

**Promotion, Prevention, and Treatment:  
Reducing the Risk and Impact of Maltreatment on Very Young Children**

Prevention Webinar Presented by the  
Federal Interagency Work Group on Child Abuse and Neglect

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**Presenters:** Nancy Seibel, Director, Center for Training Services, ZERO TO THREE;  
and Lucy Hudson, Director, Court Teams for Maltreated Infants and Toddlers Project, ZERO TO THREE

**Melissa Lim Brodowski:** Hello, everyone. I'm Melissa Lim Brodowski, and I'm a Child Maltreatment Prevention Specialist at the Office on Child Abuse and Neglect at the Children's Bureau. And for those new to our agency we are located with the Administration for Children and Families at the U.S. Department of Health and Human Services in Washington, DC.

We're so pleased to welcome you today to our Prevention webinar—"Promotion, Prevention, and Treatment: Reducing the Risk of Impact of Maltreatment on Very Young Children." We're so excited to have both Nancy Seibel and Lucy Hudson from ZERO TO THREE joining us today to share information about their work.

A lot of people know about ZERO TO THREE. It's a national nonprofit organization that informs, and trains, and supports professionals, policymakers, and parents in efforts to improve the lives of infants and toddlers. And their mission is really to promote health and development of infants and toddlers. ZERO TO THREE works closely with us and ACF on a number of issues—they are an Early Head Start National Resource Center, and most recently they are one of the partners in the Children's Bureau National Quality Improvement Center on Preventing Abuse and Neglect of infants and young children, which we'll now be calling the Quality Improvement Center on Early Childhood Development.

So I'm very excited about hearing more about all the great work that they're doing. Nancy and I had some wonderful exchanges over the past several years and ZERO TO THREE's national prevention partners.

I just wanted to give a little bit of background on this webinar. I know some of you have been in on our prior webinars, so this actually our 13th informational caller webinar that's hosted by the prevention subcommittee of the Federal Interagency Work Group on Child Abuse and Neglect. We've had a series of different presentations and webinars really hosted by different Federal agencies as well as partners that are doing work around prevention, child abuse, and neglect.

Our office, the Office of Child Abuse and Neglect [inaudible] on Federal interagency collaborative efforts really knows about child abuse and neglect, and for folks who might not know, there is actually a Federal Interagency Work Group on Child Abuse and Neglect and it's been in existence since the 1980s. And there are over 40 different Federal agencies represented in our group.

We started this prevention subcommittee in the last year and put together various Federal staff from different agencies that have this common interests. So folks like the Committee for Children, Maternal and Child Health, SAMHSA, Head Start, Child Care, Office of Special Education Programs, and a whole list of other agencies. The Department of Agriculture and Department of [inaudible], have all been very active in our work, and we all really wanted to have an opportunity to share a lot more information with each other as well as to share with our partners and grantees the work that's going on across our agencies.

So this webinar is a part of a series of informational child welfare webinars that we've been doing to promote a greater connection across systems and programs at national, State, and local levels. So we're thrilled at the level of interest in today's webinar, I believe there are over 200 people registered and a number of folks from various programs, practitioners, policymakers, etc. We're happy that there is such a diverse group of folks in these calls we've had to date.

So as you see from the slide, just a logistical note about the call. It's being recorded, and we will be posting the slides after the webinar. But also, because we wanted to promote more discussion, this call is actually not operator assisted so people need to mute their lines during the presentation, and we ask you to keep your lines muted unless you have a question.

So you know—if you don't have a mute button you can just press star 6 to mute and then star 6 again to unmute. So we'll try our best, and I know there's a lot of beeping, and I'm worried that the phone I'm on is causing a lot of this beeping. So I'm going to put myself on mute in a second.

Thank you so much for joining us today, and we look forward to your questions and conversation, and please do raise questions. So with that I'm going to turn it over to, and there's going to be a little bit of switching, I think, of the screen and the technology, so I'm going to hand it off to Nancy or Jean.

**Jean Nussbaum:** [05:05] Yeah, and I'm going to send a note to everyone so we can try to figure out this three beep thing going on. Yes. I'm going to change the presenter over to Nancy.

**Nancy Seibel:** [05:18] OK. I'm Nancy Seibel with ZERO TO THREE. I'm director of the Center for Training Services. I wanted to thank you for that wonderful introduction, and Lucy ...

**Lucy Hudson:** [05:37] I'm Lucy Hudson, I'm the director of the Core Teams for Maltreated Infants and Toddlers Project at ZERO TO THREE.

**Ms. Seibel:** [05:45] OK, so we're going to go ahead and get started. We do want to make sure that you understand that it's perfectly OK with us if you have a comment or question as we're going along. So you can open up your line and ask that question. We will try to remember at certain times just to stop and check and see if anyone would like to get involved, and then at the end of the discussion also to have some dialog and any questions or comments we have then as well.

Melissa told you a little bit about ZERO TO THREE, which I really appreciate you doing, thank you. And, clicking on the advance arrow, with this slide we can go ahead, and talk about a little bit is the foundation of our work at ZERO TO THREE, and then get into talking about promotion, prevention, and treatment with very young children.

At ZERO TO THREE we know, and research has certainly established, that our early experiences really profoundly shape the developing ways that have lifelong impacts for the person we become. And our mission at ZERO TO THREE is to promote the health and development of infants and toddlers. We achieve our mission by really working to stay in touch with the cutting edge of clinical knowledge and experience and to translate those for a range of practical approaches that you can use in working with very young children and their families.

So one of the really foundational sets of ideas that we work with is understanding the importance of relationships throughout our lives. We know that for infants and toddlers being cared for by a caregiver who is responsive to you, who understands how to read cues, who nurtures and supports you, is really critical to survival development.

Are we getting some interference?

**Ms. Lim Brodowski:** [08:28] Yeah, I definitely can hear it. I'm not sure if somebody has put it on hold.

**Ms. Seibel:** So we were just talking about relationships to get us through this surprise moment. But we know that ... so we understand that babies have needs in responsive and caring relationships and in order to create and help support and enhance those relationships that practitioners need opportunities like that in their program.

[09:52 The presentation has been suspended to fix the audio issues.]

**Ms. Seibel:** [22:20] ... young children. You're thinking comprehensively about that if your program is specifically focused on, let's say, treating mental health disorders or maternal depression—you're also bringing in the resources needed in the community to support healthy functioning and making sure that the family has contact with those resources.

In thinking about this range of issues that we just laid out about prevention and treatment at ZERO TO THREE, we've thought about a number of things. These may be things you've thought about in your work as well.

One of the big ones to me is that every family can benefit from promotion services. Many can benefit from prevention that we find very often that resources get directed more toward the prevention and treatment end, in terms of where we can find funding. And less gets directed toward the more universal approaches, and it's sort of a dynamic tension that we all are faced with and work to address.

One of the things that's happened to bring some emphasis and energy into the universal families is work that the Center for Study of Social Policy has been engaged in now for a number of

years: to identify and promote the importance of these protective factors. These protective factors are ones that just about any [inaudible] can incorporate into its design and delivery of service and most notably really parent education programs' effect because they are an important resource in the community.

[The presentation has been suspended to fix the audio issues.]

Just a few words about these protective factors that is supporting parents' capacity to adjust and cope after being faced with a challenge or a stress. One important idea to me is that it's not that we expect people to snap back to exactly how they were before they faced a tremendous adversity. You know, if we think of ourselves in a time in our lives when someone very dear and close to us died, we may be a little bit changed by that, or profoundly changed by that, for the rest of our lives. And at the same time we can find the strength and resources and the support network around us to help support our healthy functioning and help us cope and adapt to this perhaps unwanted change in our life.

And that's really the idea of resilience. It's not as if nothing happened but that we can go on to have a very healthy and productive life and adapt to the change brought by an event. That we want to create connections for families, and those connections can make all the difference in the world to our well-being. Then again, if we think of our own lives, if we try to imagine how we would move through what we have to do each and every day without the love and support of family and friends and the tangible help—that we can call upon neighbors—how would any one of us be doing? Well, I know I'd be in trouble.

Parents can really benefit by access to good information about parenting, about child rearing, and about child development. And in the absence of that, you know, what are we to do? We don't know behaviors that are developmentally normal, you know, that all 2-year-olds bite, that tantrums are normal, that night waking is typical with babies. We might think there's not something so right with our child and start struggling and having a bad time.

And each and everyone of us needs times when there is someplace we can turn when we need some really concrete forms of help. And one particular program might not have all of those resources but might be able to connect families to sources of them in the community. Or help parents find ways to provide that kind of concrete help to one another. And then our programs can help support children's healthy social and emotional development and help parents do so as well. Some programs, and I think Children's Bureau, have highlighted the notion of healthy attachment relationships as being an important protective factor, and that's one that we all want to help promote as well.

So with those protective factors in mind, and the notion of developing a strategy that can span the promotion and prevention parts of the spectrum, ZERO TO THREE had the opportunity to propose a project to the Doris Duke Charitable Foundation in 2003. We proposed a project that initially helped us develop a training curriculum that we took to 12 States and used to train trainers, and those trainers then turned around to train health-care providers in their communities.

They also gave us feedback on the draft curriculum we've developed and helped us refine it. We took their input, and the input of expert reviewers as well, and developed a curriculum that ultimately became the "Preventing Child Abuse and Neglect Parent-Provider Partnership in Child Care" training curriculum. We had the opportunity to continue the work through a new grant from the Doris Duke Foundation, "Partnership for Prevention," which is working with States to invest in training of trainers, and then the trainers training of providers, into their ongoing efforts to address the need to work to prevent child maltreatment.

And we really felt that based on not only the Center for Study of Social Policy's work but on work that the National Association for the Education of Young Children did, that this kind of information is very much needed in the field of early parent education.

Providers expressed, on a survey done by [inaudible], that they want to play a role in prevention. They're very interested in supporting the protective factors and recognize the need for more training and support to help them do so skillfully. So this training available on this curriculum really helped bridge the gap between the idea of the protective factors and policies developed to support them—and what providers do on the ground in their family child care homes and their centers.

This gives an idea of the reach of the work so far—that over 700 trainers have been trained in 26 States. So far they've reached over 12,000 providers as well as other professionals who work with infants and toddlers.

We've been able to do some initial evaluation of the work to see that the trainers that we've worked with report gains in their confidence—that they can teach early care and education professionals how they can get involved in the primary prevention of abuse and neglect, and they also report gains in their knowledge of key concepts in training that support that skill and knowledge development.

Their participants report their understanding of key concepts and also gains in knowledge related to those key concepts. And what we're finding as we stay connected with the States and provide consultation to them is that they are developing innovative approaches to continuing the work.

Melissa mentioned our work with the Early Childhood National Resource Center to which we provide support to Early Head Start programs throughout the country. And this in itself brings a preventive intervention and support to families that are able to participate in Early Head Start. So we're just going to talk a little bit about that in particular a project that brought together 24 Early Head Start programs with the child protective service agencies in their communities on behalf of infants in the child welfare system.

**Ms. Hudson:** [31:18] I'm going to just give a little background about Early Head Start, and I apologize to those of you who know this well. Early Head Start started in 1995 with 68 programs. They did an evaluation of 17 of those original 68 programs, and the evaluation showed promising impact—both better cognitive language development in the children and improved parent-child relationships. EHS was effective with many groups of parents including

some who hadn't responded to other kinds of interventions, including teen parents and depressed parents.

It wasn't found to be effective with parents who had four or more risk factors in combination. And those five risk factors included: no high school education, being a single parent, being a teen parent, receiving public assistance, and not being employed or in school. So with four or five of those factors, EHS was not found to be effective.

So the Children's Bureau and the Office of Head Start collaborated on the Early Head Start child welfare initiative in an attempt to put in some special support for children who are in some way connected with the child welfare system. And, as Nancy said, 24 programs participated, and they developed close collaborative relationships with their local child welfare agencies around the cases of children who were jointly being served by Early Head Start and the child welfare agency.

The special initiative, which, I think, was 3 years in duration—maybe somebody at the Children's Bureau can correct me on that if I'm wrong—ended in 2007, I believe, and the programs themselves, these 24 programs, were able to retain the extra slot they had received to serve children involved in the child welfare system. During the course of the initiative, the Early Head Start National Resource Center provided ongoing conference calls and annual meetings to bring the group together to discuss their work. An evaluation was completed for the Children's Bureau, and we're hoping that that will be released to the public soon.

I'm now going to go on and talk about my project: court teams for maltreated infants and toddlers. Our primary goal is to help maltreated infants and toddlers who were in foster care reach safe, loving, permanent homes as quickly as it's possible to do safely, either with their biological parents or other loving adults.

The concept for this work grew out of work that started in Miami-Dade County Juvenile Court under the leadership of Judge Cindy Lederman and with the mental health expertise of Dr. Joy Osofsky and Dr. Lynne Katz. What they were doing, in addition to making sure that the children were receiving regular medical care and evaluations for developmental delays, they were providing child-parent psychotherapy, which Nancy referred to a little bit when she talked about the relationship being the client when you have a child too young to speak. So that what you're trying to do is repair the relationship between the parent and the child.

That's called child-parent psychotherapy or dyadic therapy. Families were referred by Judge Lederman to Dr. Lynne Katz's program at the Linda Ray [Children's] Center to receive child-parent psychotherapy. The children were in foster care, and this would be one of the places where they would see their parents every week. They had some very promising preliminary results.

So ZERO TO THREE went from there with the court teams project, and we are now up and running or about to be up and running in eight sites. Three of them have yet to have their staff person hired. We are supported primarily by Federal grants that are administered by the Office of Juvenile Justice and Delinquency Prevention [OJJDP]. And there is an independent evaluation,

also sponsored by OJJDP, that James Bell Associates is doing, where they're looking at the experience and the top four bulleted sites [on the slide].

Our strategy is that with judicial leadership and close collaboration between the judge and community partners, you can provide enhanced and better coordinated services for infants and toddlers. The judge is the first member of the team; the second member is a ZERO TO THREE staff person who is called the community coordinator in childhood development expertise to the mix. Then, in addition, each community has a set of other members who represent many of the organizations you see here. This team meets monthly to talk about services available in the community, and to identify gaps in services, and to discuss issues that are raised during the court hearings for individual families.

In most places, [the] invitation to join the court team is open so that anybody, any agency that wants to participate, can do that. But that somewhat varies. We have developed as many programs do—we're building our ship while we're flying it. We started with fewer core components and we're now up to ... I can't even remember how many, about 10 or 11.

But of the ones that are listed on the slide you're looking at, I wanted to talk about a couple. One of them was placement in concurrent planning. We've tried really hard to reduce the number of times young children move once they leave their parents' care. One of the ways we're doing that is preremoval conferences, where the parents come with members of their support system and offer names of people who might be able to care for their children while they're trying to get their act together.

We are working more extensively with kinship care providers and really trying to make the first placement the last placement, as Dorothy Henderson would say. And that if the birth parent is unable to get their act together, the person who has taken the child in the first place can be the permanency resource.

The other thing that I wanted to highlight was that we have monthly family team meetings and monthly court reviews, which is many more court reviews than typically happens in the child welfare system. And people working on these cases, like any professional, you triage your work, so the things that are burning wildly out of control are the things that you handle first. And if your next court hearing isn't for 3 or 6 months, you're going to handle the next court hearing.

But if the court hearing is in a month, you're going to make sure the service referrals happen, and you're going to find out so that you can tell the judge what has happened in the case. It's been our experience that this has meant better, more expedited services for the child and family. And, as we know, the time for babies is extremely fast. Every day of their lives is some huge percentage of their total time on Earth. And I won't even tell you what a day is as a percentage of my life. We'd have to go back into about ...

So that and the monthly court hearings are almost the most difficult things to get people to do because it feels, at the beginning anyway, like a big increase in their workload. We have, at this point, been monitoring the cases of children who are younger than 3 in the first 4 communities

starting in Texas in October 2005, and so far we've worked with 191 children and their siblings and their parents and have some results suggesting that we're making a difference.

I'm a little hesitant to say that in the absence of the completed evaluation, but some of the things that I can tell you are a little bit more grounded in the statistics than others. For example, we have been successful in placing children with relatives. About 58 percent of all the placements have been with relatives. And we have been successful in reducing the number of times children are moving between placements, so that 32 percent of children have stayed in one placement the entire time they've been in care. And another 32 percent have only been in two placements.

We have 100 percent of the children getting pediatric medical care, and 72 percent have received screenings for developmental delays, and 27 percent were found eligible for services. So I wanted to talk about one of the bullets, which is "reductions in the number of out-of-home placements," and that's one that we think is happening, but let me explain it.

In our Hattiesburg, Mississippi, site, the judge was concerned because he suddenly was not seeing any new cases of ZERO TO THREE children coming into care. And our community coordinator did some exploration and found out that what was happening was that the workers in the in-home unit were learning about the services that were being offered to kids when they left home, and they were beginning to call her and say, "OK, this is the case with this family. What can I offer them so that the children can stay with their parents?"

Obviously, that is a direction we really want to move in, so the more we can serve kids and their families, the better. That was a suggested outcome, very preliminary but very exciting. As is the "fewer adversarial termination hearing" bullet, which was something that our judge in Des Moines, Iowa, said to me. She said that at the point at which they're deciding that the parents are not going to be able to have their children back, the parents have received a lot of support and help to do what they need to do to be appropriate parents, and they don't test the termination of their parental rights.

**Ms. Seibel:** [42:22] I wanted to end by looking at some of the key ideas we've put together. You know, we did a quick walk-through of a lot of important information. We started out by looking at the fact that early experiences, and we know that babies need stable ongoing relationships with knowledgeable and responsive caregivers. We know that babies can and do suffer when they're exposed to adverse early experiences and that healthy development can be supported with early intervention and treatment.

We know that you're thinking about all of these things. You have interest in these and other matters connected to work with infants and toddlers. We hope we'll have some time to talk now and see what kinds of questions you have, and also hope that you'll look at this information about how to stay in contact with ZERO TO THREE. You have our website here, how to reach us by phone, and you have email addresses for both Lucy and me. And so this is the end of our prepared remarks, and this is an opportunity for us to talk. If you have something you'd like to say you can unmute your lines, and let us know what's on your mind.

**Becky Ruffner:** [43:50] This is Becky Ruffner in Arizona. I wanted to ask Lucy about what you see as the future of court teams?

**Ms. Hudson:** [43:57] Hi, Becky. The future of court teams. Prior to the presidential election, it looked like there was the possibility for the continuation of several of these projects as well as the addition of one new one on Cherokee Tribal lands in western North Carolina. With this appropriations bill and with President Obama in place, I assume there will be revisions to the Federal earmark process but not the elimination of it. And so we're optimistic of continuing for at least another year.

**Ms. Ruffner:** [44:47] Great. And do you know of any other venues or any other localities that are using court improvement money to fund similar efforts?

**Ms. Hudson:** [44:57] Hmm.

**Ms. Ruffner:** [45:02] I guess Arizona might be the only one then.

**Ms. Seibel:** [45:07] I know that there are a couple of locations, and you do too, but it's where people are interested in figuring out how to get local versions of the project going. I'm not sure what monies they're using everywhere. Do you know?

**Ms. Hudson:** [45:18] We're using ... we actually got a grant from Children's Justice Act money in Texas, to support our Texas work team, but also to support outreach to other courts that want to implement the core components. So our folks in Fort Bend County will be doing training and support to three or more sites around the State.

**Ms. Ruffner:** [45:44] Great.

**Ms. Hudson:** [45:46] And I'm sure that there are other States that are doing this. I just off the top of my head, I can't ...

**Ms. Ruffner:** [45:53] Thank you.

**Ms. Seibel:** [45:59] Are there any other questions or comments? Or anyone who wants to talk about some of the work that they're involved in?

**Ms. Nussbaum:** [46:08] Nancy, we've got a question from someone online. They said that they are a birth parent caseworker with the Gladney Center for Adoption and were wondering if there was any research that had been done into infant adoption as a tool in reducing the rate of child abuse.

**Ms. Seibel:** [46:26] Well. That's a really interesting question, and I have to say I don't know. I do know that there has been a fair amount of research on adoption generally, and that that's been a strategy that certainly been supported by the Federal Government and been of great interest in recent years. Its impact on child abuse reduction is a very interesting question. Lucy, are you ... I

wonder if Jean or Melissa—if you're aware of any research in that area? Or if any of the other participants in the call are aware of any that we could mention to this participant?

**Ms. Nussbaum:** [47:14] This is Jean, and I'm not sure of any specific research in that area, but the people who are interested can go to [childwelfare.gov](http://childwelfare.gov), which is the Child Welfare Information Gateway. They have extensive information on research on adoption, and there are a lot of resources there that may be able to provide some information for folks.

**Ms. Seibel:** [47:35] And if anyone is on the audio conference who is a researcher or student who could do research in that area of interest—could be that that participant just identified a gap in the research for us that's worth looking into, so it's a great question.

**Ms. Nussbaum:** [47:52] There was another question that came in. What suggestions do you have for engaging the judicial community around mental health issues for infants and toddlers in a situation where there seems to be no interest? If there are one or two key steps to take, what are they?

**Ms. Hudson:** [48:07] I think that—this is Lucy—that the most important first step is to convince them that infants have, or don't have, mental health.

The thing that's been most effective with judges to date is something called the “still face experiment,” where a mother and a baby are playing together and then the mother turns away and when she turns back she shows absolutely no emotion, a completely blank face, as the baby tries to get her attention. And within a couple of minutes the baby is dissolved in tears and losing control of their posture. It has been very effective in getting judges to understand that even though babies don't use words, they are communicating, and that the relationship, the back and forth, the dance of communication between a baby and a parent can be interrupted—and it can have long-term negative effects on the baby.

So that's one thing. We have produced a DVD called “Helping Babies from the Bench” that includes that [experiment]. It's a 20-minute DVD highlighting the work being done in Miami, and it's sort of a 101 on early childhood development. We are at the moment out of copies, but we are reprinting and should have copies to distribute, which we've been doing for free. You can email me if you are interested in receiving a copy.

But I also think that if you're having a judge who is difficult to work with, if you can be in touch with other judges who might be able to talk to the difficult one. The question is, some States have dedicated juvenile courts where the judges do child maltreatment cases exclusively or in conjunction with child delinquency cases, and they do that as their profession. Some States have judges who rotate, so they might do child maltreatment for 3 years and then go on and do tort cases—I don't even know what that is. But civil law—I'm not a lawyer—I don't even play one on the telephone.

So it depends again about if your judge is a dedicated child welfare professional in the sense that that's been their job over the years. You're going to stand a better chance of working with them to understand the idea that they could make things better, that the court could function more

effectively on behalf of families with a change in approach. The circuit-riding judges who go through the different cases are going to be harder to work with, I think.

**Ms. Ruffner:** [51:14] Lucy, could I share a quick thing? This is Becky. I wanted to just let the person asking the question and others know: In Arizona we had a very positive experience developing a training on the unique needs of infants and toddlers exposed to trauma, early brain development, and, basically, the science behind young children and trauma. When presented to a group of juvenile court judges that we invited to a meeting and gave a free lunch, we had, for instance, one judge go back to his court and contact us and say, “I got back to my court and realized that over half my cases are children under the age of 3, and I’ll never look at them the same again.”

It was just this eye-opening experience for a number of our judges who didn’t realize there was something particularly unique about the needs of very young children in their courts. Everybody would say, “The baby’s fine.” So we’ve been really making it our cause célèbre to say, “How do you know the baby’s fine? What does ‘the baby’s fine’ mean to you?” and then provide lots of training: foster parents, attorneys for children, obviously judges, all the service providers training, and then we develop this little checklist of essential services for infants and toddlers. So many of our judges have ordered that checklist be used with all the babies in their court.

**Ms. Seibel:** [52:54] You know, Becky, that’s a great story to share, and it also makes me think about when the same question can come up when you’re working with child welfare workers, and if you sit at a meeting at a child protective service agency the conversation—and we may have representatives of those agencies on the call—and your perspective is really helpful if you have any comments to add.

But the conversation often is about the older children who can provoke crises by doing things like running away, having sex, using drugs, threatening violence, failing school, being depressed, being suicidal. So those are the burning crises that attention, energy, and resources are going into. And what can a suffering baby do to get your attention? Cry? Fail to thrive? Sleep at night? Not eat very well, look sort of sad, not play much.

Well, you know, those just aren’t the things that get the sirens going and the alarm bells ringing. So we need to understand how to read those cues and respond to those emergencies because hey, folks, where do you think the runaway teens are coming from? You know? And so that and a snack are important. Early childhood [inaudible] is important. We heard that lunch was important in Becky’s story. You know, we want to reach people every possible way we can. So pair your message with a treat, and you have a nice chance of getting through. I’m serious.

**Ms. Hudson:** [54:31] One thing that the court teams have focused on is changing the focus when a baby has to transition from one caregiver to another. The experience of too many babies is that the decision is made to change placement, and the baby goes maybe to child care that morning and goes home to a different house that night. There’s no goodbye, there’s no transition; they’ve never probably met the new caregiver before. And they do grieve.

So we've tried to establish longer, much longer, term processes for transition that, you know, [extends] over the course of 3 or 4 weeks, where the baby visits with the new caregiver at the old caregiver's house, and over time, after the baby moves, that the old caregiver stays available to the child. And we have some really lovely stories about a foster mother being involved in the child's life a year or 2 years after they're no longer in her care. Going to visit and bringing presents—and that's really the way it needs to be because they do suffer.

We had a story about a 4-month-old who cried inconsolably; he became morbidly obese; he was sick all the time. The new foster parent put him in child care 7 days a week, and he was crying out in every possible way that he was hurting because of this transition. I tell that story because there's even discussion in the mental health community about children as young as 4 months being able to experience depression. I certainly think he was an example of it.

**Ms. Seibel:** [56:27] Are there any other comments, experiences, questions?

**Ms. Nussbaum:** [56:30] Actually, Nancy, there are several questions I have for you. At the conclusion of your webinar, your presentation, you were talking about training, and someone had a question; if you could please clarify: Who was being trained, and are they not parental child care providers?

**Ms. Seibel:** [56:53] Yes—the training that I was talking about, and the use of our Preventing Child Abuse and Neglect curriculum, is directed at trainers. We bring together groups of trainers, and ideally they come to us paired up or in teams, so that we have, represented in those training teams, expertise in early care and education work as well as expertise in child abuse prevention and child maltreatment prevention.

And so those people come from backgrounds like Healthy Families programs from Prevent Child Abuse Chapters, from child protective service agencies, from child care resource and referrals centers, Early Head Start programs, universities—quite a range of places where trainers might be housed.

And they get a 3-day training in focusing on two core and important areas. One is a reflective and relationship-based approach to training. The training experiences they offer embody the principles we talked about in the beginning. And then training and understanding—the impact of abuse and neglect on infants and toddlers and then get opportunities to get familiar with this curriculum practice—using it gets feedback about preventing it.

And so that's who we've been training. The focus of this effort is that they will take it back to their communities or the settings in which they do training and train child care providers using this content. Many of them have also chosen to adapt the materials to the needs of other providers such as people who work in child welfare agencies, people who do home visiting, foster parents, and parents—and so it's early intervention and has been used in quite a variety of ways.

**Ms. Nussbaum:** [58:55] All right, Nancy, I've got another question that came in. Could you please give examples of the supports given to parents through the court team?

**Ms. Seibel:** [59:07] Sure, Lucy can talk about that.

**Ms. Hudson:** [59:09] Well, it starts in court. And one of my favorite examples that happened in our Des Moines court was when the social worker stood up, turned to the parent, and said, “I look forward to working with you.” The parent is an important member of the family decision making team. They have the number of the community coordinator, and the community coordinator checks in with them to make sure that they’re getting the services that they need. The services are ... our goal is to customize them to the family rather than the cookie-cutter approach that I think is sometimes used. It can include things as diverse as outpatient or inpatient child abuse treatments, and some of our communities are lucky enough to have inpatient programs where the child and the parent can be together—which is very important for young children.

We have some foster care placements where the child and the parent can be together. This is again especially true for teen moms. We do a lot; we’re focused very heavily on visits between the child and the noncustodial parent. Again, in Des Moines, they’ve just opened a visitation center to support activities like Mom cooking dinner or giving the child a bath, and normal activities of daily living.

We’re training our folks in supporting these visits and making sure that they happen. Our average at this point is two times a week, which is better than most places. And in the kinship placements the parent-child visits are much more frequent. [I’m] trying to think of what other ... The parenting classes—where they are taking place—we’re working to make those fit the criteria that I described earlier, so that rather than sitting in a classroom and presenting a certificate at the end of 10 or 12 weeks (where all you had to do is be in the room), they’re really experiencing some one-on-one support from a professional who helps them think about taking the best care of their child.

We involve the parent in pediatric medical appointments and when the child is being screened for early developmental delays and then potentially receiving services. I’m sure there’s more.

**Ms. Seibel:** [01:01:47] That gives us a good feel for it. And, you know, in each one of those you can hear how the parent is being supported and, also, how the infant at the same time is being supported. So, if you get to see your parent twice a week, that’s a lot better for you and your development and the maintenance of that attachment relationship that’s so important to your mental health, [rather] than seeing them once a week or once a month.

What were some of the other questions, Jean?

**Ms. Nussbaum:** [01:02:12] All right, so the next one. You may have mentioned this. Someone wanted to know if there was a publication that describes the process different States have used to develop court teams and the accompanying partnerships.

**Ms. Hudson:** [01:02:27] We copublished with the American Bar Association Center on Children and the Law a book on community collaboratives with judicial leadership. And, in fact, one of the projects highlighted is Becky Ruffner’s “Best for Babies” in Yavapai, Arizona. And I think

Becky's contact information is there so you can go to the court team's webpage, so if you do [ZEROTOTHREE.org/courteams](http://ZEROTOTHREE.org/courteams), it will take you to our webpage, and you can find both that publication and another one we did with the ABA on parent-child contact or, commonly called, visitation.

**Ms. Nussbaum:** [01:03:04] And what we can do too, in a follow-up email that will go to participants of this call next week, we can list those publications in there as well. ... The next question is: Are there partnerships with military social services?

**Ms. Seibel:** [01:03:25] Well, yeah, we at ZERO TO THREE ... I don't know if you're asking, if this person is asking, about court team partnerships or ZERO TO THREE partnerships.

ZERO TO THREE does have a military family set of services that focuses training consultation operatives on specific bases around the country, working with all of the professionals on the bases who touch the lives of the youngest children and their families that are active [duty] there. We also bring these services to National Guard units around the country. That work has been supported privately and is also working directly with Department of Defense for support.

A lot of the training has been around helping people understand and respond to the impact of trauma on the lives of infants and toddlers. So that recognizing with long and frequent deployments, that parent overseas may be impacted by trauma, and the changes that that brings to the families' life, [and how] the separation can have an impact for the infant.

The parent at home and the level of support that they have makes a big difference for the baby. So there have been all kinds of efforts going on through that project to help enhance the already high and existing levels of support to military families, with additional resources aimed at the youngest children, and to identify needs for additional treatment and supports that may really be present due to our current status of being at war in Afghanistan.

**Catherine Nolan:** [01:05:16] And could I just add—this is Catherine. All the branches of the service do have the New Parent Support Team program, which is their home visiting program for prenatal and, I think it's birth to 3, maybe in some it's birth to 5; but they do have a home visitation program for all the branches of the service.

**Ms. Seibel:** [01:05:35] That's exactly right, and that's been one of the important groups that we've been able to partner with. The military has a fabulous system of supports to families, and some of the models that are in place are ones that we wish we had all throughout the country. What Catherine just described is certainly one of them.

Anything else that anyone would want to add to that?

Oh, I guess, the other exciting thing I want to add to that is that we're going to get a group of military providers together at our upcoming conference, the National Training Institute, which is coming up in a couple of weeks, and we're going to be training them in the youth and preventing child abuse and neglect curriculum. We did this with a [Washington] DC area group of military trainers in 2007 and had a great experience with that and are looking forward to the opportunity

to do that again in a couple of weeks. The group that's gathering from, worldwide, I guess, is coming to the conference.

Are there other questions?

**Ms. Nussbaum:** [01:06:47] There sure are. You may have touched upon this earlier when there was a conversation about judges, but a question did come in: Do you see any barriers in judges' attitudes—that they have been known to resist outside evidence?

**Ms. Hudson:** [01:07:07] Well, let me generalize on that a little bit. Every discipline thinks to some extent that it's cornered the market on what it needs to know. And when we talk about windows for learning, or intervention, or any kind of a window opening, it recognizes that often the windows are closed. So it is important to approach, I think, judges carefully and get a sense from the individual about their willingness to consider new information.

I will say that they're much more likely to accept this information from other judges. And there are a lot of judges around the country, many of whom are involved in the National Council of Juvenile and Family Court Judges Model Courts. Their website is [www.ncjfcj.org](http://www.ncjfcj.org). Look for their model courts list, and you will find judges there you might be able to contact. They're spread all over the country, so you might be able to find somebody who is reasonably close to wherever you are to see if you couldn't get your judge to hear the information from somebody they find less threatening.

The other thing that I will say about the DVD I mentioned is that it's told from the point of view of a judge, Judge Lederman in Miami, and also Judge Ernestine Gray has a small part—she's from New Orleans. And that might be a tool you could use with a judge who wasn't that interested in hearing it from you.

It's tough, and you really want to be a bridge builder and invite the judge to something that might be useful. And, I think, the bottom line is it will improve outcomes and make cases move better. Which the judge, I would think, would care about.

**Ms. Nussbaum:** [01:09:32] In response to that, a comment and question came in from someone in California. They said that they have established a close relationship with the associate director at the Department of Children and Family Services in Los Angeles. This collaboration has enabled clinical social workers to understand the importance of early intervention, and [they] are automatically referring children up to age 5 to their program. This in turn establishes a better-informed social services system including impacting the decisions that judges make.

Has anyone attempted to forge this type of relationship with their children's family services agencies? And that's coming from someone at the Children's Hospital in L.A.

**Ms. Hudson:** [01:10:20] So the question is, have we tried to work with the child welfare agencies to get to the judges?

**Ms. Seibel:** [01:10:25] I think that was just a suggestion. I think she was saying another route into this system can be from approaching the child welfare agency and then, through those relationships, reaching the judge. And then a question to the general group of listeners, as well as us, was, are we aware of any other communities where an approach like that has been used successfully?

I can comment on, in Chicago, Illinois, I believe, that the Strengthening Families project there has actually successfully reached out to the child protective services agency and begun offering some training to help raise awareness, exactly as this participant was saying, of the needs of infants and toddlers, and help them be more sensitive and responsive to early childhood issues. I don't know, and it could be an interesting thing to find out about, if that has led to some connections with the judges in the city. I don't know if anyone else wants to send in a comment in response to any experiences they've had.

It's a big outcome, and I'm glad that you shared that with us—to be able to increase the judges' awareness as well as the referrals of children for assessment services around their developmental needs. I mean, that's something that's in our Federal legislation now that's meant to be happening, and in many communities it is really quite a struggle to turn that from a mandate into a reality. It sounds like you've made some real progress with that.

**Ms. Hudson:** [01:12:01] In many communities there's no awareness that it exists.

**Ms. Seibel:** [01:12:05] So you're light years ahead in that respect. Then there are places where it exists, and they know, but they still can't make it happen the way they want it to. So, you know, agencies and programs are all over the place in their ability to act on that mandate.

**Ms. Hudson:** [01:12:20] I think that the court teams project started with judges, and judges are just one of the important players in improving services for infants and toddlers in the child welfare system. The child welfare agency folks are absolutely critical, absolutely. They're the center around which these cases revolve. And I think one of the nice things about the court team is having a full-time staff person who can break down the various silos between service providers, between the judge and the child welfare agency, between the child welfare agency and service providers.

Not even intentional silos, but everybody has their job to do, and it's hard to find the time to go out and say, "Well, this family needs this kind of a service, I don't know of anybody providing that, so I'll just send them to this place that I know about that does a pretty good job, and they do it more or less on what this family needs, but it's all I know about." A community coordinator has had the flexibility to go out and find the right service. And in a lot of these communities, in Hattiesburg and everywhere, services were there; it was just a matter of bringing everybody together, and so it doesn't really matter who the change is, the idea is that everybody who might touch the lives of children [should] be involved in providing services in courts.

**Ms. Seibel:** [01:13:50] Jean, did you have any others?

**Ms. Nussbaum:** [01:13:52] I do. This question came in earlier, and I know it was a bit of a discussion around this, but maybe there's more to add. The question is, "What should the level of contact be between an abusive parent and the child once they are in the child welfare system; won't the child still grieve for the abusive parent?"

**Ms. Seibel:** [01:14:11] Well, yeah, so, I guess, to my way of thinking, in general, you want to promote as much contact as possible. When you take a child away from their primary caregiver, whether the relationship was nurturing or whether it was abusive, it's a loss for the child and their grief. [inaudible] But the fact is that was the child's contact, that was the child's relationship, and to try to understand it, we could just try to picture ourselves, even if we're in a difficult set of relationships, suddenly plucked up out of them and dropped down somewhere else where we don't even know where we are. Where we have difficulty communicating with the new people or trying to make sense of what happened and reorient ourselves to our new circumstances. There's still loss involved.

Now for case plans individualized to each situation, in general, we want to plan toward permanency, and we want to preserve a child's [inaudible] can have primary relationships with more than one person. They might have a nice attachment building with a foster parent, and that might ultimately be—maybe they're going to be adopted in that family over time, and that's the safety plan, and that's where they can still make a connection with the birth parent, if that can be managed in a safe way for that child.

So you want to have as much contact as possible to support the child's ability to maintain a connection. A baby isn't going to remember very well from one week to another, that's really hardly enough. That would be, I would say, the minimum, realistically. Have visits more often in a way that's supportive to the child and without jerking them around without transition. Maybe if even both caregivers can be present so the child has an experience of continuity, and we're going to be doing a better job of meeting a child's emotional needs.

**Ms. Hudson:** [01:16:31] Abusive and neglectful parents generally don't actually have a good idea about what children are supposed to do at any given age. So the purpose of a lot of parent-child contact, and we would argue for daily, if it's possible, and not necessarily for huge long periods of time.

I was in court one day when somebody asked, "Well, instead of doing two visits of an hour each, could we do one visit of 2 hours?" That does not work for the child. The child would do better with daily contact that was shorter and in their natural surroundings as much as possible. But I think that the goal of a lot of visits between parents and children is: Are the parents making the changes they need to make to be appropriate with their children? Are they learning, are they getting the opportunity to learn about what normal development is supposed to be? And what their child's experience is? And are [they] beginning to be able to support that?

And so the visiting not only helps to build a better, healthier parent-child attachment (if the parent is getting better), but it also allows the child welfare agency to monitor the progress of the case. And are we moving from the original plan of reunification to a plan of adoption or

permanent managing conservatorship with a relative? Visiting has a therapeutic as well as a monitoring function.

And you obviously do not want to put the child in harm's way. So you know you have to monitor the level of abuse. Sexual abuse is a whole other story, I think, that we haven't really addressed in the court teams project. Those cases are seen differently and are prosecuted by the criminal system. So that's different. But in terms of physical abuse, it is possible for the parents to get better.

**Ms. Seibel:** [01:18:42] And, I don't know if part of the question was about, well, won't the child cry and suffer with the frequent hellos and goodbyes? And, I think, the answer is we can expect to see them protest by the child crying real anguish with the goodbyes. And when we see that, it's not that we're trying to provoke a bad feeling. I would never want to leave that impression.

But when we see a child protest a separation, we understand that there is an attachment. Experience and attachment release is actually one of the fundamental things that [inaudible] emotional development, and while it tells you a lot of support to manage having to say goodbye to someone they want to be with. They cry to indicate that they're sad to see that person go. That is not an indication that we shouldn't have the visit. I wasn't sure if that was part of the question, but I just wanted to make that comment.

Anything else?

**Ms. Nussbaum:** [01:19:53] I don't have any additional questions from those who've posted them via gotowebinar at this time. So I don't know if there's anyone who is on the line who has any questions or comments they'd like to share?

**Participant:** [01:20:13] I have a question.

**Ms. Nussbaum:** [01:20:14] OK, please go ahead.

**Participant:** [01:20:16] In this fiscal situation, where everybody is cutting back expenditures, is there any cross benefit data on the court team project?

**Ms. Hudson:** [01:20:30] They're pretty preliminary. I think where we potentially see savings are children not coming into care at all. The example I gave about Hattiesburg, the quicker resolution of the case, the increased use of kinship care providers. There are potential savings, but we don't have a formal benefit analysis.

**Ms. Seibel:** [01:21:00] That's a good question to ask because we all have to be aware of those kinds of things now. Not always but especially now. Any other questions?

**Ms. Nussbaum:** [01:20:20] Well, it doesn't look like that there are any additional questions, and I know that Nancy and Lucy have their email addresses posted, so if anyone does have any follow-up questions you can certainly reach them via that email address, or reach myself, Jean

Nussbaum, at my email address, which is up there, and I can certainly pass along questions to Nancy and Lucy, if anything comes to mind to people after the conclusion of this webinar.

What I'd really like to do is take the opportunity to thank Nancy and Lucy for sharing with us all their wonderful work that they've been doing. And for agreeing to participate and present all of this information to all of us here today. And I'd really like to thank everyone who came and joined the webinar, and especially with your patience with the technical difficulties that we had earlier. We certainly appreciate your patience with all of that while we were able to resolve them.

We will be having an upcoming webinar on Monday, Dec. 8, which will be on the Protective Factors Survey that's up on your screen right now. The presenters will be the FRIENDS National Resource Center as well as the Institute for Educational Research and Public Service on the University of Kansas. The registration web link is up now, and an invitation has gone out, but please feel free to email myself or Melissa if you're interested and haven't received the invitation yet.

Additionally, the audio and visual recording of this webinar will be posted at the FRIENDS website, and that link is also up on your screen right now. You'll be receiving a follow-up email next week with that link once the webinar is posted. So again, thank you, everybody, for your time and your participation today, and again, thanks to Nancy and Lucy, and hope everyone has a wonderful day.