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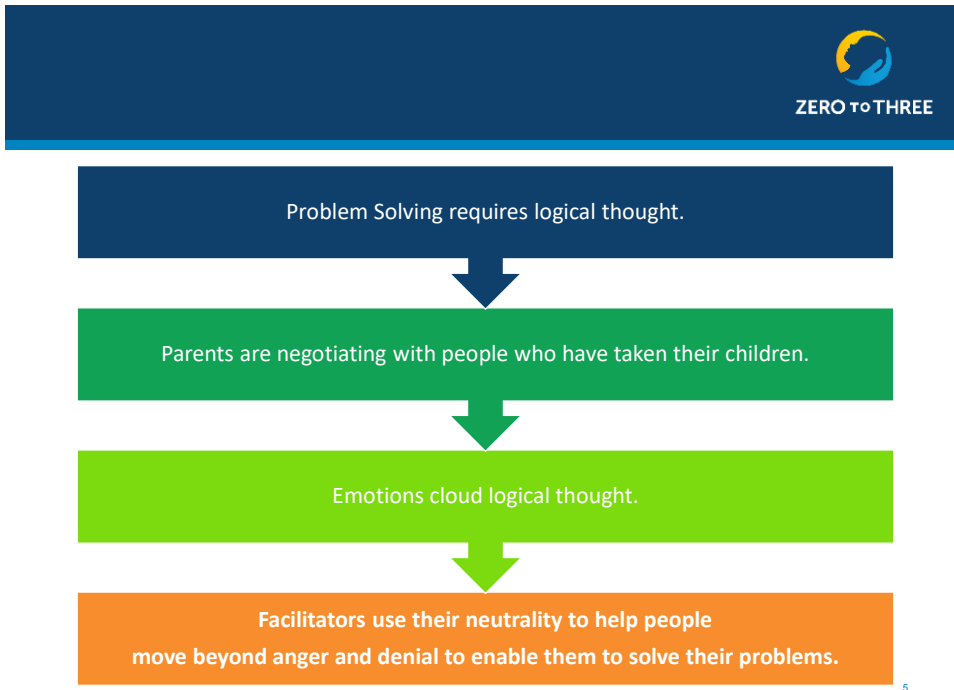


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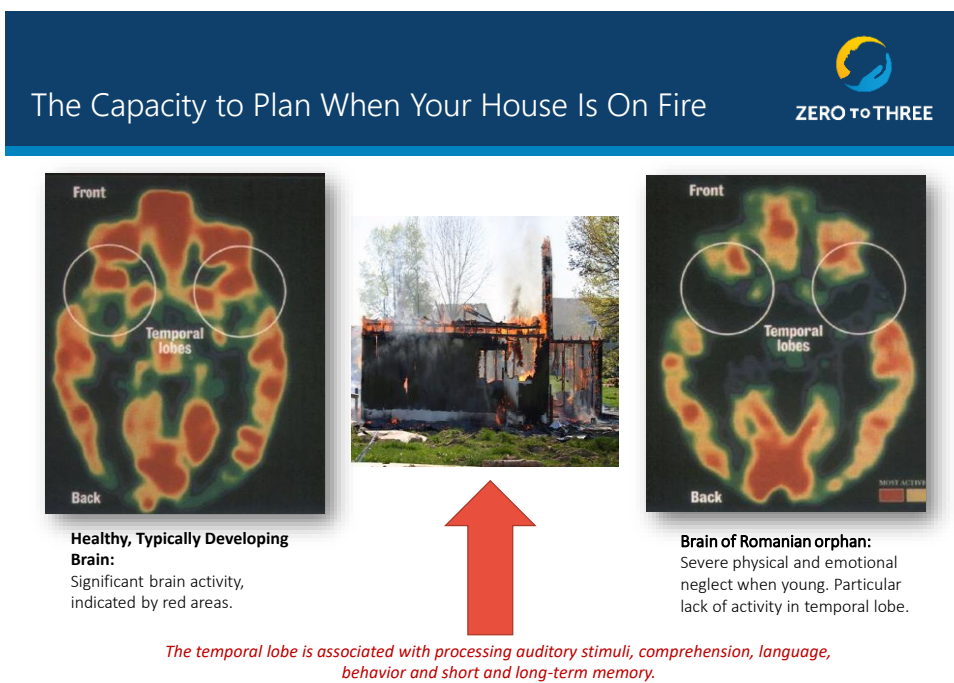


A Friendly Reminder:
Perception is Reality...

4



5



6



ZERO TO THREE



Compliance

VS

Trauma and Executive Functioning

- Difficulty planning, organizing, prioritizing, initiating and following through
- Difficulty learning from past experiences
- Impaired judgment
- Poor receptive language skills
- Difficulty switching gears
- Defective memory
- Maturity consistent with a much younger age than their chronological age
- Inability to predict outcomes
- Short triggers

7



ZERO TO THREE

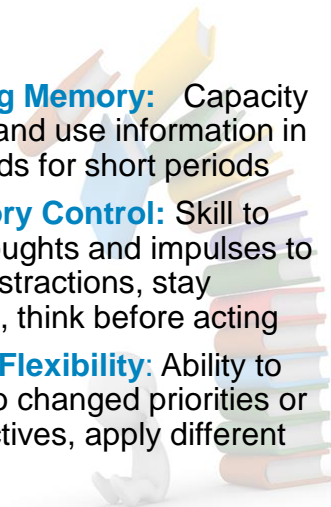
Recognizing Executive Functioning



The Brain Changes With Traumatic Stress

** Same pattern of brain damage is seen in depression **

- **Working Memory:** Capacity to hold and use information in our heads for short periods
- **Inhibitory Control:** Skill to filter thoughts and impulses to resist distractions, stay focused, think before acting
- **Mental Flexibility:** Ability to adjust to changed priorities or perspectives, apply different rules



8



A Closer Look at Bias As we Connect

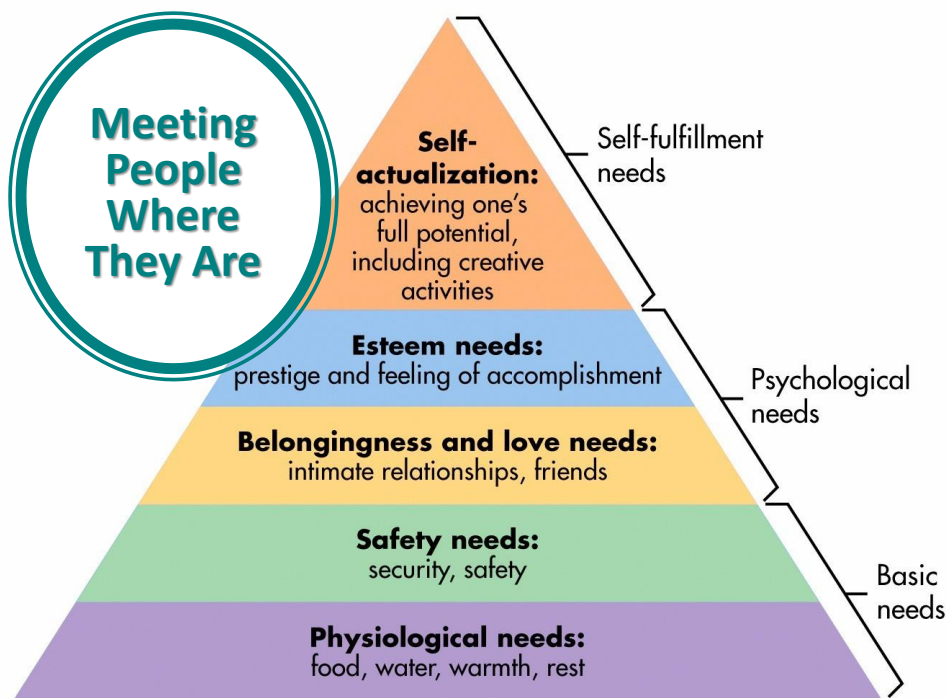
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**What does it take
for people to make
changes?**

- From You?
- From Themselves?
- From the Environment?

10



11

Meeting Parents Where They Are



ZERO to THREE



- Practice constant reflection about and with families (Check [in](#))
- Stave off triangulations & power struggles
- Are you or others personalizing the behaviors? (Check [yourselves](#))
- (Check [focus](#)) Keep them on the goal
- (Check [on](#)) For no reason except their well being

12

Meeting Parents Where They Are



- ✓ Follow up
- ✓ Follow Behind
- ✓ Follow their emotions
- ✓ Follow their story
- ✓ Follow their messages
- ✓ Follow their ques
- ✓ Follow Through
- ✓ Follow In/Follow Out



- ❖ Supporting as the external brain (Holding in mind that many parents have extensive neurological recovery to go through).

13

Factoring in the Complex Picture of Needs

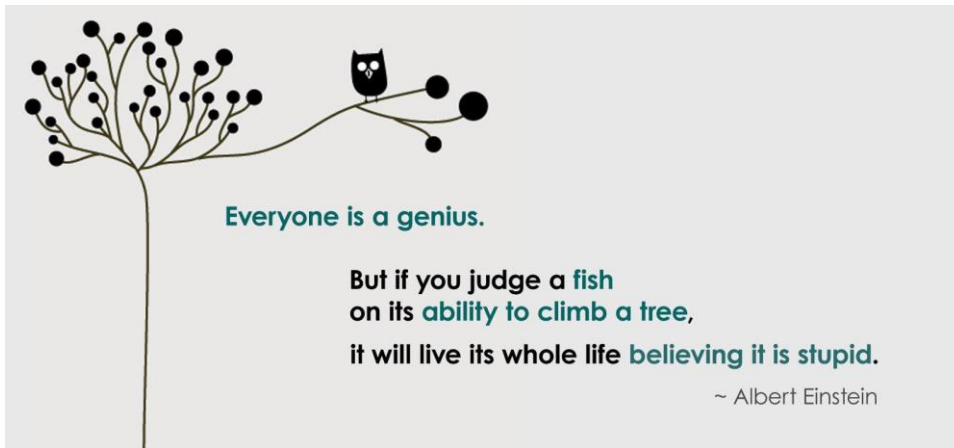


Co-occurrence of:

- ✓ Child maltreatment
- ✓ Poverty
- ✓ Substance abuse
- ✓ Mental health disorder(s)
- ✓ Domestic violence
- ✓ Unresolved trauma
- ✓ Racial/ethnic prejudice
- ✓ Historical trauma



14



Can't Vs. Won't

15



- What do I need to learn and understand about the situation?
 - What do I know objectively?
 - What assumptions (or stories) am I telling myself?
- What more do I need to learn and understand about the other people in the story?
 - What additional information do I need?
 - What questions or clarifications might help?
- What more do I need to learn more about myself?
 - What's underneath my work?
 - What am I really feeling?
 - What part did I play?



16



Taking a
moment to
reflect...

What is going really
well?

What have we learned
from over recent years
and in what ways has it
changed our practice?

17



18

Engaging Parents: Within the Court Room



- ❓ Is there dialogue present?
- ❓ Is there a clear opportunity for ownership and accountability?
- ❓ Is there a sense of the parent being able to follow along with understanding of what is happening during the hearing?



19



Clear is kind. Unclear is unkind.

- Sometimes speaking the truth feels like we are being unkind, especially when sharing difficult information or feedback. But in reality, dancing around the truth is unkind. When we avoid stating the truth—when we are vague or ambiguous under the guise of being kind—it is often because we are trying to lessen the discomfort for ourselves, not for the other person.
- Direct, honest, straightforward communication is kind. Sidestepping the truth doesn't serve a useful purpose for anyone involved.

20

Engaging Parents: Within the Staffing or Family Team Meeting



The Use of Ice Breakers

21

Engaging Parents: Communicating in Safe Spaces



Separate the **PEOPLE**
from the problem.

Focus on **INTERESTS**,
not positions.

Invent **OPTIONS** for
mutual gain.

Insist on using
objective **CRITERIA**

22



ZERO to THREE



Avoiding Blindsides

23

23

Shaping the Story to Support the Path to Permanency



ZERO to THREE

Where are we now?

Identifying the needs?

- ☐ Medical
- ☐ Social/emotional
- ☐ Developmental/
Educational
- ☐ Life Stability

The Timeline:

Where are we in the case?
"Alyse has been in care ___ days"

When is the Permanency
Hearing?

*Note changes here with start
dates*

How do we plan to get there?

PLAN A

Current services
Proposed changes
New services
Social supports

PLAN B

Paternity?
Current services
Identified needs

Questions:

Answer questions from parents and caregivers here

Next Steps:

*All steps for protecting consistency and promoting
change go here.*

24

Transitions are EVERYTHING...



Without this...



Never offering
← this...



25



26



ZERO to THREE



How well are we communicating?

- Does the work fall into silos?
- Are there examples of scaffolded services and supports that come to mind?
- In what ways does our work impact post permanency support?

27



Key Ingredients: Strong Collective Impact

28

Preparing to Mobilize the Community



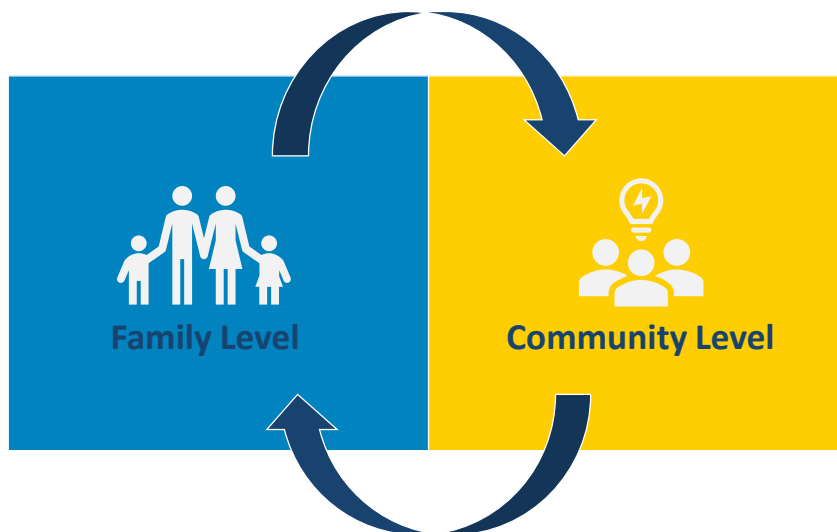
Consider these things...

- ✓ What are the key interventions used in the SBCT™ approach?
- ✓ How do the Social Determinants of Health enhance supports for families and what services are accessible?
- ✓ What is my community's capacity for scaffolded services and how do we prioritize them for families?
- ✓ What are the opportunities for this work to support prevention and the reduction of recidivism?



29

Cross System Collaboration



30

Incorporating the Social Determinants of Health



	ECONOMIC STABILITY	<ul style="list-style-type: none"> • Employment • Food Insecurity • Housing Instability • Poverty
	EDUCATION	<ul style="list-style-type: none"> • Early Childhood Education and Development • Enrollment in Higher Education • High School Graduation • Language and Literacy
	SOCIAL AND COMMUNITY CONTEXT	<ul style="list-style-type: none"> • Civic Participation • Discrimination • Incarceration • Social Cohesion
	HEALTH AND HEALTH CARE	<ul style="list-style-type: none"> • Access to Health Care • Access to Primary Care • Health Literacy
	NEIGHBORHOOD AND BUILT ENVIRONMENT	<ul style="list-style-type: none"> • Access to Foods that Support Healthy Eating Patterns • Crime and Violence • Environmental Conditions • Quality of Housing

31

Intentionally Accessing Prevention Services and Supports



- ✓ Child Parent Psychotherapy
- ✓ Depression Screenings
- ✓ Developmental Screenings
- ✓ Early Intervention assessments and services
- ✓ Well-Women Visits
- ✓ Access to Developmental Disability Services
- ✓ Perinatal/Postpartum Care
- ✓ Safe Sleep & Breastfeeding Education
- ✓ Quality of Well Child Visits
- ✓ Injury Prevention
- ✓ Family Engagement
- ✓ Nutrition & Oral Health
- ✓ Medical Homes and Access to Services




32

So... Who's on the guest list?



ZERO to THREE

- Judicial Leadership
 - Child Welfare agency leadership and staff
 - Local government leaders and agencies
 - Primary health care providers
 - Attorneys
 - Court Appointed Special Advocates (CASA) and Guardian ad Litem (GALs)
 - Court Improvement program staff
 - Mental Health Professionals
 - Parents (*previously involved with Child Welfare*)
 - Foster Parents and Foster Parent Associations
 - Law enforcement
 - Substance abuse treatment providers
 - Early intervention specialists
 - Early Head Start and childcare` professionals
 - Dentists
 - Domestic violence service providers
 - The Health Department/ WIC/ Family Planning
 - Representatives from colleges and universities
 - Faith-based & volunteer groups
 - Child and Family advocates
 - Re-entry programs for parents with felony convictions
 - Job training agencies
- 



17

Bringing Everyone to the table

- Building a shared vision for supporting families
- Utilizing a resource walk to explore available supports and exploring access to identify barriers and troubleshoot solutions
- Exploring strategies for scaffolded work that reduces silos in service and communication
- Seeking out collaborations that collectively address co-occurring issues for families



35



ZERO to THREE



Who's missing?

Are there other organizations or individuals who should be included or re-invited to plan for and support your Infant Toddler Court Team?

36



37

Courageous Conversations

Safety Risk and Protective
Factors

&

Addressing Subsequent
Factors



38

Exploring Protective Factors



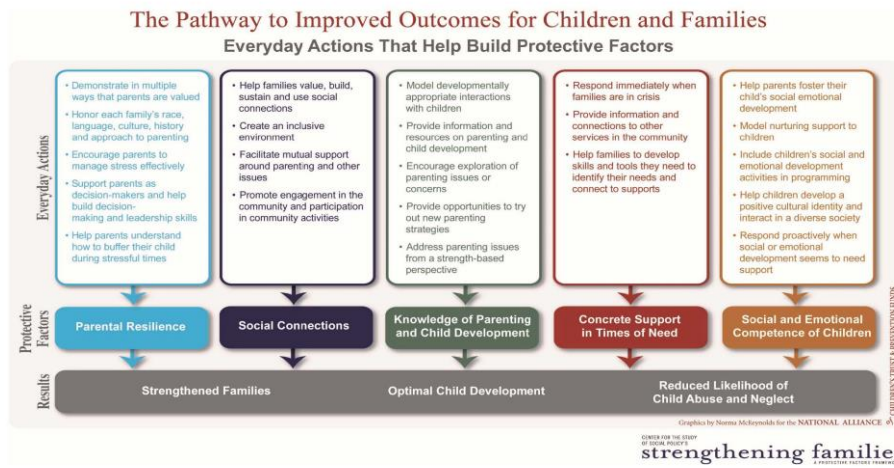
- ✔ Proactive Parental Resilience
- ✔ Ability to Demonstrate Knowledge of Parenting and Child Development
- ✔ Identified Supportive Social Connections
- ✔ Concrete Support in Times of Need
- ✔ Ability to Demonstrate Social and Emotional Competence of Children



39

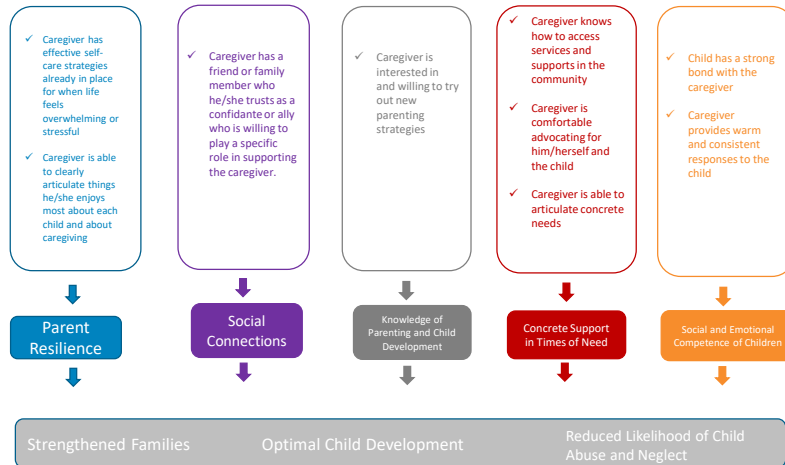
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A Strength-based Approach to Protective Factors



40

Strength-Based walk through Protective Factors Scaffolding Services and Supports



41

Checklist for Accountability and Success



T.A.S.C. Approach

- T – Who owns the task?
- A – Do they have the authority to be held accountable?
- S – Do we agree that they are set up for success (time, resources, clarity)?
- C – Do we have a checklist of what needs to happen to accomplish the task?



PAINT DONE!

42



Addressing
Setbacks

The Art of Reframing:
Our thoughts, words and
actions

43

Gaining Buy-In and Establishing Trust



ZERO to THREE



44

Focus on Open-Ended Questions Rather Than Assumptions



"You said you would like to go back to school, What can you tell me about your plans for that?"

"How will " _____ " be helpful to you?"

"What would you like to see mom be able to accomplish as we move further into this journey?"

"Help me understand how this is important."

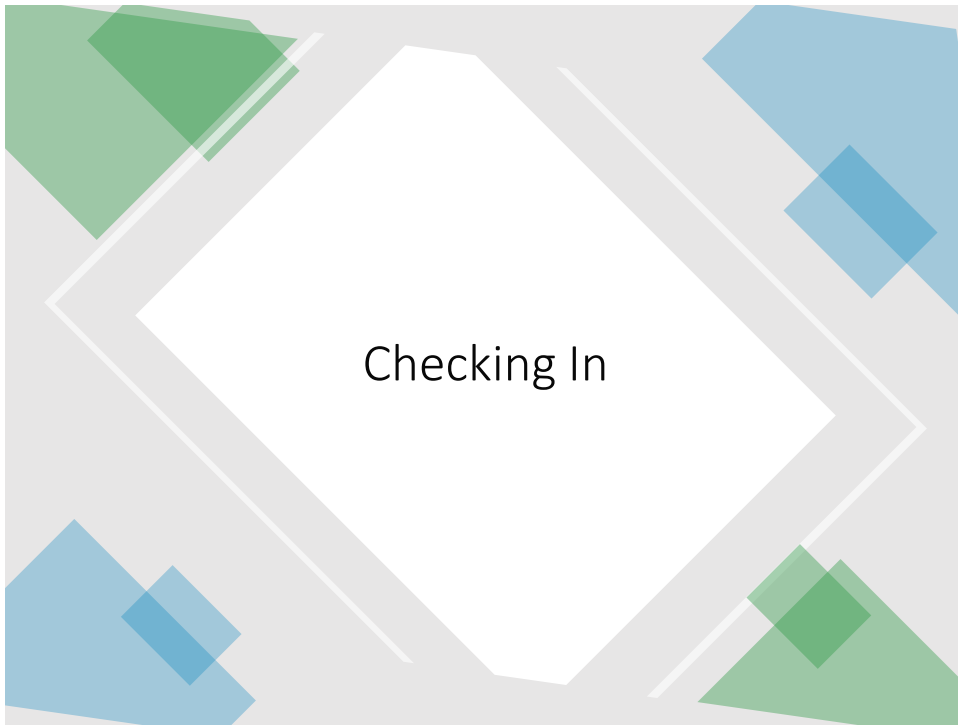
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Consolidating the Narrative: How are WE Telling the Story?



Coordinating information for a more complete picture

46



47

Checking In: Supporting Quality Parent/Child Contact & Interactions



- What does it look like now – through the eyes of the child
- Where do you want it to be?
- How do you use your role to make it a reality?
- Weighing if the exception has become the rule or if the rule should be the exception, reflection and influence
- Always keeping the purpose in the forefront of planning change
- Alternative ways to implement quality family contact without breaking the child welfare budget

48

Checking In: Exploring the Continuum of Mental Health Services



- Facilitating strong, effective resources for your system of care:
 - Adult focused services
 - Child Focused Services
 - Mental Health Services for professionals
- Funding
- Availability
- Equity in services
- Universal knowledge of the intent of the intervention

49

Original ACE Study vs. SBCT Families 4 or More ACEs

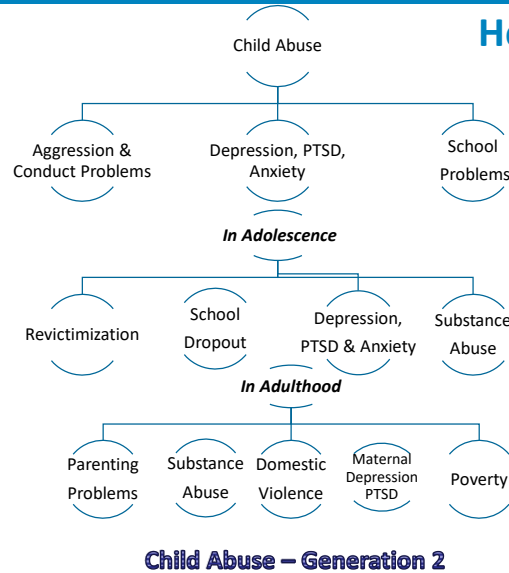
Remember

Amongst SBCT families with closed CWS cases...

70% of children have at least one parent with 4+ ACEs

50

The Impact of Adverse Childhood Experiences On the Path to Permanency



Health Risk Related to ACEs

- Adults with 4 or more ACEs are 7 times more likely to become an alcoholic
- Adults with 5 or more ACEs are 7 to 10 times more likely to suffer from drug addiction
- Women with 4 or more ACEs are more than 5 times as likely to be raped
- Women with 5 or more ACEs are 2 times more likely to have a teen pregnancy



51



Mental Health Services for Parents

- **CBT: Cognitive Behavioral Therapy** is a short-term, goal-oriented psychotherapy **treatment** that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or **behavior** that are behind people's difficulties, and so change the way they feel.
- **TF-CBT: Trauma-Focused Cognitive Behavioral Therapy** is an evidence-based treatment for children and adolescents impacted by **trauma** and their parents or caregivers.

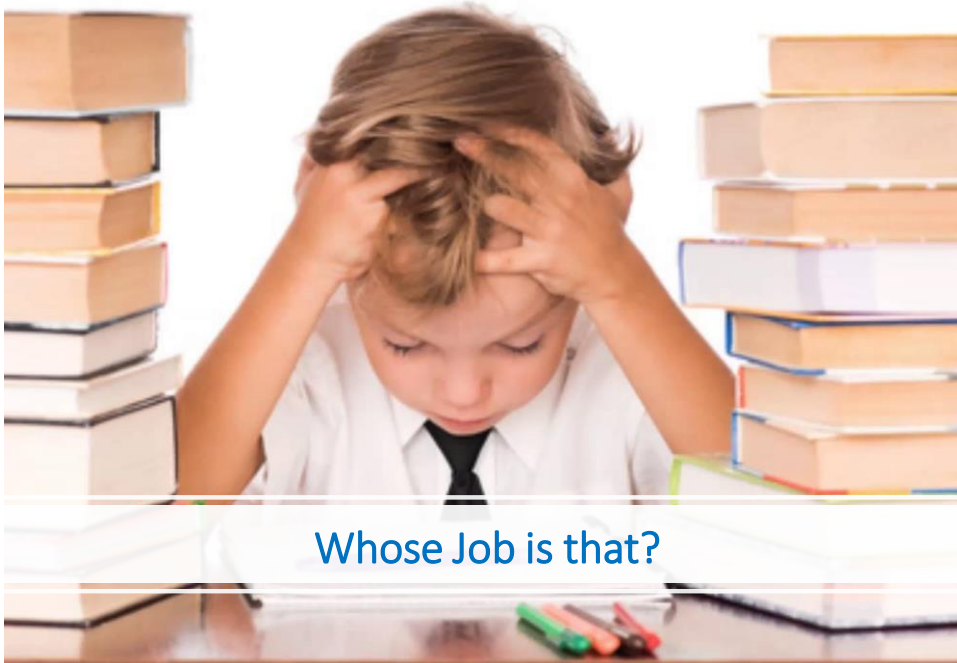
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Mental Health Services for Parents

- **DBT: Dialectical Behavior Therapy** is a highly effective type of CBT, it teaches clients four sets of behavioral **skills**: mindfulness; distress tolerance; interpersonal effectiveness; and emotion regulation.
- **EMDR: Eye movement desensitization and reprocessing** is a powerful new psychotherapy technique which has been very successful in helping people who suffer from trauma, anxiety, panic, disturbing memories, post traumatic stress and many other emotional problems.

53



54



From the Case Manager....

- Develop, implement and revise when needed a concrete plan that increases time and provides realistic environments for engaging in family time that allows for front seat parenting with the parents and shared opportunities whenever possible.
- Support the parent, caregiver and child.
- Inform parent of their responsibilities.
- Assess family attachment and extended family connection – promote time that normalizes the life of the child with ALL of their loved ones.
- Supervise Family Interaction, if needed and arm others to neutrally supervise when they elect to.
- Prepare for setbacks and initiate problem-solving meetings for the plan.
- In all decisions ask the question “What did I ask the child to do?” - in order to meet that decision.

55



From The Parent...

- Remember that the number one priority is to insure the emotional and physical safety and well-being of child – what do THEY need from YOU.
- Provide or support transportation, meals, essential items and activities for your child’ s daily routine and their time with you whenever possible.
- Attend Family Interaction as scheduled and call in advance to cancel and discuss cancellation with child if possible.
- Take on parental role to meet child’ s needs and work with the caregiver to develop consistency in how you respond to your child.
- Share routines and traditions that are important to your family and be willing to learn the schedule that your child has developed while away from you.
- Follow agreed-to rules and conditions while keeping communication open for changes.

56



From the Caregiver ...

- Assist with or provide transportation of child to get to appointments and family interaction.
- Have regular on-going contact with the parent.
- Share schedules and routines with the parent and when possible consider hosting family interaction in your homes.
- Be open to shared opportunities to support the child (doctor's visits, therapeutic sessions, park days/sibling activities, etc.)
- Utilize tools to objectively document behavior before, during, and after in case additional support is needed for the child.
- Encourage contact and support child in having a connection with that heartbeat.
- Help child accept separation from parent (building life books)
- Practice self-regulation when they return from concentrated time with their other parent.

57

From the Team... Committing to Regularly Checking Your Vitals



- ♥ What happened? What did we do? What did the family do? What did we not do? What did they not do?
- ♥ What went well? What went less well?
- ♥ What else could we have done? What impact might a different response have had?
- ♥ If a similar case came up again, would you recommend doing anything differently? Do you need any additional information?
- ♥ Did this experience change anything for you? What helped make this change?

58

Setting the Stage for the Day AFTER the Case Closes



- Plan long-term
- Medical Homes
- Early Intervention/ Early Education Continuity
- Ensuring that the caregiver knows where to go for help
- Supporting the transfer of services from DCYF to families
- Defining the circle of support



59

What will this get me?



Promotion of transparency

SMART plans developed for permanency

Work where all things are considered through the lens of the child

Case plan goals that intentionally target sustainable change

Practice that engages & empowers families to strengthen their capacity

60



ZERO to THREE



What immediate things could we think about changing to enhance practice?

What are 2 items you can commit to as top priorities moving forward?

61



ZERO to THREE

Closing Thoughts...

- ♥ How you are is as important as what you do.
- ♥ Hold people up. Believe in them when the parent doesn't yet believe in him/herself. See them as parents and not problems.
- ♥ Recognize your own triggers and areas of vulnerability. Know when you're feeling burned out.
- ♥ People don't always receive messages the way we think they will. How do you share information in ways that will be perceived by parents as respectful?



62



ZERO to THREE
Early connections last a lifetime

National Infant Toddler Court Program

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www.zerotothree.org

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,000,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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