



NEBRASKA

— Young Child Institute —

www.NeYoungChildInstitute.com

#NYCI2024

Barbara Jessing, MS, LIMHP, MFT

IMH-E®
Infant Mental Health Mentor- Clinical

Melanie Anderson, PLCSW

Therapist

Transitions Matter!



WELCOME !

Melanie Anderson

- Child and Family Therapist
- CPS Worker for many years
- Impact from Infancy MDT

- Experience in this role set me on a path to wanting to be dedicated to early childhood mental health

- Intersection of early childhood mental health and families involved in the child welfare system are where I feel most passionate.

Barbara
Jessing,
MS,
LIMHP,
LMFT

- IMH-E® -- Infant Mental Health Mentor-Clinical
- Child Parent Psychotherapy (CPP) Trainer
- Consultant, Fontenelle House

- Former Clinical Director, Heartland Family Service
- Former Clinical Director, Project Harmony

A stone Buddha statue in a meditative pose, holding a lotus flower, set against a wooden wall and greenery. The statue is the central focus, with its hands resting on its lap. The background consists of horizontal wooden planks and a dense cluster of green, needle-like plants on the right side. The overall scene is outdoors and well-lit.

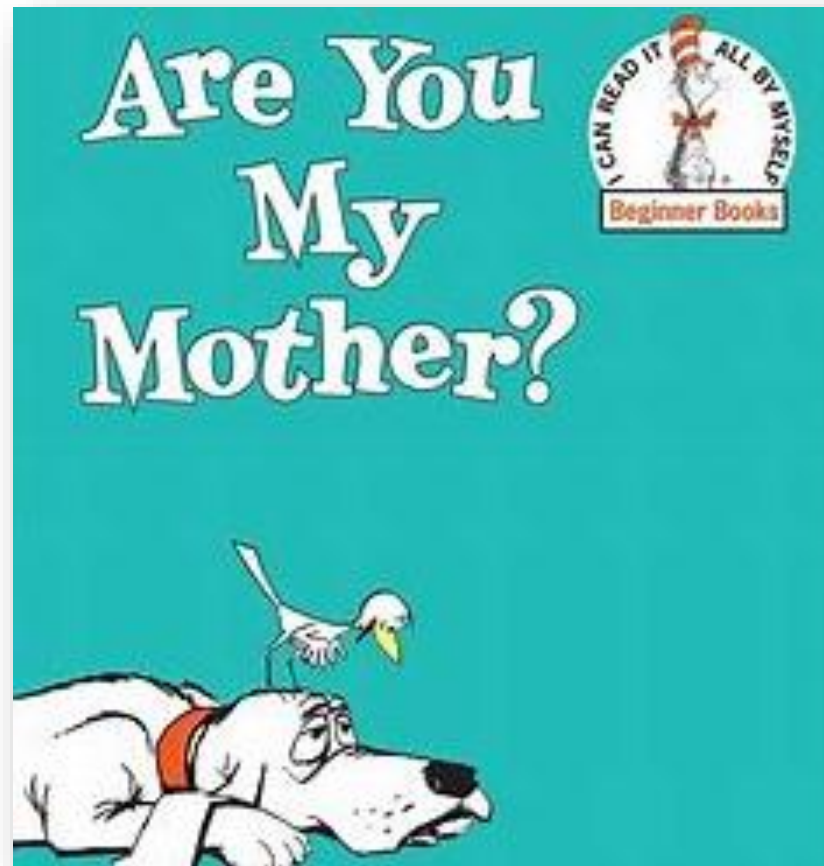
Fontenelle House
Consultation and Training
Barbara Jessing
bejessing@cox.net/402-981-6727

Your Role and Experience With Transitions

When Do Caregivers Change?

- When child is removed and placed in foster care
- When foster placement is disrupted
- When new caregiver enters – other parent, relative caregiver – and will be part of the child's life
- When a caregiver is no longer available to the child
- As child transitions home for reunification
- As child transitions to adoptive placement

Through a Child's Eyes



What Is a Planful Transition?

“A planful transition means that those responsible for the child’s well being work together to ensure that the child’s move from one caregiving situation to another is a smooth one, *taking into account the child’s developmental level and current status of the child’s attachment relationship(s) with important caregivers* “

CHARLES ZEANAH

TWO THINGS TO KEEP IN MIND

- Significance of child's developmental level
 - Every child, regardless of age, needs supported transitions appropriate to their development
- Current status of child's attachment relationship(s) with caregivers
 - Imperative to understand who the child trusts

Transitions Matter.... And There Are Plenty of Them

- 3388 Children in foster care across the state
- 75% of those children are under the age of 12 (n=2541)
- Median number of days in out of home care - 482 days
- Average number of placement changes - 3.5
- 40% of children under age 12 have been moved more than 4 times (n=1016)
- National research has found that 4 or more placement changes “likely causes permanent damage due to the instability and “trauma” of broken attachments.

Transitions Are Almost Never Perfect

- Often sudden and traumatic -- more like evacuation than transition
- Feelings are high for all – parents, foster parents, child, therapists, child welfare, court and other case professional
- Case circumstances may preclude some of the best practices but we can “Approximate Perfection”
- Rupture needs repair
- Find your point(s) of influence in the situation

When the Transition is Sudden

- The child still needs support to make sense of what happened
- It may activate other traumatic events or experiences, other losses.
- Give developmentally appropriate explanation of the change – evolves over time (trauma story)
- Provide the best possible support and comfort with available attachment figure
- If sending caregiver is unavailable for continued contact how can their part in the child's life be represented in other or symbolic ways -- EG gifts, special comfort objects, photos, letters, life story book.
- Who can help child find meaning in what happened and know it is not because of their behavior?

STRESS IN CHILDHOOD

Three Types

Stress is a mental, physical, or biochemical response to a perceived threat or demand. Stress is a natural and inevitable part of childhood. But the *type of stress* can make a difference in the impact on a child's brain and body, as well as potential effects that can last a lifetime.

POSITIVE STRESS

Normal, typical childhood experiences

Common Stressors

Child care drop off and pick up



Playground injuries



Losing a game

Buffering

No buffering support necessary



Brain & Body

Temporary, mild elevation in stress hormones



Brief increase in heart rate and blood pressure

Long-term

Increased resiliency and confidence



Coping skills development



Common Stressors

Buffering

Brain & Body

Long-term

TOLERABLE STRESS

More complicated, scary, challenging, and long-lasting



Natural or manmade tragedy

Parents' divorce

Poverty



Death of a loved one



Caring adult buffers stress

More severe, continuing cardiovascular and hormonal response



Adaptation and recovery likely, but potential for lasting physical or emotional damage



TOXIC STRESS

Severe, long-lasting, uncontrollable, and/or frequent stress

Common Stressors

Physical, sexual, or mental abuse



Neglect



Exposure to violence



Severe economic hardship

Buffering



No adult buffers child from stress

Brain & Body



Prolonged activation of stress response system

Disrupted development of brain circuits

Immune system depression



Long-term

Possible lifelong changes, such as:



Heart disease



Alcoholism

Memory, learning, multitasking difficulties



Anxiety/depression



Cancer

Sources:

<http://www.nlm.nih.gov/health/publications/stress/index.shtml>

http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response

http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf

http://developingchild.harvard.edu/resources/reports_and_working_papers/working_papers/wp3

HOW YOUNG CHILDREN SHOW US THEY NEED HELP

When problems last more than one month, happen more often, or are stronger than would be expected given the child's age.

Please check number of instances below.

Continued Problems with Body Functions

- Sleeping
- Feeding or eating
- Potty training or going to the bathroom

Easily Upset by Noise, Touch, Smells, Tastes, Open or Busy Spaces

Serious Developmental Delays

- Speech
- Motor
- Social skills
- Exploration and play

Frequent Health Problems (e.g. illness, aches, asthma)

Young children often show distress through their bodies, which can lead to health problems. See your doctor for all health concerns.

Emotional Difficulties

- Often angry, irritable
- Tantrums (stronger and longer than others their age)
- Sad, cries a lot, hard to comfort
- Overly worried or scared
- Serious problems separating, overly clingy
- Overly quiet, shy, shut-down

CPP Symptom Screener

Challenging Behaviors

- Aggressive, defiant
- Overactive
- Problems paying attention
- Reckless, frequent accidents (gets hurt a lot)

Relationship Difficulties

- More distant or less connected to people than usual
- Doesn't play with other children, wants to be alone
- Overly friendly with strangers

Other Common Responses to a Scary or Painful Event

- Bad dreams
- Easily scared
- Talking or playing a lot about what happened
- Avoiding talking about what happened or avoiding places, people, or things connected to the event
- Sudden change in mood or behaviors when reminded of what happened
- Spacing out frequently or when reminded of what happened
- Worrying that bad things will happen again
- Looking out for danger, jumpy
- Engaging in sexual behaviors that are not age appropriate



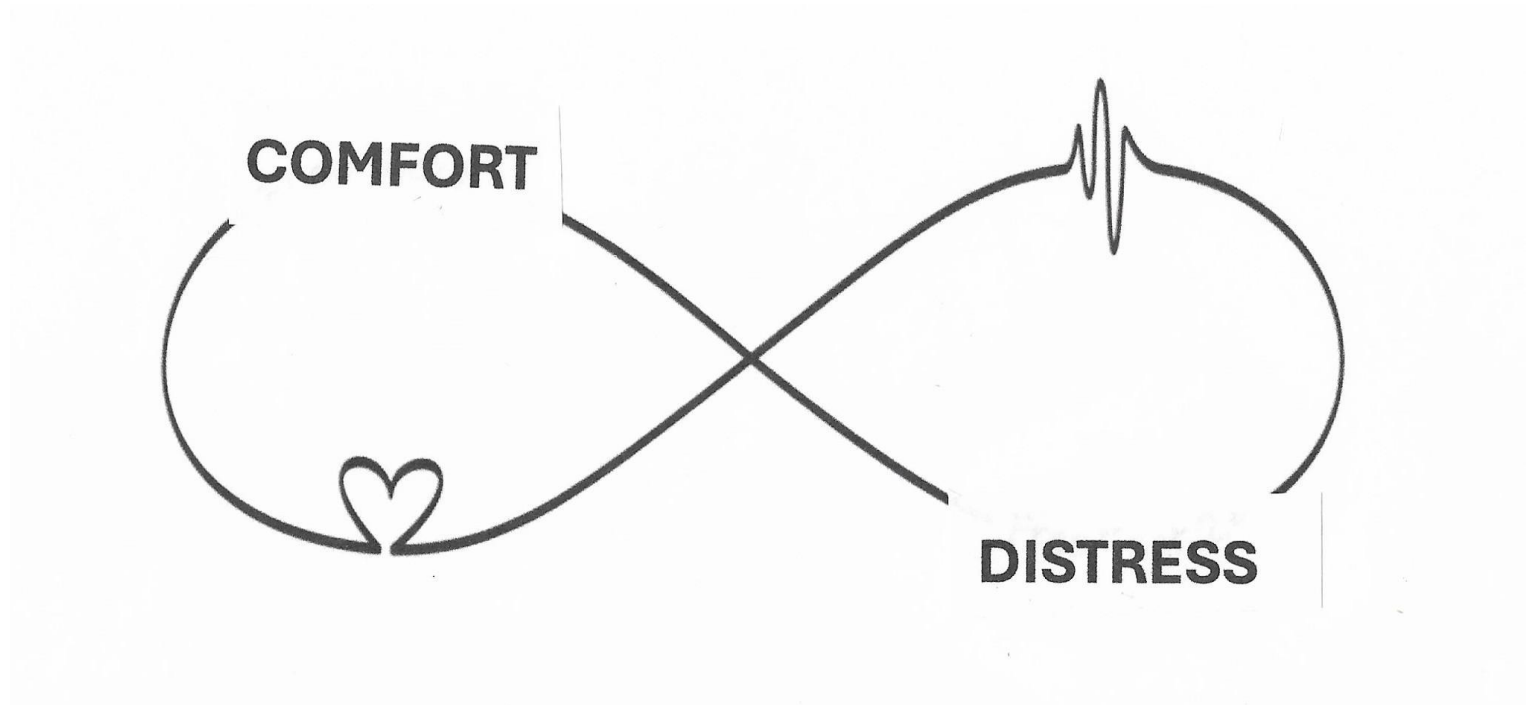
**ChildParent
Psychotherapy**

childparentpsychotherapy.com

ID:
Visit
Date:

CPP Symptom Screener

Each Cycle
Builds
Attachment
and Trust





Best Practices for Planful Transitions

What Is a Planful Transition?

“A planful transition means that those responsible for the child’s well being work together to ensure that the child’s move from one caregiving situation to another is a smooth one, *taking into account the child’s developmental level and current status of the child’s attachment relationship(s) with important caregivers* “

CHARLES ZEANAH

The Evacuation

- Child (age 3) in 9th placement when foster parent gave notice
- No discussion/minimal information provided to foster parent or child
- Foster parents unable to provide any narrative or support to child about what was going to happen
- Negative narrative provided to receiving foster parents about previous foster parents.
- Receiving foster parents were not told accurate information about child/child's needs/experiences/history -- frustrating for foster parents, and invalidating to child's experience -- child is misunderstood by new caregiver
- "Transition" at convenience of adults who didn't want to make the drive
- One day child said "this is my new mom and dad", not because anyone told child this.

The Planful Transition

- Child 1 year old, placed with foster parents on day 3 of life
- Opportunities for visits together, starting slowly with phone calls and attending doctors appointments together
- Caregivers shared respect because they valued that each was important to child
- Direct communication between caregivers
- Team valued the relationship between the two caregivers and respected them as experts on this child
- Opportunities for caregivers to create and manage the transition plan with help and support from the team instead of being told the plan and being required to do things that made things more difficult.
- Ongoing relationship after placement change including shared Holidays, family events, and babysitting when needed. It was a transition, not a goodbye forever
- The child gained a caregiver without losing a caregiver

What Does A Transition Plan Look Like?

BEFORE

DURING

AFTER

How long will it take?

How will we know that the child is ready and prepared?

How will we know that each caregiver is prepared to support the child?

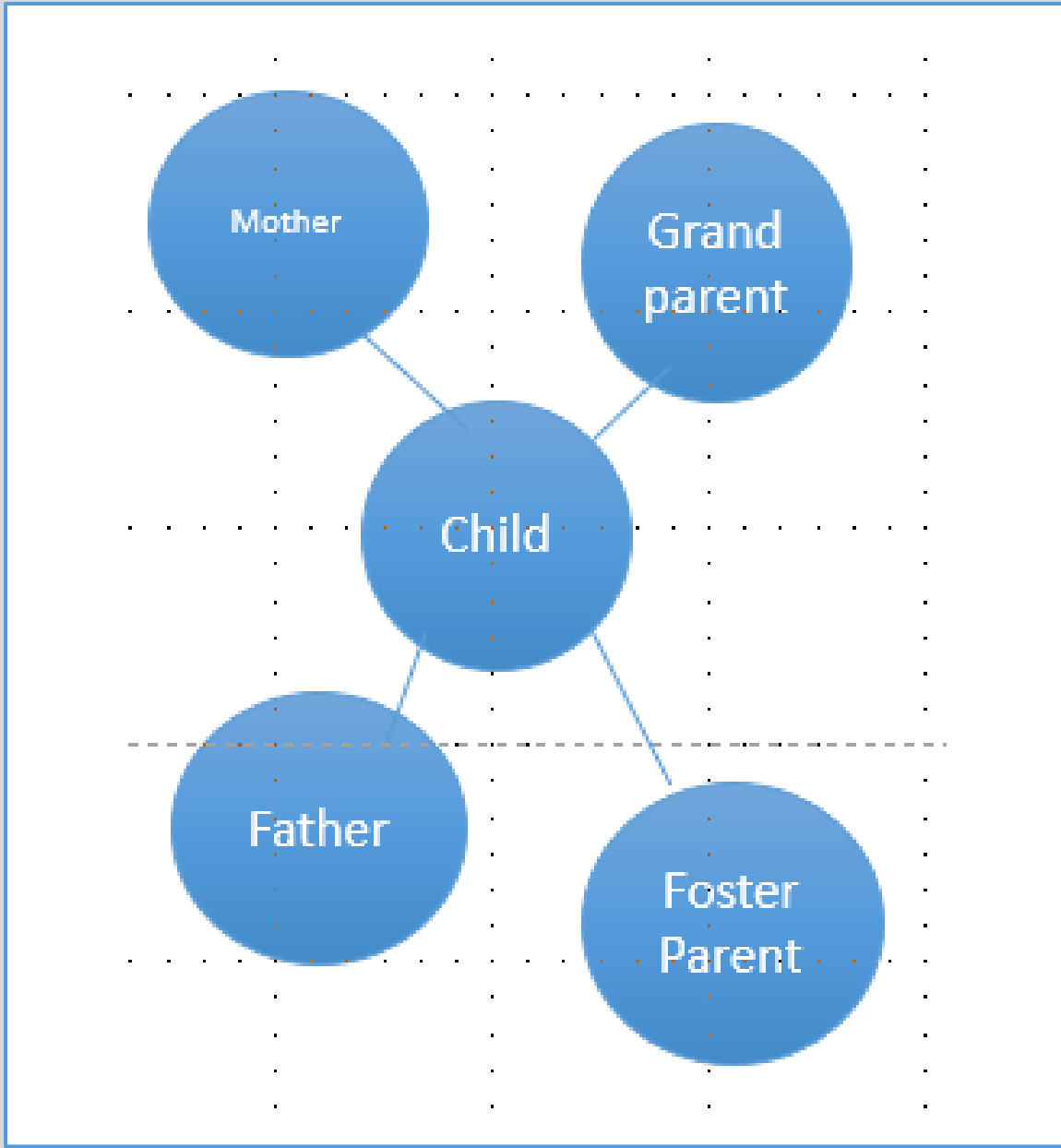
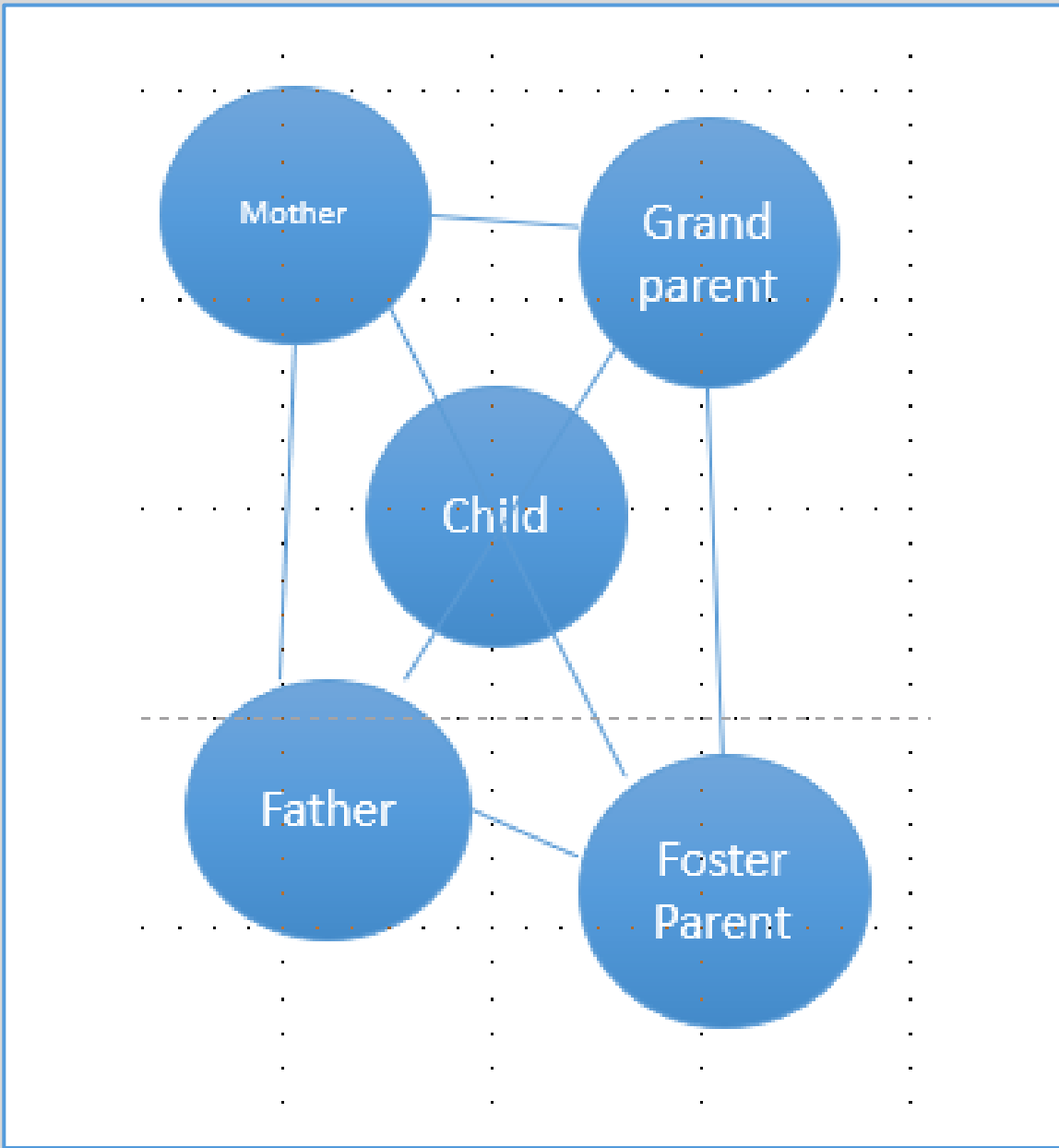
How will the goals of treatment, the treatment plan, and the configuration of therapy need to change?

Where are the occasions for caregivers and child to have time together and how will they change? (parenting time, therapy, medical appointments, school events, other?)

What type and duration of support does the child need after the placement including ongoing contact with the departing caregiver(s) ?

Before

- Assess the appropriateness of the transition for the well being of the child
- Aim for one placement. Keep permanency in mind. If child must be placed, will this caregiver work with bio parents while simultaneously being willing to offer permanency? Can they be placed with a known and trusted kin provider?
- Understand the child's attachment history. Where is the child developmentally in regard to attachment? Who is their primary attachment figure at this time as we consider adding or repairing another attachment figure?
- Understand the child's caregiver network – who are the important people and what have those relationships been like? Foster collaboration among child's caregivers FROM THE START, even in small steps (facilitated conversations) Help them see their common love and concern for this child regardless of their feelings about one another. Create shared focus on child



Before

- Identify all relevant people to be involved in the planning and communication about transition – foster parent, bio parent, kin, therapist, case manager, others. Family Team meetings?
- Convene a meeting (or other communication means) of the caregivers – sending and receiving -- to prepare for the transition
- Build in opportunities for the child to be comforted by their primary attachment figure as needed to offset stress of transition

Developing a Caregiver Alliance

- Help each caregiver understand why and how their alliance matters to the child and asking for their cooperation for the child's well being
- Cultivate communication and problem solving capacity between the caregivers... from full to limited
- Practice with “hot button issues”
- Elicit shared goals they have for the child
- Create a message from caregivers together, and for the child, about their alliance
 - Record shared reading of book to child
 - Letter to child
 - Photographs
 - Life book
 - Candles ritual or story

- Adapted from “Figuring It Out for the Child Initiative; McHale, Butler, and McKay; **Zero to Three Journal**, July 2013

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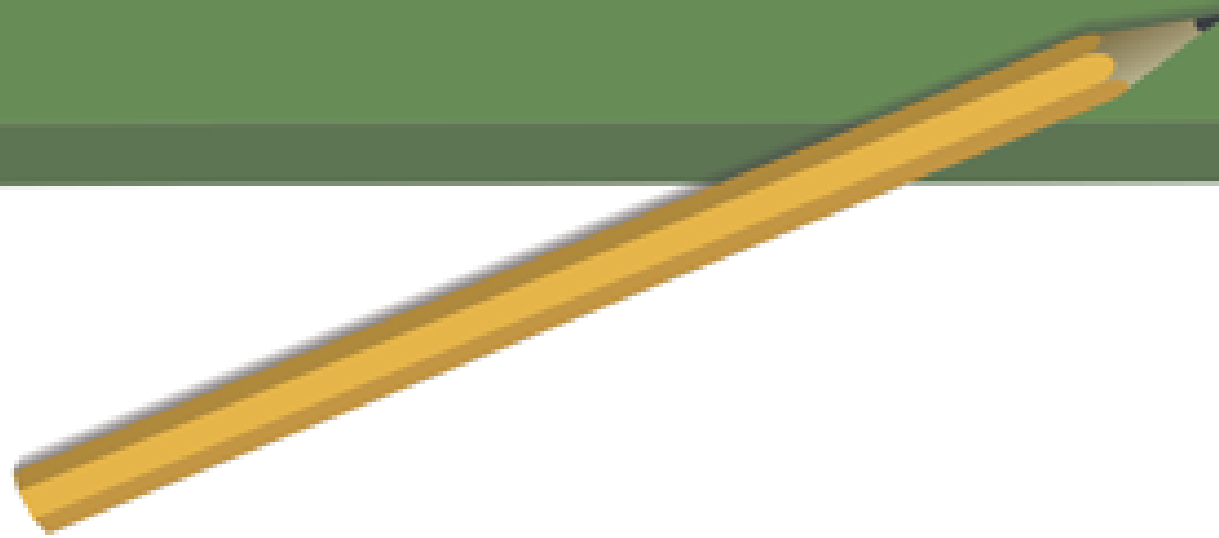
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I CAN'T
DO THIS!

I CAN
DEFINITELY
DO THIS!



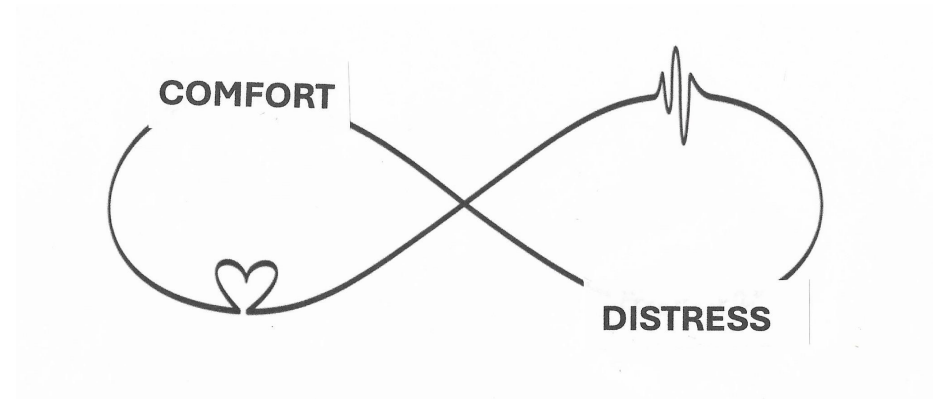
Shared Care, Concern, and Love of This Child

- Continuum from low to high degree
- May not be evident initially
- How can we move forward “inch by inch”?

Gradual Exposure to the Best Possible Degree

- Determine a progressive schedule of visits with receiving caregiver
- Gradual exposure depending on child's needs and response; consider any outside constraints on time from start to finish
- When possible have both caregivers present in first or subsequent visits
- Familiar situation to new situation
- Shorter to longer visits
- Reassuring "comfort call" from one home to another; FaceTime or Zoom

During



- Observe the cycle of distress and comfort
- Aim for balance
- Document child response and needs
- Debrief (facilitated) after each visit – caregivers, child
- Assess progress toward readiness to transition
- Support caregiver(s) with ideas and interventions to help the child cope
- Add – not replace – caregiver/attachment figure

After

- Plan for continued contact after placement with sending caregiver as needed, whenever possible
 - Visits
 - Respite Care
 - Video calls
 - Letters and messages
- Help child put the story together -- who, what, when and where
- This lays the groundwork for the child to grow over time in their understanding of their early history

Helpful Interventions

Interventions

Transition rituals

Exchange notebook with information about routines, events noted during time with child; news, appointments, school or health info

Comfort/familiar objects (blanket, animal)

Connie Cohen 2 4 2 books: Same book read to child separately by both caregivers/homes

Photos of important people and places (foster home, grandma's home, bio home)

Life Story Book/Trauma Narrative

Keepsakes and gifts

THE BESTSELLING PHENOMENON THAT HAS INSPIRED READERS AROUND THE WORLD

The Invisible String

Patrice Karst
Illustrated by Joanne Lew-Vriethoff



I LOVE YOU RITUALS



Fun Activities for Parents and Children That:

- Boost brain potential
- Encourage cooperation and caring
- Promote learning and literacy
- Increase attention and decrease power struggles
- Build bonds of unconditional love

BECKY A. BAILEY, PH.D.

AUTHOR OF EASY TO LOVE, DIFFICULT TO DISCIPLINE

The Candle
Ritual:
Love is
Abundant, not
Scarce



Resources



The Warmest Handoff: Using Child Parent Psychotherapy to Ease Placement Transitions

Authors

Barbara Jessing, MS, LIMHP, LMFT
Fontenelle House
Omaha, Nebraska

Jennie Cole-Mossman, MA, LIMHP
JBS International Consulting
North Bethesda, Maryland

https://bluetoad.com/publication/?i=665709&article_id=3710031&view=articleBrowser&ver=html5&fbclid=IwAR1r-Lw0zf5hBXT9w3lbkFgHT2c3cCe2h3e6WnMqkpR_XoLZsD2q6n5AvWc

Dr Charles Zeanah

- Link to YouTube Webinar
- https://www.youtube.com/watch?v=OwqgrMXAB78&list=PLadsun9n5J-VVa4iCDynrsLqcO4YirCG2&index=6&ab_channel=Child-ParentPsychotherapy

Advocating for Planful Transitions for Young Children in Foster Care

CPP Webinars
August 16, 2022

Charles Zeanah, M.D.

Placement Changes

Considerations in Changing Placement of Children Involved in Child Welfare

When a child is being moved from one placement to another, it is a difficult decision. There are many factors to consider and research continues to explore the best ways to move children. The young children, especially, are most vulnerable to placement changes and the effects of these changes for the child's learning, social interaction, attachment, and cognitive development.

Children entering foster care have a higher probability of not having formed a secure attachment with their primary caregiver and this is often negatively affected by many other factors like parental substance abuse, poverty, domestic violence and mental health. The children who have never formed a primary attachment, even those who do, can experience stress and grief and a caregiver may have the capacity to address their attachment needs.

Positive and lasting attachments can provide better outcomes for children. Studies have found that children in family or relative placements have better placement stability, fewer behavioral problems and even better health than those in residential placements. However, lack of appropriate resources in health, behavioral care, housing, education and other factors can offset any benefits and provide worse health outcomes.

In balancing the importance of secure attachments and education as a responsibility of placement, it is important that any placement transition that is not a caregiver placement is evaluated as a last resort and an attempt to help decrease the need for placement in the child and ensure future social and emotional health and well-being.

Infants are usually in a sensitive and can be developing attachment to their primary caregiver. While attachment is an ability limited to early childhood, the period of 0-3 years is likely to have the most significant period for the formation of all attachment systems and other developmental milestones.

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Thank you for attending this session.
Please be sure to **submit your feedback** online!