# Infant Mental Health: What Judges and Lawyers Should Know About Relationship-Based Assessment and Intervention

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## Introduction

The field of infant mental health (IMH) is based on theoretical foundations that include infant development & behavior; family relationships & dynamics; attachment, separation, trauma, & loss; disorders of infancy & early childhood; and cultural competence. These knowledge areas are applied to relationship-based direct services to improve developmental outcomes for infants and toddlers. In other words, IMH therapists understand the importance of infants' and toddlers' earliest relationships and their influence on all later development. The formation of effective collaborative relationships between IMH therapists and child welfare and legal professionals can enable utilization of expertise in the relationship needs of infants and toddlers to better determine the best interests of the very young child. Child welfare workers and/or legal professionals may not know about infant mental health in general and may not be aware that IMH services are available in the community.[1] The goals of this article are to better inform legal and child welfare professionals about basic IMH principles and practices, and how IMH therapists can serve as a resource providing assessments, recommendations, and intervention, including support during visitation, for infants/toddlers in foster care and their families. Throughout this article, we use a composite case example to illustrate IMH principles and practices.

## Initial referral to infant mental health

*Annette Granston, LMSW, is a state licensed social worker and professionally endorsed Infant Mental Health (IMH) Specialist with a Community Mental Health agency's Infant/Toddler and Family program. Annette received the referral information phoned and faxed to her by Ms. April North, the foster care worker (FCW) on a new case. Before deciding on first action steps, Annette sat at her desk and considered what she knew so far about her new case:*

*Children:*

- *Guy Richmond, 18 ½ months*
- *Dolly Davis, 3 months*

*Mother:*

- *Kristy Davis, 19 ½ years*

*Fathers:*

- *Joe Richmond, 30-year-old father of Guy, abandoned family just after Guy's birth. Signed Parent-Agency Agreement to plan for Guy, but kept only the first and third of six scheduled visitations.*
- *Steve Makowski, father of Dolly, died at 20 years old, after an apparent drug overdose just before Dolly's birth.*

*Others with roles in this FC case:*

- *Guy's (licensed) foster parents, Mrs. Grace Rogers and Mr. James Rogers*
- *Dolly's paternal grandmother and relative foster care provider, Mrs. Rhonda Makowski (widowed)*
- *Ms. Violet Hillings, neighbor who first took Kristy and Guy in to stay with her when Joe Richmond abandoned them and then later offered them a permanent home with her when Steve died and Kristy could no longer hold her restaurant job.*

*Reason for and outcome of Children's Protective Services (CPS) referral (made six weeks ago):*

- *Investigated and substantiated charge of child neglect following Dolly's hospitalization due to pneumonia and weight loss when Dolly was 6 weeks old.*
- *Mother and children were living with Ms. Hillings – reported on referral as "an older woman" Kristy met when she shared an apartment with Joe in the same complex. Kristy and Guy stayed briefly with Ms. Hillings when Joe abandoned them and then officially moved in with Ms. Hillings after Steve died.*
- *Upon CPS investigation, Kristy was not at home, with whereabouts unknown by Ms. Hillings. Ms. Hillings was cooperative and expressed concern, but Guy was found to be dirty, with soiled diaper and runny nose. Sleeping arrangements were judged inadequate (no cribs). Kitchen was very dirty and had insufficient food.*
- *Ms. Hillings had foster care history – parental rights terminated on two children when they were preschool age.*
- *Court ordered immediate removal of Guy and Dolly from Kristy's care.*
- *Guy was placed with licensed foster parents, Mr. and Mrs. Rogers.*
- *Dolly was released from the hospital after three days with diagnosis of non-organic failure to thrive (NOFTT) and placed with her paternal grandmother (PGM), Rhonda Makowski. A referral for Early On (Part C) services was made by the hospital social worker.*

*Current housing and visitation status:*

- *Kristy continues to live with Ms. Hillings, who drives her to weekly (one hour) supervised visits at the FC agency. Guy is transported to and from the visits by his foster mother. Dolly is transported to and from the visits by her PGM.*

*Reason for infant mental health services request:*

- *Since the children's removal, there have been four successful visitation sessions following two weeks of unsuccessful visit attempts (when Kristy failed to come to the agency).*
- *The FCW has expressed increasing concern about mom and children's behavior during visits. Mom just sits and holds Dolly while intermittently rocking back and forth on the couch. Guy spends most of the hour sitting next to her on the couch and sucking his thumb. Sometimes, Kristy whispers to him. He cries when the visit is over and doesn't want to go with Mrs. Rogers.*
- *Mrs. Rogers reports that she is finding Guy increasingly difficult to handle. He is "wild" before and after the visits. After the last visit, it took three nights for him to be able to sleep without waking up screaming every few hours. She thinks the visits are hurtful to him.*

*Annette first called Ms. North and learned that in order to speak to Kristy to arrange a home visit she needed to call Ms. Hillings' cell phone. Ms. North said that she had told Kristy that she should expect a call from a therapist who would work with her to "get her children back." Ms. North also reported that the hospital social worker had said the IMH therapist could provide Early On services,[2] too. Annette replied that she would see what was needed, and what was possible, and get back to Ms. North.*

*Annette called the number and spoke to Kristy. Kristy's voice was soft and without expression when she agreed to let Annette come to the apartment at 10:00 the next morning. Annette thanked her and said that she really appreciated Kristy's being able to meet with her on such short notice. Kristy said, "Yeah," and hung up the phone.*

## What is an infant mental health therapist?

Infant mental health (IMH) therapists are master's degree or higher-prepared professionals with specialized education, training, experience and, where possible, a Level II, III or IV endorsement from the Michigan Association for Infant Mental Health (MI-AIMH) or another IMH affiliate[3] in culturally sensitive, relationship-focused practice toward improving developmental and mental health outcomes for infants/toddlers and their families. "Central to an infant mental health perspective is the belief that all children benefit from a sustained primary relationship that is nurturing, supportive and protective." (MI-AIMH, 2000, pg. 3).

## What does an IMH therapist do? What does a "relationship-focused IMH intervention" include?

As described in *Case Studies in Infant Mental Health* (2002, pg. 4-5), the skills and strategies often employed by IMH therapists include:

- Building a relationship with parent(s) and using the relationship as an instrument of change
- Meeting with the infant/toddler and parent together throughout the period of intervention
- Sharing in the observation of the infant/toddler's growth and development
- Offering anticipatory guidance to the parent that is specific to the infant/toddler
- Alerting the parent to the infant/toddler's individual accomplishments and needs
- Helping the parent to find pleasure in the relationship with the infant/toddler
- Creating opportunities for interaction and exchange between parent(s) and infant/toddler and therapist
- Allowing the parent to take the lead in interacting with the infant/toddler or determining the "agenda"
- Identifying and enhancing the capacities that each parent brings to the care of their infant/toddler
- Reflecting the parent's thoughts and feelings related to the presence and care of the infant/toddler and the changing responsibilities of parenthood
- Reflecting the infant/toddler's feelings in interaction with and relationship to the caregiving parent
- Listening for the past as it is expressed in the present
- Allowing conflicts and emotions that are related to the infant/toddler to be expressed by the parent – holding, containing, and talking about them as the parent is able
- Attending and responding to parental histories of abandonment, separation, and unresolved loss as they affect the care of the infant/toddler, the infant/toddler's development, the parents' emotional health, and the early developing relationship
- Attending and responding to the infant/toddler's history of early care within the developing parent-infant relationship
- Identifying and treating disorders, delays and disabilities of infancy and early childhood, parental mental illness, and family dysfunction
- Remaining open, curious and reflective

## Initial home visit with Kristy

*Annette drove to meet with Kristy at Ms. Hillings' apartment. The complex, located in an industrial suburb of a large urban center, was pretty bleak looking. There were several two-story buildings; none of them adorned in any way with grass or shrubbery or flowers. The main door of Ms. Hillings' building was open, and Annette climbed the stairs to find the right apartment. The stairway was dimly lit and a couple of the apartments had children's bikes outside their doors.*

*When the door was opened after several firm knocks, Annette smiled and introduced herself to Ms. Hillings. Ms. Hillings asked Annette to come in and said that Kristy was asleep on the couch. "She isn't sleeping too well at night," she whispered.*

*Kristy stirred in response to Ms. Hillings telling her to sit up – that "the new worker" had come to see her. Ms. Hillings then sat down in a worn upholstered chair across the room and directed Annette to sit wherever she wished. Noting another upholstered chair, closer to the couch, Annette sat down facing Kristy. Kristy eyed her for a minute and said, "So. You gonna help me get my kids back?" Annette smiled a little and said, "Kristy, I certainly want to do what I can to help you. We'll need to talk, and as much as I wish we didn't, we'll need to do what will feel like a lot of paperwork, and I want to be able to meet with you, and with you and your children together, so that I can learn more about how I might best help all of you."*

*Kristy listened, then looked away and shrugged her shoulders. After a minute, she looked back at Annette and, in a very flat tone of voice, said, "Whaddya wanna know?"*

*Kristy appeared to be almost without hope, yet her questions suggested that hope hadn't totally died. Annette settled back in her chair and said, "What would you like*

*me to know first, Kristy? Why don't we start with that and then, if I need to ask questions for the paper work, we'll do that before I leave."*

*Kristy looked at Ms. Hillings and then at Annette and said, "Can she stay?"*

*"If you'd like her to be here while we talk, that's okay, Kristy." Annette knew that this wasn't the right moment to discuss confidentiality, but made a mental note to talk with her (and Kristy's FCW) about it soon. She knew that it would be important for everyone to be clear about what aspects of their work together could remain confidential and what would need to be shared with the FCW and the courts.*

*Kristy looked at Ms. Hillings, who nodded and said, "I'm right here, honey." Continuing in her mostly expressionless voice, Kristy talked a bit about her history. She spoke almost telegraphically and without any sequence that Annette could easily follow. Annette didn't want to push too much during this first visit, but she found herself needing to ask a number of prompting questions in order to begin to put together a cohesive picture. Kristy responded to all of the questions, but only with minimal detail. Nonetheless, by the end of the hour, Kristy had actually shared quite a bit of her history and background. She thanked Kristy for meeting with her and asked if she could come to the agency on Thursday when the children were going to be there. Kristy agreed. She also agreed to stay after the visitation so that the two of them could talk some more. Annette said good-bye to Kristy who hugged her knees and sat looking at the floor while Ms. Hillings opened the door for Annette and said good-bye. Ms. Hillings had not moved or said a word during the hour.*

## What are the principles of confidentiality that guide an IMH therapist's work?

IMH services are typically delivered in the home or in public settings like a park, foster care agency visitation room, shelter, etc. Therefore, the IMH therapist must be sensitive about questions she asks, statements she makes, or disclosures that are offered by the parent(s) when others are nearby. Whenever possible, the IMH therapist will find a moment when she can speak to the parent(s) privately to determine who each parent feels comfortable hearing and knowing private information that might be discussed. The IMH therapist will obtain written releases that give permission to discuss the case with other professionals involved in the case such as the foster care worker, representatives from the legal system, child care providers, teachers, physicians, etc.

### Reflections on first home visit

*Annette immediately typed up her visit notes. She now knew that Kristy had been born in a small town in East Texas. Her parents moved around a lot because they were always being evicted for one reason or another. Kristy said that sometimes her parents left her with her grandmother – her mother's mother – for days at a time. She didn't seem to want to say much about her parents, but when asked where they were now, she said that her mother doesn't do much other than get stoned and that she thinks her father is in jail. When asked about her grandmother, Kristy looked down for a while and then said, in almost a whisper, that she had died suddenly when Kristy was sixteen.*

*When asked how she got to Michigan, Kristy said that a high school friend had moved here and had given her his address. Kristy shrugged and said that she ran away, hitchhiked to Michigan and tried to find him, but couldn't. While she was looking for him she met some other people, including Joe, Guy's father. She stayed at different friends' places, but when she got pregnant, she moved in with Joe. Things were okay for a while, but they started fighting before the baby was born and he left them when Guy was a few months old. Kristy then moved in with Ms. Hillings.*

*Kristy got a job at a fast food restaurant and Ms. Hillings took care of Guy. When she said that Ms. Hillings took really good care of Guy, her voice was slightly animated and she looked at Ms. Hillings. Then she looked down again and was silent. When prompted, Kristy said that she met Steve at the restaurant, but things started not going too well for her. She said that she got pregnant around the same time she discovered Steve used drugs. Then she said, with no change of tone, "He's dead now. Dolly never had no daddy."*

## IMH therapist's role in a foster care-involved family

> "Infant mental health principles are based on research and clinical experience that support infants' emotional development within the context of their caregiving relationships. Helping caregivers to understand and manage their infant's emotional behavior can assist them in responding more effectively to the infants and can enhance interactions between infants and caregivers.

For infants in foster care, the guidance and support provided through relationship-focused intervention with infants and parents can mean the difference between a stable placement and placement disruption and also can strengthen families for reunification or adoption." (Dicker & Gordon, 2004).

Conducting a thorough assessment and providing relationship-focused interventions become much more complicated when the infant/toddler and his/her siblings have been placed outside the home. The IMH therapist will need to see the infant/toddler in the context of her relationships with her birth parent(s) and her foster parents and ideally with any other caregivers, such as a child care provider. Therefore, the IMH therapist will arrange for observations of the infant/toddler with her multiple caregivers at times of day that will enable her to see each caregiver participating in daily routines such as feeding, changing, and playing. All such visits need to be scheduled around the infant/toddler's nap schedule and around each caregiver's other responsibilities (e.g., employment, care of other children, substance abuse treatment, etc.) (MI-AIMH, 2005).

When an IMH therapist begins work with a court-involved family, she may need to work particularly hard to gain the trust and confidence of family members. Birth parents often feel a sense of betrayal toward "helping" professionals. IMH therapists may find that a focus on non-judgmental emotional support, location of appropriate resources and provision of some concrete needs will help to earn the parents' trust. For example, the IMH therapist may be able to use her knowledge of community resources to locate diapers and formula or emergency food for the parents, and that may help the family to understand that she is, in fact, there to help.

Once a relationship has been established with the birth parent(s), the IMH therapist will work with him/her/them to better understand how the infant/toddler has been affected by 1) the circumstances that led to the court involvement, 2) any removal and subsequent separation, and 3) time, i.e., developmental progress that has occurred since the removal.

## Visitation at foster care agency

*(Seventh week of children in care, first week with IMH services; first opportunity for IMH therapist to observe infant-parent interactions)*

*Annette made sure that she was at the agency a few minutes before the scheduled visitation time. She wanted the opportunity to observe initial greetings between Kristy and the children, which would tell her so much about the current status of the attachment relationship between each of them – as* felt and unconsciously understood *by each of them – infant, toddler and mother.*

*Annette couldn't help but be encouraged when she saw that Kristy and Ms. Hillings were already seated in the agency's waiting area. She also had a fleeting sense that both were glad to see her arrive. The foster care worker was there, too, and said that they could go on into the visitation room; that she would wait for the others to arrive and bring them into the room. They all went into a carpeted room, pleasantly appointed with toys and books quite visibly placed on low open shelves. There was a large comfy-looking sofa and a matching chair in the room. Off to one side, there was a rectangular child-sized table with six chairs around it.*

*Annette decided to sit on the rug, where she could more easily get a sense of how Dolly and Guy might experience entering the room and seeing their mother. Kristy sat on the couch, and Ms. Hillings went to a corner of the room and sat cross-legged on the floor.*

*Mrs. Makowski and Dolly were first to arrive. As Kristy stretched her arms out toward Dolly and said her name, Annette saw Mrs. Makowski's mouth go straight and tense as she handed a rather sleepy looking baby over to Kristy. Without looking at Kristy, she said, "I'll wait outside." She turned and left, but Kristy was already totally engrossed in the baby who had been placed in her arms. As her arms tightened around Dolly and she began to sway from side to side, Dolly's eyes opened. As they focused on her mother's face, her body seemed to stiffen. She stared at Kristy for a bit and then, gradually, her body grew less tense. She closed her eyes as her mother began to rock her.*

*Moments later, Guy burst into the room, saw Kristy and froze. He stood just inside the door, stuck his clenched fist into his mouth and sucked on his knuckles, watching his mother as she rocked Dolly. As Annette watched closely, she saw something that really spoke to her: for just about a minute, as Guy watched his mother, his body moved in*

*rhythm with his mother's. Then he abruptly turned away and went to the toy cupboard. Without seeming to pause, he began to pick up the contents of the cupboard and, one at a time, threw each of them out into the center of the room, wielding each one more swiftly than the last. Kristy watched him for a minute and then said, "Stop that, Guy. Come over here. Right now." He continued and she repeated her statement twice before he abruptly stopped and walked to her. He climbed up next to her and sat, leaning into her as he again put his fist into his mouth and sucked on it. Kristy stopped rocking Dolly, but did not speak. Dolly's eyes remained closed. After a couple of minutes, Guy's body softened as he leaned into his mother's body. As Annette watched quietly, the three of them seemed to almost mold into each other and become motionless together. Annette knew that this was a very important time for each of them, but she also knew that it was a time that was full of anxiety. She sat very still for about five minutes while she watched for signs of readiness for change from any of them.*

*As she anticipated, Guy began to grow restless and Annette decided that it was time to attempt an interpretation: "Kristy, it seems that Dolly and Guy really want to be close to you. Do you think that you could try coming down here on the rug with me and see if you could help them explore some of the playthings in this room? I think they might like some of the toys, but only if you are the one who shows them what's here."*

*Kristy seemed to need to think about this. Finally, after what seemed like forever, she slid down off of the couch and sat opposite Annette. For the rest of the visit, Kristy held Dolly in one arm while attempting to "read" to Guy as he, very excitedly, brought her one book after another. Sometimes he flipped one page at a time; sometimes he just briefly held the book in front of her and then whisked it away. He was clearly giddy with the attention she was able to give to him. Dolly had gradually opened her eyes and appeared to watch Guy quite closely as he engaged his mother.*

*Predictably, Guy was quite distraught to see the FCW come into the room and announce the end of the visit. Slowly and silently, Kristy went back to the couch, sat down, put Dolly down next her, closed her eyes, wrapped her arms around herself and began rocking. Guy ran to his mother, locked his arms around her knees and began to wail. Dolly's body became quite still and tense; her eyes remained open.*

*Annette began to speak for Guy: "Mommy, I don't want our play time to stop! Please help me say good-bye to you." She said, "Kristy, can you come out to the waiting room with Guy and Dolly?" Ms. Hillings stood up and said, "Come on, Kristy." Kristy picked Dolly up, but didn't move. Ms. Hillings then took Kristy's arm and steered them all out, Kristy holding Dolly and Guy hanging on to his mother's legs. Kristy's facial expression looked dark and tense, but she was silent as she removed Guy's arms from her legs. Guy's foster mother picked him up and he kicked and screamed all the way out of the building. Dolly began to cry loudly when Kristy placed her into her grandmother's waiting arms. Neither Mrs. Makowski nor Kristy spoke to each other or to Dolly during this transition.*

*After the children left, Annette could clearly sense everyone's emotional overload. She knew that it would not be easy for Kristy to meet with her, but she also felt that it was important to hold to the agreement they had made.*

*She asked Kristy to go with her into a small room off of the waiting room. Kristy took hold of Ms. Hilling's arm and fairly dragged her into the room with her. They all sat down. After a seemingly long silence, Annette said, "That was a very hard visit for all of you. Even though you may have felt like not being there, or not staying, you did. You helped your children to know that you love them. I think that, if you can agree to keep meeting with me, I may be able to help. I don't really know how yet, because you and I don't know each other yet, but would you be willing to try?" (Silence) "I don't think that we need to try to talk today; I'm sure you don't feel much like talking now. But maybe I could come out to see you early next week and we could talk some more and think about making a plan about how we might work together – all of us."*

*After another long silence, Kristy said, quietly, "Okay." Annette said, "Thank you, Kristy. Thanks for trying to take another chance." She said good-bye to them and left.*

## Observations: making meaning of behaviors and interactions

Because infants and toddlers do not yet have much expressive language, careful observation of their behavior and reactions provide the best clues to what they are thinking and how they are feeling. IMH therapists are trained to use formal and informal observation methods, paying close attention to the ways that infants/toddlers signal to parents/caregivers and how the parent/caregiver responds to those signals. IMH therapists must rely heavily on a theoretical founda-

tion of infant/toddler development to understand how an infant/toddler of a particular age would typically behave to make better sense of any anomalies in observed behavior.

Cultural differences will influence the ability to accurately assess the caregiving environment and capacities. For example, IMH therapists are trained to recognize picking up a crying infant as a sensitive response. However, in some families, parents are discouraged from picking up a crying baby for fear of spoiling the child. Culturally competent IMH practice suggests that the IMH therapist will ask about a parent's caregiving behavior and explore how and why the parent responds the way that he/she does. Doing so helps the IMH therapist to better understand the cultural context of parenting practices and establishes trust with the parent(s).

## Post-session reflection, assessment and planning time

*As Annette reflected on the visit, most immediately compelling was her recall of the reunion behaviors of both Dolly and Guy. Although Annette had observed many such reunions, each one of them was a powerful reminder of how traumatic it can be for infants and toddlers when there is a disruption in the attachment relationship. Annette knew that all children have ways of letting their parents know how they've felt about a separation: for example, some children hold back a bit before they grin and rush headlong into an embrace; others don't hold back, but hang on extra tightly when they've achieved the physical contact they've missed. Individual differences and cultural norms also play an important role in how reunions are completed.*

*Annette knew from experience that if she and Kristy could work together toward a schedule for the visits, and that if the visits could happen frequently enough to be held in the children's minds from one time to the next, the good-byes should gradually become less traumatic for everyone involved. She left a voice mail message for the FCW to please call her in the morning so that they could discuss the possibilities and benefits of a more frequent visitation schedule.*

## Frequency of visitation

The publication entitled *Supporting Relationships for Infants and Toddlers With Two Homes* (MI-AIMH, 2010) was compiled as a guide for decision-making in foster care and divorce custody arrangements. It includes recommendations for visitation based on the developmental capacities of infants and toddlers and is very useful when determining the best visitation arrangement for an infant/toddler in foster care. Below is an adapted excerpt regarding infants/toddlers of 7-18 months who have experienced abuse/neglect:

"For most infants/toddlers of this age, frequent short contacts are the best way to build relationships without overwhelming the child. Overnights and contacts longer than 8 hours should be avoided. For infants/toddlers and parents who have had little previous contact, up to half-day visits are recommended to build up familiarity in routines. In general, the parent's other court-ordered commitments and the willingness of the foster parent [or IMH therapist] to supervise visits will determine whether extended contacts are possible. When the infant/toddler has a good relationship with the parent, longer and more frequent contacts may be appropriate, provided the infant/toddler's behavior and special needs are not made worse by parenting time and the foster parent [or IMH therapist] is willing to supervise additional visits. The parent may be authorized to take a toddler on short trips outside the foster home." (MI-AIMH, 2010).

## Supported vs. supervised visitation

There are important advantages to having the IMH therapist present during visits, as she can observe and support the parent's interaction with the infant/toddler and communicate the needs of the infant/toddler to the parents. This intervention can make a critical difference in maintaining and/or repairing the attachment relationship between the infant/toddler and the birth parent(s).

Models like the Supported Visitation protocol first developed at the WSU-PACT Program[4] can optimize opportunities to support the birth parent(s) in finding new and developmentally appropriate ways to respond to the infant/toddler, practice new parenting skills, and repair some of the negative results from the maltreatment and subsequent removal and separation.

The PACT Supported Visitation model begins by transforming the role of the "visit supervisor" to that of "family coach." Often, the IMH therapist will assume the responsibilities of the family coach.

The IMH therapist/family coach will:

- Advocate for more frequent visitation between parent(s) and infant/toddler
- Make a contract with the family that grants permission to provide intervention during visits
- Help the parents plan a developmentally appropriate activity and a general routine to be followed at each visit
- Understand and support the feelings and behaviors for both parents and infants/toddlers during separations and reunions
- Provide a nurturing environment to encourage appropriate family play/interaction
- Encourage parents to focus on the present
- Label and acknowledge the affective responses of parents and infants/toddlers
- Provide developmental guidance
- Remain strengths-focused
- Meet with the parent(s) after each visit in order to evaluate how the visit went and to revise the plan, if necessary, for the next visit
- Facilitate communication with the foster parent(s)

The objectives for birth parents involved in supported visitation are to:

- Consistently participate
- Focus on the present
- Facilitate planned activity and attend to the routine
- Be emotionally available so that they might identify and express their feelings, identify infant/toddlers signals and respond in a developmentally appropriate manner
- Demonstrate empathy for the infant/toddler's experience

The outcomes that are hoped for/anticipated for the infant/toddler are to:

- Interact with the parent(s) in ways that maintain and strengthen the attachment relationship
- Increase capacity to signal wants and needs more clearly
- Improve ability to expect and feel a sense of control over visitation events

## Second visitation at foster care agency

*(Eighth week of children in care, second week with IMH services; first visit using Supported Visitation protocol)*

*Annette felt understandably anxious and hopeful as she sat in the foster care agency lobby and waited for everyone to arrive for visitation. "Eight weeks they've been separated," she thought, "and still only one session a week." She knew that the foster care worker, who had been amenable to Annette using a Supported Visitation protocol, was still trying to increase the frequency of the visits. One of the problems was Mrs. Rogers' strong disapproval of the idea, since Guy had such a hard time after the visits. She said that she just couldn't change her schedule to get him to more than one visit per week. Annette really wished that she could meet with Mr. and Mrs. Rogers. Usually, she was able to arrange to visit the foster parents' homes as early in the intervention as possible so that she could observe the child's interactions and relationships in a different caregiving environment. It was always very helpful to her and she really regretted not being able to do so in this case. She was also feeling frustrated about not being able to see Dolly at her grandmother's home so that she could begin the Early On services that had been ordered. Annette's impressions from last week's initial observations were that Dolly was no longer failing to thrive, but she couldn't be certain without further assessment. She also had quite a bit of Early On paperwork to complete and was feeling anxious about meeting her reporting deadlines.*

*She was at least glad that Kristy had agreed to try the new plan. At the beginning of the home visit following the previous visitation session, Kristy had been quite withdrawn. Gradually, as Annette first acknowledged how difficult parts of that visit must have been for Kristy, and then quietly recounted some of her observations of Dolly and Guy's clear indications of their attachment to their mother, Kristy began to pay closer attention, even smiling once as Annette talked. As before, Kristy kept looking over to where the ever-silent Ms. Hillings sat. Kristy didn't seem to want to talk much, but when Annette began to explain the Supported Visitation protocol, she appeared to be listening very closely. She began to par-*

*ticipate in the planning. Annette was quite encouraged to see signs of hopefulness in Kristy.*

*Kristy and Ms. Hillings arrived at the visit carrying a small bottle of apple juice, a small plastic glass and a package of graham crackers, as previously planned with Annette. Kristy showed Annette the small rattle that she had gotten at the dollar store. Annette showed them the foam rubber ball she'd agreed to bring and the paper and crayons that Kristy had thought Guy might like to try.*

*Kristy was clearly both excited and nervous. Her anticipation appeared to help her when the children arrived; instead of withdrawing when Guy and Dolly initially appeared reluctant to be close to her, she actually used words of welcome, taking Dolly in her arms and grabbing hold of Guy's hand and saying, "I have things to show you!" Understandably, even though the plan had been to have some playtime first and then the snack, Guy reached for the crackers and wanted to take them to the couch. Kristy appeared flustered and called his name in a rather gruff voice. Annette immediately said, as she went over to Guy, "Are you telling mommy how happy you are that she brought you such good food?" She took his hand and led him back to the table, saying, "Mommy, thank you so much! I want to have snack right now!" Guy looked at Annette with surprise, as did Kristy. Annette said, "Mom, can Guy and I help you get snack ready?"*

*After that quick exchange, Guy sat fairly quietly and watched Kristy feed Dolly the bottle of formula that Mrs. Makowski had brought at the request from the foster care worker. Guy drank his juice and made a strong grunting sound while thrusting his glass toward Kristy. Kristy said, "You've had enough now." Guy immediately threw himself on the floor and began to cry, "No, no, no!" Again, Annette spoke for him, saying, "Are you wishing you could have lots and lots of juice?" Guy stopped moving, looked at Kristy and pointed to Dolly. "More!" Kristy said, "She's a baby." Annette then said, "Mommy? Do you have other things for Guy?"*

*While Kristy pulled the paper and crayons out of the carrying bag, Annette said, "Now I'll put the juice away so that you and Mommy can play together." Guy was immediately distracted by the new objects. He picked up a crayon and scribbled vigorously on the paper. When Dolly's bottle was empty, she turned and nestled into Kristy, watching intently while Guy continued to scribble with each of the crayons. Kristy took another sheet of paper and imitated Guy's scribbling. This made Guy laugh very hard. Again and again, he would scribble back and forth on his paper and then hand his mother the crayon for her to scribble on her paper. After a little time had passed, Annette wondered allowed, "I wonder when Dolly might like to try the rattle." Kristy responded quickly. Annette was quite pleased to see Kristy try to involve Guy in showing the rattle to Dolly, even though he was more interested in continuing his drawing.*

*Annette noted that Guy's anxiety level seemed much more controlled than last week, as much of his energy was being channeled into the vigorous arm movements he used while scribbling. She also noted that, while he never allowed himself to get too close to Kristy, he watched her very closely. Dolly was alert throughout the visit and more focused, too. She seemed to like the rattle, grasping it briefly and following it closely as Annette invited Kristy to move it back and forth and up and down in front of her. Kristy, too, was more animated in facial expressions and in the amount of talking she did to Guy and Dolly. She was clearly enjoying herself; so much so that she literally jumped in her chair when Annette said, "Kristy, would you like to have Guy help you put things away before he and Dolly have to leave?"*

*Kristy visibly slumped in her chair. Guy got up and began to run around the room, saying, "No, no, no!" Dolly tensed up and pushed her face into her mother's body. As had been planned, Annette began to clap her hands and sing a "clean up" song. Kristy clapped Dolly's hands together, but she couldn't quite manage to sing along. Annette guided Guy to the table and held the bag while he put the crayons and paper in. Annette said, "Mommy, will you bring these again?" Kristy and Guy looked at each other and Kristy nodded. As Annette gave the bag to Kristy, he threw his arms around her legs and put his head on her knee.*

*Annette began to talk softly to all of them, saying, "It's really hard to stop having fun now, right? But now it's time to leave. Guy, after Mommy helps Dolly get into her car seat and to Mrs. Makowski's car, she is going to walk you out to Mrs. Rogers' car and help you get into your car seat. Let's go see if Mrs. Makowski and Mrs. Rogers are here."*

*As could be expected, the separation was even harder than last week. There was certainly more awareness this week of what the separation meant to each of them. In addition, the foster parent and grandmother understandably looked miserable and maybe even a little angry at this more prolonged good-bye. Annette prompted Kristy to tell both children that she'd see them next time and they'd play some more. Without waiting for the cars to pull away, Kristy ran back into the building, got her things*

*and told Ms. Hillings that they needed to leave. Ms. Hillings put her arm around Kristy and silently began to walk her out. Annette wished that Kristy could manage to stay and talk about the visit, but she understood how upset Kristy was. She knew, too, how helpful it would be for Kristy to not give up right now. She wondered if there was anything she could say to be encouraging, but she couldn't think of anything that wouldn't sound unempathic or even patronizing. She had learned that, when she didn't know what to say, it was best just wait and see what would happen next. So she was extremely relieved when a tearful Kristy stopped long enough to say to Annette, "I don't want to talk now. We can talk when you come out." Annette nodded. "Thank you, Kristy, I know this was hard. We'll talk when I come out." During this exchange, Ms. Hillings kept her eyes focused on the floor then tugged at Kristy to continue walking. Annette felt both pained and hopeful and she was very glad that her weekly reflective supervision hour would follow this visitation.*

## Reflective Supervision

In a paper presented at the ZERO TO THREE National Training Institute (1996), Julie Larrieu, a researcher and practitioner highly regarded for her work with children and families in foster care, writes, "Working with abused children and abusive parents often evokes intense feelings. We may have feelings of disbelief, horror, guilt, helplessness and curiosity. We may wish to blame or we may wish to rescue. Issues of trust, safety, esteem, intimacy, independence and power are often touched. In working with these families, we may experience tremendous sadness, anguish, confusion, and bewilderment. Our own experiences of loss of control, being trapped, or being abandoned are aroused," (Larrieu, 1996). These powerful emotions are important to acknowledge when they arise. Time set aside for regular, reflective supervision provides the opportunity to become aware of, understand, and then move beyond those personalized experiences.

Best practice suggests that reflective supervision should take place on a weekly basis for (no less than) one hour each week. The supervisor will need to possess some expertise in matters related child welfare cases. Reflective supervision should provide the time and space to consider the relationship needs of the infant or toddler in question and his parents. Who is important to him? How has he experienced any changes in her primary caregiving? How might he experience future changes in primary caregiving? Has he been able to make use of important relationships to help him make sense of his world? If he could speak, what would he want us to say on his behalf? What has the parent demonstrated so far about a capacity to recognize and respond to the infant/toddler's signals? Is there evidence that the parent can utilize support if it is made available? What is the best that can be hoped for between the infant/toddler and the parent? Reflective supervision also provides a consistent time and safe place for the IMH professional to reflect on her *own* thoughts and feelings in response to her work.

## Third visitation at foster care agency

*(Ninth week of children in care, third week with IMH services; second visit using Supported Visitation protocol; ASQ/ASQ-SE screening)*

*Annette was actually looking forward to focusing this visitation on the developmental screening that she was required to complete on both children. She would help Kristy explore the developmental milestones that made up the Ages and Stages Questionnaire (ASQ) and the questions on the ASQ-Social Emotional (ASQ-SE) about the children's social-emotional behaviors. Both tools were especially effective in helping parents to see their infants and toddlers as individuals with their own set of skills and their own unique personalities. Supporting the parents as they completed the screening usually helped move the intervention along in any number of ways, depending on the extent to which the parents could respond to the experience with their children and their understanding of the results.*

*As expected, when Guy arrived he ran to Kristy, saying, "Crackers!" Kristy said, "Okay. Let's sit down first." Annette noted that this completely eliminated the greeting tension of the previous sessions. As planned, Kristy had kept the same snacks and the same activities. The FCW had arranged for this session to be longer to accommodate the time needed to complete the developmental screening, so there was enough time to enjoy snack and play before moving to the assessment.*

*Annette was pleased that both children were reasonably on target in most areas. Dolly was showing very appropriate progress in developing both gross and fine motor skills. She tracked objects well and paid attention to everything presented to her. The most noticeable finding was that, in the areas of Communication, Problem Solv-*

*ing and Personal Social, Dolly was quite subdued. She watched, but didn't grasp. She stared, but didn't smile or coo. In other words, in areas that focused on her attention to herself, she was doing well, e.g., playing with her fingers when she brought her hands together. In areas that involved another person – or even her own image in a mirror – she generally attended without actively responding. Overall, Annette was quite relieved by Dolly's ASQ results and the fact that she was now eating well and, by report from Mrs. Makowski to the FCW, continuing to gain weight.*

*Guy's responses to the items were also generally on target, though there were some items in both gross and fine motor areas that hinted at his unsettled life. For example, although Guy walked very well, he tended to trip and stumble or fall when he ran. When he was asked to stack blocks, he always stopped short of stacking all of them, regardless of how many there were. Annette had learned in training (and had since observed) that many very young children in foster care seem to have difficulty with completing goals – whether in getting across a room or building a tower. It's almost as if they are living in a kind of emotional suspension, unable to look forward. Babies can't talk about such feelings, but they can show us, if we know to pay attention and learn how to interpret what they show us. Annette was very pleased to see that Guy was making good progress in many areas, which suggested an overall adjustment to his foster care placement. He had words (though he would NOT repeat "bye-bye"), he ate reasonably well with a spoon, he threw and tried to kick a ball, and he imitated actions when asked, like eye-blinking and using a cloth to wipe a table.*

*Guy was given a doll to hold so that some of the Personal Social tasks for his age could be assessed. Both mother and therapist (and Ms. Hillings) watched this usually all-motion-all-the-time toddler suddenly become a very gentle caregiver to the doll. He held it, rocked it, cooed to it and kissed it. He held it out to his mother as if asking her to take a turn. She did and then gave it back to him. As he continued to cuddle the doll, Kristy's eyes filled with tears. Annette said, softly, "He's imitating what he has seen you do for Dolly, Kristy, and what you used to do for him. You've taught him about taking care of people." Kristy very quietly replied, "I learned that from my grandma. She used to cuddle me and even rock me when I was too big to sit in her lap." Kristy buried her face in her hands and sobbed without sound. Dolly began to cry and Guy took the cloth he'd been using for the doll and tried to wipe his mother's face. Ms. Hillings left the room.*

*Annette paused a minute before saying, "You really miss your grandma, Kristy. I'm sorry she's not still with you." Very abruptly, Kristy sat up, wiped her eyes, brushed Guy away, laid Dolly on the floor, stood up and went to sit on the couch. "I'm fine. I'm just fine. And I got Ms. Hillings." When she noticed that Ms. Hillings was not in the room, she became agitated and asked if the visit could end. Annette said that it would be another 20 minutes before the children could leave as both Mrs. Rogers and Mrs. Makowski had arranged to leave the agency and return at the end of this longer visitation time. Kristy curled up and turned her back to the room. Guy stood in the middle and rocked while he sucked his fingers. Dolly closed her eyes, whimpered and then was silent. After a few minutes, Annette began to talk to the children. "I know that you're feeling scared, but mommy is going to be okay. Mommy is very sad and needs to sit on the couch." After a couple of minutes, she asked Kristy if she could please put Dolly on the couch with her. Kristy shifted to make her lap available, but didn't say anything. Annette took Dolly to her and asked Guy to come with her. He climbed on the couch and sat next to his mother and sister. Then he reached over and stroked his mother's leg.*

## IMH assessment and diagnostic tools

Best practice suggests that the IMH therapist keep in mind a continuum of "*optimal*" to "*good enough*" to "*inadequate*" parenting when making observations and writing recommendations. While it is important to work toward optimal levels of nurturing, optimal parenting should not be the required criteria for the infant/toddler to be returned home. It must be noted that inherent differences exist between legally driven child welfare system goals of least harmful parenting versus mental health system goals of optimal parenting. The IMH therapist will assess whether or not the parent(s) in question can meet "*good enough*" standards and, if so, will describe what kind of support is needed by the parents to ensure the infant/toddler's safety and well-being. To make these determinations, the IMH therapist will use a range of formal assessment and diagnostic tools to better understand the parent's and infant/toddler's capacities, limitations, and risks.

As a part of the thorough assessment of the infant/toddler, qualified IMH therapists may use the revised *Diagnostic Classification for Zero to Three* (DC: 0-3R) (ZERO TO THREE, 1997) to identify and describe an infant/toddler who is considered at

risk for significant disturbances and/or disorders of relating to others. Like the *Diagnostic and Statistical Manual IV* (DSM-IV) for older children and adults, the DC: 0-3R guides professionals in forming a better assessment and treatment plan when there are infant/toddler mental health concerns.

Other frequently used tools are the developmental screeners, the Ages & Stages Questionnaire (ASQ) and the ASQ-Social Emotional. Both versions of the ASQ can be used for both the IMH therapist and parent to better understand the infant/toddler's developmental status. More thorough developmental assessment tools include the Infant Developmental Assessment (IDA) and the Deveraux Early Childhood Assessment - Infant/Toddler (DECA I/T). Formal observation tools commonly used in Michigan include the Massie-Campbell and the PICCOLO.

## Eleventh week of children in care

*During Annette's next individual visit with Kristy, Kristy had indicated her willingness to continue infant mental health services. Even though Kristy's first words to Annette as they sat down on the couch sounded almost angry as she looked directly at Annette and said, "Ms. Hillings thinks this is all a waste of time; that nobody's going to listen to you," something in her face was seeming to say, "I want to believe that you can help me."*

*Annette said, "Kristy, Guy and Dolly do need you. And, although they're way too little to tell you, something that they need very much is for you to believe in yourself. I believe in you and your FCW has been telling you that she believes in you, but we can't* give *you that – we can just try to help you keep trying."*

*Kristy had looked away as Annette spoke. She had looked down at her hands, her nails bitten to the quick, then she curled them into fists and said again, "Ms. Hillings said it's just all a waste of time. She says that them lawyers just want the judge to take my kids. She said she ain't goin' tomorrow." Annette had held her breath until Kristy said, "I asked the foster care worker to pick me up."*

*Annette felt even more encouraged as, together, they looked at Annette's court report. Annette reviewed the events of the last two months and treatment goals that she and Kristy had set last week. Both Guy and Dolly were responding pretty well to the Supported Visitation sessions. At this week's session, Guy had been much more settled during the snack and activities, and his being able to take Kristy's hand and walk with her to Mrs. Rogers' car – still crying, but not hanging onto Kristy's legs and trying to stop her – was an incredible leap for him. Annette tried to draw attention to this new step in Guy and Kristy's relationship by saying, "I think Guy is beginning to trust that he'll see you again next time. Right, Guy? You and Mommy will be back here in this room next time, right?" When they got to the car, Guy gave his mother a big hug and his crying diminished to a quiet whimper.*

*Dolly, too, was taking a greater interest in what happened during her time with her mother and brother. This week, she actually babbled a little as she played with the now familiar rattle and she looked and looked and even reached out to touch the little cloth doll that Kristy had brought to her. Annette felt that Dolly was increasingly alert and showing clear signs of relaxing while interacting with her mother.*

*The treatment goal that pertained directly to Kristy's caregiving was easy to set: 1) Kristy would continue to learn new ways to encourage her children's development while being with and interacting them. The next one was harder: 2) Kristy would continue to meet regularly with Annette to a) plan, discuss and review the Supported Visitation sessions, and b) to begin to address her history of depression. The last goal was clearly scary to Kristy, but she nodded her head in agreement: 3) Kristy will explore the necessary steps to achieving a living situation that would make it possible for Guy and Dolly to be returned to her care. This last goal was written expressly so that Kristy would clearly know that Annette and April would be working collaboratively with Kristy to support those steps. Annette said, "You know, Kristy, you and your children can't live together with Ms. Hillings." Kristy's facial expression got really hard and cold. She said, "We don't gotta talk about that right now, do we?" Annette said, "No, but we will, you know." Kristy looked down again and whispered, "I know."*

## IMH therapist court reports

MI-AIMH has published *Guidelines for Comprehensive Assessment of Infants and their Parents in the Child Welfare System* (2005) to provide details for a very thorough relationship-based IMH assessment. For a more succinct quarterly report to the court, there is an outline (below) created by a McGregor-funded collaborative between the Merrill-Palmer Institute's Infant-Parent Program and the Parents and Children Together (PACT) program, both of Wayne State University. This outline was published in the *Michigan Child Welfare Law Journal* (Nota et al.,

1999) and in *Courts, Child Welfare and Infant Mental Health* (2008):

I. Reason for assessment; referral information

II. Background history
  A. Infant's birth information
  B. Number and duration of any previous placements
  C. Parents' previous foster care involvement
  D. Known/reported history of:
    1. Substance abuse
    2. Domestic violence
    3. Sexual abuse/assault
    4. Abuse/neglect of parent as a child
    5. Criminal justice involvement
    6. Cognitive and/or physical limitations

III. List of observation dates, times, people present and locations

IV. Observations
  A. Infant or toddler
    1. Developmental status (gross & fine motor, communication, social/emotional, cognitive)
    2. Eating patterns
    3. Sleeping patterns
    4. Response to current foster placement
  B. Parent
    1. Demographics
    2. Appearance
    3. Response to/perception of infant
    4. Expectations re: infant/toddler re: foster care status and development
    5. Parent's environment (community, dwelling, equipment for an infant/toddler)
  C. Parent-infant/toddler caregiving relationship
  D. Available/potential supports

V. Assessment
  A. Relationship
    1. Strengths
    2. Weaknesses
  B. Prognosis
    1. Ability to appropriately use intervention/support
    2. Parenting capacity
  C. Recommendations
    1. Preservation
    2. Placement (visitation schedule and/or permanency planning)
    3. Intervention plan

## IMH therapist in court

The courtroom and its procedures often feel intimidating to IMH therapists unfamiliar with the legal system (Vandervort, Gonzalez, & Faller, 2008). It is also helpful to remember that the court experience will likely feel much more intimidating to the parents. Because so much is at stake for them in an environment that gives them almost no control, the offer of emotional support from the IMH therapist before, during, and after court proceedings is essential. The IMH therapist will inform the family about the content of the report and/or testimony ahead of time. Honesty with parents about the strengths and the concerns that have been observed and will be reported to the court are critical to maintaining trust in the relationship.

Recommendations in an IMH therapist's court report will speak to how to move the infant/toddler to a permanent and nurturing family as quickly as possible. While it is an underlying belief that infants and/or toddlers are best placed with their birth parents, it is also important to recognize that this is not always possible, certainly not if the birth parent(s) are unable to take advantage of and benefit from available resources. (Weatherston & Tableman, 2002).

## Court hearing including testimony

*Annette was both glad and nervous when she was called to the witness stand by the children's lawyer-guardian ad litem. She was also glad that she had included information about her professional qualifications, her MI-AIMH Endorsement, and her role as an IMH specialist as an attachment to her court report. She had*

*also attached a one page summary of the ASQ and the ASQ-SE. She was still asked a lot of questions about her qualifications, but no one seemed to doubt her competencies and her role. Annette was pleased that the attorney assigned to Kristy had asked her some child development and parenting clarification questions when it was his turn to cross-examine her because it meant that he had read it, and it gave her a chance to more firmly establish her obligation speak directly to the developmental and caregiving needs of Guy and Dolly.*

*The only really uncomfortable time was when the prosecutor had expressed his concerns about the lack of any evidence that Kristy was taking steps to move out on her own. He questioned Kristy's seriousness in getting her children back. He asked Annette, point blank, if her work with Kristy included this important step toward reunification. Annette said, "I have been serving this family for just over five weeks. The Supported Visitations have only been able to occur once a week. Most of my work to this point has been focused on getting regular sessions established – supporting mom's parenting skills during the visits with the children and establishing separate meeting times with mom to prepare for those sessions and to discuss them afterwards." The attorney asked, "Why do you need so much time to discuss the visits?" Annette replied, "Since they only have one hour a week together, I want to provide as much help as I can to maximize the benefits of their time together." The attorney then surprised Annette by saying, "If the visits were more frequent, do you think you could support the other parts of the parent-agency agreement?" Annette said, "Yes, I believe we could."*

*The judge ordered continuation of IMH services, and that visitation be increased to twice weekly – with IMH support for at least one of those visits and two if possible. The judge had expressed concern that both the FCW's and Annette's reports had noted Kristy's continuing signs of depression and ordered a psychological evaluation. Kristy had shot a suspicious look at Annette, who could only mouth, "It's okay" back to her.*

*Annette noted that the judge had watched closely as both Guy and Dolly protested the good-bye from their mother. Kristy very appropriately used the same words that had become routine during the visitation sessions, saying to Guy, "I'll see you next time. We'll have snack, we'll draw, we'll play, and we'll read a story. Give me a hug now. Bye-bye." Guy cried a little as he hugged his mother, but there was so much going on that he was easily distracted in this new environment and he left without further protest. Dolly had slept through much of the proceedings, as infants often do when the environment is too much for them to take in. She woke up as Kristy put her in Mrs. Makowski's arms and Kristy kissed her forehead and said a soft good-bye. Dolly squirmed a little and closed eyes again as her grandmother carried her out of the room. The judge called out to Kristy, "Keep that up, young lady!"*

*Out in the hallway, the FCW and Annette went over the hearing with Kristy. April immediately smiled and said, "I want you both to call me April, okay?" Then she said that she would arrange for the second visit now that the judge had ordered it, and they both tried to convince Kristy that the psychological evaluation would be okay; that it didn't mean that she was crazy. Annette said, "We'll talk about it, Kristy." April then said to Annette, "I'll call you, Annette. We'll get things moving." Annette was really glad that Kristy could see that they were working together to help her; that there wasn't any evidence of "secret meetings" or people "working against her." Still, she knew that Kristy was going to have a hard time with this new focus on her – how she behaved and where she lived. Annette wondered how Kristy would talk about the hearing to Ms. Hillings. She was sure that Ms. Hillings still held more influence with Kristy than she did. At some point, Kristy would need to turn her back on Ms. Hillings, who had stood by her when Kristy had, twice within the last two years, been abandoned by important people in her life. This would be a tall order for anyone. And, Annette reminded herself, at 21? With two babies? With no family and no other friends? She wondered, as she had many times before in her work, how easy would it be for her to respond to a demand that she start a brand new life?*

## Theoretical rationale for long term work – the impact of early abandonment and depression on parenting

Even in cases where parents and infants/toddlers respond well to intervention, longer-term work with the IMH therapist can greatly benefit a family and may help to prevent another referral to CPS. IMH services were originally developed as a prevention service, i.e., to prevent relationship disturbances that could lead to abuse, neglect, delays in development, and even later mental illness as the infant/toddler grows older. Parents with mental illness symptoms that are accompanied by risk factors such as unresolved grief and loss, abandonment, or trauma need time and therapeutic support to separate these

experiences from their identity and behavior as a parent. According to Lieberman & Van Horn (2008), "In joint parent-child sessions, sustained therapeutic exploration of how the parent's problems affect the parent's feeling and behaviors toward the infant is most feasible in the first year of life.... The therapist can draw inferences about how the parent's conflicts, pathogenic beliefs, and distorted cognitions are visited upon the baby and transform the child into a transference object that is bereft of individuality while serving the parent's psychological needs.... The primary interpretive mechanisms of classical infant-parent psychotherapy are wrapped up in a dual message: compassion for what the parent endured as a child and forthrightness in helping the parent recognize the damage that the old pain now inflicts on the new baby. This two-pronged message is conveyed through carefully orchestrated statements designed to support the parent in finding new ways of coping with the past and becoming the parent she wants to be." (p. 66).

## Narrative summary of second 3 months (and second court hearing)

*This period had started pretty well for Kristy, and her relationship with Guy and Dolly was a good barometer for the progress she was making. Guy started using more language to communicate with his mom and, even though he still strongly protested the separations, the benefits of twice-weekly visits with Kristy and Dolly were quite evident as he quickly settled into a comfortable routine during their time together. Dolly, too, had responded well to the increased time, and really enjoyed her floor time with mom and brother as they applauded her new motor skills, particularly when Kristy helped her to practice sitting up.*

*Though it was not surprising that Ms. Hillings had backed away from driving Kristy to the visits, especially when the time doubled, Kristy clearly felt abandoned by her friend. She responded with anger and then some fear as Ms. Hillings threatened to "throw her out" if she didn't stop "harassing her" about being her "taxi driver." Clearly troubled by the cooling of their relationship, Kristy's moods were quite unpredictable during the first month after the court hearing. She sometimes challenged Annette and April when either of them made statements about her frame of mind or the well-being of her children. If they said something positive, she countered with something negative, and vice versa. She was particularly resentful about the pending psych eval – until it actually happened.*

*Her response to the doctor's suggestion of medication was, as expected, quite negative, but it led to a surprising step: Kristy decided to get a job and save some money to get her own apartment. She said that the doctor was the one who was crazy and she'd "show him she didn't need to be doped up!" She went back to the restaurant where she'd worked before and was hired for evening hours. Her mood definitely improved after her first paycheck. After her second paycheck she got a pay-as-you-go cell phone. She began to be more cooperative and, in general, more pleasant to everyone – including Ms. Hillings. Things seemed to be headed in a very positive direction. She made a couple of friends at the restaurant, one of whom started driving her to her visits.*

*Two weeks before court, Kristy failed to come to the agency for her visit with Guy and Dolly. When April went out to the apartment, Ms. Hillings told her that she had told Kristy she couldn't live there anymore, that she'd "had it." She wouldn't talk about what that meant and she said she didn't know where Kristy was.*

*Guy had been quite distraught when his mother didn't appear for the visit. He seemed to quickly pick up the fact that everyone else was as surprised and confused as he was. Mrs. Rogers tried to calm him down, but he was not easily consoled. The more he cried, the more she kept glancing over at Annette and muttering, "I knew it, I knew it, I knew it!" Dolly became quite agitated as Guy wailed, and Mrs. Makowski sounded very worried. "No! This can't happen," she said, "Not after her good work!"*

*When Kristy failed to show for the second visit that week, April told everyone that visits would be cancelled until she'd had contact with Kristy. She, too, was at a loss for what to do. She told Annette that she had tried to find Kristy at the restaurant, but had been told that Kristy had called in sick every day that week. Again, Mrs. Makowski voiced great concern, her voice filled with angst as she said, several times, "Why now? Why just before court?" Annette and April agreed that, whether or not Kristy appeared for court, their reports were going to reflect quite an important setback and would no doubt result in some hard to hear recommendations and decisions.*

*Early the following Monday morning, Annette got a call from Kristy. Her voice was very faint when she said, "I just wanted you to know that I'll be there this afternoon." When Annette asked if she was okay, Kristy sniffed a couple of times and said, "Yeah. I gotta go now." Annette then called April, who also had heard from Kristy; they had talked for a little while before Kristy had started crying and said that she had to hang up. April said that*

*Kristy said she was too embarrassed to call Annette, but that she had told Kristy that if she was going to continue working to get her children returned, she had to continue working with Annette and that she'd better call. April said that she'd then called and convinced Mrs. Rogers and Mrs. Makowski to bring the children for the visitation that afternoon. They agreed to talk again the next morning to discuss possible changes to the court report that Annette had already started writing.*

*No one was prepared for what happened at the visit: Kristy was already there, sitting in the waiting room with April, when Annette arrived. When Kristy saw her, she stood up and met her at the door, saying, "I'm sorry, Annette. I'm really sorry and I won't ever do this again." Annette looked at Kristy's distraught face and said, "I'm sorry, too, Kristy. I'm sorry about whatever you're going through."*

*Then, as Guy entered and saw her and ran to her, she repeated her statements of apology to Mrs. Rogers, who looked shocked, nodded brusquely and turned away. Kristy was more cautious when Mrs. Makowski came in carrying Dolly, but she issued the same apology as Dolly was placed in her arms. Mrs. Makowski froze and looked really hard at Kristy. Then she did something that caused everyone in the room to choke up: She put her arms around both Kristy and Dolly and rocked them a little, saying, "Oh, you poor, poor child!" Kristy buried her head in Mrs. Makowski's shoulder and began to cry. Annette and April stared at each other for a minute, and April whispered something that they had discussed off and on, "I wonder if Mrs. Makowski would take Kristy in? I'm going to work on that." Then louder, "Okay, everybody, let's get this visit going right now!"*

*As expected, the judge had been very stern with Kristy at the hearing, and the cross-examination questions that were asked by both attorneys and the judge were especially difficult to answer. Annette was asked in several different ways whether she thought Kristy was able to parent her children responsibly. Again and again, Annette referred them to what she had written in her report. She had taken extra care to make her descriptions of all observed interactions very clear. Her updated developmental assessments were reported in great detail. She had done her best to illustrate the full range of Kristy's attitudes and behaviors during the past three months, and had ended with recommendations that the supported visitations and separate sessions with Kristy be continued. Annette hoped to convey that, as she'd learned long ago and observed time and time again in her work, no one can be better than their best, but anyone can take their best to another level if the time and level of support is right.*

*In the end, the judge had responded favorably to the new request that had been carefully detailed in writing and put before the court that day – Mrs. Makowski was willing to take Kristy in to live with her and to support her efforts to meet the goals that would allow her to have her children returned to her care. He was quite open in his reaction to Kristy's disappearance and her seemingly heartfelt apologies and promises to make amends. After issuing a very stern warning to Kristy, saying, "You have one more chance, young lady. One more chance to convince this court that you mean what you say. Don't let us down. Don't let your children down. Oh, I know you might stumble, but you can't afford to let yourself fall. Do you understand?"*

*Then, still speaking quite firmly, he agreed to let Kristy try living with Mrs. Makowski. Annette was to meet with Kristy at the Makowski house to continue her work with Kristy and to further observe Kristy and Dolly together. The agency-based visitations were to continue. Kristy was to continue working, saving money and, in general, demonstrating her recognition of all that it meant to be the mother of two children. He further surprised everyone by specifically asking Mrs. Rogers if she would continue to commit to bringing Guy to every visitation session so that he wouldn't be left out of this new arrangement. The last surprise of the day was Mrs. Rogers saying, "I'll certainly do what I can to give them this chance, Your Honor."*

## Facilitating and supporting inevitable transitions

For many professionals, it is often easier to believe that infants/toddlers will not remember what is happening to them as they are separated from parent(s), sibling(s), and familiar surroundings. When removals and/or changes in placements do occur, some child welfare workers have reported that they have found it easier to do so when the infant/toddler is asleep, so that everyone (especially the infant/toddler) is spared from the young child's painful expressions of distress and anguish. Others may believe that infants/toddlers will not remember the disruptions of removal and/or replacement, despite the infant/toddler's demonstration of great distress. In fact, it is an underlying principle of IMH that the experiences of the first three years "affect the course of development across the lifes-

pan" (Shirilla & Weatherston, 2002, pg. 2), whether or not the child is able to verbally express the memory of the trauma later in life.

Removals, placements and moves are traumatic to infants/toddlers and children. Therefore, whenever possible, removal and/or replacement should be avoided to save the infant/toddler from the confusion and grief of an abrupt change in caregivers. When removal and/or replacement cannot be avoided, IMH therapists and child welfare workers should provide as much support to the infant/toddler as possible. For instance, the infant/toddler should be awake during all major transitions. Significant changes to the infant/toddler's life while he is asleep may lead to sleep disturbances, e.g., the young child may work hard to avoid sleep so as to avoid any other changes or loss of control in his life. Even if they are not yet using words themselves, infants/toddlers deserve to be told what is happening to them, where they are going, and when they will next see the people from whom they are being taken. The infant/toddler's personal belongings should move with him, e.g., blanket, pillow, clothing, toys, books, photographs, transitional or security objects, etc.

The decisions that must be made by the legal system carry heavy consequences; the relationship and attachment needs of infants/toddlers must be considered. Whenever possible, services that are required to keep the infant/toddler safely at home will be made available quickly. If safety cannot be ensured, IMH therapists will recommend that every effort be made to place the infant/toddler with siblings and with relatives, kin, or licensed foster care, and that the first placement be the only placement until the children are returned or made available for adoption.

If a transfer to another placement cannot be avoided, the infant/toddler will need to have the opportunity to say goodbye to the caregiver(s) and places that have become important. The infant/toddler should again be allowed to take his own clothing, blankets, toys, books, and security objects to ease the shock of the change in environment and caregivers. This is particularly important for infants/toddlers who have no access to language that can help them understand why abrupt changes are occurring and for how long.

## Narrative summary of the next 3 months (and third court hearing) and projected outcome for this family/case (and what cannot be projected)

*As Annette walked to her car after court, she chuckled about Guy and Dolly's "star performances" at the hearing. As usual, Guy and Dolly were both on Kristy's lap during the hearing, and they had clearly gotten so accustomed to the setting that they showed no hesitation in participating in the proceedings. Dolly periodically squirmed and tried to get down to stand next to her mother, and then immediately reached her arms up to Kristy to be picked up again. This game was repeated many times, without any sign of frustration by Kristy. Guy was quite content to be drawing (still one of his favorite activities) with some new markers and big sheets of paper that his mother had brought, but he frequently wanted her to exclaim over what he had drawn, and his mother obliged as much as possible while listening to the proceedings. Although Annette had completed and reported on the developmental screening updates, one hardly needed official scores to see that the children were doing well. Annette wished that those who think that only bad things happen when children are removed could see this evidence that, when the children were in nurturing placements, and when their lives and relationships could be reasonably predictable, they were very likely to make good developmental progress.*

*A lot had happened since the last court hearing. First, after a month of positive progress, April had agreed to let the visitations be moved to Mrs. Makowski's house. Mrs. Rogers had agreed with the FCW that this was a logical next step and said that she would continue to transport him, especially since Mrs. Makowski's house was much closer to her than was the agency.*

*Kristy had really stepped up to the plate since her terrible time before the last hearing. She treated Mrs. Makowski with respect and seemed able to both seek and take child-rearing advice from her. The one struggle they had was over Kristy's wishes for time to be with the friends she had made while working at the restaurant. Kristy told Annette that Mrs. Makowski made her feel like a little kid and, in her sessions with Annette, Kristy really struggled with her anger and resentment. She felt like she didn't really have any choice but to do anything Mrs. Makowski wanted.*

*After almost two months of increased tension and Kristy's complaints during their individual sessions,*

*Annette asked her if she had thought about what Mrs. Makowski might be worried about. Kristy stopped and stared at Annette. After a long pause, Kristy said, "Maybe I know." After drawing her legs up close to her body and wrapping her arms tightly around them, Kristy began to talk.*

*"Mrs. Makowski never even knew about me until the night that Steve died," she began. "She didn't know me, she didn't know that Steve and I was livin' together, she didn't know that he got me pregnant or nothin' until she saw me. I knew that his mama lived somewhere around here, but every time I brought her up he told me to shut up. He just never talked about her or about any family or nobody." Annette started to ask a question but decided that it was really important for Kristy to say only what she wanted to say, in whatever way she wanted to say it, whenever she felt trusting enough to say it, so she just nodded and waited for Kristy to continue.*

*After a couple of minutes, Kristy continued, saying, "I remember that I was real happy that night – feels so stupid now – that my friends at the restaurant were teasing me and talking about giving me a baby shower. I wanted to tell Steve about it and I called to him as I opened the door." She paused another minute or more before whispering, "He was slumped over on the couch. I screamed and screamed and Ms. Hillings came runnin' from her place. She called 911, but it was too late. I knew he was dead. Anyway, I rode in the ambulance to the hospital. They asked me a bunch of questions about drugs he used, but I couldn't answer anything about him except that I knew he sometimes he did stuff like that, but he always told me that he was fine – not to worry – that he would...he would...he would always take care of me." After a very long pause, Kristy said, "Then they said that they had his records. That really scared me. I didn't know nothin' about him ever being in the hospital before. Then, all of a sudden, this woman was there telling me she was his mother. I just freaked and ran from there. I never even heard about no funeral or nothin' and I never seen her or heard nothin' about her till they took the kids and I went to court and they told me that's who had Dolly."*

*Kristy was quiet for so long that Annette wondered if she was going to say any more. After several minutes, Kristy said, "That first time, when she brought Dolly to the agency? I saw her look at me as if I was the fault of everything. I suppose she thought that I used drugs, too, right?"*

*Annette waited a bit before saying, "Kristy, do you think that she thought you might disappear, too?" Kristy looked long and hard at Annette. "I guess," she said. "I guess I couldn't blame her if she did think that. You know, my own mother did like that – just disappeared all the time till my grandmother came and took me and then I never seen her no more."*

*This time, Annette knew she was through talking, and she said, "Kristy, I'm really sorry that all of that happened to you – not once, but twice. I think you're right. I think Mrs. Makowski worries about you. What would you like her to know?"*

*"That I really want to be here for good and that I...I want to be a good mother," Kristy said. Annette said, as gently as she could, "Kristy, do you think you could ever tell her that? Kristy looked at her and whispered, "Maybe. I don't know."*

*At the next hearing, one month later, Annette testified that she didn't know, couldn't know what would happen down the road, but that, thanks to the funding in place for infant mental health services, she could continue to support this family, including Guy, until Dolly was three years old, regardless of foster care involvement. She was very careful not to make any predictions, any assumptions, even though the cross-examination was pretty detailed. Especially in response to the prosecutor's questions, she said that Kristy had started working very hard with her to try to understand how her own childhood fit or didn't fit with what she wanted for her children. Responding to questions asked by the children's attorney about effects of their time in foster care, she referred to the recently updated ASQ-SE scores, saying, "In preparation for this hearing, Kristy and I completed the Social-Emotional screening sheets for Guy and Dolly's current ages. In contrast to the number of concerns noted when the first screening was completed, six months ago, the only area of concern for Guy is that he is sometimes very clingy for the first 15 minutes or so of their visits. I do not feel that this is unusual behavior for a child who only sees his mother twice a week. All other areas, either by observation or, as is permitted, by report – in this case by his foster mother – are well within typical range for his age. Dolly's scores, too, indicate that she is progressing very well. Given her early history of Non-Organic Failure to Thrive, I have especially noted in my report that none of the questions pertaining to eating behaviors and mealtimes were marked as areas of concern. She is very relaxed when being held by her mother and enjoys the games they play together."*

*Recapping all that had been presented and discussed before him, the judge asked, "Mrs. Makowski, do I understand correctly that you are willing for this mother*

*and her children continue to live with you, under your guidance, until mom has had some job training and is able to secure the means to move out on her own with her children?" Mrs. Makowski did not hesitate in her affirming response. Mrs. Makowski added, "Kristy and I have talked about this. I know she wants to be a good mother. And I want to help her and the kids." When he had questioned Kristy again about her intentions, he then turned to the foster care worker and said, "Ms. North, I assume that you and Ms. Granston will work together to have her son transition to live with his mother and sister under Mrs. Makowski's care, and that, at the next hearing, which will take place three months from now, this court will be very interested in knowing what progress mom has made toward getting ready for independent living, with full responsibility for her children's care."*

*Annette and April watched closely as Mrs. Rogers patted Kristy's back when she went up to collect Guy for the trip back home. Then they watched her shake Mrs. Makowski's hand as they left the courtroom. As they followed Kristy out to the hall to review the hearing with her and Mrs. Makowski, they looked at each other and shrugged...but this time, they were smiling.* ◎

## Links to Zero to Three and American Bar Association documents about maltreated infants/toddlers

- ZERO TO THREE'S fact sheet that summarizes the goals and accomplishments of the Court Teams project as each community works to improve outcomes for maltreated infants, toddlers, and their families: http://www.zerotothree.org/about-us/funded-projects/safe-babies-court-teams/court_teams_final_fact_sheet.pdf
- ZERO TO THREE'S Court Teams Project Core Components: http://www.zerotothree.org/about-us/funded-projects/safe-babies-court-teams/court_teams_core_components.pdf
- American Bar Association Practice & Policy Brief -- Healing the Youngest Child: Model Court-Community Partnerships: http://www.americanbar.org/content/dam/aba/administrative/child_law/healing_young_children.authcheckdam.pdf
- Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates, and Child Welfare Professionals: http://www2.americanbar.org/BlueprintForChange/Documents/Ensuring%20the%20Healthy%20Development%20of%20Infants%20in%20Foster%20Care.pdf
- A Call to Action On Behalf of Maltreated Infants and Toddlers: http://www.zerotothree.org/child-development/health-nutrition/childwelfareweb.pdf

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## Endnotes

1 The Michigan Department of Community Health (MDCH) requires each county to have at least one home-based licensed mental health professional who serves families of children age 0-47 months and who is endorsed by the Michigan Association for Infant Mental Health as an Infant Mental Health Specialist (Level III), preferred, or Infant Family Specialist (Level II), minimum. For a list of IMH service providers in Michigan, including MDCH, private practitioners, and others, please go to http://www.mi-aimh.org/michigan-infant-family-service-providers.

2 In 2003, the Federal Child Abuse Prevention and Treatment Act (CAPTA) was reauthorized with specific language that requires the referral of all 0-3 year-olds involved in a substantiated abuse/neglect case to Part C. In Michigan, Part C is known as "Early On." When the CPS worker makes the referral to Early On, the service coordinator assigned will most likely come from education, public health or mental health. The IMH therapist can offer to support the eligibility assessment and/ or participate in the Individualized Family Service Plan. Ultimately, the role of the Early On service coordinator is selected by the birth parent.

3 The Michigan Association for Infant Mental Health endorses infant-family professionals from many disciplines. In order to earn the MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health, the professional must document competency in 50 knowledge and skill areas and must meet minimum requirements for education, work, training, and reflective supervision/consultation. Endorsement levels include Infant Family Specialist (Level II), Infant Mental Health Specialist (Level III), and Infant Mental Health Mentor (Level IV). Those at Level III and Level IV must also pass a written exam. For more information, go to http://mi-aimh.org/ endorsement.

4 Parents and Children Together (PACT), formerly a program at Wayne State University, specialized in serving child welfare-involved infants, toddlers, and their families in Wayne County. PACT program staff built on the work of others [such as Larrieu (1996), Lewis & Vallier (1996), and Beyer (1999)] to develop an activity-based intervention that can be useful when trying to support attachment relationships between parents and infants/toddlers in foster care.