safety/ care and development of young children
- Alternative response
  - Interventions specifically for young children
  - Early childhood education and care

CHILD PROTECTION DECISION/SERVICES

- Placement of parent and child together
  - Adolescent parents
  - Substance abusers
  - Incarcerated parents
- Family group-conferencing
  - Safety and care plan for young children
  - Consistency re: caregiving
    - Increased visitation

EVIDENCE RE: BIRTH PARENTS OF YOUNG CHILDREN

- Severe concrete and psychosocial needs (Johnson et al.; Chaffin et al.; Scannapieco & Connell-Carrick)
  - Intractibility of housing problems ("room" for baby)
  - Mental health, substance abuse, and domestic violence treatment challenges (infant-centered)
- Parenting (Azar et al.; Bugenthal et al.; Dozier et al.)
  - Most are victims of maltreatment, so have not internalized appropriate parenting behaviors
  - Inappropriate expectations of young children
  - Specific deficits linked to maltreatment type
  - Parenting affected by parental psychological status
    - Improved parenting may lead to reduced parental mental health difficulties (OSLC; Shaw, Dishion et al.)

EVIDENCE-BASED PREVENTIVE INTERVENTIONS

- Parent-Child Interaction Therapy * (Chaffin et al.)
  - Coaching parent to improve parent-child relationships and parental behavior management skills
- Attachment and Biobehavioral Catch-up* (Dozier et al.)
  - Short-term intervention focused on nurturance and responsivity to infants and "overriding" one's past experience of caregiving
- Parent-Child Psychotherapy (Lieberman et al.; Toth et al.)
  - Dyadic treatment focused on enhancing parent-child relationship
- Child FIRST (Lowell et al.)
  - Relationship-based parent-child psychotherapy and case management

* tested with child welfare populations

EVIDENCE-BASED PREVENTIVE INTERVENTIONS

- Family Check-Up (Dishion, Shaw et al.)
  - Short-term intervention to promote positive parenting and behavior management
- Safe Care (Lutzker et al.)
  - Parent-child interaction; safety; maltreatment intervention
- Healthy Families (Duggan, DuMont et al.)
  - Child maltreatment prevention over first five years
- Nurse Family Partnership (Olds et al.)
  - Maternal-child development intervention over first five years

DEVELOPMENTAL EVIDENCE RE: FOSTER CARE

- Range of developmental deficits linked to:
  - Quality of foster home (Jones Harden; Dozier)
    - Parenting skills; Emotional commitment to child; Environmental stimulation
  - Number of placements (Wulczyn)
  - Type of placement (Leslie; Jones Harden; Testa)
    - Congregate care particularly detrimental
    - Little difference developmental outcomes for children in relative & non-relative care
  - Timing/ duration of placement (Wulzcyn et al.)
    - Neonatal trajectories

FOSTER CARE PLACEMENT

- One placement goal
  - Kinship care
  - Concurrent planning
- Permanency prior to 6 months of age
- Developmentally appropriate settings
- NO group or transitional facilities
- Avoid moves between 6 and 24 months
- Foster parent capacity for young child care
  - Commitment; mutual regulation; stimulation

EVIDENCE-BASED FOSTER CARE INTERVENTIONS

- Attachment & Bio-behavioral Catch-up (Dozier)
  - Mutual Regulation and Emotional Commitment
- OSLC Therapeutic Foster Care Program (Fisher)
  - Young child behavior problems
- Tulane Infant and Young Child Foster Care Intervention (Zeanah, Larrieu, et al.)
  - Parent-Child Interaction

EVIDENCE RE: KINSHIP CARE

- Relatives primary source of care for young children in CW system (Testa et al., Geen et al., ACF)
  - Increasing number of kin placements
  - Kin providers are more at risk
  - Kin placements more stable
  - Little difference between children in kin and non-relative foster homes
  - Kin providers tend to have lower risk children
  - Kin providers will adopt or pursue other permanent care options (e.g., guardianship)

KINSHIP CARE

- Placement stability
  - commitment to child
- Legal permanency
  - Guardianship/ Adoption
- Vulnerable families
  - Caregiver need for concrete, financial, psychological, and social assistance
  - Supports to enhance home environmental quality

VISITATION/TRANSITIONS

- FREQUENT
  - Best predictor of reunification
  - Immediate and often
    - Within 24-hours
    - Daily preferred, but at least several times/week
- THERAPEUTIC
  - Parent-infant interaction
  - Caregiving routines
  - Supervisor as coach
  - Assessment/observation

VISITATION/TRANSITIONS

- Rethink venues
  - NOT CW offices
  - Familiar place for infant (e.g., foster home if possible)
  - Comfortable, infant-family centered venue (conducive to caregiving routines and infant play)
  - Community based setting (e.g., Early Head Start)
- Infant-centered, planned transitions
  - Mementos of past life
  - Maintenance of routines & experiences
  - Caregiver "transfer" of child to caregiver

FOCUS ON THE BABIES WITH DEVELOPMENTALLY-SENSITIVE AND EVIDENCE-BASED SERVICES!

REFERENCES

Dicker, S. & Gordon, E. (2004). *Ensuring the healthy development of infants in foster care: A guide for judges, advocates, and child welfare professionals.* Washington, DC: Zero to Three.

Jones Harden, B. (2007). *Infants in the child welfare system: A developmental perspective on policy and practice.* Washington, DC: Zero to Three.

Silver, J. et al. (1999). *Young children and foster care.* Baltimore, MD: Brookes.

Smariga, M. (2007). *Visitation with infants and toddlers in foster care: What judges and attorneys need to know.* Washington, DC: Zero to Three.

Wulczyn, F. et al. (2005). *Beyond common sense: Child welfare, child well-being and the evidence for policy reform.* New Brunswick, NJ: Aldine/Transaction.

Zero to Three Website: www.zerotothree.org