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Treating the Tender Roots of Foster Care: Family Centered Treatment for Young Children in Foster Care

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The science of early development and our understanding of the impact of early experience on later social, emotional, and cognitive development has grown dramatically in the past three decades…The current state of knowledge should impact how every system that works with infants and families needs to contemplate and address the needs of our youngest citizens and their families (Shonkoff & Philips, 2000).

Problem

The research base for early intervention is a broad footing upon which to build. How that structure is contemplated is debatable when it comes to building best practices for very young children in foster care. The clinical prognosis data held out to therapists working with foster care children is not reassuring, and when considering the developmental aspects of treatment of very young clients, the complexity of each case can be staggering. In part, the additional dilemmas face very young children placed in foster care who undergo a multitude of perceptual upheavals make these cases uniquely difficult:

- Pre-verbal experience of trauma
- A loss of their known world: their primary caregiver
- A loss of touch, affection, and a mode of soothing known only and specifically to the particular infant or young child and their biological mother
- An extreme change of environmental smells
- Changes in the decibel level of the environment
- Many times, a loss of dialect or language use
- Changes in complexity, color, amount of movement predictability, etc.

Their very sense of reality is challenged, and even if the on-looking professional climate views the change as needed and warranted, the impact on a baby or toddler is many times much more deleterious to the emotional development of the young child than is understood. Consequently, the impact of foster care on very young children can many times become more negative in its impact than good intentions foresee.

Due to the very critical phase of brain development in very young children, their emotional needs are particularly vulnerable. There are stages of brain development described as “brain growth spurts” by Herman Estein (1978), a developmental scientist.

He espoused that the complexity of the brain in infancy makes learning occur at an exponential rate in the first three years as opposed to later on in life. For the past three decades, this information has infiltrated the academic literature, and has made an increasingly meaningful dent in the mental health literature.

Yet, the consequence of foster care systems minimizing these concerns carries a price. It is what Kotulak (1996) describes as the ultimate societal price paid out in violent acts. "The rising tide of abuse and neglect of children occurs during the critical period when children are developing what Harvard's Felton Earls calls 'moral emotions.' These are emotions rooted in brain chemistry and are established in the first three years of life." Trauma due to abuse and neglect is subjected to the impact of another type of trauma: that of disrupted attachment.

John Bowlby (1988), the father of infant brain developmental theory and its relation to emotional long term development described four stages of development in the young child. Ultimately, Bowlby's research drove his work regarding the "attachment theory" which has radically impacted early child mental health therapy at large. At the far end of the continuum of problematic attachment patterns, DSM IV (1994) terms the diagnosis, 313.89 Reactive Attachment Disorder of Infancy and Early Childhood. "RAD" as it has come to be known, "includes either one or both of the following:

1. persistent failure to respond in a developmentally appropriate fashion to most social interactions, as manifest by excessively inhibited, hypervigilant, or highly ambivalent and contradictory Reponses (e.g., the child may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness)

2. diffuse attachments as manifest by indiscriminate sociability with marked inability to exhibit appropriate selective attachment (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures)"

Left untreated, the diagnosis has devastating social and emotional effects upon the family as described by Keck & Kupecky (1995):

- Indiscriminate affection toward strangers
- Lack of affection with parents on their terms
- Little eye contact with parents
- Lying about the obvious
- Stealing
- Destructive behavior to self, to other, and to material things
- Abnormal eating patterns
- No impulse controls, hyperactivity
- Learning difficulties
- Poor peer relationships
- Lack of conscience
- Cruelty to animals
- Preoccupation with fire
- Crippled ability to attach to any human being

At least in part, these behaviors along with others result in alarming statistics for children raised in foster care across the nation (Ademec & Pierce, 2000):

- 37% of children in foster care receive special education services
- 27% of children under 6 years old are treated for respiratory disorders
- 20% children under 6 years of age are treated for chronic skin disorders
- Less than half of children raised in foster care finish high school, which puts them at a higher risk for drug abuse and teen pregnancy
- Approximately 80% of children raised in foster care receive a mental health diagnosis
- Over half of children raised in foster care end up unemployed as adults.

While the public is becoming much more aware that a baby's brain has a type of window of opportunity like none other to build synapses and hard wiring that will last a life time, many times, these same issues pale when considering reform for the very young in foster

care. In fact, the wealthy public, the educational arena, and even celebrity concerns for early cognitive stimulation overshadows the need for a more intense focus on emotional well-being of infants in foster care. It is time for a call for money to be spent, and time to be spent, and treatment to be targeted for these, the most vulnerable of our society.

Paradigm Shift

Many well-meaning professionals could extrapolate this information regarding early brain development as a need for educational early intervention and stimulation, met with early day care placement. Yet the most pronounced difficulty from the foster care unit professionals in Wake County, North Carolina was described unilaterally: the foster parents have incredible challenges with the stabilization of their foster children in preschool placement. Due to physically aggressive behaviors and severe tantrumming, many children undergo multiple extrusions from their daycare and preschool settings, which continues to subject them to disrupted relationships. Many children placed in foster care, (even those placed in a substantially more stable home environment,) find themselves expelled from their day care environment because of their maladaptive behaviors. This becomes yet one more upheaval in their little lives.

In a system where the foster caregiver typically works full time, the plight of the very young takes on an even more difficult task. For many foster care parents, they simply cannot keep their jobs when their foster child is being asked to leave school, and so the threat of a failed placement looms for these behaviorally challenged preschoolers. In an attempt to find permanency for children within a year, it is reasonable for the state to

place emotional needs in second place to a workable placement.

Unfortunately, the whole concept of permanency leaves much to be desired, in terms of the impact on the socio-emotional well-being of the young child. Permanency is not the totality of what young children need and want. Yet as far as the social norm for foster care is concerned, it is stamp of approval sought by county social workers, guardians ad litem, attorneys, judges, and case workers. Whether or not the children are attaching to the foster parents remains secondary on the list. Whether the foster parent is keeping them safe is understandably the primary concern of the child welfare arena. And the biological parent has their own list of priorities as well: clean drug screens, successful attendance at parenting classes, suitable housing, stable employment, etc.

Yet with all of the hoops that have to be negotiated by reluctant biological parents, little attention is given to the level of attachment and the actual observed parenting skills that they have demonstrated. The permanency planning paradigm may make sense theoretically and financially for the short term, but renders little assurance for the birth to five year olds in the foster care system. As a result, those who are re-united with their family are at high risk for re-entry into the system.

Proposed Treatment

There are many models for improving the attachment between child and parent. The Child Mental Health Initiative (CMHI) in Raleigh, N.C. became very interested in these models as the roster of referred children involved in child welfare grew. CMHI is one of

the most frequently used mental health resources in the public sector of Wake County for birth to five-year-olds with serious socio-emotional problems. Because of the alarming 40% of enrolled clients had some history of involvement with child welfare over the last 5 years, models were sought for efficacious treatment of these young children and their families. Two models seemed particularly useful.

The Circle of Security Project (Marvin, Cooper, Hoffman, & Powell, 2002), necessitates strong family involvement and their training protocol was earmarked by the following objectives for the parents to:

1. grow more sensitive and responsive to their child's signals
2. increase their ability to consider their own behavior as well as the child's behavior along with their thoughts and emotions about the attachment building interactions.
3. to consider experiences in their own backgrounds that impact their parenting styles.

The Circle of Security proponents start with training the parents in a group so that they can become familiarized with their own history of security as it developed for them as young children. The parents watch films, and learn to rethink the cues from their children that in the past have caused them to grow frustrated, angry or distant, resulting in all the more difficulty with building a secure attachment with their child. The strategies that are utilized for parents experiencing difficulties with their preschooler are based upon the understanding of what theorists have identified as four patterns of attachment (Marvin & Britner, 1995):

- The secure child-autonomous parent
- The insecure, avoidant-dismissing
- The insecure, ambivalent

- The insecure, “disordered” pattern.

The parents in this model undergo a 20-week intervention designed specific to the needs of their pattern of relationship with their child. Pre and post assessments include videotaping the Strange Situation, the pre-school version (Ainsworth & Wittig, 1969) to determine attachment patterns. Additionally, the parent is given some tasks to complete with the child and the parent-child interaction is taped. Immediately following this interchange, an interview with the parent follows. The parent is interviewed and standardized assessments are administered that consider the child’s behavioral problems, including anxiety and depression. Standardized tools measure the parents’ stress level and stressful environmental factors. The proponents of Circle of Security state that as the pattern of attachment and communication shifts within the parent, the child’s level of attunement and relational reciprocity shifts as well (Marvin et al, 2002).

Another model, which will be referred to as the Tulane Model was pioneered 16 years ago by the vice chair of the Department of Psychiatry at Tulane in New Orleans. Dr. Charles Zeanah, director of the Infant Team at Tulane, has utilized techniques and strategies based in attachment theory, (Larrieu & Zeanah, 1998). Their team works with children under 48 months who have been placed in foster care, their biological parents, as well as their foster care parents. Videotaped interviews and additional instruments utilized in the Tulane Model guide the therapy delivered to the biological parents to re-organize their parenting strategies, and to enhance the attachment patterns that they have historically utilized with their children.

Hence, the treatment ensues with both sides of the family, both biological and foster, to maximize the possibility that the young child is able to build attachment with at least one side of his/her significant familial world. Certainly, the work with the biological parents increases the likelihood of the bio parents exhibiting healthier parenting skills. In fact, Zeanah and his staff (Zeanah et al, 2001) found that there was a 50% decrease in recidivism in additional neglect/abuse charges by the biological parents who received treatment through their program in comparison to a control group.

In Raleigh, North Carolina, there is an effort underway to replicate these principles. It is designed to turn the paradigm around from "sufficiency" to best practices, best services, and best care provided to the very young in child welfare and their families. The program is housed within the Child Mental Health Initiative of Learning Together and is called "BEST Care Kidz." While BEST Care Kidz is in its infancy, the practice of the principles is not. BEST Care Kidz is a sister program to BEST Buddiez, which is the treatment program for preschoolers based upon the prevention themes in literature of Boundaries, Empathy, Self-esteem, and Thinking. Based upon these prevention principles, the models outlined above are embedded in its philosophy.

The program has melded the efforts of several community agencies to build a collegial network of referring professionals. Through this fluid network of referrals, young children in the child welfare system identified with behavioral or emotional difficulties are being referred to the program to stabilize their behaviors. Treatment includes in-school and in-home play therapy, in which foster parents are equipped to play

therapeutically with their children. BEST Care Kidz has established internships from area universities to provide wrap-around services to these very needy families.

Already, the "fit" for these principles being utilized on a lesser scale has been encouraging. Even pre-verbal clients, or those who have endured abuse are treated through SIP therapy (Solution-focused In-role Play Therapy,) and many times group therapy is utilized through BEST Buddiez groups to practice pro-social skills to increase the possibility of a successful placement in preschool, (Terrago, 2005). During these groups, foster care parents as well as biological parents are invited to attend parenting workshops held simultaneously with the BEST Buddiez groups.

Work with the biological family is certainly the most intense work. During visitations with their child, the interactions are videotaped and later processed with the parent to improve the pattern of attachment. SIP Therapy principles are utilized and modeled for the biological parents during these supervised visits. These techniques and strategies and are utilized to help the parents build a deeper bond with their child. These include, but are not limited to:

- Learning to be sensitive to the child's cues
- Establishing calm competency at all times with the child
- Identifying the child's comfort zone: what activity is the child most easily engaged in play, and how does the child initially like to play…functional play, emerging pretend skills, or elaborate pretend skills
- Following the child's lead initially
- Tracking what the child is attempting to accomplish
- Imitating the child's behaviors
- Reflecting the level of comfort with physical proximity
- Noticing and being sensitive to the level of the child's eye contact
- Allowing the child to "work through" the anger by reflection of feelings

- Joining with the child: taking on the role of supporter with the child…expressing verbally the sharing of the experience, and as much as is possible, utilizing bodily presence.
- Slowly introducing pro-social skills such as nurturance and rescue into the play themes of the child
- Practicing the preparation of the end of the play session, as a means to build resistance to gratification frustration.

Certainly, there is an art in this therapy, and many behavioral parenting skills are introduced as therapy progresses. Allowing the creativity of play and imagination take precedence with the child during therapy can take therapeutic alliance to a whole new dimension with a two, three, or four year old. Helping foster parents to learn how to become their child's safe haven is a building block to other attachment building skills. Playfulness is pivotal to the therapy, so as to help the foster parent feel differently toward the child, and to help the child feel differently and behave differently with the foster parent.

The biological parent piece is sometimes the part that is grossly overlooked when working with latency aged children, but is absolutely imperative when working with birth to five year olds. The parents in this program are encouraged to attend their court ordered parenting skills classes, but the more complex the case, the less apt these classes will be adequate to address the deficits of parenting the child. The biological parent component of treatment includes teaching and modeling attachment exercises through play with their child. Ultimately, the program helps parents to identify cues that their child emits, utilizing "the language of the child," as Dr. T. Berry Brazelton expresses in his "Touchpoints," (1992) in a non-judgmental fashion.

BEST Care Kidz is still in its infancy, built upon the evidence based practices from the Circle of Security literature and the Tulane Model, and it is already witnessing encouraging outcomes with more children being referred and treated as the successes grow. While BEST Care Kidz does not have the monetary reserve to warrant extensive assessment tools and video taping, the Medicaid billable services as described above are quite replicable for other non-profit programs serving very young children. It is not just for the moment that these fragile children are treated, but the development of their little brains is dependent upon new and research-inspired practice. They are the tender roots of foster care, and they call out for counselors everywhere to treat them with new-found energy, compassion, sensitivity, and innovation that their tender state warrants.

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