PROFESSIONAL DEVELOPMENT NETWORK
IRVING HARRIS FOUNDATION

Guiding Principles for Family Time from an Infant and Early Childhood Mental Health Perspective

Harris Professional Development Network
Child Welfare Committee
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INTRODUCTION

In 2017, the Harris Professional Development Network (PDN) Child Welfare Committee began to collect tools for making the child's needs the heart of parent-child visits for families in the child welfare system—what we refer to as "family time." We are intentional about the use of the term "family time" instead of "family visitation" because it more accurately describes the quality, consistency, frequency, and inclusivity needed of the time families spend together before reunification. Unfortunately, there was little to no information about how infant and early childhood mental health connects to the child welfare system, let alone any tools to help bridge the disconnect between this critical need and those who are charged with deciding and implementing family time. So, we decided to fill this gap.

After a two-year collaborative writing process, we are honored to present the Guiding Principles for Family Time from an Infant and Early Childhood Mental Health Perspective (Guiding Principles). **The Guiding Principles aim to provide information and practical tips that can help to maximize the effectiveness of family time by making the child's needs most center.**

Our goal is to contribute to the ability of the child welfare and legal systems to make good decisions on behalf of children; specifically, to guide family time planning and facilitation in ways that consider the parent and child, individually and in relationship with each other, through the lens of trauma science, early childhood development, and socio-cultural theory.

Family time provides a crucial opportunity for young children in foster care and their parents to have meaningful interactions that can form and repair positive healthy relationships. Trauma science tells us that while early adversity can impact one's health over their lifespan, nurturing relationships can build resiliency and facilitate healing. We hope that the Guiding Principles provide further support to the individuals that call upon an ever-changing recipe of knowledge, skill, empathy and self-awareness to create family time sessions that allow for healing and connection. **We hope that the Guiding Principles are useful for the many people who directly impact family time, including case workers, case aids, visitation observers, therapists, case supervisors, lawyers, judges, and more.**

Who Are We?

The PDN Child Welfare Committee is a working group of infant and early childhood mental health researchers, clinicians/providers, educators, and policymakers. Our work is dedicated to shaping and creating best practices in the child welfare committee that are trauma-informed, developmentally-informed, and grounded in diversity-informed practice. We have all worked with or within the child welfare system and many of us continue to partner with the system as clinicians, administrators, and researchers.

We are all members of the Harris PDN, an innovative network of 19 multi-disciplinary programs across the United States and in Israel. We advance the infant and early childhood mental health field through training the workforce, developing and replicating innovative best practices/programs, and systems-building work.

To learn more, visit www.irvingharrisfdn.org/how-we-work/special-initiatives.

The paper divided into two sections: Background and Guiding Principles. In the Background, we explore what the perspectives of trauma science, early childhood development, and socio-cultural theory can tell us about the experiences of children in the child welfare system and how to approach working with families. In particular, we discuss:

- Why early exposure to child abuse or neglect, the absence of essential developmental experiences, and other chronic stressors can change the biology of the developing brain
- How attachment science explains how early relationships shape the brain and set a foundation for emotional well-being
- The impact of multigenerational cycles of trauma and how to break them
- The ways in which historical trauma, cultural norms, and social markers have perpetuated bias and discrimination in the child welfare system and how diversity-informed practice can be used to combat injustice

Following the Background, we offer six practical guidelines for planning and facilitating family time sessions:

1. Each family time session should have one explicit goal that is individually tailored to the child and family at this moment in time.
2. Anticipate that family time may be stressful for both children and parents and plan strategies to reduce stress and increase the sense of safety, especially for young children.
3. Young children should not have to bear the burden of family time.
4. Young children should be prepared for family time in ways that are planned and intentional.
5. The frequency, length, and degree of supervision for family time should be tailored to the status of the case and parent/child relationship.
6. Family time sessions may include more than the parent.

It is our hope that you can find information, affirmation, guidance, and opportunities for reflection as you read this paper. We honor that among the most challenging roles one can play in society is to support families who are in times of crisis and transformation. We also recognize that it is also one of the most important ones.

BACKGROUND

Brain Development in the Early Years: Building a Foundation

What Science Tells Us

Early life experiences shape mental and physical health throughout the lifespan. **Research shows that 80% of the brain is developed during the critical period from birth to age three; 90% by age five** (Phillips & Shonkoff, 2000). Both nature and nurture, experiences and relationships provide the basis for brain development. Caregiving relationships in the early years provide the environment in which brain development unfolds, creating the foundation for all future development.

Trusting relationships build pathways for optimal health and development. Conversely, early exposure to chronic stress and adversity can be toxic in the absence of protective relationships and disrupt the neurobiology of the brain and other organs, particularly during sensitive early developmental periods (Center on the Developing Child, n.d.).

> The same experiences at age 10 will not achieve nearly the same impact as the interactions at age two when the brain is most rapidly developing.

The first five years offers an unparalleled opportunity for growth, but neuroscientists warn about the "use it or lose it" principle (Schore, 2001). Much of the refining of brain connections is in response to experience; without repeated stimulation, connections are pruned away or eliminated. The same experiences at age 10 will not achieve nearly the same impact as the interactions at age two when the brain is most rapidly developing.

What happens in the brain between birth and age five?

[Text inserted here]

How Does This Connect to the Child Welfare System?

The largest age group of children coming into child welfare is one year of age or under and children under age five make up half of the child welfare population (US Department of Health and Human Services, 2017). Brain development can be tragically impacted by maltreatment, especially in these formative early years. Neglect is the most prevalent form of child maltreatment, often the consequence of substance dependency and mental illness, and has more dire consequence for children's mental health over their lifetime (Shonkoff et al., 2012; Federal Interagency Forum on Child, & Family Studies, 2017).

It takes much more than simply removing the child from the immediate threat to repair the damage of abuse and neglect. Parents and other loving caregivers play a critical role in helping children cope with adversity as well as providing positive interactions that support the relationship and offer stimulation to support development.

In child welfare, family time is the primary experience for promoting, maintaining, repairing, and strengthening the parent-child relationship. The likelihood of optimal visits is increased when visits are organized with a purpose and families have guidance. Some families may benefit from therapeutic visitation with an experienced clinician.

An IECMH approach is recommended as it is unique in focusing on both the child and parents, recognizing that babies develop in their relationships with families. (Fitzgerald, Weatherston, & Mann, 2011). For the child, the focus is on promoting secure relationships which buffer stress, provide enrichment, and provides the best opportunity for hard-wiring the brain's neuropathways for optimal lifelong well-being. For the parents, the focus is on addressing their emotional capacity to be responsive to their child's emotional needs and well-being, which builds attachment.

Parents are supported in understanding their own "ghosts in the nursery" or unresolved trauma or loss (Fraiberg, Adelson, & Shapiro, 1975, p. 387). This is critical for parents in the child welfare system – many of whom have never healed from their own childhood abuse or neglect. This unique IECMH focus offers a two-generational approach toward helping both the child and the parent repair relationships and optimize emotional well-being. Whether a biological parent, foster parent, or adoptive parent, it is critical that every child has a stable, engaged, nurturing caregiver especially in the most formative time of early development.

What's IECMH?

IECMH is a multi-disciplinary field that focuses on the socio-emotional development of infants and young children. It aims to support infants and young children as they learn to (1) experience, express, and regulate their emotions and (2) explore and learn from their environment.

All of this occurs within relationships and cultural contexts. As such, the caregiver and socio-cultural topics are key to promoting the wellbeing of infants and young children.

(Osofsky & Thomas, 2012; ZERO TO THREE Infant Mental Health Task Force, 2001)

Attachment:
We're Wired for Connection

What Science Tells Us

There is no such thing as just a baby; babies all come in context with a family (Winnicott, 1964). Babies are hard-wired for relationships as they are biologically programed to stay close to the trusted adult for survival (Schore, 2001). Attachment relationships are developed over time. Starting in the womb, babies learn to recognize their parent's voice and just after childbirth, can amazingly turn to the sound of their parent's voice. (Brazelton, 1995). **The attachment relationship develops through the accumulation of daily routines of feeding, changing and comforting.** Babies and young children need frequent physical contact to create and sustain attachments. Familiarity leads to reliance to preference and finally to attachment (Bowlby, 1977).

The quality of a relationship comes from repeated experiences that the baby has of experiencing attachment needs, followed by the caregiver's consistent provision of comfort, support, nurturance, and protection. Variations in the caregiver's sensitivity and responsiveness to the young child's needs leads to differences in the quality of attachments. The baby begins to selectively seek comfort and protection from familiar adults. BY around nine months, the baby's memory has developed so that they now realize unfamiliar adults in a common stage called "stranger anxiety." It is actually a positive milestone indicating that the baby has formed a "secure base" and will seek these familiar adults for comfort and protection. When distressed, fearful, or in an unfamiliar situation, young children want to be nearby an attachment figure as proximity provides security and reassurance. For example, they may cling to a familiar adult when in strange situations. "Separation anxiety" is common and young children often protest loudly when separated from the ones they love and trust.

> "Babies are hard-wired for relationships as they are biologically programed to stay close to the trusted adult for survival.

Young children also need proximity and frequent contact to maintain relationships. An important limitation regarding attachments in the first three or four years of life is that young children lack the cognitive capacity to sustain attachments over time and space. **This means that they need substantial amounts of regular contact with caregiving adults in order to develop and sustain meaningful attachments.** After about five years of age, young children are much better able to sustain attachments even in the absence of regular ongoing contact.

How do I know if an infant or young child is attached to a caregiver?

[Use visitation examples like a foster parent handing over a child to a parent; Add information about separation anxiety]

How Does This Connect to the Child Welfare System?

Although well-intentioned, the systems in place to protect children may cause more distress with abrupt removals and stressful separations from parents and siblings (Graham, 2015). Disruptions in attachment relationships can pose long-term harm for young children which is why new policies have been made to support parents and protect children within the home without the painful disruption of removal (Family First Prevention Services Act of 2017).

> The systems in place to protect children may cause more distress with abrupt removals and stressful separations from parents and siblings.

When removal is the best option for the child, systems need to understand and account for the fact that losing a relationship with a parent, even an abusive one, can be extremely traumatic, especially for young children. Young children depend on familiar adults or attachment figures to help cope when upset and to determine if situations are safe or dangerous. **Being separated from these important relationships at the same time when they are facing an unfamiliar situation is a "double whammy" as their source of protection has been taken away at the same time as a new trauma emerges and they are left to try to cope on their own** (Project for Babies, 2012).

Stressful situations that might have been tolerable when buffered by the protective shield of important relationships, can become toxic in the absence of a familiar parent figure. Losing an attachment figure who helps the child feel more secure in the face of challenges creates serious risk for the child's long-term mental health. Children under the age of five are particularly vulnerable to the negative impacts of being separated from their parents, as persistent high levels of stress can disrupt the developing brain with serious negative impacts on learning, behavior, lifelong health, and well-being (Shonkoff et al., 2012).

The stress of having an abusive parent or a parent with a substance abuse disorder is compounded by the fact that once removed from the home, most children have few opportunities to interact with this important relationship. **That is why efforts to have frequent, meaningful family time is so critical.** Family time is vital to establishing and/or maintaining the bond between the parent and child during the forced separation.

What activities during family time can help strengthen the bond between the child and the parent?

[Insert Text Here]

Successful family time can also motivate the parent to engage in more difficult aspects of their case plan. Professionals involved in the court process play a pivotal role by providing encouragement, guidance and support toward improving the parent-child relationship.

Of course, there are cases where it is in the best interest of the child to sever ties with their abusive parents – and in those cases, it is crucial that children have a strong bond with another nurturing caregiver to buffer the stress of losing that relationship. Systems need to recognize the urgency and need to ensure safe permanent placements for young children taken into care as quickly as possible with either the biological parent, adoptive parents, or relative who will provide a "forever" home for the child. Repeated changes in foster care for young children creates emotional distress and the child does not have the protective shield of a familiar relationship at the time it is needed the most (Williams-Mbengue, 2016).

> "The system should aim to make the first placement the last placement.

The system should aim to make the first placement the last placement. Scientific evidence based on both brain development and the effects of toxic stress provides important support indicating that the sooner young children are settled in safe, stable placements, the more likely they are to recover fully from their experiences with adversity. Young children who feel understood and valued, and who have learned to rely on caregiving figures who are available and responsive, as compared with those who lack these experiences, are more likely to be socially competent with adults and peers and less likely to have psychiatric disorders (Barber & Delfabbro, 2003).

Trauma, Separation & Young Children: Finding Meaning Behind Behavior

What Science Tells Us

Experiencing a traumatic event, such as physical abuse, sexual abuse, or extreme neglect, can overwhelm the young child who does not yet have the cognitive or emotional capacity to cope on his/her own. A young child may also be traumatized by witnessing family violence or a frightening situation which involves a real or perceived threat to her or someone close to her.

Most children who enter the child welfare system have had a history of multiple traumas that can affect their behaviors, emotions, and ability to learn. Common signs of trauma exposure and neglect in an infant include sadness or flat affect, lack of eye contact, failure to thrive, lack of responsiveness, preference for a "stranger" to a familiar caregiver, or rejection of being held or touched.

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For toddlers, the common signs may be similar, especially the lack of attachment or indiscriminate preference of caregivers. It can also include behavioral challenges from disinterest in toys and withdrawal to frequent, unprovoked aggression or; problems in bodily functions such as lack of appetite, or nightmares or other sleep problems.

For preschoolers, you may also see a lack of exploration or children who are hypervigilant about something bad happening. You may witness repetitive play about a frightening event as children try to make sense of what happened, or a refusal to play at all. Skill regression is also common as children revert to baby talk or thumb-sucking or lose toileting skills previously acquired. Behavioral challenges, such as attention deficits or aggression may increase and quickly escalate, especially when young children are left to "cry it out" or struggle with emotions on their own. We know that many children, especially toddlers, are overwhelmed by emotions and depend on trusted adults to help them calm down and learn to control their behaviors (National Child Traumatic Stress Network, 2013).

How do I know if a child has had trauma exposure?

The impact of trauma is different for every person. At the same time, the following are examples of signs of trauma exposure that we have seen among infants and young children we have worked with:

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Exposure to trauma activates "survival mode" where children instinctively respond to threats with fight, flight or freeze responses. When threatened with loss of important relationships, children may protest, or try to run away or freeze up and not respond. Separation from important relationships continues to be traumatic and young children who don't understand the concept of time are rarely comforted by a family time session next week.

Children repeatedly exposed to trauma stay on high alert and may respond in total survival mode even to minor irritations. Their bodies continue to produce the stress hormone, cortisol, which prepares for crisis by increasing heart rate, decreasing appetite and sleep and inhibiting higher level thinking. What was life-saving in the short-term can become destructive when continuously activated. **Fortunately, the impact of stressful events and adversity can be buffered within the context of a protective and responsive caregiving environment, which is why promoting healthy relationships and ensuring meaning family time is so important in child welfare.**

How Does This Connect to the Child Welfare System?

Children with trauma histories and disrupted relationships often have challenging behaviors. **These behaviors are often misunderstood as attitude or defiance rather than self-regulation issues typically learned in the first years of life in the context of stable early attachments.** Without these secure relationships, young children don't develop the capacity to manage stress of self-regulate. Chronic early stress further contributes to challenging behaviors. The prefrontal cortex, an essential part of the brain for self-regulation, is most affected by early stress (Zelazo, Carlson, & Kesek, 2008).

As a result, children in stressful environments find it hard to control impulses, or to sit still and follow directions. The higher-level thinking part of the brain (prefrontal cortex) is hijacked by the fear center of the brain (the amygdala), so that every situation is processed in survival mode. They instinctively respond to perceived threats with fight, flight or freeze responses causing problems for learning, controlling impulses, and interfering with relationships (Streeck-Fischer & van der Kolk, 2000).

Being on chronic high alert contributes to health and relationship problems, sleep and eating disruptions, difficulty managing emotions and controlling impulses. (Cook et al., 2005; N.C. Division of Social Services and the Family and Children's Resource Program, 2012). The accumulation of these behaviors makes it challenging for the relatives, foster families and child care centers who care for these children; contributing to failed adoptions, expulsions from childcare and preschool, and multiple disrupted placements from home to home, all which are retraumatizing to the young child.

When there are challenging behaviors, it's important to have someone to interpret through a trauma lens and understand what traumatized children need.

Family time offers a safe and nurturing environment for both parents and children to reconnect. Supportive family time is very important for reassuring the young child and parent during the otherwise stress of uncertainty and insecurity of separation. Important relationships can help young children cope. When children's emotional needs are met, there are fewer behavioral issues. (Powell, Cooper, Hoffman, & Marvin, 2013). When there are challenging behaviors, it's important to have someone interpret the behaviors through a trauma lens. Family time offers a window into the parent-child relationship and observations of the child

parent separations and reunions can shed insight into the attachment relationship and the potential for reunification.

Essential Elements of a Trauma-Informed Child Welfare System

Maximize the child's sense of safety through:

- Assisting children in reducing overwhelming emotions
- Helping children make new meaning of their trauma history and current experiences
- Address the impact of trauma and subsequent changes to the child's behavior, development and relationships
- Supporting and promote positive and stable relationships in the life of the child

Build support around the child through:

- Coordinating services with other agencies
- Utilizing comprehensive assessment of the child's trauma experiences and their impact on the child's development and behavior to guide services
- Providing support and guidance to the child's family and caregivers
- Manage your own professional and personal stress

(Ko et al., 2008)

Using Trauma-Informed Education and Care

Being sensitive and knowledgeable about the effects of trauma on adults and children is extremely important for all professionals who are involved in the child welfare system. Families coming into the system have experienced trauma before the separation. The forced child removal can be retraumatizing for both the child and the parent. **The myth that children are "too young" to be affected by trauma has long been disproven by numerous studies.** In fact, we now know more than ever the long reach of early adversity as the root of many of society's most intractable health and social challenges (Felitti et al, 1998).

Trauma-informed education and care can help child welfare systems understand the needs of both parents and children. After professional are trained in trauma-informed care, they are better able to be better informed about what may be contributing to the parent's behaviors and can then provide more understanding and support. By being more trauma-informed, professionals are also able to understand that parents often have their own trauma histories that influences their decisions, behaviors, and interactions with others—including their parenting behaviors with their children.

> "Trauma-informed education and care can help child welfare systems understand the needs of both parents and children.

Trauma-informed child welfare systems also understand the needs of young children. They understand that young children need physical and emotional safety and that challenging behaviors are cries for help and clues to what has happened to them. They screen for trauma

histories and utilize to promote evidence-based services. They promote positive and stable relationships in the life of the child, utilize calming strategies to de-escalate out of control behaviors, and offer positive guidance and support like "time in" rather than "time out" or other punitive measures. Trauma-informed systems do all they can to support the parent child relationship, making efforts for frequent family time and therapeutic services that benefit the child and parent.

"Trauma-informed systems do all they can to support the parent child relationship, making efforts for frequent family time and therapeutic services that benefit the child and parent.

The goal of the child welfare system is to improve outcomes for children and families and to maintain excellent standards of care. With this in mind, developmentally-informed child welfare systems are always working to have diversity-informed strategies and a trauma-informed system of care to provide a holistic approach to improve outcomes for children and families (Ko et al., 2008).

The National Child Traumatic Stress Network (NCTSN) has developed a Child Welfare Trauma Toolkit that identifies elements and goals of a trauma-informed child welfare system (National Child Traumatic Stress Network, 2013). A system that uses a trauma-informed approach changes the central question from "why are you doing this?" to "what happened to you?" A developmentally and trauma-informed child welfare system would address and understand the following questions:

- How does trauma affect the child or caregiver, and does historical trauma affect the way the family is engaging with service providers and with visits?
- What might be possible trauma reminders for the child or caregiver and how might this affect visits?

How can a child welfare system practice trauma-informed care?

- Conduct developmentally-informed trauma screening when the child enters care.
- Maintain a strong connection between child welfare and mental health services/trauma treatment.
- Provide training for child welfare providers to understand trauma and the effects on young children and parents.
- Provide education for parents, foster parents, and kinship families about the effects of trauma on children and ways to manage overwhelming emotions.
- Providing education and connections for foster and birth parents through the child's and family history, letters, worksheets, including shared books to read to the child, and team meetings.
- Work to include the family's sociocultural context as much as possible in practice.
- Connect children with all service delivery systems and provide education for all systems on integrating a trauma informed approach in practice.

(University of Minnesota Extension Children, Youth & Family Consortium)

Honoring Diversity, Understanding Histories, Creating Equity

African American, Native American, and low-income and poor families are disproportionately represented in the child welfare system, even though black and Latino children have a lower rate of child welfare involvement than white children when correcting for poverty and health (Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013). Widespread perceptions and implicit bias persist in attributing child maltreatment to children of color. Understanding implicit bias and historical trauma can provide valuable insight into the role that race, culture, and ethnicity play in child welfare systems.

> Understanding implicit bias and historical trauma can provide valuable insight into the role that race, culture, and ethnicity play in child welfare systems.

Defining Race, Culture, and Ethnicity

Race refers to a category of visible physical characteristics, such as bone structure and skin, hair, or eye color, associated with geographic areas. Race as a Western European sociopolitical concept can be traced to the 17th Century. As the slave trade grew in the 18th and 19th centuries, so did the use of race as a signifier and justification for social and economic power differentials (American Anthropological Association, 2007). Today, in the United States and across the globe, "race is a powerful social and political factor that presumes certain psychological group characteristics and social status assignments that are determined by skin color, physical features, and, in some cases, language "(Pinderhughes, 1989, as cited by Carter R. 1995 p.225). **Historically, racial groups have been linked with positive and negative social constructions, and the social hierarchy favors those with light skin while excluding and devaluing those with dark skin** (Falicov, 1998; Bellow, Boris, Larrieu, Lewis, & Elliot, 2005).

Ethnicity is the state of belonging to or being affiliated with a group of people classified according to common racial, tribal, religious, or linguistic factors and/or to culture of origin or cultural background (Center of Excellence for Infant and Early Childhood Mental Health Consultation, n.d.) Ethnicity refers to a multiplicity of factors, including nationality, regional culture, and ancestry, all of which fluctuate in meaning from one time period to another. Members of an ethnic group typically seek to define themselves, but also are defined by the stereotypes held by dominant groups. The American Sociological Association (2019) situates the concepts of both race and ethnicity in the context of social significance: "'[R]ace' refers to physical differences that groups and cultures consider socially significant, while 'ethnicity' refers to shared culture, such as language, ancestry, practices and beliefs."

Culture influences every aspect of human development, including how IECMH is understood, adults 'goals and expectations for young children's development, and the child rearing practices used by parents and caregivers (ZERO TO THREE Infant Mental Health Task Force, 2001). According to Sue (2003), culture is a prevailing aspect of our social identity and it includes values and worldviews that personify the ways in which we are taught by our contexts and relationships to be in the world and relate to others. These powerful influences color our perceptions and behaviors and on our interpretation of other people's behaviors (Miller & Garran, 2008) and are often unconscious and therefore deeply rooted in ourselves. Quintessentially culture provides a framework for how the members of a group interpret, use and perceive the world (Banks J.A.,Banks, & McGee, C.A, 1989). It follows that individuals from different socio-cultural contexts and traditions will define and experience reality in very different ways (Marsella & Yamada, 2000).

> When we consider the roles of race, culture, and ethnicity in child welfare systems locally, nationally, and internationally, we are sketching the outline of the elephant that has long driven policy and shaped families' lives.

From a social justice and critical social science approach, culture is viewed as a historical product, a process and a means of action. It is an ongoing social construction that articulates the way in which we learn to live and make meaning of life "always in relationship to others within specific social/economic/political/historical contexts (see Geertz, 1973, Jessen, 2007)" (Reyes Cruz & Sonn, 2011, p. 205). To understand culture, we need to increase our awareness and understanding of the ways in which it is "intertwined with power/oppression/exploitation and locate those processes within historical/social/political contexts" (Reyes Cruz & Sonn, p. 211).

When we consider the roles of race, culture, and ethnicity in child welfare systems locally, nationally, and internationally, we are sketching the outline of the elephant that has long driven policy and shaped families' lives. The further weight of environmental and economic risk factors, such as pollution and poverty, contribute to the disproportionate attention that systems focus on minority communities of color (Lanier et al., 2014). As Audre Lorde (1983) has written, there is no hierarchy of oppression, yet the lack of racial privilege brings clear disadvantages to family well-being.

Historical Trauma: History Isn't Just in Books

A developmentally-informed child welfare system includes an understanding of how the system can trigger historical and cultural traumas—not only the present-day trauma that children experience. These factors disproportionately impact children and families with high levels of involvement with the child welfare system, including many African American, Native American, and low-income and poor families.

Coined by Maria Yellow Horse Brave Heart, the phrase "historical trauma" refers to the collective and complex experience of cumulative emotional and psychological wounding over a lifespan and across generations by a group of people who share an identity, affiliation or circumstance (Brave Heart & DeBruyn, 1998). Historical trauma can help us understand the Native American experience, and the experiences of Holocaust survivors and their children. Historical trauma also affects other populations, including African Americans (DeGruy, 2015); Japanese Americans (Nagata, 1998); Vietnamese and Cambodians (Kinzie, Boehnlein, & Sack, 1998) and the Australian Aboriginal people (Raphael, Swan, & Martinek, 1998). The effects of these experiences can be passed down through generations with responses to historical trauma varying across socio-cultural contexts (Hooker & Czajkowski, 2013; National Child Traumatic Stress Network, 2013).

> Child protection workers should be aware of our own perception of families who have been involved with the system over generations and how this level of deepened awareness shapes engagement.

In the United States, the child welfare system can trigger the historical trauma of separating the families of groups who are disproportionally deemed neglectful, such as African American, Native American and poor families—regardless of racial or ethnic grouping.

While sometimes it may be for the best interest of the child, being removed from your family is a traumatic experience. Despite the best intentions of all involved, child protection can trigger historical traumatic events. These experiences can be embedded into cultural memory, absorbed by individuals and families, and therefore are transmitted generationally (Thomas, 2018, in development).

Child protection systems should consider the historical relevance of disproportionate number of African American, Native American and poor families involved with the system. Child protection workers should be aware of our own perception of families who have been involved with the system over generations and how this level of deepened awareness shapes engagement (Thomas, Noroña & St John, 2019).

Implicit Bias: How Perception Leads to Judgement

Implicit bias profoundly changes the decision pathways of child welfare systems. Implicitly biased attitudes and stereotypes include feelings and attitudes about other people based on race, ethnicity, age, and appearance. These biases begin at a very early age and are shaped through over the course of a lifetime, through exposure to direct and indirect messages. These biases, which encompass both favorable and unfavorable feelings, are activated involuntarily and without an individual's awareness or intentional control. Many people may not realize that they have implicit biases. These biases may perpetuate stereotypes in child welfare and influence judges' decisions about reunification.

The good news is that implicit biases can be changed. Our brains are incredibly complex, and the implicit associations that we have formed can be gradually unlearned through a variety of debiasing techniques (Lilienfeld, Ammirati & Landfield, 2009). When the well-being of children and families depends on our professional judgment, it is important to recognize everything that may inform our opinions and conclusions. When children and their parents are separated after abuse and/or neglect, it best for families to be together as often as is safe and appropriate for the child, and to allow the parent to continue engaging in parenting behaviors. Family time plays a pivotal role in helping reunite families and their children.

Diversity-Informed Practice & Intersectionality: Tools for Honoring Diversity, Understanding Histories, and Creating Equity

From a diversity-informed perspective, race, culture and ethnicity constitute some of the dimensions of individual and group social identities. It is also important to remember that individuals and groups can hold multiple social identities (van Mens-Verhulst & Radtke, 2008). A diversity-informed practice also It is important to use mental health treatment approaches or interventions that honor how individuals and families see themselves in terms of race, culture and ethnicity. This understanding is particularly important when serving children in the child welfare system their caregivers.

> “…it is important to use mental health treatment approaches or interventions that honor how individuals and families, see themselves in terms of race, culture and ethnicity …

An intersectionality framework can help practitioners avoid the reproduction of existing power hierarchies and understand the impact of the multiple risk factors that affect individuals or families. (Thomas, Noroña & St John, 2019, p. 42). **Exploring the dynamic interplay of penalty and privilege is critical for understanding the experiences of both recipients of service and service providers.**

Reflection Questions for Exploring Power, Privilege, and Identity

- What is the story behind your name?
- What did your childhood experiences teach you about what was normal and what was different?
- How did you come to learn about the child welfare system? Through professional experience? Personal experiences?
- What are ways that you do and do not hold privilege over the family I am working with? How might this affect your relationship with the family?
- What are things that you have been taught about the race, class, and gender identities the family you work with have? How do these things relate to racism, sexism, classism, and other systems of oppression?
- Does the family you are working with have experience with engaging in the child welfare system over multiple generations? If so, how might these experiences impact how they view the child welfare system and your role?

GUIDING PRINCIPLES FOR FAMILY TIME FROM AN INFANT AND EARLY CHILDHOOD MENTAL HEALTH PERSPECTIVE

Guiding Principle #1:

Each family time session should have one explicit goal that is individually tailored to the child and family at this moment in time.

The particular needs and experiences of parents and young children should be considered carefully on a case-by-case basis, rather than having an inflexible policy of set schedules. Family time needs to be individualized to match the circumstances, status, and characteristics of the individuals involved. For example, limiting inclusion of extended family members should be considered if it detracts from efforts to enhance the parent-child relationship. It is important to note that biology does not always determine the key individuals in a child's life. While bearing treatment goals in mind, providers also need to consider primary relationships from the infant's perspective while planning visits.

For each family time visit, focusing on one or more specific goals can create a shared idea about meeting the needs of the young child. Helping parents identify and work to address needs that their young children have (e.g., emotional, cognitive, regulatory, etc.) contributes to parents' ability to develop a relationship that includes an empathic appreciation for the child's experience.

Ideally, goals for the family time should be clear both to the biological parent and to the foster parent. In Visit Coaching (Beyer, 2008) and Fostering Relationships (California Evidence-Based Clearinghouse, 2018), a professional prepares the parent for the visit and helps with goal setting. After the visit concludes, this same professional review the visit with the parent, highlighting progress made towards the goal and identifying any perceived impediments. This is also a time to prepare for what the parent would like to happen in the next visit, so they can prepare, such as bringing a favored toy from home, bringing supplies to groom the child's hair, bringing a special book to read, etc. The goal is likely to evolve in response to changes in the parent, the child, and the unfolding of the case within the child welfare and legal systems. Keeping track of progress towards the goal and adjusting it in response to changed circumstances is ideal. Having a goal, that will likely change as the case progresses, ensures that the valuable visit time is spent constructively on efforts to repair the relationship.

Reflection Questions

- How am I determining and incorporating the specific needs of the child and parent(s) as it relates to the visit plan?
- How might my own biases, worries or concerns about the child or parent(s) influence who is included in the visit?
- Are the right people involved in planning the visit?
- How does this visit support the goal of permanency?
- What is the goal for this visit? Who is involved in determining the goal?
  - How does this goal align with permanency goals?
  - How does this goal foster the parent-child relationship?

- What goals do parent(s) have for the visit? What can I do to help achieve those goals? Do I have goals that align with the parent(s)' goal?

- Whose job is it to clearly articulate the goals and objectives to everyone?

- Is there a process and procedure for debrief, follow up and documentation that is supportive for the child and caregivers while also meeting the needs of the system (reflection, follow up, next steps, plans)?

Guiding Principle #2:

Anticipate that family time may be stressful for both children and parents and plan strategies to reduce stress and increase the sense of safety, especially for young children.

The goal of family time sessions is to improve the relationship with the parent and child. Young children will not see the parent as a caregiver if they do not have the opportunity to interact with the parent consistently and in nurturing ways. At the same time, for some young children in foster care, especially for those placed in early infancy, time with biological parents may be stressful as it may be experienced more like time alone with an unfamiliar adult. For others, who remember mainly negative experiences with the parent, being with the parent (especially alone), may trigger traumatic reminders. For parents, being in an uncomfortable setting (a sterile office with a few toys at the child welfare office or a fast food playground) and feeling watched and judged by foster parents and/or professionals is unnatural and uncomfortable. Ideally, family time sessions will occur in a home-like setting where the parent can engage in a range of parenting behaviors. For these reasons, it is important to develop a supportive location and constructive plan for family time for both child and parent.

Reflection Questions

- How can I minimize stress for the child and parent(s) considering transportation, location of the visit, use of the space, and/or who is present?

- What are the signs of a trauma response for this child or the parent(s)? Am I aware of any potential triggers that may elicit a trauma response?

- Is it appropriate to include a foster parent, therapist, peer advocate, or another person to support the child during the visit? If so, why?

- What am I doing to manage my own feelings and stress related to the visits in this case?

- When planning the visit location, how do I best determine what a family-friendly location is for *this family*, taking into account cultural factors, family history, and developmental needs?

- Am I giving space for the family's transportation needs and ideas in determining the best location for the visit?

- Am I ensuring that the space is child-friendly: i.e., crawl spaces for babies and toddlers; developmentally-appropriate games/toys/books; a comfortable space for the parent(s)/child to sit together, etc.?

Guiding Principle #3:
Young children should not have to bear the burden of family time (visits).

At times, long distances separate young children in foster placements and their parents. In addition, parents may be expected to maintain employment as well as attend many other required appointments as part of their case plan. Inevitably, scheduling conflicts may arise between the young child's needs and their parents' needs. Balancing these conflicting needs may be challenging.

Reflection Questions

- What space am I making to support developmentally appropriate choices for the child given the importance of a child's sense of agency (control) for organizing experience?

- What supports am I providing to help the adults involved regulate themselves? (e.g. preparation for visits)

Guiding Principle #4:
Young children should be prepared for family time (visits) that are planned and intentional.

Many adults do not talk – or know how to talk - to children, especially young children, about what may be happening. Young children may find time with their parent confusing or disruptive, especially with little explanation. Provide predictable routines that can be anticipated by parent and child to help support the relationship

Reflection Questions

- How can I best prepare the child and all caregivers for each visit to ensure as much predictability and consistency as possible for the child?

- Does everyone involved have a common language and an agreed upon story that they can consistently convey to the child?

- How much "newness" am I expecting this child to manage? (e.g. people, places, etc.)

Guiding Principle #5:

The frequency, length, and degree of supervision for family time should be tailored to the status of the case and parent/child

Family time should begin as soon as possible after placement, assuming that the child will be safe, and tailored to the individual case. The frequency, length, and degree of supervision of family time sessions should be considered within the context of when the placement occurred, the age of the young child, how well the parent is progressing with case plan goals, and individual differences in children's and parents' situations and needs.

Reflection Questions

- Is the length of the visit appropriate given the status of the case, the child's age and the relationship?
- Am I adjusting the length and frequency to the changing goals of family time? What other adjustments can I make to support tailoring of the visits?

Guiding Principle #6:

Family time (visits) sessions may include more than the parent.

Parents understandably may want the other family members to attend the visits, so they too can spend time with the child. Maintaining sibling connections and those to other caregivers is important but must not interfere with the primary purpose of establishing or maintaining the parent-child relationship and increasing the likelihood of reunification. Additional family members can be included at times, for a small portion of the visit, or just on a special day.

Reflection Questions

- Are the appropriate family members included in the visit in order to maintain sibling connections while not interfering with the primary goal of maintaining the parent-child relationship?
  - ➢ Am I taking into consideration cultural factors, family history and developmental needs when deciding who to include in the visit?
- What are the provisions for visits to occur with more than the parents? Does the child have siblings, are there considerations for siblings to visit with the child?
- Did we ask the primary caregivers who the child's primary attachment figures are? (i.e., What other adult is important to this child? Are there other adults (e.g. family, friend, or neighbor) who the child saw regularly and would want to see during visits?

Bringing It All Together
Foundational Reflection Questions

- What do I bring to this case, family, situation —both personally and professionally — that influence how I might act or think about my role and responsibilities?

- How do I insure that I am considering knowledge about developmental science as I plan visits?

- Do I have enough understanding about young children to plan their visits with a lens toward what is developmentally appropriate?

- Do I have a protected and predictable space where I can think reflectively about or a supportive individual with whom I can share my worries, concerns, experience and ideas?

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