


Decision Making

CPP Clinical Input Into Key Decisions

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Objectives

- To gain guidance on using the science of attachment and a trauma lens to inform key decisions during critical junctures of the case with a culturally appropriate lens.
- To increase knowledge of the significance of attachment, trauma and parents functioning during case plan development.
- To gain guidance in discussing the importance of attachment and trauma when making decisions related to the frequency and quality of visitation.
- To increase knowledge in creating a trauma-informed transition plan when change in placement occurs.
- To increase knowledge in helping families through termination of parental rights.

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How Does The Science Of Attachment Inform Our Work?

Our work has to be informed by our knowledge that:

- ▶ Infants are *born with a biological instinct to become attached to a primary caregiver* in order to ensure their physical survival and emotional well being.
- ▶ Attachment is a *strong emotional bond that develops between an infant and their primary caregiver.*
- ▶ The forming of attachment for the infant has to come from *consistent care from a person who is reliable and predictable.*
- ▶ Infants can form multiple attachments if *care is consistent.*

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How Does The Science Of Attachment Inform Our Work? Cont.

The Science tells us that the signs of attachment include:

- ▶ **Social referencing:** By about 6 months of age, infants begin to look to their caregiver to determine how to respond in new or different situations.
- ▶ **Separation anxiety:** It begins at about 6 to 8 months of age, is most intense at 14 to 18 months. This refers to severe distress that occurs when a child is separated from their primary caregiver.
- ▶ **Stranger anxiety:** By about 8 to 10 months, infants become very anxious and fearful in the presence of a stranger, especially when a caregiver is not nearby or when the caregiver does not respond positively to the stranger. Stranger anxiety continues until about age 2 and then diminishes.

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How Does The Science Of Attachment Inform Our Work? Cont.

The Science tell us that attachment has four distinct patterns:

- ▶ **Secure attachment:** A securely attached infant is mildly upset by their mother's absence and actively seeks contact with her when she returns.
- ▶ **Insecure (anxious)/ambivalent attachment:** A infant exhibiting this attachment pattern becomes very disturbed when left alone with a stranger but, is ambivalent when their mother returns and may become angry and resist her attempts at physical contact.
- ▶ **Insecure (anxious)/avoidant attachment:** An avoidant infant shows little distress when their mother leaves the room and avoids or ignores her when she returns.
- ▶ **Disorganized/disoriented attachment:** An infant with this type of attachment exhibits fear of their caregiver, dazed or confused facial expressions, and other disorganized attachment behaviors (e.g., greeting their mother when she returns but then turning away from her).

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Our work has to be informed by what we know of attachment, and what we reflect upon



- ▶ What does the bond look like between the parent and child?
- ▶ What have we observed and what can we share regarding the importance of consistency, reliable and predictable on the part of the caregiver?
- ▶ How do we provide developmental guidance in understanding what attachment looks like from 3 months to 2 years?
- ▶ How do we write our observations of the attachment patterns in our reports?

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Significance of Attachment in Case Plan Development

Level of Parent's cognitive protective capacities.

The Child's cognitive level of functioning.

The Quality of the Parent-child relationship.

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Parent's Cognitive Protective Capacities

This refers to specific intellectual, knowledge, understanding and perceptions that contribute to protective vigilance for what we look for in the protective shield.

- ▶ Is self-aware
- ▶ Intellectually able
- ▶ Understands and recognizes threats
- ▶ Recognizes and responds to child's needs
- ▶ Understand protective shield role
- ▶ Plans and articulates plans for protection

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Child's Cognitive Level of Functioning

- ▶ How is the child functioning from day to day?
- ▶ Is the child showing mental health or behavioral problems, including symptoms of post-traumatic stress?
- ▶ Where is child developmentally? Remember children who suffer trauma often suffer experience developmental arrest. A child's biological age may differ greatly from their developmental capacities.
- ▶ Where is child's ability to self regulate?
- ▶ Is the child able to trusts adults?
- ▶ What is the child's physical capacities, ability to make needs known, play and interact.

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The Quality of the Parent-child Relationship

- ▶ Parent is aware that a loving nurturing relationship enhances emotional and mental development of a child
- ▶ Parent is in tune to child cues (remember to look at this from cultural influences so we don't misread attachment)
- ▶ Parent is empathic to child's feelings and puts child's needs first
- ▶ Parent is expressive with the child and there is a sense of a back and forth in their communications
- ▶ Parent is responsive during interactions with child and knows and matches child's temperament
- ▶ Parent expressive joy during interactions and play time with child

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Role of Attachment, Trauma During Case Plan Development

Consider	Consider the cognitive functioning of parents
Use	Use evaluations, (etc. psychological evaluation, parent child relationship scale, PITA, biopsychosocial assessment, etc. to inform case plan development)
Consider	Consider the parent's complex trauma. Remember we must be trauma sensitive and trauma responsive
Consider	Consider the developmental stages of the child and trauma exposure

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Role of Attachment, Trauma During Case Plan Development, Cont.

- ▶ What does the child need emotionally, physically, and developmentally?
- ▶ Which of these needs can the parents meet on their own?
- ▶ Which of these needs will the parents need outside assistance?
- ▶ What resources does this family have that can be developed and mobilized?


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Connection Between Trauma & Frequency of Visitation

- Key areas that needs to be considered when the goal is reunification:
 - The frequency
 - The duration

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Connection Between Trauma & Frequency of Visitation




- Cognitively, does the parent have an understanding of the impact the trauma has had on the child?
- What does the child need emotionally, physically, and developmentally during the visit?
- Is it safe for the parent and child to have visitation?
- Should visitation be therapeutic supervision, and if so, how frequently?
- Should visitation be supervised, and if so, how frequently?

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Connection Between Trauma & Frequency of Visitation, Cont.

If assessment/evaluations determines that cognitively parents understand the impact of the trauma and can meet the emotional and developmental need of the child; visits should be as frequently as possible due to what we know about bonding, and attachment and windows of time in a child's life. Parents who are not a danger to a child and reunification is on the table should have a chance to practice positive interactions with their child frequently when removal has occurred.



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Trauma-informed Transition Plan When Change in Placement Occurs



- Infants form attachments to caretakers who are consistent, reliable and predictable in their nurturing.
- Change in placement or reunification once a child has formed an attachment to a caregiver can lead to moderate to severe reactions, social withdrawal, increased stranger anxiety, sleeping and feeding problems, and excessive clinginess, etc.
- Transition plans must include a period of transition for the child.
- Transition plans must include collaborative discussion of child's needs from caretaker to the other.

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Helping Families Through Termination Of Parental Rights

- Think about parent's Angels
- Think about parent's Ghosts
- Practice benevolence and grace
- Explain to parents what Termination of Parental Rights (TPR) mean and what a trial would look like
- Discuss options like possible surrender if TPR is inevitable
- If possible, empower parent to understand that a surrender does not mean you are a bad parent



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Practice Consideration How Can We Help in Early Childhood Courts Decision Making



- Rethinking behavior and trauma
 - Relationships
 - Helping the judge understand trauma and attachment on parenting behavior
 - Supporting emotional regulation in parents and child
 - Using assessments and evaluation as a guide (i.e., psychological, psychosocials, PITA, Parent Child relationship scales, etc.), to inform case planning
- Appropriate services and treatment must be based on parent's cognitive functioning
- Remember you are the expert and you can help all involved understand attachment, bonding and the importance of the relationship

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References

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