INFANT MENTAL HEALTH: MEETING THE NEEDS OF INFANTS AND TODDLERS IN THE CHILD WELFARE SYSTEM

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AGENDA

• Child welfare trajectory of infants
• Developmental trajectory of infants in CW
• Infant-centered child welfare practice
  • Infant mental health approach
Infants/toddlers are the most vulnerable group in the child welfare system in both their child welfare and developmental trajectories.
YOUNG CHILDREN AND MALTREATMENT

- Children age 3 and under make up a third of maltreatment victims

Source: HHS, Child Maltreatment 2011
YOUNG CHILDREN AND FATALITIES

- 1,027 children age 3 and under died from maltreatment in 2011, accounting for 81.6% of all child fatalities

- Of all child fatalities, 42.4% were infants under 1 year of age

HHS, Child Maltreatment 2011
INFANT CAREGIVERS

- Compared with older children, caregivers of infants are more likely to:
  - Abuse drugs or alcohol
  - Have prior or active domestic violence
  - Have serious mental health problem
  - Have a history of child abuse/neglect
  - Have high stress in family
  - Been recently arrested

Wulczyn, et al., Who Are the Infants In Out of Home Care?
INFANTS IN FOSTER CARE

- Infants and toddlers are the largest age group entering foster care
- Infants are four times more likely to be placed in care than children over age 1
- Almost half of all children entering care were under 6

HHS, AFCARS Data
RACIAL/ETHNIC DISPARITIES IN
PLACEMENT OF INFANTS

- Infants entering foster care most likely to be African American (39%)
  - older children are most likely to be white (48%)

- African American infants nearly 5 times as likely as white or Hispanic infants to be placed in care

- 60% of infants who are placed are minorities compared with 46% of older children

Wulczyn et al., The Foster Care Baby Boom Revisited
PLACEMENT OF YOUNGEST INFANTS

- Infants who entered before age 3 months stay the longest:
  - Median stay of 17.3 months
  - 33% longer than other infants (14.2 months)
  - 50% longer than older children (11.2 months)

- Median stay decreased by 2 months for the youngest infants, but increased slightly for all other children since 2000

Wulczyn, et al., The Foster Care Baby Boom Revisited
INFANTS AND PERMANENCY

- Infants entering care at less than 3 months more likely to be adopted
- Older infants more likely to be reunified

Source: Wulczyn, et al., The Foster Care Baby Boom Revisited
REENTRY OF INFANTS INTO FOSTER CARE

- Nearly 1 in 3 infants who were reunified with their parents returned to foster care
- Reentry rate generally higher than for older children
- For infants who were placed with relatives, nearly 1 in 7 returned to foster care

Source: Wulczyn, et al., *The Foster Care Baby Boom Revisited*
PLACEMENT CHANGES 0-2
(CASANUEVA ET AL., 2012)
FACTORS RELATED TO INSTABILITY

INCREASE IN PLACEMENT CHANGE
- Number of family risks
- Children having a chronic health condition
- Children with a caregiver older than 40 years

DECREASE IN PLACEMENT CHANGE
- Children who had their first change of caregiver between 0-3 months (compared to >4 months)
- Higher levels of caregiver education

(Casanueva et al., 2012)
DEVELOPMENTAL TRAJECTORY
GUIDING PRINCIPLES

- Early development is critical to later functioning
  - perinatal insult, trauma, instability
- Early experiences matter
  - permanent, nurturing relationships
  - Stimulating environments
Developmental vulnerabilities exist across domains for infants and toddlers in the child welfare system

Evidence from the National Survey of Child and Adolescent Well-Being

(NSCAW; Administration for Children and Families; Webb et al.; Haskins et al.)
EARLY EXPERIENCES SHAPE BRAIN DEVELOPMENT
Exponential growth of brain during infancy

Infancy is sensitive period for many processes

Human brain has capacity to change, especially in infancy

Experience affects brain at structure and process levels

Compromised brain development in children experiencing maltreatment
MAJOR MILESTONES OF BRAIN DEVELOPMENT

- Production and migration of neurons
- Myelination
- Rapid synapse formation, followed by synaptic pruning
- Auditory and visual areas of the cerebral cortex
- Language areas of the cerebral cortex
- Frontal lobes of the cerebral cortex

Brain Growth

Prenatal period in months

Birth

Months

Years

Decades

Death

Adult levels of synapses
External Neglect Diminishes Brain Power

Institutionalized

3-5 Hz

6-9 Hz

10-18 Hz

Never Institutionalized

Sequelae of prenatal substance exposure
- Prematurity/LBW
- Failure to thrive
- Shaken baby syndrome
- Traumatic brain injury
- Injuries/diseases
- Increased illnesses
- Poorer medical care
  - Better for children in foster care
PSYCHOLOGICAL FUNCTIONING OF INFANTS IN CHILD WELFARE

- Developmental delays
  - 50% in NSCAW
- Language delays
- Cognitive deficits
  - executive function in early childhood
- Traumatic stress
- Attachment difficulties
- Self-regulation difficulties
- Behavior problems in early childhood on
“Strong, frequent, and/or prolonged activation of the body’s stress-response system in the absence of stable adult support”

Shonkoff, 2010; p. 360
OUR EARLIEST RELATIONSHIPS PROFOUNDLY SHAPE WHO WE WILL BECOME.
Sensitive period first two years of life
Consolidation during 6-12 months of age
  ▪ Process begins prenatally
  ▪ Attachment figure internalized after ~30 months
On-going, day-to-day interactions with caregivers
Absence of these interactions affects brain growth and maturation
Core developmental processes emerge in context of early relationships
- Cognitive exploration
- Self development
- Emotion regulation

Attachment problems linked to later mental health and relationship difficulties

Children with disorganized attachment classifications have worse outcomes
- Maltreated children
INFANT-CENTERED CHILD WELFARE PRACTICE: AN INFANT MENTAL HEALTH APPROACH
CHILD WELL-BEING

- Consistent, timely & comprehensive medical care
  - Medical home for children in CW

- Screening/Assessment
  - Developmental delays
  - Social-emotional issues

- Early intervention
  - CAPTA/IDEA required
    - Part C referrals

- Early care/education
  - Early Head Start
  - Respite and child care
CHILD WELL-BEING

- **Home stimulation**
  - Child development oriented home visitation

- **Opportunity for consolidated attachment experience**
  - Consistency in caregiving

- **Infant mental health intervention**
  - Parent-child relationship building
  - Parenting
    - Responsivity, emotional availability, non-frightening behaviors, secure base
CHILD PROTECTION
DECISIONS/SERVICES

확록

Safe Baby Court Teams
- Infant-centered judicial decision-making
- Connection to infant mental health and early care & education and early intervention programs
- Linkage with community

Structured decision-making
- Questions re: safety/care and development of young children
CHILD PROTECTION DECISION/SERVICES

- Alternative response
  - Interventions specifically for young children
  - Early childhood education and care

- Family group-conferencing
  - Safety and care plan for young children
  - Consistency re: caregiving
  - Increased visitation

- Placement of parent and child together
  - Adolescent parents
  - Substance abusers
  - Incarcerated parents
EVIDENCE RE: BIRTH PARENTS OF YOUNG CHILDREN

- **Severe concrete and psychosocial needs**  
  (Johnson et al.; Chaffin et al.; Scannapieco & Connell-Carrick)
  - Intractability of housing problems
    - “room” for baby
  - Mental health, substance abuse, and domestic violence treatment challenges (infant-centered)

- **Parenting**  
  (Azar et al.; Bugenthal et al.; Dozier et al.)
  - Most are victims of maltreatment, so have not internalized appropriate parenting behaviors
  - Inappropriate expectations of young children
  - Specific deficits linked to maltreatment type
  - Parenting affected by parental psychological status
    - Improved parenting may lead to reduced parental mental health difficulties (OSLC; Shaw, Dishion et al.)
Parent-Child Interaction Therapy * (Chaffin et al.)
  - Coaching parent to improve parent-child relationship & parental behavior management skills

Attachment and Biobehavioral Catch-up* (Dozier et al.)
  - Short-term intervention focused on nurturance and responsivity to infants and “overriding” one’s past experience of caregiving

Parent-Child Psychotherapy (Lieberman et al.; Toth et al.)
  - Infant mental health dyadic treatment focused on enhancing parent-child relationship

Child FIRST (Lowell et al.)
  - Relationship-based infant mental health approach
  - Parent-child psychotherapy and case management

* tested with child welfare populations
**EVIDENCE-BASED PREVENTIVE INTERVENTIONS**

- **Family Check-Up** (Dishion, Shaw et al.)
  - Short-term intervention to promote positive parenting and behavior management

- **Safe Care** (Lutzker et al.)
  - Parent-child interaction; safety; maltreatment intervention

- **Promoting First Relationships** (Spieker et al.)
  - Infant mental health approach

- **Healthy Families** (Duggan, DuMont et al.)
  - Child maltreatment prevention over first five years

- **Nurse Family Partnership** (Olds et al.)
  - Maternal-child development intervention over first five years
DEVELOPMENTAL EVIDENCE RE: FOSTER/KINSHIP CARE

- Range of developmental deficits linked to:
  - Quality of foster/kinship home (Jones Harden; Dozier)
    - Parenting skills; Emotional commitment to child; Environmental stimulation
  - Number of placements (Wulczyn)
  - Type of placement (Leslie; Jones Harden; Testa)
    - Congregate care particularly detrimental
    - Little difference developmental outcomes for children in relative & non-relative care
  - Timing/duration of placement (Wulczyn et al.)
    - Neonatal trajectories
Foster Care Placement

- One placement goal
  - Kinship care
  - Concurrent planning
- Permanency prior to 6 months of age
- Developmentally appropriate settings
- NO group or transitional facilities
- Avoid moves between 6 and 24 months
- Promote placement stability
- Foster parent capacity for young child care
  - Developmental stimulation
  - Emotional commitment; mutual regulation
EVIDENCE-BASED FOSTER CARE INTERVENTIONS

- Attachment & Bio-behavioral Catch-up
  (Dozier)
  - Mutual Regulation and Emotional Commitment

- OSLC Therapeutic Foster Care Program
  (Fisher)
  - Young child behavior problems

- Tulane Infant and Young Child Foster Care Intervention
  (Zeanah, Larrieu, et al.)
  - Parent-Child Interaction
VISITATION/TRANSITIONS

- **FREQUENT**
  - Best predictor of reunification
  - Immediate and often
    - Within 24-hours
    - Daily preferred, but at least several times/week

- **THERAPEUTIC**
  - Parent-infant interaction
  - Caregiving routines
  - Supervisor as coach
  - Assessment, observation, coaching
VISITATION/TRANSITIONS

- **Rethink venues**
  - NOT CW offices
  - Familiar place for infant (e.g., foster home)
  - Comfortable, infant-family centered venue conducive to caregiving routines & infant play
  - Community setting (e.g., Early Head Start)

- **Infant-centered, planned transitions**
  - Mementos of past life (e.g., photos, toys)
  - Maintenance of routines & experiences
  - Caregiver “transfer” of child to new caregiver
  - Timing (e.g., infant sense of time, short but with intensive visitation)
CONCLUSIONS

- Infants have distinct child welfare trajectory
- Infants in child welfare are likely to have compromised development
- Infancy presents opportunity for righting perturbed developmental trajectories
- Infant-centered child welfare practice allows for decision-making and interventions specific to the needs of infants
- Infant mental approach is at foundation of preventive and treatment interventions for infants and families in child welfare


Zero to Three Website: [www.zerotothree.org](http://www.zerotothree.org)