Child-Parent Psychotherapy & Safe Babies

An evidence-based, trauma-informed way forward

> *Child-Parent Psychotherapy* (CPP) is designed to repair the behavioral and mental health problems of infants, toddlers, and preschoolers whose most intimate relationships are disrupted by experiences of maltreatment, violence, and other forms of trauma that shatter the child's trust in the safety of attachments. (Lieberman, Ghosh Ippen, & van Horn, 2015)

Easterseals VT first brought Child-Parent Psychotherapy to Vermont in 2014 to fulfill the therapeutic components of Safe Babies Court Teams and to fill the void in dyadic treatment for very young children and their caregivers. The cadre of clinicians, who participated in the 18 month training program with Boston Children's Hospital and the National Child Traumatic Stress Network, were able to begin seeing Safe Babies referred families soon after their first Court Improvement Program sponsored training in Boston. Since that time, numerous Safe Babies Team families have engaged in treatment, as well as additional families whose children are in custody and/or involved with the Department for Children and Families in Washington, Lamoille, Orleans, Addison, and Chittenden counties. Clinicians have followed families through successful reunifications as well as, in a few cases, the termination of parental rights and successful attachment and safety in the adoptive home.

What Does CPP Look Like

- For children age 0-5, who have experienced a trauma, and their caregivers. The clinician sees the parent(s) with the child. This, together with the fact treatment is available for infants, are significant differences from other forms of treatment.
- Weekly 1 to 1.5 hour sessions can be in the parents' home, or in the office. Additional parent sessions are provided as needed. Treatment lasts on the average for one year and includes collaboration with other providers and some case management as needed.
- The initial engagement phase includes extensive assessments that measure the traumatic experience and functioning of both child and parent.
- CPP is evidence based. It is given a Scientific Rating of 2 (supported by research evidence) by the California Evidence Based Clearinghouse with "High" Child Welfare Systems Relevance. Outcomes supported by research include: decline in traumatic stress disorder symptoms and problem behaviors in participating children, decrease in avoidant symptoms and general distress in mothers, and increase in levels of secure attachment.

Trauma, even that experienced by babies can have life-long consequences.

> .....It is by now an inescapable conclusion that babies and young children remember what happens to them and show us what they learned from their experiences through their physiological profiles, the emotional quality of their relationships, and their approach to the challenges of exploring the world and learning. (Lieberman, Ghosh Ippen, & van Horn, 2015)

Effective treatment can alter the course for these children, and change the patterns of intergenerational trauma.

What Are the Goals of CPP

- Restore normal developmental progress, levels of functioning in daily activities and adaptive coping
- Develop a new perspective on the traumatic experience
- Restore/establish a sense of predictability and trust in the child-parent relationship and caregiver as reliable protector. (NCTSN)

This looks like:

- Child is back on a healthy developmental trajectory
- Parent or caregiver bears witness to the child's trauma narrative and together they have created a shared story of healing and hope
- Parent/caregiver is "Bigger, Stronger, Wiser, and Kind."

With shared support from the Vermont Department of Mental Health, The Department for Children and Families – Family Services Division (DCF), and the UVM Child Welfare Training Partnership, Easterseals Vermont and NFI collaborated to bring CPP training to Vermont. In 2016 we successfully brought trainers from the NCTSN at Boston Medical to train clinicians statewide. Easterseals Vermont has a team of ten clinicians made up of private practitioners and employees. CPP clinicians could now be available to Safe Babies Court Teams in eight of Vermont's DCF districts.

The Core Components of the Safe Babies Court Team Approach

ZERO TO THREE
Early connections last a lifetime

ZERO TO THREE's Safe Babies Court Teams (SBCT) focus on concrete strategies that allow the professionals who interact most directly with families to improve the parents' and their children's experience of the child welfare system. The SBCT approach is based on 12 core components that articulate a developmentally sensitive way to respond to child maltreatment of infants and toddlers. While we have always focused on foster and birth parents (newly added as Core Components 5 and 7), we have not previously carried that focus into the core components. Carried across all 12 core components is the SBCT aspiration to address the poverty, trauma, and racism that most of our families confront. Every one of the 12 core components contributes to our racial equity and human dignity platform.

Each Safe Babies Court Team works to implement all 12 components locally, utilizing their unique knowledge of their community to find local solutions that meet the developmental needs of infants and toddlers in foster care.

1. **Judicial Leadership:** Before there is an SBCT, there is a judge and/or a child welfare agency leader who is tired of seeing the children become the parents and then the grandparents of babies in foster care, who is passionate about doing right by babies, and who recognizes the importance of the child's first three years. They recognize the value in reforming the child welfare system's response to the youngest children as an initial step in avoiding the next generation of child maltreatment. From the bench the judges set the tone of dignity and respect. Their demeanor reflects an understanding of how traumatic experiences contribute to the parents' behavior in hearings and interactions with social services. Judges set an expectation that hearings are conducted in a caring and thoughtful manner, leading the effort to reduce the adversarial nature of court proceedings. The judges keep everyone focused on achieving timely permanency and resolving the issues that brought families into the system. This approach reduces the stress level of both families and professionals in the court. Off the bench, judges also know that their best efforts are insufficient if they aren't combined with the work of the whole community. Local judges in SBCT communities are the catalysts for change because of their unique position of authority in the processing of child welfare cases.

2. **Local Community Coordinator:** In each SBCT community, a local community coordinator with child development expertise works with the judge to lead the SBCT. The community coordinator, with technical assistance provided by ZERO TO THREE, coordinates services and resources for infants and toddlers and their families within the local community. In addition, the community coordinator is responsible for staffing the stakeholder team (see #3), recruiting new members to the stakeholder team, entering data about the families served into the SBCT database (see #12), and representing the Court Team in various community efforts as well as the national SBCT learning community. Experience has taught us that the community coordinator should be employed full-time. Because of the multiple responsibilities of the position that include developing the community team and resources, the Court

Team should adhere to a caseload limit of no more than 20 open cases at any one time. Saturating the work with more than 20 families per coordinator dilutes the quality of work done with each family.

3. Active Court Team Focused on the Big Picture: The Court Team is made up of key community stakeholders who commit to restructuring the way the community responds to the needs of maltreated infants and toddlers. The Court Team meets monthly to learn about the services available in the community, review data, identify gaps in services, and discuss issues and patterns raised by the cases that members of the Court Team are monitoring (See # 8 below). Participation in the Court Team is by open invitation. It is anticipated that the diversity of agencies represented will expand over time.

4. Targeting Infants and Toddlers in Out-of-Home Care/ Under the Court's Jurisdiction: Comprehensive services are offered to each child including screening for developmental delays and disabilities, medical care delivered in a medical home, and mental health services that focus on the parent-child relationship.

5. Valuing Birth Parents: Because the first permanency goal is to help parents and children reunify, Safe Babies Court Teams need to respond to the needs of the birth parents and the wide variety of traumatic stressors present in the parents' lives. The families served by SBCTs face an overwhelming number of risk factors in comparison to the general population. Almost all of the parents of young children who enter the child welfare system have suffered their own history of trauma.[i], [ii] There are many forms of prejudice that families in the child welfare system confront because they are poor; unmarried; lesbian, gay, bi-sexual, or transgender; adhere to non-Christian religious beliefs, or lack education. People of color bear the brunt of this oppression.[iii] Members of SBCTs must treat all parents with dignity and respect, to develop an emotionally connection with families that permit us to build genuine relationships of concern and support.

6. Placement and Concurrent Planning: From the baby's point of view, it would be ideal if the person who agrees to take physical custody of the child when she is removed from her parents' care would also agree to become the child's permanent parent if the birth parents are unable to overcome the challenges that led to the need for a foster care placement. Very young children make sense of their world within the context of their relationships with a few cherished caregivers. All too often the transition into foster care carries with it a number of transfers between foster homes.

Concurrent planning places equal emphasis on supporting a second permanent family in the event that reunification is ruled out. It needs to begin at removal. To be successful, the team must support a mindset about fostering that values birth parents, understands the importance of placement stability, and the complicated dynamics that can come into play between birth and foster parents. Regardless of the final permanency outcome for the child – reunification, guardianship, or adoption – a relationship would ideally continue between the birth and foster parents after the child welfare case closes.

7. The Foster Parent Intervention; Mentors and Extended Family: Referred to by some experts as the primary intervention for children in foster care[iv], foster parents play a pivotal role in determining how safe and nurtured young foster children feel. Their role is multifaceted:[v]

a) To provide loving care for children placed with them.
b) To advocate for the children in their homes.
c) To nurture healthy relationships between the children in their care and birth parents, siblings, and extended family.

Balancing these roles requires training and support from the child welfare agency prior to and –just as importantly—while foster parents are engaged with a child and his or her family. They should be regarded as respected members of the Safe Babies Court Team who participate in family team meetings, court hearings, and community training.

8. Pre-Removal Conferences and Monthly Family Team Meetings: Every day that babies spend in foster care limbo **is a day we should be trying to resolve the issues that led to the child's removal from home.** With Pre-Removal Conferences (PRC) we can begin our work before the child is removed from the home. Structured in much the same way family team meetings (FTM) are organized, the parents are invited and asked to bring with them anyone they consider to be members of their support network. The meeting is facilitated by a trained mediator, either someone engaged by the child welfare agency or the community coordinator. The PRC sets the tone for the FTMs that occur monthly. **Parents and their chosen circle of support are key participants in these meetings**

9. Parent-Child Contact (Visitation): The Safe Babies Court Teams Project sees parent-child contact as a critical way to help the child and parents experience one another as loving partners in their relationship. Each family has their own strengths and challenges when it comes to spending time together, and plans for supporting their relationship must be formed on an individualized basis. Very young children become attached to their parents whether the parents are able to provide consistent loving care or not. While the quality of that attachment may be insecure or even disorganized, separating a young child from his parents is still painful.[vi] The goal of parent-child contact is to permit the child and parent to keep the other a living presence in their lives and to improve the parent's responsiveness to the child's needs. Research has found a correlation between the frequency of parent-child visits and the length of time it takes for the child to reach permanency: more planned visiting days each week was linked to the likelihood that children will achieve permanency within a year; each additional visit tripled the odds.[vii]

10. Continuum of Mental Health Services: Infants and toddlers who have experienced trauma may benefit from mental health services that work with them and their parents and/or foster parents to learn to trust again and form secure attachments and relationships with their birth parents and/or foster parents. Parents who maltreat their very young children need some level of intervention to help them understand their children's needs and learn ways to build strong supportive bonds. The intensity of the intervention should mirror the specific characteristics of the parent and child, the level of pre-existing

trauma in their relationship and in the parent's own childhood experiences. In order of intensity, recommended interventions include:

An assessment of the parent-child relationship. Relationship assessments include two primary procedures[viii]: A structured interactional play assessment that reveals how the caregiver behaves with the child and an interview with the adult to understand the adult's "working model of the child." This allows the clinical evaluator to assess the adult's ability to provide appropriate care to the child.

Teachable moments: Taking advantage of in-the-moment opportunities to help parents successfully respond to their child's behavior.

Visit coaching: Visit coaches can come from a range of professions including child welfare case workers, in-home service providers, and CASA volunteers. They work closely with the parents to make each visit a good experience.

Psychoeducational parenting intervention. In individual sessions with parents and their young child, a trained professional shares information on child development and how best to meet the child's needs while assisting the parents in utilizing newly acquired information and skills.

Child-parent psychotherapy (CPP). In CPP, the clinician seeks to heal the relationship between the child and the parent by helping the parent develop a realistic assessment of the child's needs and abilities. In determining the number of families referred for CPP, the SBCT family teams will need to work closely with the mental health clinicians providing services to SBCT families in order to avoid exceeding capacity.

11. Training and Technical Assistance: ZERO TO THREE staff and consultants provide training and technical assistance to the SBCT community on topics such as: infant and toddler development; parenting interventions; services available to foster children in the community; children and trauma; and parental substance abuse, domestic violence, mental illness, and poverty. Through weekly team meetings and individual supervisory calls, SBCT Project leadership staff provide support and direction to each of the community coordinators. By participating in ZERO TO THREE's annual Scientific Meeting and annual conference and in the SBCT annual Cross Sites meeting, the community coordinators, judges, and key members of the Safe Babies Court Teams are integrated into the larger framework of ZERO TO THREE's efforts on behalf of infants and toddlers.

12. Understanding the Impact of Our Work: Each Court Team evaluates its work. The approach is focused on bringing key participants into continuous quality improvement (CQI) and evaluation planning. CQI is a process for identifying areas of strength to build on in future work and challenges to address through deliberate action.

References

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[iii] Stress in America, the impact of discrimination (2016) The American Psychological Association https://www.apa.org/news/press/releases/stress/2015/impact-of-discrimination.pdf

[iv] Zeanah, C. (2015). Personal communication.

[v] Shauffer, C. (2012). The Quality Parenting Initiative; Fostering in the 21st Century. *Fostering Families Today*. Retrieved on March 16, 2016 from www.fosteringfamiliestoday.com

[vi] Goldsmith, D., Oppenheim, D., Wanlass, J. (Spring 2004). Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children in Foster Care. *Juvenile and Family Court Journal*. Reno, NV: National Council of Juvenile and Family Court Judges.

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[viii] Lieberman, A., & Van Horn, P. (2007). *Assessment and treatment of young children exposed to traumatic events*. In J. D. Osofsky (Ed.), *Young children and trauma* (pp. 111–138). New York, NY: Guilford.

Positive Feedback regarding Safe Babies Teams in Vermont from Judge Thomas Devine (5/2017):

"Status conferences are tremendously important, it is a chance that for the parent to see that the court remains concerned about the outcome. It is also a chance to reaffirm what the case plan is about so that there is no miscommunication. It is also a chance to shift course if between the last status conference and the present time there's been a new event or a problem has come up and people can put their heads together and plan collaboratively and adapt to the changes fact patterns. In a regular case we're lucky to bring the family in more than a couple of times a year once it is post-disposition. All kinds of things can derail a good case during that time of not coming in for court review. I wish we had the resources to do this on a bigger scale. I think it's tremendous."

"As a result of frequent contact, we get timely outcomes. In these cases you can see the trajectory of cases. We are getting there in a good frame of time."

"Everyone gets all of the same information at the same time, and that is very helpful. There is documented chronology of the case. Shows you the evolution of a case (not a direct quote)."

"The only problem is the resources...I want to do it with the whole docket."

"The heart of this [SBT] is collaboration and consensus."

Easterseals Vermont

Safe Babies Team Outcomes

Hartford

Easterseals Vermont Safe Babies Team in Hartford accepted its first referral in October 2015. From then until May 2016, there were 13 cases total. Of the 10 cases that closed:

5 families chose to voluntarily relinquish their parental rights.

2 families reunified through a CCO (Conditional Custody Order)

3 families were contesting a change to the DCF case plan of Termination of Parental Rights (TPR) when Safe Babies Team closed.

St. Johnsbury

In the beginning two years of Safe Babies Teams work (until 2016), St. Johnsbury had 8 cases. Of the 5 that closed:

1 family reunified through a CCO

1 family transitioned to LUND

1 family closed after father threatened Easterseals worker

1 family transferred to Family Treatment Court

1 family closed after six months in Phase One

The Quality Improvement Center for Research-Based Infant-Toddler Court Teams

Project Overview

Quality Improvement Center *for* Research-Based Infant-Toddler Court Teams

The Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT) began in 2014 and is funded by the United States Administration on Children, Youth and Families, Children's Bureau. The QIC-CT is operated by ZERO TO THREE and its partners, the Center for the Study of Social Policy, the National Council of Juvenile and Family Court Judges, and RTI International.

The QIC-CT is leading an effort in information-sharing and knowledge-building to help ensure that jurisdictions and states have the tools necessary to identify and address the underlying challenges faced by families in the child welfare system and to ensure that infants, toddlers, and families have access to high-quality, evidence-based services. Ultimately, this work can empower families to develop the skills necessary to support the health, safety, development, and stability of their very young children.

The purpose of the QIC-CT is to support implementation and build knowledge of effective, collaborative court team interventions that transform child welfare systems for infants, toddlers, and families.

The project provides intensive training and technical assistance in demonstration sites to fully develop and expand research-based infant-toddler court teams based on the components of the ZERO TO THREE Safe Babies Court Teams (SBCT) approach. Supporting all stakeholders in the co-creation of a court model that is informed by early childhood development, grounded in research, and tailored to meet the needs and values of their community—whether local or statewide—can help sustain the tenure of an infant-toddler court team.

QIC-CT Demonstration Sites

The QIC-CT demonstration sites are national learning laboratories for promoting evidence-based practices, increasing capacity for change, and supporting the healthy development of infants and toddlers. The following jurisdictions have been chosen as demonstration sites for the QIC-CT project:

- Milford Safe Babies Court Team, Milford, Connecticut
- New Haven Safe Babies Court Team, New Haven, Connecticut
- Florida Early Childhood Court Teams, State of Florida
    - Bay County, Florida
    - Hillsborough County, Florida
    - Pasco County, Florida
    - Pinellas County, Florida
    - South Okaloosa County, Florida
- Hawaii Zero to Three Court, Honolulu, Hawaii
- Polk County Safe Babies Court Team, Des Moines, Iowa
- Forrest County Safe Babies Court Team, Hattiesburg, Mississippi
- Rankin County Safe Babies Court Team, Pelahatchie, Mississippi
- Eastern Band of Cherokee Indians, Cherokee Safe Babies Program, Cherokee, North Carolina

Review of Evidence-Based and Evidence-Informed Practices

The QIC-CT conducted a review of evidence-based and evidence-informed practices, programs, and interventions for infants, toddlers, and families with the goal of helping child welfare systems increase their capacity to incorporate evidence-based practices to strengthen parenting and promote healthy development for very young children in child welfare. To view the QIC-CT point-in-time tool and framework for selecting evidence-based practices, please visit: www.qicct.org/evidence-based.

The QIC-CT recommends the use of evidence-based and evidence-informed practices that are:

- Supported by evidence of efficacy and a strong theory of change with infants, toddlers, and families in the child welfare system;
- Guided by elements of early development and attachment between young children and their parents and caregivers; and
- Informed with family, community, and professional values.

Sustainability of Infant-Toddler Court Teams

The QIC-CT has developed a framework for sustainability that includes the key elements necessary to understand and leverage in order to sustain and institutionalize a new approach, practice, and/or delivery model. While infant-toddler court teams face unique opportunities and challenges that impact their strategies for sustaining the work, these resources help all sites to frame local thinking and sustainability planning. To view these resources, visit: www.qicct.org/sustainability.

QIC-CT Project Evaluation

The QIC-CT project evaluation examines the adoption, implementation, and maintenance processes by which the SBCT approach becomes institutionalized into practice. The evaluation team from RTI International is working with the demonstration sites on quantitative and qualitative data collection, such as a web-based survey submitted to stakeholders as well as secondary analysis of output and outcome data gathered through a web-based dataset. For more information on the evaluation of this project, please visit: www.qicct.org/evaluation.

Contact Us

The QIC-CT will disseminate best practices and findings, including identification of practices that are transferable to state and local child welfare systems across the United States. For all QIC-CT resources, please visit www.qicct.org.

For inquires on the QIC-CT, contact: QIC-CT@zerotothree.org.

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SAFE BABIES FAMILY COURT TEAM MEETING AGENDA

Introductions

Current Goals (for each parent) *(caseworker leads with input from entire team regarding generating ideas for problem solving)*

- Updates on previous goals established. (It is imperative to maintain a positive tone and focus on potential solutions and current needs/issues.)
- Successes and other case updates.

Concurrent Goal for the Case

- Have both parents been identified?
- If not, what are the continuous efforts to identify?
- Have extended family and fictive kin been identified?
- What are the outcomes for those contacts? (Placement, host for family contact, additional supports)

Children's Right to Normalcy (*input from team*)

WHY CAN'T THE CHILDREN GO HOME TODAY?

- How are they doing?
- What is going on?
- What do they need?

Family Time

- What is being done to promote quality family time?
- What is being done to promote additional family time?

Placement

- Are siblings placed together?
- If not, what specifically has been done to place them together?
- Does the current placement reflect the permanency plan?
- If not, what steps need to be taken to align the current placement with the permanency goal?
- Caretaker needs

Physical/Mental Health

- Updates on therapies
- Dates/Times of any upcoming medical appointments

Education

- Discussion of current school progress
- Updates of any RTI, Special Ed., BIP, etc.
- Dates/Times for an P/T conferences, IEP meetings or 504 Conferences

Parent Needs/Other Case Concerns *(parent leads)*

Explore further considerations/issues which weren't identified in Sections III and IV

- Criminal charges. If so, PC should make sure there are no conflicts with case plan goals.
- Logistical concerns from the parent. (Housing, employment, treatment and therapies)
- Other concerns from Court orders.
- **UPDATES ON SERVICES.** (Initiated, current status, completed)

Review of Court Orders

Create New Infant Court Goals *(parent leads)*

- Identify specific tasks needed to reach each goal

Next Hearing and Safe Babies Team Meeting date:

Concurrent Planning: Sample Scripts
Developed by Constance Cohen and Judy Norris

Judges:

To Parents:
The next thing we need to talk about is what we call concurrent planning. The law requires me to be sure that we have a concurrent plan. What does this mean? It means that my job is to first decide whether everyone is doing their job to reach the goal of reunification. It also means that if the goal of reunification cannot be met within the deadlines I have to follow, we have to figure out what our backup plan is. I'm not bringing this up to upset you. I bring this up because the law requires me to be sure we have a solid back-up plan if you cannot resume full time care of your child within _____ months. Also, you deserve and need to know what is at stake in your case.

We know from the experts that babies suffer every time their placement changes. For them it is not just the placement that changes, but everything in their lives: sights, smells, voices, routines, everything. We cannot explain to them what is happening. They feel powerless. They get confused and this confusion can result in problems for them. When they experience stress from dealing with unpredictability, their brains are too busy figuring out how to adapt and may not develop in a healthy way. Changing placements can also have a negative impact on their ability to form healthy and trusting relationships in the future. Your child has already had to adjust to one new home and it is important that we keep her in a consistent setting so she can be healthy in every way.

So, we need to have a "Plan B" from the beginning of the case. Plan A is for you to resume custody and safely care for your child without Court involvement. This is the outcome that everyone involved in your case wants. Plan B must be developed right away in order to be sure there is a safe and secure home for your child to grow up if you cannot safely resume care of your child. Caretakers, I am not asking you to give me the answer right now, but we will need to know soon whether you are in a position to provide this child with a forever home if parental rights are terminated. I am asking you to do some soul searching and let the social worker and me know whether you are willing and able to adopt the child if he cannot be safely reunified with his parents in the time the law allows.

If the current placement is not a permanent option, parents need to help identify appropriate relatives or other people close to your family who may be able to provide a permanent home for your child if the need arises. Federal law requires DHS to notify all adult relatives of the removal within thirty days. Your help is needed to comply with this law.

Parents, please know that it is my commitment to you to provide you with whatever help is available to support safe and permanent reunification with you. At every hearing I will be asking you whether you have the services you need, for example, transportation, adequate parenting time, therapy, treatment, etc.. It is your job to be sure to let us know what you need. If you need something you are not receiving, you must let us know. If you are not getting the response you seek from the providers, don't wait until the next hearing to ask for it. Let your lawyer know right away and she will ask me to set a hearing to resolve the issue. It is her job to make sure you have what you need when you need it. Even if you have the best lawyer in the world, she is not a mindreader. Be sure you keep in contact with her and keep her updated.

Also, your lawyer is assigned to advocate for the outcome you want. But she is not allowed to mislead the Court. And she cannot do the work for you. So, what I'm saying is that no matter how skilled your lawyer is, you have to do the work. She cannot say you attended therapy if you didn't. She cannot tell me you didn't use drugs if you did. I hope that you will seek out and benefit from the help you need in order to close this case successfully.

Remember that I have a limited amount of time to keep this case open, so it is important that you think of this case as an emergency. You will know what the deadline is. The law requires us to have a permanency hearing within ___months of the removal. The removal was on _____, so that's when we start the clock. We will determine the date of the permanency hearing and include it in every order. It is my hope that we will be able to cancel that hearing because your child will have already been reunified with you.

I know that this is a lot of information to process. There are several people who will help you and explain things along the way. Following this hearing, who will be immediately available to answer parent's questions? Do you have any questions you would like to ask now?

After court: (Opening the dialogue) "So how are you feeling about what the judge said in court about your plan B? Do you have any questions or thoughts about what was said?" "Are you doing OK?"
(Layman explanation)

(Acknowledging the fear) I'm sure it's pretty tough to hear that, but by law we all have to talk about it and plan. (Validate the purpose) None of us have that goal first, we all know a child benefits most by safely growing up with their mom and dad. (Give example) It's kind of like when your family is dealing with an emergency situation and although no one wants to talk about it, it's best to have backup plans in place. The kids are less traumatized by being plan-full in those situations. We believe that with the love you have already showed us for your children, that you want what's best, and being prepared is what best in these yucky situations like this"

(Validate their anxiety/fear/anger about the placement) I know it's hard to see your kids with someone else. And part of that is that you know it's hard on them too. That's why we don't want to see them have to move someplace else unless it's back with you. So, what we need to ask of you is to do some soul searching about what has you upset about the placement. Do you want them moved because they are unsafe, or is it because of a pretty toxic relationship that you have between you and_____. Please keep talking to us about it so we can work through it with you. I ask that you just make sure that if getting your kids home is what matters most to you, then try to stay focused on that.

(Reinforce that it is not plan "A") So with that being said, let's talk about how we can support you the best way possible so we can get you and your family safely reunited and the system out of your life. I can tell that..... (Give a positive about the parent(S); give it thought! Don't just throw something out! Be genuine and honest even if you can only find the smallest of hope that you believe in them!) Your attorney is your "go to about this whole process"

(Explain next steps simplistically) So we want to make sure you have as much contact as possible with your kids. The reasons why they were removed will be put in a case plan and steps to address those issues and resolve the issue of safety will be in there. We will also talk about them in court and family team meetings. I know some stuff may be really hard, that's why we need you to work with us on what we can do to help you meet those goals and get those beautiful kids of yours where they need to be! There's no dumb question and difficulty doesn't mean failure to any us. Keep in contact with your attorney and/or if this stuff gets confusing to you or you have concerns.

(Make it part of the dialogue in case process) FTM's and court. Make the time line part of the conversations you have. Tie it in with the actions/expectations they are working on. There's never a good time to present it like a threat. There is ALWAYS good out of helping them believe in themselves and their self-worth, regardless of their journey. Even if the concurrent plan needs implemented, and the children go to relatives, there will likely be some kind of relationship down the road, help them plan for it. Secondly, there is a high likelihood they may have other children. No level of encouragement will go wasted!