Relationships

- Relationships are developed through the emotional bond between the child & primary caregiver. It is through this relationship we learn to:
  - Regulate emotions/“self soothe”
  - Develop trust in others
  - Freely explore our environment
  - Understand ourselves & others
  - Understand that we can impact the world around us
Infant

- Infant emotions are evoked by physical conditions such as hunger, discomfort, temperature or fatigue;
- Young babies’ interactions are emotionally based
  - Smiling
  - Crying
  - Imitation
- How caretakers respond to the infant’s needs help define the infant’s most basic view of the world
Attachment

- Attachment involves two components in the infant-caregiver relationship:
  - the infant's need for protection and comfort, and;
  - the caregiver's provision of timely and appropriate care in response to these needs

- Caregiver needs to be present, attuned and responsive

- Research suggests that a child’s sense of safety and security is as important to emotional/social well-being as actual safety is to physical well-being.
Attachment

- Maltreatment can affect the attachment relationship
- Removal from the relationship can make it worse
- Those with healthy attachments impacted by removal
- Separation can evoke strong and painful emotional reactions
What We Know About Trauma

- Trauma is prevalent
- Trauma that occurs in early childhood can be the most devastating
- Experiencing interpersonal trauma can be most damaging
- Repeated trauma increases risk of negative social, physical and emotional health outcomes
- Chronic trauma can impact a young child’s brain development and functioning
What We Know About Trauma

Trauma Effects All Aspects of Life

- Trauma can change the actual structure of the brain (especially in very young children). It also changes the way the brain works.
- Trauma then impacts:
  - Relationships
  - Emotional Regulation
  - Behavioral Regulation
  - Attention/Concentration
  - Use of substances
  - Employment Capacities
  - Parenting Capacities
Body Chemistry

• Recognition of threat and danger stimulates various stress-response pathways. Adrenaline and several endocrine hormones are released into the bloodstream.

• Effects of increased adrenaline and other endocrine hormones in combination include:
  • Increased cortisol production.
  • Increased blood sugar
  • Increased heart rate
  • Changes in blood-flow
  • Increased platelet levels.
  • Increased endorphin levels
The Core Trauma Principles

- **Safety**: Ensuring physical and emotional safety

- **Trustworthiness**: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries

- **Choice**: Prioritizing developmentally appropriate choice and control for children, youth, families and adults

- **Collaboration**: Maximizing collaboration and sharing of power with children, youth, families, and adults

- **Empowerment**: Prioritizing child, youth, family and adult empowerment and skill-building
Removal

- Removed from home that they know - Safety
- Separated from the people they know - Safety, trust
- Leave with someone they just met - Trust
- Have to live in a new place - Choice, safety
- Have to live with new people - choice, trust

- How emotional was the removal?
What is the child feeling or thinking?

- Scared
- Anxious
- Guilt
- Abandoned
- What did I do wrong?
- Shock
- Concern for family members
What is the Parent Feeling/Thinking

- Guilt
- Anger
- Scared
- Worried
- Jealous
Research shows that children who have regular, frequent contact with their family while in foster care experience:

- A greater likelihood of reunification
- Shorter stays in out-of-home care
- Increased chances that the reunification will be lasting
- Overall improved emotional well being and positive adjustment to placement

Weintraub, 2008
Infants and Toddlers

- First 5 years most important in brain development
- Attachment relationships one of the primary goals of infancy
- Secure and stable relationships are the foundation of social, emotional and cognitive development
- Within the first months, begin to develop a preference for caregivers
- This leads to separation issues in the following months
Impact on Parents with Trauma Histories

- Ability to assess safety
- Forming and Maintaining Relationships
- Ability to regulate emotions
- Vulnerable to trauma triggers
- Decision-making
- Vulnerable to other stressors
Working With Parents

- Understand fear, anger or avoidance may be the result of their own trauma history - assess their history
- Engage parent by being non-judgmental, non-blaming and strengths oriented
- Build on parent’s desire to keep their children emotionally and physically safe
- Help them understand the impact trauma has on their parenting
- Observe for trauma reactions and/or triggers during visits
- Refer parent to trauma specific services

Purpose of Visitation

To preserve and enhance the parent-child relationship while providing for the safety and well-being of the child
What Visitation Does

- **Visitation is essential for a child's well-being**
  - maintain the parent-child attachment,
  - reduce a child’s sense of abandonment, and
  - preserve their sense of belonging as part of a family and community.
  - Mitigates the trauma from separation

- **Visitation is fundamental to permanency**
  - promotes timely reunification, and
  - helps in the decision-making process to establish alternative permanency plans.
  - maintains and supports the parent-child relationship necessary for successful reunification.

- **Visitation is vital to a child maintaining family relationships and cultural connections**
  - Visitation maintains their relationships with siblings and others who have a significant role in a child's life.
  - Visitation is considered the heart of reunification, but even when reunification is not likely, parents, siblings and extended family continue to be important in children's lives.
Benefits of Visitation

- Supports parent-child attachment
- Eases the pain of separation for all
- Maintains and strengthens family relationships
- Reassures a child that their parent(s) is/are alright and helps them to eliminate self-blame for placement
- Enhances parent motivation to change
- Provides opportunities for parent(s) to learn and try new skills
- Supports a child’s adjustment to the foster home
- Enables the parent(s) to be active and stay current with their child’s development, educational and medical needs, church and community activities
- Provides opportunities for parent(s) to assess how their child is doing, and share information about how to meet their child’s needs
- Assists in the assessment and decision-making process regarding parenting capacities and permanency goals
Guidelines for Visitation

- Frequent contact is essential for this attachment to develop, grow and be maintained.
- Immediate contact.
- Not a punishment or a reward, viewed as a conditional right and a necessity.
- Most natural, least restrictive environment.
Infants/Toddlers

- Daily contact is the optimal level for infants.
- Infants need physical contact for attachment to develop.
- Toddlers should have contact every 2-3 days.
- Special attention should be given to the visitation plan to ensure that visitation activities promote attachment which at this age is around caregiving tasks, feeding, bathing, dressing, rocking.
School Age

- Able to use language to help them cope with separation.
- Secure attachment relies on a child's trust that their parent(s) are available, responsive and protective caregivers.
- Can use the phone, e-mail, and utilize other forms of contact to communicate with their parent(s).
- Benefits from face-to-face contact of two to three times a week.
Adolescents

- Involve in developing the visitation schedule

- May complicate the developmental task of identify formation.

- Visits should help identify those who will provide support for them when they leave care.
Siblings

- Identify individuals with whom a child has an established and significant relationship.
- Separation from siblings should be avoided unless clinically indicated for safety reasons.
- In households where abuse occurs, sibling relationships may be a source of safety and comfort.
Supervision

- May be appropriate early on to assess the relationship between the child and caregiver.
- Research does not identify alcohol or drug usage as a sole reason to restrict visitation to a supervised setting.
- Seek ways to involve extended family, foster families, and community members to support visitation.
Other Ways to Keep Connected

- Ensure that children have pictures of their parent(s), siblings and other important people, and a way to display them. If a child does not have pictures, ask the parent(s) or social worker for them.

- Encourage recognition of and participation in family events and rituals

- Encourage children to make things for the parent
Things to keep in mind for the visit:

- Homelike settings work best.
- Psychologically prepare the parents.
- Visits should increase and lengthen as a family approaches reunification.
- Parents should be clear on the goal of the visit as it relates to their case plan.
- Help the family create rituals around visits, such as a “hello” and “goodbye” ritual to reduce stress at transition times.
What to Do During Visitation

• Depends on age of child but should always be interactive
  ◦ Play games
  ◦ Help with standing, walking,
  ◦ Read developmentally appropriate books
  ◦ Encourage exploration, take walks, play together with colorful, noisy, moving items
  ◦ Focus on cultural or family issues/rituals
  ◦ Create something that both can share
  ◦ Homework or assignments
  ◦ Be as natural as possible
Child's Reactions to Visits

- Increased anxiety before or after, not necessarily a bad thing
- Conflicted loyalty between resource parents and biological parents
- Guilt that it is their fault they can’t go home
- Regression in behavior
- Explore basis for feelings and behavior
- May need to increase rather than restrict visits
Parent’s Reaction to Visits

- Feel in competition with resource parents
- Feel anxious which may increase:
  - Mood dysregulation
  - Use of substances
  - Not showing up
- May need to:
  - Increase communication between resource parent and biological parent
  - Engage biological parent in more day to day decision making
  - Assess need for treatment supports
  - Assess barriers
Resources

- Child and Family Visitation: A Practice Guide to Support Lasting Reunification and Preserving Family Connections for Children in Foster Care
  http://www.ourkids.us/SiteCollectionDocuments/Handbooks/Visitation%20Minnesota's%20Guide.pdf

- National Child Traumatic Stress Network
  ◦ http://www.nctsn.org/

- Partners for our Children