Little People. Big Impact.

Advocacy for Infants and Young Children.

TEXASCASA
Court Appointed Special Advocates
FOR CHILDREN

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FOR CHILDREN

OUR VISION

We envision a safe and positive future for all Texas children.

OUR MISSION

To support local CASA volunteer advocacy programs and to advocate for effective public policy for children and families in the child protection system.

ACKNOWLEDGMENTS

Texas CASA Would Like to Acknowledge:
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Child Advocates of Fort Bend

ESTABLISHED IN 1991
CHILD ADVOCATES OF FORT BEND™

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Fort Bend County Behavioral Health Services
ZERO to THREE
Trust-Based Relational Intervention® (TBRI®)
Pathways.org® (friends@pathways.org)

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WELCOME

Infants and young children are one of the most vulnerable age groups in the United States. They are the most affected by maltreatment and are unable to communicate in the same ways as older children.

In the state of Texas, approximately 47% of children in foster care are ages zero to five years old. As an age group, they represent the largest population of children served by Court Appointed Special Advocate (CASA) programs in Texas, making it key for volunteers to understand the challenges and needs associated with advocating for this most vulnerable population.

Our communities' littlest people need CASA volunteers who see how special they are. ***They need someone like you***, and this guidebook is designed to equip CASA volunteers with the **best practices for advocating for infants and young children's best interests.**

This guidebook will serve as your resource guide, providing information, tools and strategies which can be used by you in your advocacy work for this young age group. It is designed to be used after you have completed the Zero to Five Advocacy training, located on the Zero to Five Program Portal (**https://texascasa.org/resources/advocacy-for-children-0-to-5**).

Full of information central to early childhood development and parent-child attachment, this guidebook will give you tools to gather information on children's health and medical care, monitor children's cognitive and developmental milestones, and facilitate connections between families of origin and foster families to build support networks. With an emphasis on how you can support parents during parent-child visits, this guide will show you how to amplify parents' positive traits observed during parent-child visits and help parents gain confidence in themselves and their parenting style. By modeling positive, supportive and nurturing behaviors during parent-child visits, you can gently guide parents to support their children's optimal cognitive, emotional and social development.

The information shared in this guide has been compiled and provided by Child Advocates of Fort Bend (CAFB) and their frameworks **Safe Babies Court** and **Infant and Toddler CASA Program**. The CAFB Infant and Toddler Program started as a pilot project in 2005 and was extended in 2011 to address the specific needs of the infant and toddler population. The recommendations for advocacy for this most vulnerable population is based on the hard work and discoveries of CAFB as they developed the program. **We are thankful to CAFB for their leadership and commitment to the littlest people in need of CASA advocacy.**

In that same spirit, we are deeply grateful for not only your commitment to the children who need your advocacy, but also for your commitment to incorporate the best practices for infants and children under age five. Thank you for all that you do as a part of the CASA family, for the children and families of Texas.

With gratitude,

Vicki Spriggs

Vicki Spriggs,
Texas CASA CEO

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ABOUT THIS GUIDEBOOK

Once trained in the Zero to Five Advocacy Model, this volunteer guide has everything you need to get started in your advocacy for infants and young children, now and ongoing. We recommend reading through the guidebook and then using it as a resource when appointed to a young child.

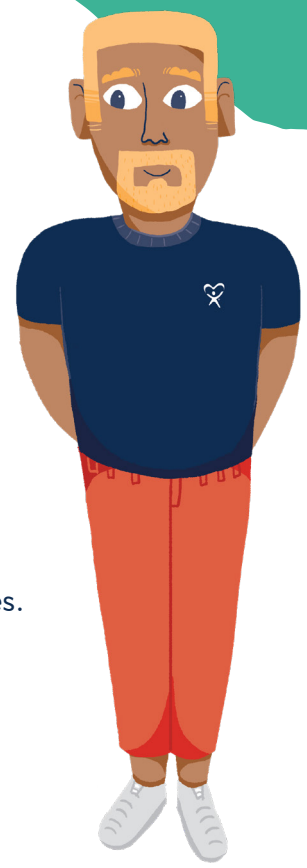
Two foundational frameworks used throughout this guide include **Trust Based Relational Intervention® (TBRI®)**, a trauma-informed care approach from the Karyn Purvis Institute for Child Development and **Collaborative Family Engagement (CFE)**, a connection informed and family engagement advocacy practice used widely in the CASA network in Texas. The information in the guidebook is organized into sections corresponding to The 4Cs of CFE (*Collaborate*, *Cultivate*, *Convene* and *Connect*).

There is always new research and best practices emerging as it relates to child development, attachment and needs. **The Zero to Five Program Portal** has additional information to further build upon the content shared in this guide. We also recommend that you check in with your CASA supervisor and the child's caseworker for any child or family specific information.

Look for this icon throughout this guidebook to designate items that are in the Program Portal.

When possible, your volunteer advocacy for children ages zero to five revolves around the following:

- ☑ Remembering that infants and young children need time and opportunity to bond with their parents, which can be supported with parent/child visits.
- ☑ Understanding that removing children from their parents has long term negative health benefits.
- ☑ Understanding what the barriers are to reunification and working with parents, caseworkers and other professionals on helping remove those barriers.
- ☑ Understanding and recognizing the role that trauma has on child development, including brain development.
- ☑ Recognizing possible signs of abuse and neglect.
- ☑ Building relationships with the child's parents and caregivers, and providing resources to them.
- ☑ Remembering that parents are people too, and that proximity builds empathy.
- ☑ Ensuring children receive appropriate developmental screenings.
- ☑ Assisting families in finding out information about services in their community.
- ☑ Helping find and strengthen networks for both children and families.



FOUNDATIONAL INFORMATION

The Impact of Trauma on Child Development

Understanding trauma is critical to the work of advocating for infants and young children. In this section, we will describe three fundamental frameworks or models to understand the impact of trauma, including:

1. The Upstairs/Downstairs Brain
2. The Adverse Childhood Experience (ACE) Study
3. The Attachment Cycle

If you already know all about trauma and its impacts on childhood and brain development, then please jump ahead to Chapter Two: Advocating Through The 4Cs of Collaborative Family Engagement (CFE) and refer back to this chapter if and when needed.

THE UPSTAIRS/DOWNSTAIRS BRAIN

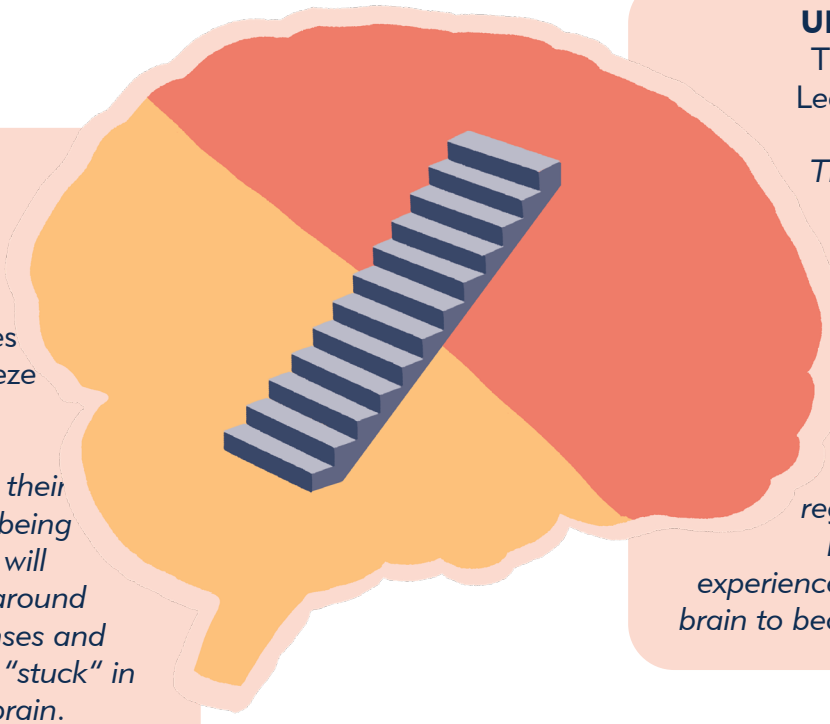
The following information comes from the *Brain and Trauma* handout, created by the Momentous Institute.[1] This concept is from *The Whole-Brian Child* by Dr. Dan Siegel and Dr. Tina Payne Bryson.

To begin understanding how the brain and trauma work, let's begin with our own, grown-up brains! For any child or adult, you can use the Upstairs/Downstairs Brain model to understand what part of our brains are activated in certain situations and how those different areas can impact our behaviors and development.

In the Upstairs/Downstairs Brain model, the "downstairs" brain is associated with the bottom half of our brain – the area of our brain which manages the most basic parts of our survival. It's in the bottom half of our brain where our brain sends the messages to our lungs to breathe, for our heart to pump, and for other basic bodily functions to occur. Infants and young children are typically born with their downstairs brain working very well, allowing them to eat, breathe and perform primitive reflexes like gripping your finger in the palm of their hand.

DOWNSTAIRS BRAIN
Basic bodily functions:
Survival responses
Fight, Flight, Freeze

If a child spends too much time in their downstairs brain being scared, the brain will reorganize itself around those fear responses and the child can get "stuck" in their downstairs brain.



UPSTAIRS BRAIN
Think • Reason • Learn • Empathize

The upstairs brain is mostly not wired at birth.

This part allows us to think rationally, reason, learn, remember, and regulate emotions. It takes time and experience for the upstairs brain to become hardwired.

[1] Momentous Institute. (2019, April 7). *Upstairs and downstairs brain*. Momentous Institute. https://momentousinstitute.org/blog/upstairs-and-downstairs-brain

The bottom part of our brain is also where "fight-flight-freeze response" occurs. Fight-flight-freeze is a natural response any of us have when we feel afraid or perceive some kind of threat. For example:

- If a toddler is scared by a dog, they may cry and run away – this is known as *flight*.
- If a young child has their toy taken from them by a peer, they may hit or bite in response – this is known as *fight*.
- If a young child is scared by their surroundings, they might not play or talk with anyone or seek out a caregiver for comfort – this is known as *freeze*.
- For infants, the fight-flight-freeze response can also be seen in the *startle reflex*, where infants' arms fly out and their backs arch when they are surprised or startled.

Fight-flight-freeze responses, like all the other brain functions that happen in your downstairs brain, are automatic, meaning you don't think about doing them before they occur. **Notably, whenever we experience a traumatic event like abuse or neglect, the fight-flight-freeze response in our downstairs brain kicks into gear to help us survive the traumatic event.**

While the downstairs brain manages our most basic and primitive functions, the "upstairs" brain is associated with the top half of our brain – the area of our brain which manages logical reasoning, learning, thinking about the future (including consequences), emotional regulation and empathy. The upstairs brain takes the longest time to develop. While children are born with much of their downstairs brain fully-developed, the upstairs brain is not fully developed until ages 25 to 30 years old!

WHY THE UPSTAIRS/DOWNSTAIRS BRAIN MODEL?

Learning about the Upstairs/Downstairs Brain gives us an important foundation for understanding how our brains react to scary or traumatic experiences. When we feel afraid and go into fight-flight-freeze, the "downstairs" or bottom half of our brain is hard at work. Your downstairs brain may begin lots of automatic functions to help us survive whatever threat we encounter and to make us extra effective at fighting back or fleeing. For example, our brains may tell our hearts to beat faster and harder, sending oxygen-rich blood to our muscles.

What's not happening when we are in fight-flight-freeze mode? Anything in our "upstairs" brain, or the top half of your brain. Essentially our upstairs brains turn off when we're in fight-flight-freeze, and our downstairs brain takes over, directing all of our brain's activity. As a result, the parts of our brain responsible for empathy, reasoning, considering the future, or regulating our emotions are essentially shut down whenever we are in fight-flight-freeze, as if someone turned out all the lights in our upstairs brain.

It may seem unhelpful for our upstairs brain to turn off during fight-flight-freeze, but this response is designed to help us focus only on staying alive in that present moment and not be distracted. However, for infants and young children, even isolated incidents of trauma can overwhelm their small brains and bodies with toxic levels of stress and create physical changes to their brains. Long periods of being in fight-flight-freeze expose children to even more toxic levels of stress and create negative impacts on their physical and mental health. Some of the clearest examples of how early trauma and toxic stress impact children's health and development are seen in what's called the Adverse Childhood Experiences (ACE) Study (Felitti et al., 1998).[2]

[2] Centers for Disease Control and Prevention. (2021, April 6). *About the CDC-Kaiser ACE Study*. https://www.cdc.gov/violenceprevention/aces/about.html

ADVERSE CHILDHOOD EXPERIENCES (ACE) AND BRAIN DEVELOPMENT

The following information comes from the *ACEs and Brain Development* handout, created by Child Advocates of Fort Bend.[3]

The Adverse Childhood Experiences (ACE) study identified 10 adverse or traumatic childhood experiences which create toxic amounts of stress for children. The 10 adverse childhood experiences or "ACEs" explored in the study include:

Five things that happen to a child:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Physical neglect
5. Emotional neglect

And five things that happen around a child:

6. A parent is treated violently[4]
7. Parents separate or divorce
8. A household member is abusing drugs or alcohol
9. A household member has a mental illness
10. A household member is incarcerated

In recent years, additional adverse childhood experiences were identified as creating toxic levels of stress, including:

- ☑ Bullying (by another child or adult)
- ☑ Witnessing violence outside the home
- ☑ Witnessing abuse of a sibling
- ☑ Racism, sexism, or any other form of discrimination
- ☑ Experiencing homelessness
- ☑ Natural disasters and war

[3] Child Advocates of Fort Bend. (2023). *ACEs and Brain Development*. https://texascasa.org/resources/advocacy-for-children-0-to-5/
[4] Global Initiative for Boys & Men. (2021, January 1). *GIBM addresses ACE Survey with CDC*. https://www.gibm.us/news/gibm-addresses-ace-survey-with-cdc

The ACE study provides a way to understand someone's childhood trauma, with the different experiences calculated for an "ACE score." While not explicitly listed as an adverse experience, separation from a child's parent is implied and recognized as a harmful experience.

Four valuable takeaways from the ACE study that can inform how you advocate for infants and young children in foster care include remembering that:

1. Exposure to stressful events like ACEs during childhood create toxic levels of stress, which can impact brain development and physically change the way the brain functions and grows.
2. Having adverse childhood experiences may increase the risk of poor physical and behavioral health outcomes.
3. The higher an ACE score, the more at-risk we are for poor physical and behavioral health outcomes.
4. **People are not their ACE score. As much as adverse childhood experiences can increase someone's risk for future challenges, people are resilient. Ensuring children are surrounded by safe, caring and committed family members and other supportive adults (such as you!) is one of the most effective ways to build a child's resilience.**
5. Parents of children involved in the foster system most likely have a higher ACE score themselves and have experienced trauma.

Let's take a moment to explore these takeaways of the ACE study, as doing so can show us how trauma impacts a child's brain and development, and how social support can help children recover. A helpful framework to understand the effects of childhood trauma and the solutions is the **Attachment Cycle**. This tool will help us better understand the signs and symptoms of trauma on infants and young children, and equip us to advocate for trauma informed practices that will have lasting impacts. The Attachment Cycle is explained more thoroughly in the Appendix; below is a brief overview.

THE ATTACHMENT CYCLE[5]

Healthy relationships in the earliest years of life are necessary to set the template and foundation for positive relationship building throughout the lifespan, and this foundation provides the capacity to heal from adverse experiences and trauma. An infant's earliest relationships are often described as an infant's attachment.

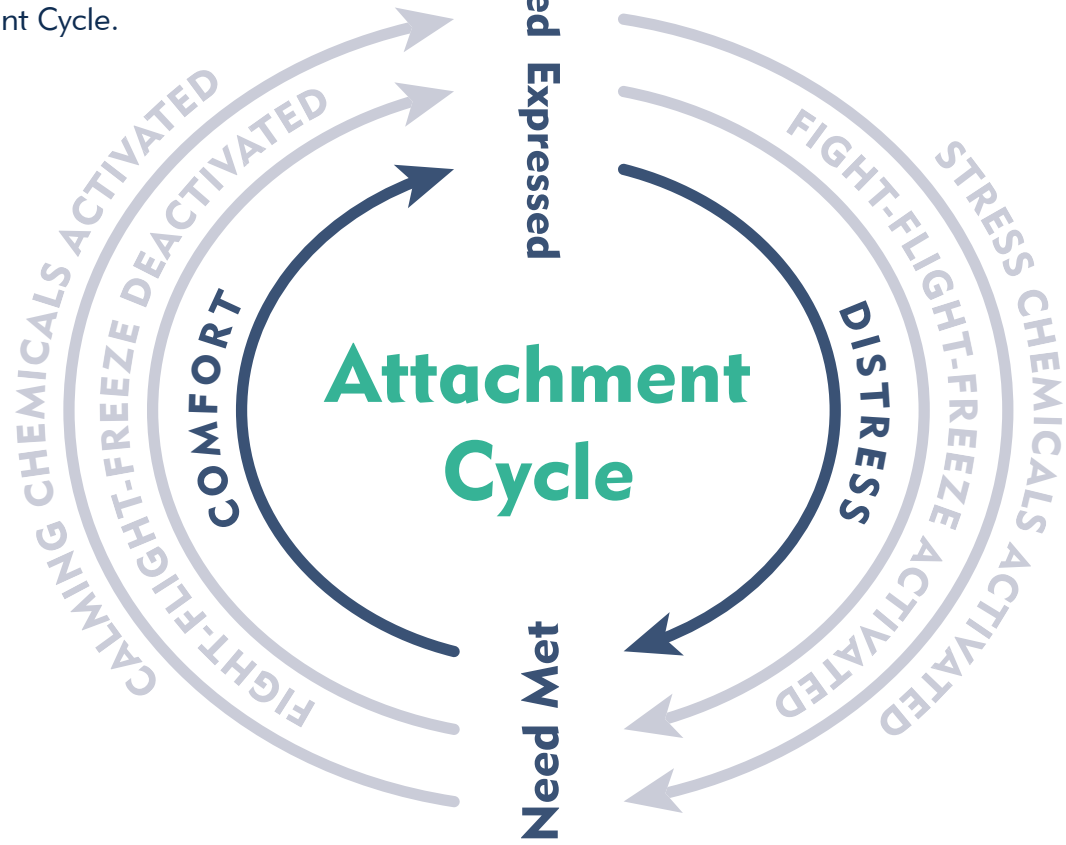
Caring for Kids defines attachment as "the first way that babies learn to organize their feelings and their actions, by looking to the person who provides them with care and comfort."[6]

Their attachment figure is typically the infant's primary caregiver, and in an ideal situation, this attachment figure ensures their physical and emotional needs are met in a warm and consistent way. This relationship between child and caregiver lays the foundation for the infant's social, mental and behavioral health throughout their life, as illustrated by the Attachment Cycle.

[5] Karyn Purvis Institute of Child Development. (2023). *Trust-Based Relational Intervention®*. See https://child.tcu.edu/about-us/tbri/
[6] Caring for Kids. (2018, May). *Attachment: A connection for life.* https://caringforkids.cps.ca/handouts/pregnancy-and-babies/attachment

The Attachment Cycle, utilized by the Trust-Based Relational Intervention® (TBRI®)[7] framework, provides a map for what, in ideal circumstances, happens in the first year of life between the caregiver and child. When working with children who have experienced trauma, such as those in foster care, this attachment cycle can provide guidance on what children need to help them heal.

The Attachment Cycle begins when an infant *expresses a need*. **This is called voice.** For example, when an infant has a need (e.g., they are hungry, they are uncomfortable, they are in pain, they are bored), the infant cries. Their cry is their expression of their need. When a child is expressing their need, they are experiencing distress, as indicated on the right-hand side of the innermost circle of the Attachment Cycle.



But something amazing happens when the infant's need is met: whenever the caregiver responds to the child's cries consistently (e.g., comforts the child, changes a diaper), they have let the child know that the child has been heard, their needs matter, and that they are understood. **The caregiver lets the child know that their voice had power** – that the child's cry caused the caregiver to get up, meet the need, and alleviate whatever distress the child was feeling. **The caregiver teaches the child that when the child uses their voice, they will be heard, and that using their voice can change their distressing situation.**

This interaction of a child expressing their needs and the caregivers meeting their needs happens all day, every day, over and over again, for the first several years of a child's life. By going through this cycle repeatedly and having their caregivers meet their needs warmly and consistently, the child's brain develops some specific abilities and understandings about themselves in relation to other people.

[7] Karyn Purvis Institute of Child Development. (2023). *Trust-Based Relational Intervention®*. See https://child.tcu.edu/about-us/tbri/

As illustrated in the innermost circle of the Attachment Cycle, by meeting the child's needs warmly and consistently, the caregiver helps the child develop a sense of:

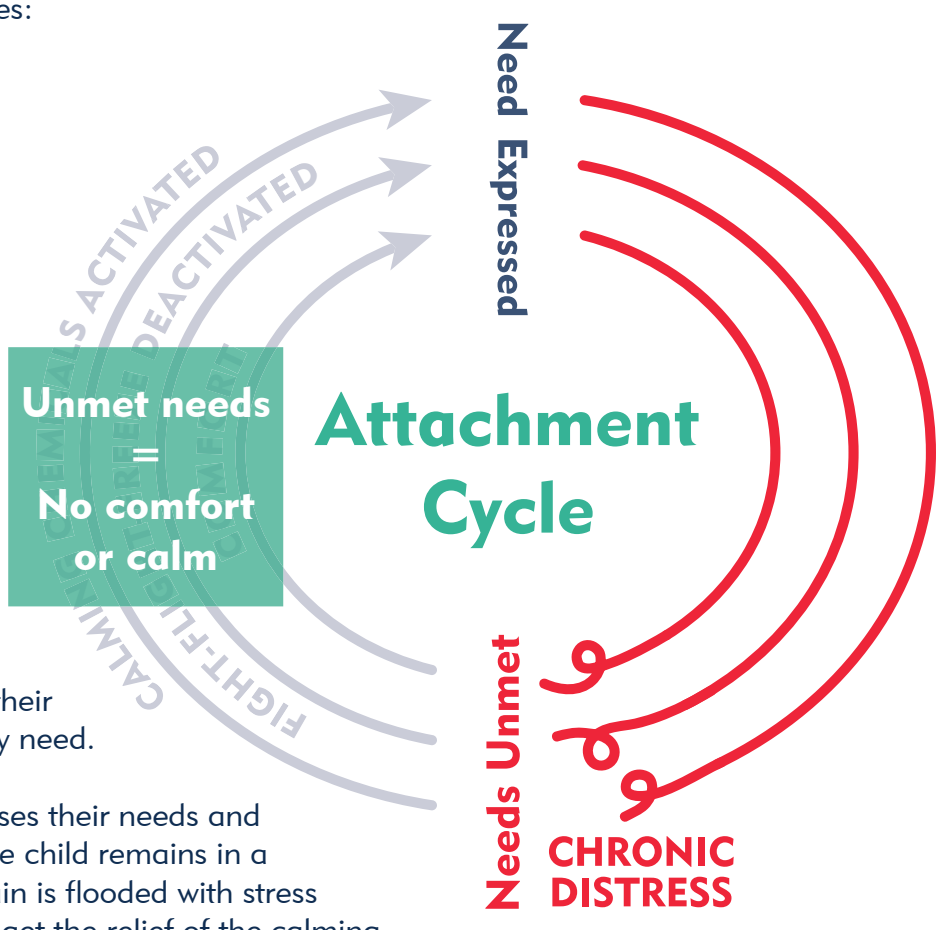
1. *Trust* that a safe adult will meet their needs.
2. *Self-worth*, or feeling worthy of love and care.
3. *Self-efficacy*, or the belief that they have the power to effect change in their own life and the feeling of having a powerful voice.

The Attachment Cycle can help us understand what is going on beneath the surface of the common but paramount interactions happening in a child's early years. When a child expresses a need, their bodies are in a state of distress, meaning the child's fight-flight-freeze response is triggered and the child has high levels of stress chemicals charging through their little bodies. When caregivers respond to a child's cries and meet the child's needs, they help the child's body calm down, meaning caregivers turn off the child's fight-flight-freeze response, decrease the child's stress chemicals, and help the child's body initiate calming chemicals.

By having this cycle of the child's body going from stressed to calm, stressed to calm, over and over again - every day, for years - the child's body eventually gets into the habit of anticipating calm after experiencing distress. This helps the child learn how to regulate their body after periods of stress, giving the child the ***foundation of self-regulation***. This also helps the child's brain develop a good balance of stressful and calming brain chemicals, giving the child a balanced brain chemistry, which is the ***foundation of mental health***.

When a child's needs are met warmly and consistently during their early years, they are given five foundational capacities:

1. Trust
2. Self-worth
3. Self-efficacy (voice)
4. Self-regulation
5. Mental health



In optimal development, children's needs are met and the attachment cycle is established. The brain, body and environment have worked together to create a pattern of distress » calm. Children learn that their voices matter and they can use their voices to ask for what they need.

However, if a child expresses their needs and those needs go unmet, the child remains in a state of distress. Their brain is flooded with stress chemicals, but they don't get the relief of the calming chemicals, and their mental health can become unbalanced.

When children's early needs are not met, they may have difficulty trusting others, struggle with self-esteem, and have a low sense of self-efficacy. By expressing their needs and having their needs go unheard and unmet, children learn that asking for what they need is of no use – that their voice may not matter, and they may feel as though they have no voice. Their foundation for secure attachment is disrupted.

When children are stuck in fight-flight-freeze, adults may view children's behavior as chronically "acting out," or even "acting in." As described by TBRI®, acting out or acting in can be diverse manifestations (or display) of children's natural fight-flight-freeze responses. While children's fight-flight-freeze behaviors are automatic instincts from their downstairs brain – all designed to keep them alive in the midst of threats – these behaviors can result in social and educational challenges overtime.

FIGHT BEHAVIORS (ACTING OUT)

- Irritability
- Yelling or saying hurtful things
- Dishonesty
- Being difficult to soothe
- Non-compliance
- Hitting, biting
- Tantrums

FLIGHT OR FREEZE BEHAVIORS (ACTING IN)

- Crying
- Having a flat affect or not being very emotionally expressive
- Being unusually quiet
- Anxiety or depression
- Lethargy
- Regression, or acting younger (e.g. "baby talk")
- Dissociation or "zoning out"

While acting out or acting in behaviors may be more commonly seen for young children, infants may present different symptoms of fight-flight-freeze, or complex developmental trauma, including excessive crying, developmental delays, anxieties and more. Noticing and recognizing possible signs and symptoms of abuse or neglect in young children can help CASA volunteers identify and advocate for needed resources and services. The following page shows possible signs or symptoms of abuse or neglect that may be seen in infants or young children.

POSSIBLE SIGNS & SYMPTOMS OF ABUSE OR NEGLECT IN INFANTS AND YOUNG CHILDREN[8]:

The signs and symptoms listed below are intended for educational purposes only. They are not exhaustive, nor are they intended to be used in assessments or investigations. There may be other situational factors occurring which are not related to child abuse or neglect. Please direct any specific questions about trauma or the signs and symptoms of abuse or neglect to your supervisor.

SIGNS OF POSSIBLE ABUSE OR NEGLECT:

- Excessive crying that is unrelated to colic or illness
- Difficulty soothing
- Developmental delay
- Developmental regression (i.e., acting younger than they previously did)
- Speech disorders
- Clinging behavior; significant separation anxiety
- No preferred caregiver
- Appears afraid of caregiver
- Easily startles
- Hesitant to play, lack of exploration, little interest in toys
- Flat affect (not displaying many facial expressions), lack of eye contact
- Listless or unusually passive (may be seen as a compliant or "good" baby)
- Nightmares or sleeping problems, especially outside developmentally expected sleep schedules
- Bed wetting, soiling issues, scatolia (fecal smearing) in ways unrelated to toilet training
- Social withdrawal
- Difficulty making friends or interacting with other children
- Aggressive, disruptive or destructive behavior
- Hyperactivity
- Anxiety, depression, or low self-esteem
- Odd, repetitive or self-soothing behavior (chewing, hitting themselves, rocking)
- Poor concentration or distractibility
- Hoarding or hiding of food
- Eating issues or change in habits
- Failure to thrive (medical diagnosis for being below the 5th percentile in size)
- Lack of personal cleanliness, poor hygiene
- Inappropriately dressed for the weather
- Torn, soiled or excessively dirty clothing
- Stealing or begging for food
- Lack of supervision
- Medical needs which have gone unmet or unattended
- Frequent tardiness or absence from pre-school or other care/academic settings
- Sleep disturbances, including nightmares or night terrors
- Weight fluctuations or changes
- Unusual fear of certain people or places; reluctance to be alone with a certain person
- Changes in mood
- Sexualized behaviors
- Rebellion or withdrawal; trying to run away
- Change in attitude towards school, lack of interest in friends, sports or activities
- Withdrawal from typical childhood activities, reluctance to go to activities which were previously enjoyed
- Withdrawal from touch
- Overly compliant
- Unexplained or frequent health problems like headaches or stomachaches

[8] Alio, A. (2017, June). *Toxic stress and maternal and infant health: A brief overview and tips for community health workers.* https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/finger-lakes-regional-perinatal/documents/Toxic-Stress-_27June2017_Final.pdf ; Childhelp National Child Abuse Hotline. (n.d.). *What is abuse?* https://childhelphotline.org/what-is-abuse/physical-abuse/, 2023; Standford Medicine. (2023). *Child Aabuse*. https://childabuse.stanford.edu/screening/signs.html, 2023; Wotherspoon & Gough, 2008, Wotherspoon, E., & Gough, P. (2008). *Assessing emotional neglect in infants.* CECW Information Sheet #59E. Toronto, ON: University of Toronto, Faculty of Social Work. https://cwrp.ca/sites/default/files/publications/Assessing%20Emotional%20Neglect%20In%20Infants.pdf ; CAFB Training

In addition to the previously listed signs of abuse, there are additional signs sometimes seen in cases of physical, sexual or emotional abuse. Remember that the previously listed signs, especially bedwetting, sleep difficulties, social withdrawal, and regression may also be common in sexual and/or emotional abuse.

SIGNS OF POSSIBLE PHYSICAL ABUSE:

- Frequent injuries such as bruises, cuts, black eyes or burns without adequate explanations
- Frequent complaints of pain without obvious injury
- Burns or bruises in unusual patterns that may indicate the use of an instrument or human bite; cigarette burns on any part of the body
- Multiple injuries in various stages of healing
- Lack of reaction to pain
- Passive, withdrawn or emotionless behavior
- Fear of going home or seeing parents or caregivers
- Injuries that appear after the child has not been seen for several days
- Unreasonable clothing for the weather or situation, that may hide injuries to the body
- Reluctance to use an extremity (e.g., reluctant to use an arm, etc.)

SIGNS OF POSSIBLE SEXUAL ABUSE:

- Persistent or recurring pain during urination or bowel movements, with or without urinary tract infections
- Unusually large bowel movements
- Sexually transmitted diseases
- Chronic stomach pain
- Headaches

SIGNS OF POSSIBLE EMOTIONAL ABUSE:

- The child has responsibilities or tasks which are beyond the child's abilities
- Caregiver who belittles, rejects, ignores, shames, humiliates, isolates or corrupts the child; seems unconcerned about the child's problems

A Note about Neglect:

The dictionary definition of neglect is to "give little attention or respect to, or to leave undone"[9]. It can be easy for those in the child welfare field, including CASA volunteers, to hear or suspect that an infant or child has been neglected (or abused) and to form opinions or thoughts about the parent or person responsible. One consideration to keep in mind is whether the act of neglect was intentional and spiteful, or if the neglect was unintended and due to lack of resources. Poverty and lack of economic means often result in lack of access and services to everyday essentials such as medical care, housing, transportation, food and clothing. **When utilizing a trauma informed lens as a CASA volunteer, it is essential to compassionately consider and try to understand the context and circumstances surrounding the child, their parents and their family.**

[9] Merriam-Webster. (n.d.). Neglect. In *Merriam-Webster.com dictionary*. https://www.merriam-webster.com/dictionary/neglect

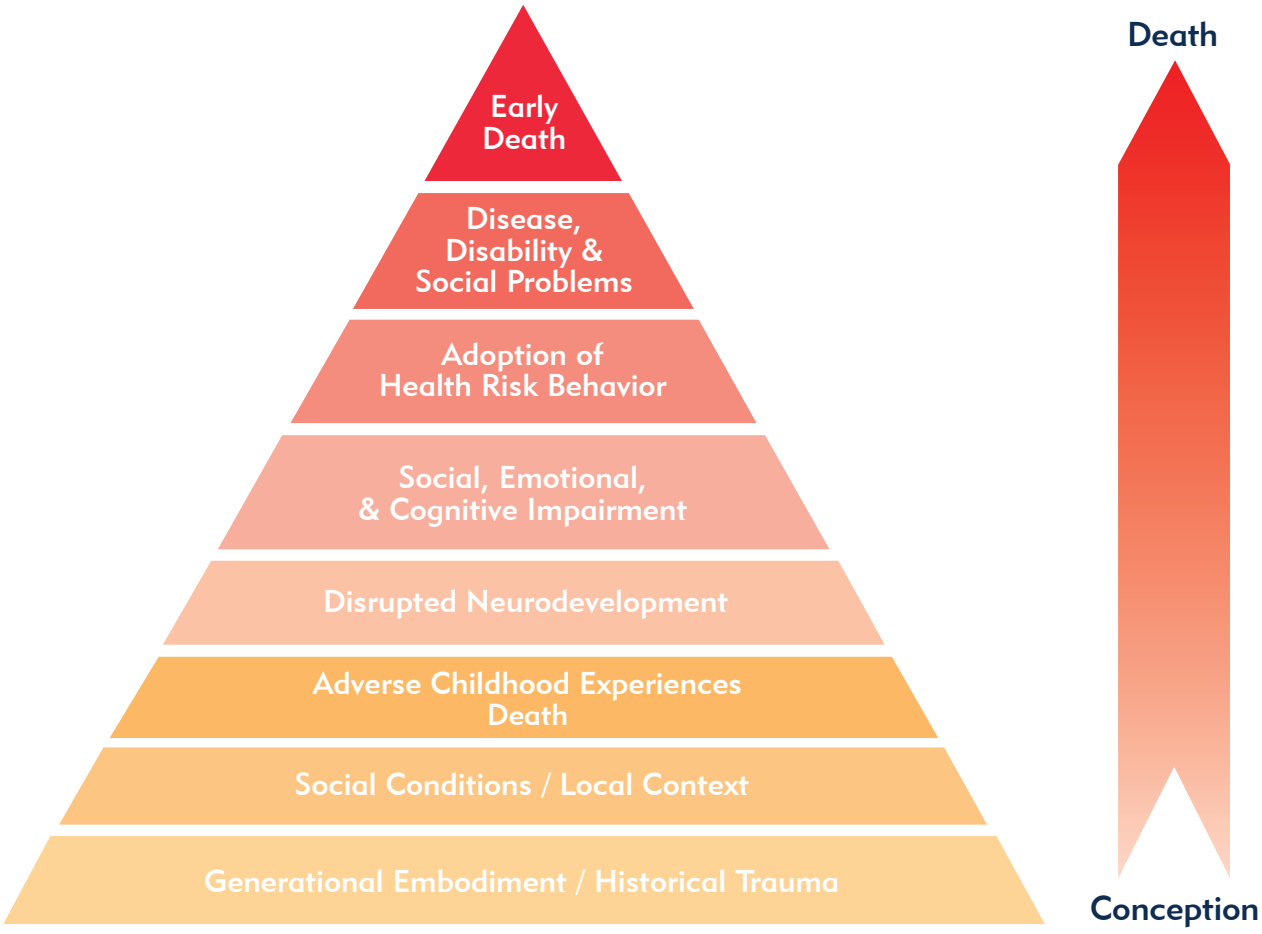
THE ACE PYRAMID

The long-term chemical and behavioral effects of having unmet needs during childhood - of spending significant, formative time in fight/flight/freeze - can contribute to significant and long-term physical and behavioral health consequences.

> For example, high levels of the stress chemicals can slow down one's metabolism, exposing one's liver to toxins for longer periods of time during fight-flight-freeze. This can lead to high cholesterol, cancer and heart disease. High cortisol levels also affect blood sugar, body weight and make it difficult to sleep.

Without intervention, the physical and behavioral impacts of early trauma tend to compound overtime. The Centers for Disease Control and Prevention created the ACE Pyramid to show common trajectories seen for people who have adverse childhood experiences. A critical part of the ACE pyramid is the adverse community experiences, or how community trauma and resilience impact a child on the individual, family and community level.

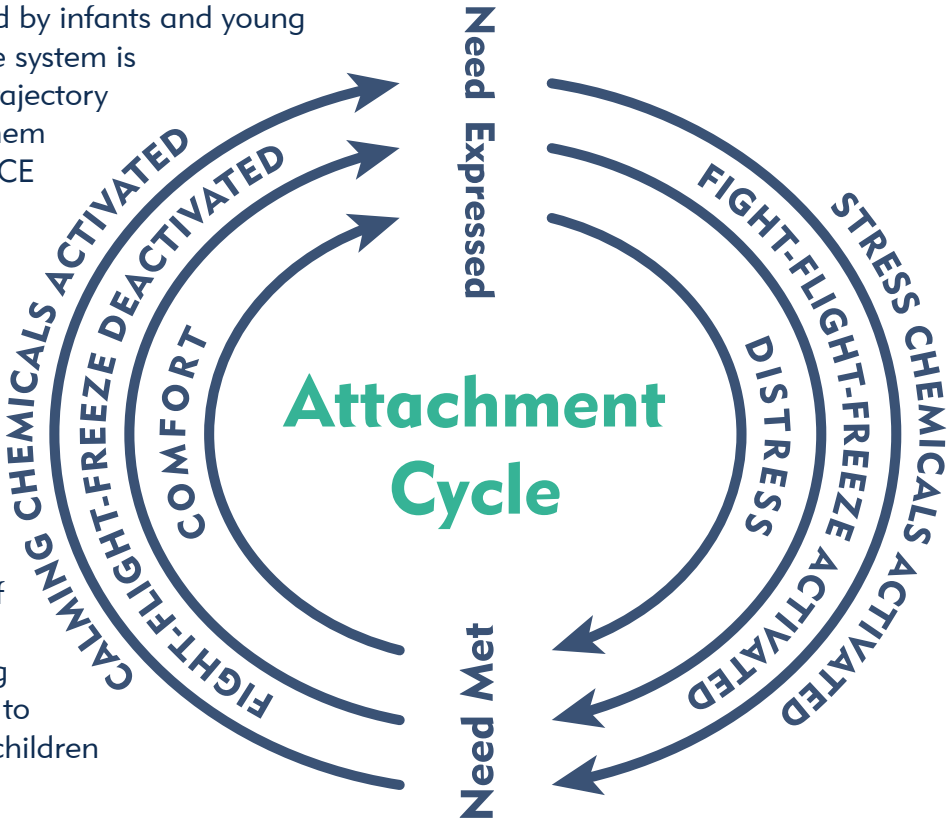
For example, generations of trauma from economic inequality, the stress and violence of anti-Black racism or anti-immigrant sentiment, inequitable housing conditions or educational access, and other historical and structural traumas can impact us throughout our lifetime.



However, communities are also a key source of healing to help children and families recover from historical trauma, and there is extensive research on how community experiences are some of the strongest ways we can create safe environments for children. By using a trauma-informed care perspective and The 4Cs of CFE, you as a CASA volunteer have a unique opportunity to help connect children with their families and communities to support their individual and collective healing process.

To better support and understand the many layers of working with children, parents and families in the present, it's helpful to know their past, including their history of trauma. Exhibited behaviors of children or patterns of decision making for parents may be understood differently when viewed from a trauma lens, such as with an understanding of ACE scores.

The adversity experienced by infants and young children in the foster care system is heartbreaking, and the trajectory their early trauma puts them on, as indicated by the ACE Pyramid, is worrisome. **However, research shows that children can recover from early adversity by being surrounded by safe caregivers who warmly and consistently meet their needs.** If the chronic distress was caused by the absence of needs being met in the Attachment Cycle, having adults who are equipped to meet their needs is how children get back on track in their healthy development.



IMPACT OF SYSTEMATIC RACISM ON CHILD DEVELOPMENT

"Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families. Although progress has been made toward racial equality and equity, the evidence to support the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures and interpersonal relationships is clear. **Failure to address racism will continue to undermine health equity for all children, adolescents, emerging adults, and their families."**[10]

[10] Trent, M., Dooley, D.G., Dougé, J., Cavanaugh, R.M., Lacroix, A.E., Fanburg, J., Rahmandar, M.H., Hornberger, L.L., Schneider, M.B., Yen, S., Chilton, L.A., Green, A.E., Dilley, K.J., Gutierrez, J.R., Duffee, J.H., Keane, V.A., Krugman, S.D., McKelvey, C.D., Linton, J.M., Nelson, J.L., Mattson, G., Breuner, C.C., Alderman, E.M., Grubb, L.K., Lee, J., Powers, M.E., Rahmandar, M.H., Upadhya, K.K., Wallace, S.B. (2019). The impact of racism on child and adolescent health. *Pediatrics, 144*(2). e20191765. https://publications.aap.org/pediatrics/article/144/2/e20191765/38466/The-Impact-of-Racism-on-Child-and-Adolescent?autologincheck=redirected

Children's health and development suffers greatly when they experience high-levels of stress for long periods of time. The harmful impact of stress, especially on children's developing brains, can have long-lasting effects on their mental health, behavior, and their social, vocational, and educational outcomes. For children of color, they have the additional stress of experiencing and witnessing racism and negative stereotypes directed at themselves, their families, and their communities. More and more studies are showing that the stress of racism is just as impactful and damaging as other stressors. The daily stress of trying to cope with systematic racism and derogatory stereotypes not only negatively affects children – it also adds stress to parents and caregivers and negatively affects their mental health as well. To end the harm racism has on young children and their families, services must be provided to support them and to address the root causes of racism and inequality.[11]

CASA volunteers can work to be aware of racial microaggressions that could occur with our youngest population, even though young children may not be aware of or have language for a microaggression they experience. **Racial microaggressions** are the everyday slights, indignities, insults, put-downs and invalidations that people of color experience in their day-to-day interactions. For example, a microaggression could be asking about where someone is "really from?" or making assumptions about their skills and talents based on a stereotype. These microaggressions can cause environmental stress and trauma for children which can compound the stress they already feel being in the foster care system.

CASA volunteers should not make any assumptions about children, parents, caregivers or families based on their race, culture, ethnicity or gender identity. It is helpful for volunteers to have an understanding of how families involved with the foster care system may have experienced historical, systemic and current racism or other oppression. Developing this type of understanding will go a long way in engaging with parents and helping them to provide the best care for their child.

Throughout the rest of this guidebook, we will examine how Collaborative Family Engagement (CFE) can be used to engage safe adults, including the child's parents, who can be the sources of connection and care children need to recover from the trauma. As a CASA volunteer with a trauma-informed lens, you can *collaborate*, *cultivate*, *convene* and *connect* with adults who can become ongoing sources of support for children. You can support healthy coping mechanisms and build resilience for children, parents and families through your advocacy during the child's time in foster care.

Some ways you can help children and families build resiliency include but are not limited to:

- ☑ Supporting children and adults as they identify and manage their emotions.
- ☑ Creating and strengthening positive, safe relationships with children and their families.
- ☑ Advocating for the parents, relatives and other caring adults to receive the resources they need to build their own resiliency.
- ☑ Supporting the notion of how to keep children with their family.

[11] Harvard University Center for the Developing Child. (2020). *How Racism Can Affect Child Development.* https://developingchild.harvard.edu/resources/racism-and-ecd)

ADVOCATING THROUGH THE 4CS OF COLLABORATIVE FAMILY ENGAGEMENT (CFE)

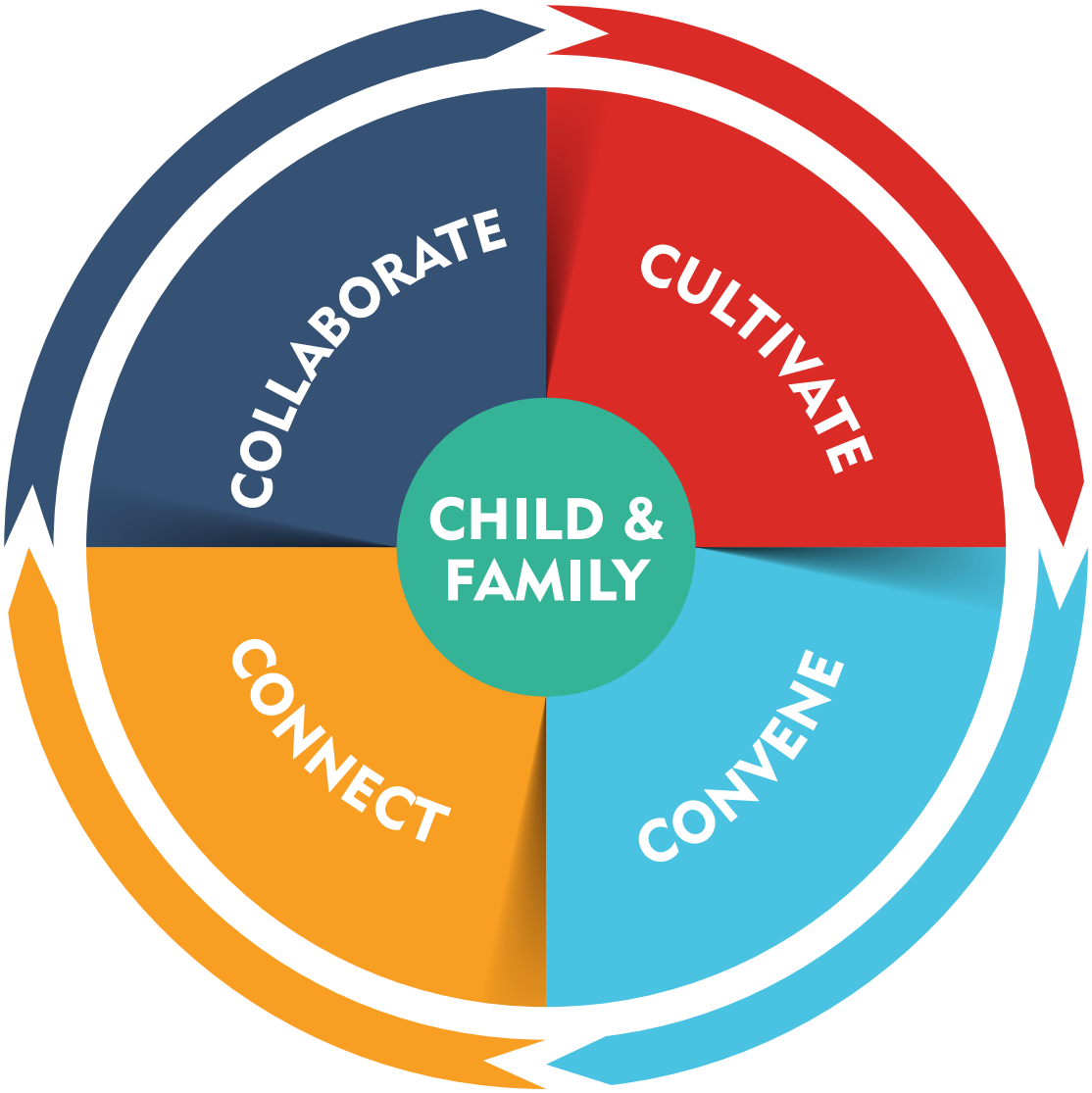
WHAT IS COLLABORATIVE FAMILY ENGAGEMENT?

Collaborative Family Engagement (CFE) is a structured approach to build networks of caring, safe and positive people for children and families involved in the child welfare system. With CFE, children and families connect to a growing support system to assist them as they navigate the foster care system, and to support them after their case has closed. CFE establishes a team between those working with the family; this team may include the CASA volunteer, case manager from Child Protective Services (CPS)/Single Source Continuum Contractors (SSCC), attorney ad litem and/or the investigator from Child Protective Investigation (CPI). Members of the CFE Team work together to engage the family, find relative and non-relative adults willing to be sources of support or "connections" for the family, and build a strong social support network, all while modeling for the family and each other how to collaborate as an effective team.

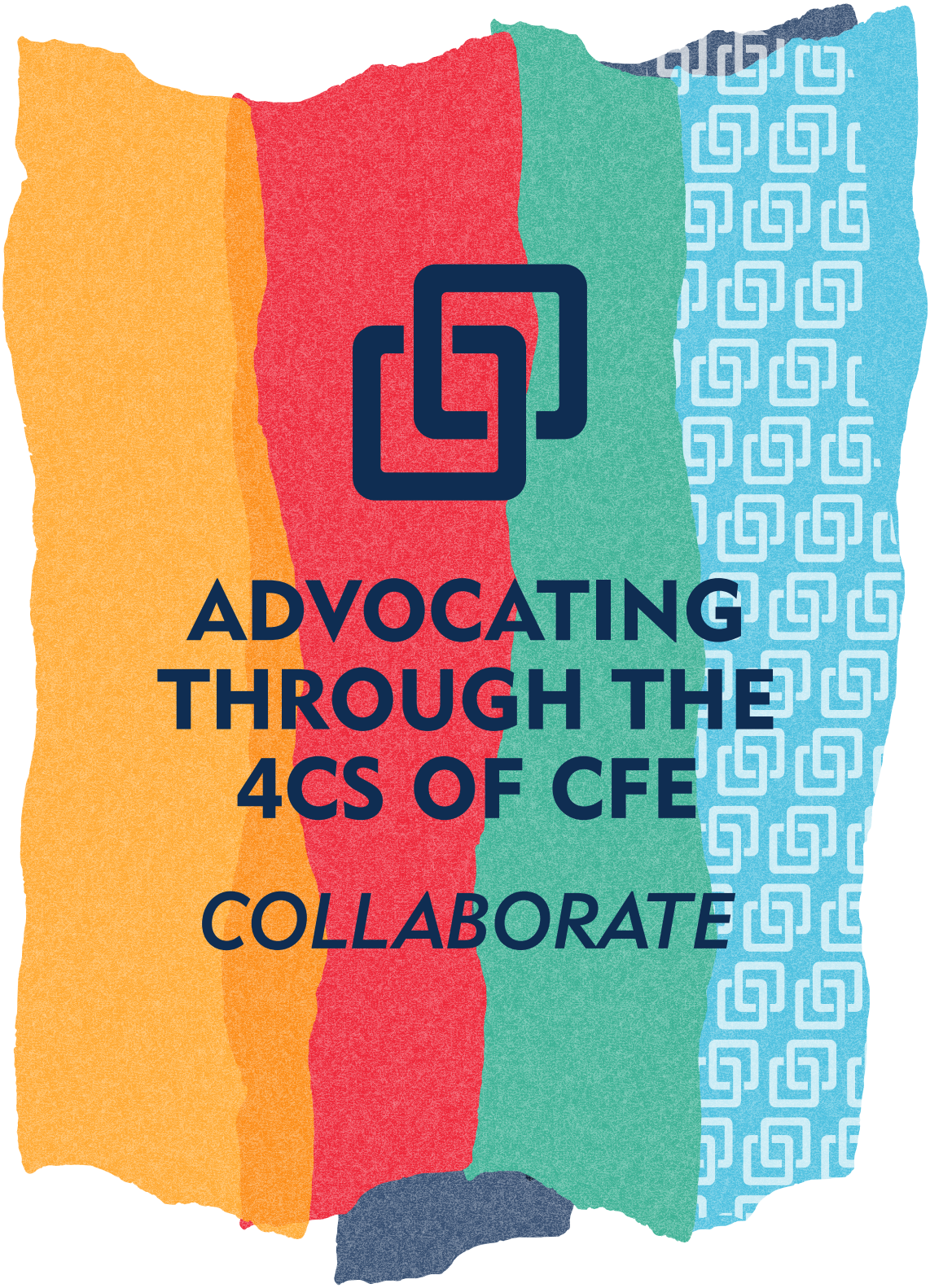
As a CASA volunteer, much of your focus is on surrounding the child with supportive adults and keeping the child connected to their family, friends, community, culture and identity while in foster care. However, it is also important that parents know who their support people are, who they can count on, and who they can ask for help - especially as they resume caring for their children. CFE can be utilized for both the child and their parent/caregiver, especially as the initial goal is always to reunify the child with their parents if at all possible.

CFE is built around four key practice concepts - *Collaborate*, *Cultivate*, *Convene* and *Connect* - otherwise known as The 4Cs of CFE. In this guide, each of The 4Cs will be discussed in relation to advocacy for children ages zero to five. By working through these different components, the hope is that a lifetime network of supportive adults will be built for both children and parents. The first goal when working with a family is always reunification with parents/the primary caregiver, and if that cannot be achieved, the secondary goal is permanency with someone the child knows and loves. In both of these outcomes, CFE can be used to increase social support to sustain their permanency plan and to help prevent the child from re-entering the foster care system in the future. For additional information about CFE, please refer to the CFE Manual available on the Texas CASA website.[12]

The 4Cs of CFE



[12] Texas CASA. (2023). *Collaborative Family Engagement.* https://texascasa.org/what-we-do/collaborative-family-engagement/



ADVOCATING THROUGH THE 4CS OF CFE

COLLABORATE

COLLABORATE

Many things can be accomplished by working together. CFE brings CASA, Child Protective Services (CPS), and, as applicable, the Single Source Continuum Contractor (SSCC) together as early as possible to share information, identify needs and goals and forge a plan. This is done while all parties maintain their specific roles and responsibilities and while drawing upon the strengths that all parties, including the family, possess.

CASA volunteers and CPS/SSCC staff are the first members of the CFE Team and demonstrate a collaborative approach to addressing and meeting needs of the child and family. The CFE Team grows in collaborative efforts as family, attorneys, service providers, teachers, and others join the process and agree to help meet the identified needs of the child, parents and family. CFE can be used throughout the life of the CPS case - from the initial investigation and removal, to case closure. An independent research evaluation of CFE found the use of CFE was associated with increased communication, improved cooperation, and stronger working relationships between CASA and CPS.[13]

While maintaining their respective roles and mission, CPS caseworkers have found that closer collaboration with CASA volunteers regarding family engagement and family searching efforts can help ease their overall workload burden.[14]

Collaboration is critical as we speak up for the best interests of infants and children up to age five, and there are many ways CASA volunteers can collaborate in their advocacy for children in this age group. CASA volunteers collaborate with parents, caregivers, CPS/SSCC, the courts, the medical field, educators and many others. There is much information to gather and share for the littlest people CASA volunteers advocate for.

CFE's first step is to meet with all of the professionals involved in what's called a **CFE team meeting**. This meeting is an opportunity to:

- ☑ Learn information about the young child and their family.
- ☑ Create a plan of action for searching or connection tools to be used.
- ☑ Identify gaps in information.
- ☑ Start preparing for the first family meeting.

Confidentiality of information shared should always be maintained.

[13] Osborne, C., Huffman, J. (July 2019). Evaluation of Collaborative Family Engagement – Summary of Findings from the 2019 Evaluation Report to Texas CASA. Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin.
[14] Osborne, C., Huffman, J. (July 2019). Evaluation of Collaborative Family Engagement - Summary of Findings from the 2019 Evaluation Report to Texas CASA. Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin.

If you have questions about confidentiality, including about what can be shared in a CFE team meeting or any other case related meeting, please speak to your supervisor. An example of a team meeting document can be found on the Texas CASA website in the CFE information section.

COLLABORATION WITH THE PARENTS

Collaborating with the parents of the child the CASA volunteer is appointed to, is one of the most frequent and fundamental advocacy activities. By doing so, volunteers will have more opportunities to interact with each parent, the child, and the parent and child together. Compared to cases involving older children, cases with infants and toddlers will require the CASA volunteer to use a much more hands-on approach in their interactions and collaboration with parents. With the thought in mind that "proximity builds empathy" (Franck Meyer, 2023), volunteers can work closely with parents to support them in their role as parent. Since children in this age group are often unable to communicate for themselves, volunteers can instead work closely with parents to identify and address any concerns or needs. This may include sharing of information, using CFE Tools, observing and supporting visitations, and celebrating successes and milestones.

Ultimately, the focus on this collaboration with parents is to develop a positive relationship and to share helpful and relevant information with them. Volunteers can ask parents about what types of information or resources they may find helpful and share information accordingly, including but not limited to topics like:

- ☑ The importance of early relationships and development.
- ☑ Appropriate developmental screenings based on age.
- ☑ Services in parents' community which will help them work through their court case.
- ☑ Resources and information related to nutrition, hygiene, and developmentally appropriate activities.

As soon as a CASA volunteer is appointed to the child, it is time to start building rapport and trust with the parent(s). Usually this is after the child has come into foster care, but the earlier the better. However, collaborating with parents can occur at any point of the CPS court case.

When you start your relationship with the parents, let them know about your role as a CASA volunteer, what this means for working with both them and their child, and make clear that your involvement as a volunteer is time-limited. Set any expectations about this timeframe from the beginning.

The parent is the expert on the child's life, and acknowledging this is helpful for relationship building, helps the parent during this transition time, and is generally kind and considerate. CASA volunteers should take the time to get to know the parent and ask them about their child's routine, likes, dislikes and cultural or faith-based needs, including holidays, traditions, etc. By asking about this, the volunteer shows respect to the parents and demonstrates that they want, need and value the parent's input. It is only after you have begun to build a relationship with the parent that any information and resources can be shared with them.

Volunteers can let parents know that they are able and willing to provide resources and information in regard to bonding, attachment, trauma, nutrition and developmentally appropriate activities - if the parent would like this. Sharing information and resources may help educate parents to be able to raise concerns confidently with the child's medical or educational team, but it is always up to the parent about whether they would like this information shared with them. If parents are open to the sharing of information and resources, some of the information that may be shared includes:

- ☑ Child development
- ☑ Immunization schedules
- ☑ Early medical screenings
- ☑ School readiness
- ☑ Other resources as needed

It may also be helpful to share information about developmental milestones with parents. Being familiar with developmental milestones can also help you advocate for any services the infant or child may need. Again, always partner with parents, CPS/SSCC and the medical field with any concerns that you may have about the child's development.

COLLABORATION WITH THE CAREGIVERS

Collaboration with the child's caregivers is a critical part of both gathering information about the child's well-being, and advocating for their best interests. Whether the caregiver is a relative, a foster parent, a staff at a residential center or any other care situation, collaboration and sharing of information is vital.

Collaboration with the child's caregivers helps to model and encourage the collaboration between the caregiver and the parents. This should start as soon as the child comes into the caregiver's home, as this will help build rapport and trust. As a CASA volunteer, you can support this by encouraging the caregiver to ask the parent about the child's routine, likes, dislikes and cultural or faith-based needs, including holidays, traditions, etc.

It is natural for a child's family of origin to have difficult feelings or beliefs about their child's new caregiver, and likewise, caregivers may have difficult feelings or beliefs about the child's parents based on the reasons for the removal. Subsequently, it may take some time for the caregiver and parent to feel comfortable with one another.

One step towards building this relationship is by the caregiver sharing information with the parent and compassionately asking them for information as well.

Encourage the child's caregivers to share medical, educational or social concerns with the parents so that they may be a part of the planning and decision-making process.

Information is a two-way street, the parent should be welcomed and encouraged to share information with the child's caregiver as well. Sometimes a journal or communication logs between caregivers and parents can be helpful for sharing of information, and the caseworker can help determine the appropriateness of this.

Caregivers tend to have the most information about the children since they spend the most time with them. You will learn valuable information from the caregiver, such as any medical, emotional, educational or social concerns they have. You can share information as needed and appropriate with the caregiver as well.

It is also critical to help caregivers understand the importance of the parent-child relationship and the importance of visitation. Ideally, caregivers will support ample time for children and their parents even though this may pose difficulties for the caregiver themselves (due to scheduling, driving, etc.). In cooperation with the caseworker, caregivers can be encouraged to facilitate phone or video calls from parents to help keep or build a strong attachment with the child. As it is safe to do so, sharing photos, songs, stories and schoolwork is another good way for caregivers to keep parents involved and engaged in their child's life. It is beneficial to also keep photos, including photos of the parents or other people who are important to the child, visible to the child. Note: check with your supervisor on the CASA program's photo policies.

Volunteers can also share information regarding trauma and the impact of trauma on children in foster care with the caregivers. Often when a placement breaks-down, it is because of fight-flight-freeze behaviors that are perceived as willful disobedience by the child (see page 14 for a list of fight/flight/freeze behaviors). **Children's behaviors are often a result of the trauma they have experienced. The more that caregivers understand the impact of trauma, the more they can focus on the need behind the behavior.** It is crucial for CASA volunteers to also be trauma-informed so they can collaborate with the caregiver in advocating for the appropriate treatment for the child, if needed. For more information about trauma-informed advocacy, please visit **texascasa.org/what-we-do/trauma-informed-care**.

COLLABORATION WITH THE COURT

When attending court, judges or attorneys may ask you questions about the information you gathered as a CASA volunteer. Below are examples of what you might be asked:

- ☑ When was the last time you visited the infant or child?
- ☑ Have you observed visitation between the parents and their child?
- ☑ Describe the interaction you observed between the parent and the child.
- ☑ How would you describe the relationship between the parent and the child?

- ☑ Have you contacted both maternal and paternal family members?
- ☑ Does the infant or child have any special needs or services? If so, are they being addressed?
  - o Does the parent show an understanding of the special needs/services?
  - o Is the parent able to meet the special needs?
- ☑ What are your observations about the child's placement? Are there any unmet needs in the child's placement?
- ☑ What is the child's progress in school? Are they receiving any special services or accommodations? (If school age.)
- ☑ Has an Early Childhood Intervention (ECI) evaluation been completed? Were there any recommendations?
- ☑ Are the child's medical, dental and educational needs being met?

Keeping these questions in mind will help prepare you for attending court and inform your advocacy as you collaborate further with teachers, medical professionals, CPS/SSCC and others. Through collaborating with those involved in the child and family's case, you will gain the needed information so you can make educated, fact-based recommendations for the child. Sharing this information with all professionals on the CFE Team will also help ensure that the child receives needed services. During court, you can also bring up any concerns, parent-child visit schedules, services, placement needs or anything else as it relates to the child's best interest. Good collaborations will help you to know what concerns need to be addressed in court.

The court report is the vehicle you will use to regularly communicate the important, factual information you have gathered, the advocacy work you have done, and any recommendations you have regarding the case. You likely learned about court reports in your pre-service training, and each CASA program has a slightly different format used by their courts. An example of a court report used by Child Advocates of Fort Bend is provided on the Zero to Five Program Portal. Please direct any questions about court reports to your supervisor.

COLLABORATION WITH CPS/SSCC

It is vitally important to build a collaborative relationship with the child's caseworker while maintaining your respective roles. The caseworker makes many decisions in the case, so advocacy requests and recommendations will be heard by them. The caseworker also receives and holds information from all involved in the case – as a CASA volunteer, you will frequently share information you gather about your case with the caseworker, and you will regularly ask the caseworker for updates on other case-related information. It is paramount to maintain a positive relationship and collaboratively work with the caseworker, when possible.

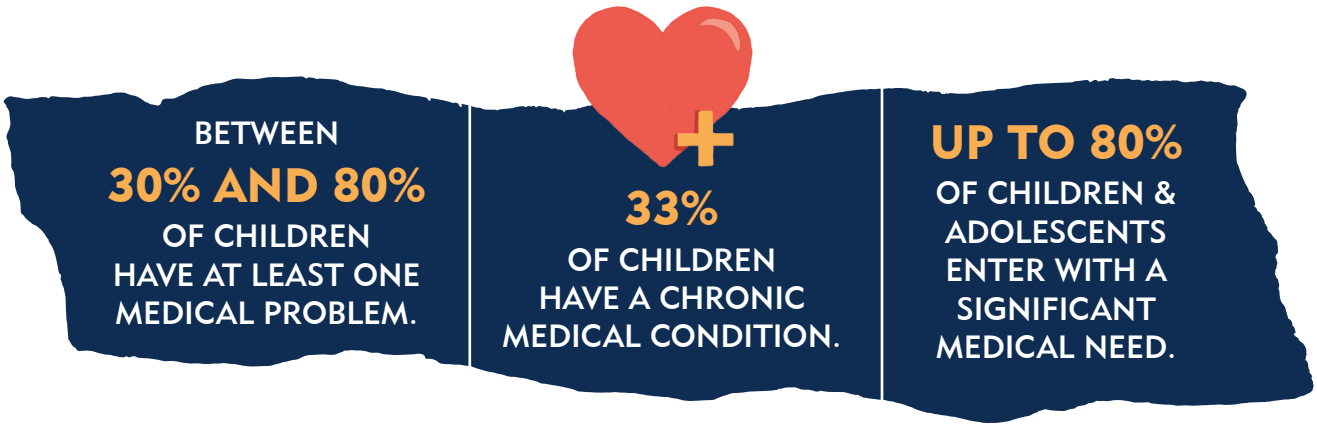
When collaborating with the caseworker, CASA volunteers must maintain boundaries by staying in their lane of advocating in the best interest of the child. CASA volunteers should also be mindful of how their relationship with CPS/SSCC could appear to the parent. As a CASA volunteer, you should avoid appearing so closely aligned with CPS that it creates an "us vs. them" sense for the parents, as this can make collaboration with different parties, parents and family members more challenging. Sharing information and working collaboratively with the caseworker is fundamentally important, but CASA volunteers and CASA staff may disagree with the CPS/SSCC worker and may provide different recommendations to the court regarding the child's best interests.

Collaboration and sharing of information do not equate to agreement on all aspects of the case.

For young children, the caseworker will initiate a 3 in 30 assessment, which includes a CANS assessment. As part of your collaboration, they may also discuss whether to recommend an ECI evaluation. The following section will discuss these assessments.

WHAT IS 3 IN 30?

3 in 30 refers to three assessments evaluating a child's medical, behavioral and developmental needs and strengths, all of which are completed within the first thirty days of a child entering foster care. Children who have been removed from their homes and placed in foster care need to have their physical and mental health evaluated as soon as possible. According to the American Academy of Pediatrics[15], when children first enter foster care:



By requiring the 3 in 30 medical, mental health and behavioral assessments within the first 30 days, children in foster care can have their needs addressed more quickly. This can help incorporate children's needs and strengths into their service plans, resulting in more comprehensive and strengths-based plans and better outcomes for children.

The three assessments include:

(a) 3-day Medical Exam

Within three business days of entering DFPS care, infants and children must be evaluated by a doctor who examines and treats them for any presenting illness or injuries.

(b) Texas Health Steps Medical Checkup

In addition to the 3-day Medical Exam, infants and children must also see a doctor for a complete check-up with lab work within 30 days of entering foster care. This more comprehensive exam can help ensure that:

- ☑ Any medical issues are identified and treated early.
- ☑ Children's growth and development are assessed.

[15] Szilagyi, M.A., Rosen, D.S., Rubin, D., Zlotnik, S., Szilagyi, M., Harmon, D., Jaudes, P., Jones, V.F., Lee, P., Nalven, L., Prock, L., Sagor, L., Schulte, E., Springer, S., Tonniges, T., Braverman, P.K., Adelman, W.P., Alderman, E.M., Breuner, C.C., Levine, D.A., Marcell, A.V., O'Brien, R., Lieser, D., DelConte, B., Donoghue, E., Earls, M., Glassy, D., McFadden, T., Mendelsohn, A., Scholer, S., Takagishi, J., Vanderbilt, D., Williams, P.G. (2015). Health care issues for children and adolescents in foster care and kinship care. *Pediatrics*, 136(4). e1131–e1140. 10.1542/peds.2015-2655 https://publications.aap.org/pediatrics/article/136/4/e1131/73819/Health-Care-Issues-for-Children-and-Adolescents-in?autologincheck=redirected

- ☑ Caregivers and parents are informed of how to support children's developmental and medical needs.

(c) Child and Adolescent Needs and Strengths (CANS) Assessment

The Child and Adolescent Needs and Strengths (CANS) assessment[16] is an evaluation completed for all children and youth ages three to 17 who are in DFPS conservatorship. As its name indicates, the CANS assessment evaluates children's needs and strengths, particularly their behavioral or trauma-related needs. The CANS assessment is administered by a credentialed, CANS-certified STAR Health clinician and is completed within 30 days of the child entering foster care.

The CANS assessment provides all those involved in the child's care a thorough understanding of their behavioral health needs, any trauma related needs, and makes recommendations for the supports and services like counseling, further assessments, and therapies. A child's strengths are used to situate goals and services within pre-existing positive supports, like positive relationships with relatives and other caring adults.

The findings from the CANS are then used by everyone working with the child to create the child's service plan and make placement and treatment decisions. By having one assessment, everyone is on the same page with the child's needs and strengths, and there can be more consistency and continuity in decision-making. When so many different service providers use the same evaluation, there is also more accountability and more people monitoring the outcomes of any progress or improvements made.

WHAT TO KNOW ABOUT THE CANS ASSESSMENT

CASA volunteers can work with the child's caseworker to ensure that all assessments are completed on a timely basis. Some helpful information to know about the CANS includes:

1. The CANS assessment rating system is directly related to service plans and designed to be immediately applicable to decision-making. A 4-level rating system is used for each item, and they are correlated to actions to be taken related to the child's needs and strengths.

2. Ratings focus on and describe the child rather than describing the needed services. If the child is currently receiving services which makes their score higher, those services should continue but are taken into consideration. Before action levels are established, the influence of the child's developmental history, present stage and cultural needs must be considered. The assessment looks at current strengths and needs without commenting on what caused the strengths and needs (DFPS calls this "agnostic as to etiology").

3. Specific ratings window (e.g., 30 days) can be overridden based on action levels.

30 days is typically the timeframe used in CANS action levels, but timeframes can be adjusted as appropriate.

[16] Texas Department of Family & Protective Services. (n.d.). *3 in 30: A complete approach to better care for children.* https://www.dfps.state.tx.us/Child_Protection/Medical_Services/3-in-30.asp

WHAT IS ECI?

According to Texas Health and Human Services (HHS), Early Childhood Intervention (ECI) "is a statewide program within the Texas Health and Human Services Commission for families with children newborn up to age three, who have developmental delays, disabilities or certain medical diagnoses that may impact development. ECI services support families as they learn how to help their children grow and learn."[17] The goal is always to have any screenings done as early as possible so the treatment plan can start sooner rather than later. The following information comes from the Texas HHS website on ECI: **https://www.hhs.texas.gov/services/disability/early-childhood-intervention-services**.

Who Can Get Help?

ECI serves children from birth to 36 months with a developmental delay or disability.

How Does a Child Qualify for Services?

To be eligible for ECI services a child must meet one of the following three criteria: have a medical condition, auditory or visual impairment or a developmental delay.

1. **Medically Diagnosed Condition**
   Children are eligible for ECI if they have medically diagnosed conditions which are likely to cause a developmental delay and if they have a need for early intervention services. Medical records confirming the diagnosis must be provided to qualify, this is a list of qualifying medical diagnoses: **diagsearch.hhsc.state.tx.us**.
2. **Auditory or Visual Impairment**
   Children are eligible for ECI if they have a visual or auditory impairment as defined by the Texas Education Agency (TEA). There are certified staff in children's local independent school districts who can determine if an auditory or visual impairment is eligible.
3. **Developmental Delay**
   Children are eligible for ECI if they have a developmental delay of at least 25 percent in one or more developmental areas (e.g., delays in the child's social, emotional, adaptive, communicative, motor or cognitive development). If children are only delayed in their expressive language, they must have a 33% delay to qualify.

As part of the evaluation, children's abilities, delays or difficulties are assessed. The ECI team uses a tool called the Battelle Developmental Inventory 2nd edition; (BDI-2) to gather information in each of the developmental areas.[18]

Children older than three years old may be eligible for services from their local independent school district. To request a referral for an assessment, contact the child's local school district director of special education. For more information about special education services, see the Texas Education Agency website: **https://tea.texas.gov**.

How are ECI Services Provided?

ECI services are typically provided in the foster home or another familiar setting, which can include a daycare center, playground or elsewhere.

[17] Texas Health and Human Services. (n.d.). *Early childhood intervention services.* https://www.hhs.texas.gov/services/disability/early-childhood-intervention-services
[18] HMH. (n.d.). *HMH assessment: Gain a complete picture of student achievement.* https://www.hmhco.com/classroom-solutions/assessment

During ECI services, activities from the child's daily routine are typically incorporated, and the family-centered services are designed with the family and child's needs and concerns in mind. CASA volunteers can advocate that the child's parents be able to attend these services with their child. In addition to direct, in-home ECI services, ECI also provides case management services for the child and their family related to the child's developmental needs.

ECI services end when the child turns three. Before then, ECI works with the family to determine next steps, including if the child will transition to preschool, daycare, Head Start, another service provider or if the child will stay home during the day. The ECI case management services help ensure continuity of care and that there are no gaps in the services the child receives.

Who Provides the Services?

The following are licensed or credentialed ECI providers:

- ☑ Early intervention specialists
- ☑ Speech and language pathologists
- ☑ Physical and occupational therapists
- ☑ Psychologists
- ☑ Registered nurses
- ☑ Dietitians
- ☑ Social workers
- ☑ Counselors

COLLABORATION WITH THE MEDICAL FIELD

Another essential collaboration for the CASA volunteer is with any medical professionals working with the child. As part of CASA advocacy, learning about the development of young children, recognizing delays and bringing that information forward to parents, CPS/SSCC and the medical team is helpful and indispensable. **It is equally important to consider not only the health and well-being of the child at the age with which we are working with them, but their future health as they become older. How do their experiences, supports and relationships help or hinder their future health?** It is known that separation from a parent when very young can have adverse outcomes on the child in the present and in the future, including medical and health outcomes.

CASA volunteers can recommend that medical screenings are done as early as possible so interventions can occur quickly. If there are any medical concerns, they should be raised with the CFE Team, as well as the parents.

Immunizations are a vital part of an infant and child's health, and medical history and records. Volunteers may share information about the benefits of immunizations, the schedule and any recommended immunizations with the child's parents. Information is best shared in a neutral but informed way, recognizing that this may be a sensitive topic for some families for differing reasons including religious or cultural beliefs and practices. More information regarding immunizations, developmental delays and normal development stages for children zero to five is located on the CDC website: www.cdc.gov/vaccines.

COLLABORATION WITH EDUCATORS

Teachers and daycare providers spend many hours observing and interacting with children in various situations, making them an invaluable source of information. They can also be important support people to the child, and potentially the family. Volunteers are welcome to advocate for these relationships to be encouraged and continue. Teachers may also be a part of the CFE Team and attend case related family meetings. Keeping an open dialogue with teachers and asking them questions about what they observe, any concerns they have, etc., is a great collaboration strategy. Examples of valuable questions to ask include:

- ☑ How does the child get along with other children?
- ☑ How do they get along with adults?
- ☑ Are there any issues in their ability to form relationships with others?
- ☑ How well does the child stay on task?
- ☑ Are there any concerns that you might see from the child during the day?
- ☑ Are there specific situations where the child appears to be dysregulated?

When possible, as needed and appropriate, volunteers can support parents and teachers to also communicate regularly with one another. If this isn't possible, then the volunteer can communicate themselves with the parents about information learned from the school setting.

Working with parents on how to effectively communicate with their child's daycare or preschool teacher will help set parents up for future successful interactions. As children develop, starting to think about school readiness is necessary, and parents may not have this information or experience. The Zero to Five Program Portal has school readiness guides that can be shared with parents so they can assess this for their child. These resources will also help volunteers best advocate for any additional resources needed to help the child succeed in the school environment.

In summary, remember that gaining information from daycare providers is essential as they often spend a good part of the day with the child. Teachers can give invaluable information about how the child is doing with socializing, focusing on tasks and any potential concerns. It is important for volunteers to understand that they are *gathering* information and not *sharing* confidential information about the child, the family, or their CPS case. Any questions about confidentiality, should be discussed with the CASA supervisor.

COLLABORATION WITH OTHER COMMUNITY SUPPORT ORGANIZATIONS

Connecting parents to community resources is a powerful way to support reunification, and it is important to help parents understand that asking for help is a strength, not a weakness. Community supports can also continue to help parents once the CPS services have ended. There are many community organizations to connect with that provide services to children in their early years. The child's medical, educational and DFPS team may also be aware of additional community resources which can be shared with the parents. Faith based organizations and schools can provide great networks for parents and families as well. Some community resources are listed below, but please familiarize yourself with resources that are best equipped to meet local community needs.

Safe Babies
A Program of ZERO TO THREE

ZERO TO THREE (WWW.ZEROTOTHREE.ORG)

ZERO to THREE works to ensure all children have a bright future by supporting the adults who are caring for infants and toddlers. ZERO to THREE offers a range of services and resources.

HEAD START (WWW.TXHSA.ORG)

Head Start is a national school readiness program which provides comprehensive education, health, nutrition and parent involvement services to low-income children and their families.

TEA®
Texas Education Agency

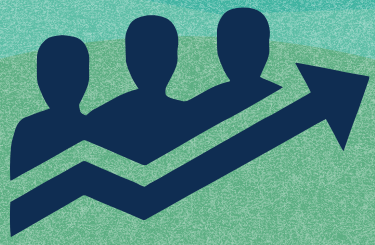
TEXAS EDUCATION AGENCY (WWW.TEA.TEXAS.GOV)

The Texas Education Agency is the state agency that oversees primary and secondary public education. The Texas Education Agency aims to improve outcomes for all public-school students in the state by providing leadership, guidance and support to school systems.

PATHWAYS (WWW.PATHWAYS.ORG)

Pathways provides free tools to maximize all children's motor, sensory, and communication development.

Pathways.org®



ADVOCATING THROUGH THE 4CS OF CFE

CULTIVATE

CULTIVATE

Cultivate is the Second C of The 4Cs of CFE, a collaborative approach to engaging and locating family and building connections for children and youth involved in the foster care system. *Cultivate* is the use of one or more creative tools and activities that are available to CASA volunteers and CPS/SSCC caseworkers, focused on building or strengthening family engagement and connection. In this chapter, we will share about how *Cultivate* can be used when appointed to advocate for an infant or young child.

TOOLS FOR ENGAGEMENT & CONNECTION

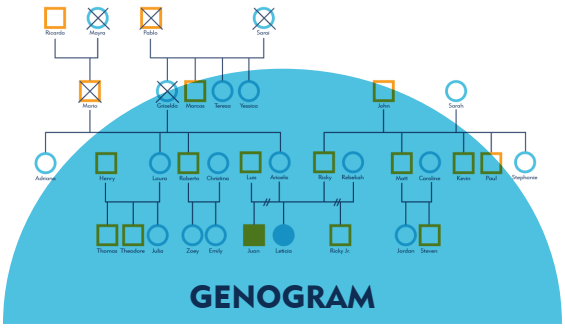
Collaborative Family Engagement (CFE) connection and engagement tools are used to help children and parents identify people who they are connected to, love, or care about and people who might be able to support them now or in the future. These connection and engagement tools are creative and interactive ways for the CASA volunteer to talk to children and parents. Whereas traditional interviewing techniques may be intimidating, particularly to children, the activities offered through CFE create an alternative way to enhance the relationship, gain trust and learn information.

Often the people identified through the CFE Tools are family members (kin), but they can be anyone significant to the child or parent, such as a friend, teacher, neighbor, coach, etc. These non-relative relationships with people who are outside of the family unit are known as *fictive kin*. When using the tools to identify people who may be a connection for the child or parent, it's important to think about those that have loved and cared about the child in the:

There are many different engagement and connection tools available to help the CASA volunteer learn more about the parents, family and other connections. **These tools ultimately help tell the family's story with the family's own voice.** CASA volunteers are encouraged to practice the tools and be creative with them, conducting them in a style that both they and family are comfortable with. The person completing the tool (the child, parent, or family member) are also encouraged and welcome to make the tool their own - it is theirs after all! It is best practice to utilize a tool with each child and ideally all parents involved, if possible.

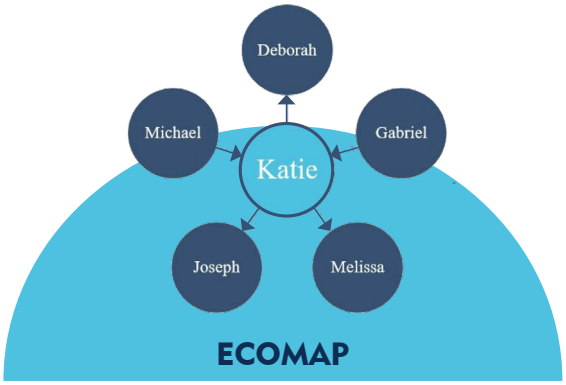
Most of the CFE Tools are intended for use with school age or older children, so they may not be applicable for an infant. Children ages four and five may grasp some of the activities better, and this is explained further in the guide. Regardless of the age of the child, remember that the same tools and activities can be used with the parent or other caregiver. **Therefore, all tools can be completed with the child and/or their parent.** Tools can be completed at a home visit or during a parent-child visitation. The parent could complete the tool for themselves, for their child, or both.

More information on these tools is available in the CFE Manual[19] and, with the exception of the Genogram, all of the tools listed below are available on the CFE Tools mobile application: https://texascasa.org/cfe-tools-app.



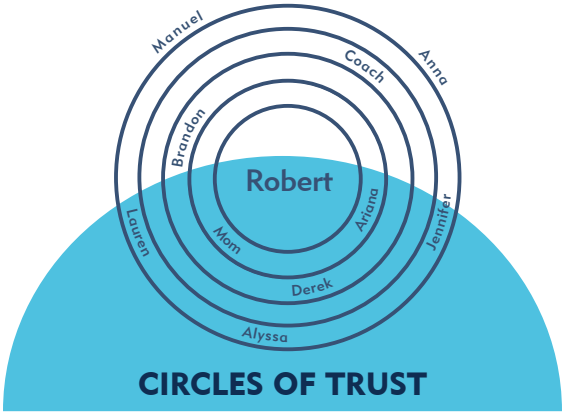
GENOGRAM

Visual representation of a family tree used to map family and fictive kin relationships. When completing a Genogram with a young child (age four and up), a tree template, crayons, family photos, or stickers can be used.



ECOMAP

Visual representation with the child or parent at the center, with surrounding circles mapping different areas of influence with important people from each area listed. This tool could be completed with a parent and could focus on who best supports them to safely raise their child.



CIRCLES OF TRUST

Visual representation with circles showing connections to the child or parent, who is at the center. People are placed in circles, and their proximity to the child or parent at the center represents their closeness to the child or parent. This tool could be completed with a parent to get an idea of who is, or could be, in their network.

CONNECTEDNESS MAP

Visual representation with the child or parent at the center, surrounded by connections. If few connections are listed, this indicates an urgent need for connections. If many connections are listed, this highlights the possibility of a strong network/support people for the parent or child.

[19] https://texascasa.org/what-we-do/collaborative-family-engagement

MOBILITY MAP

A visual timeline in which the child or parent illustrates and reflects on significant people and events at each place they've lived, generating a timeline of their life.

TREE OF LIFE

Visual representation in which the child or parent draws their hopes, dreams, gifts, people and other important things in the areas they think of as they fit on a tree. This tool can be completed by free drawing a tree, writing on a chosen tree image, or in the app.

CFE CONNECT CARDS, DECKS ONE OR TWO

Set of playing cards with questions used to engage and foster conversation with the child and parent. They are available in English and Spanish.

THREE HOUSES

A visual template of three houses in which the child or parent writes or draws their hopes, dreams, and worries.

Taking the time to get to know the child's parents and members of their family, using one or more of the tools mentioned above, is another way to show that you care, are interested and that you are present in the moment. Completing tools with both parents of the child, if available, as well as people from each parent's side of the family is equally important. Even if one parent is not the primary caregiver or will not be in a caregiving role, some of the tools can provide valuable information to increase the child's social support, help the parent be more active in the child's life, enhance the child's story, and support the child's identity growth. **When parents and their child complete a CFE activity together at their visit, such as one of the drawings or playing with the deck of cards, it can help foster bonding and support their positive relationship.**

Completion of CFE Tools can be helpful for determining who can:

- ☑ Be invited to family meetings.
- ☑ Assist parents as they work through their service plans.
- ☑ Be a support person for parents during monitored return or reunification.
- ☑ Be actively connected to the child while they are in foster care, and after.

The goal of all CFE work is for children to remain connected with their families, community, culture and identities. Having conversations with parents and other people involved with the child through the CFE Tools will help you engage those supportive, positive family members or fictive kin who can help make that goal happen.

INCREASE VISITS WITH PARENTS AND THEIR CHILDREN

Parent-child visits can help support reunification and permanency planning, reduce unnecessary time spent in foster care, and assist in creating contingency or alternative permanency plans, if needed. Texas DFPS[20] has a valuable resource on the importance of parent-child visitation in their 2015 Visitation Best Practice Guide, and important research summarized in the guide is highlighted here. Compared to children who had infrequent parent-child visits (i.e. once a month or less) or no parent-child visits, children with frequent parent-child visits of once every one to two weeks were more likely to have:

- ☑ Higher scores in well-being assessments
- ☑ More positive placement adjustments
- ☑ Greater likelihood for reunification
- ☑ Shorter stays in foster care
- ☑ Fewer behavioral problems reported
- ☑ Less depression and anxiety.

Children who experience infrequent, few, or no parent-child visits reported feeling that "they suffered as a result of not maintaining contact with their parent(s)," and the suffering can negatively affect both children and their parents. Insufficient visitation can harm a parent and child's relationship, emotional connection, and closeness and make reunification more challenging.

While the benefits of parent-child time together are immeasurable, and the impacts life-long, parent-child visitations also:

- ☑ Help ease the child and parent's grief and pain related to their separation.
- ☑ Strengthen family relationships and maintain family connections.
- ☑ Give the child confidence that the separation is not the child's fault and that their parent/primary caregiver is okay while the child is away from the home.
- ☑ Help the family as they navigate changing family dynamics and relationships.
- ☑ Reassure parents that they are a critical part of their child's life, which helps them with motivation in completing their service plans.
- ☑ Give parents opportunities to learn new skills in caring for their child and meeting their child's needs, including how to assess their child's needs and progress.
- ☑ Help the child adjustment to their out of home environment.

[20] Texas Department of Family & Protective Services. (2015). Child and Family Visitation Best Practice Guide. https://www.dfps.state.tx.us/Child_Protection/State_Care/documents/Visitation_Best_Practice_Guide.pdf

- ☑ Keep parents up-to-date and active participants with their child's medical, developmental, social, educational, religious, community needs and activities.
- ☑ Provide professionals important information needed to determine parenting capacities, the child's best interests, and permanency goals.
- ☑ Shorten the time children spend in foster care.
- ☑ Increase the likelihood of the child being reunified with their parents.

POSITIVE VISITATION PRACTICE

Positive Visitation Practice was created at Child Advocates of Fort Bend with their community partners to help ensure visits between children and their parents are positive and productive. During parent-child visitation CASA volunteers can reinforce nurturing behavior through modeling. This practice approach may or may not be utilized in your CASA program. **Ask your supervisor about training in Positive Visitation Practice and consult with them before following the practice provided in this guidebook.** Any Positive Visitation Practice work should also be done in consultation with the parents, CPS/SSCC caseworker, the attorney ad litem and other service providers.

Positive Visitation Practice is just as the name implies, there is an emphasis for the CASA volunteer to be "looking for the positive" during the visit. These positives can then be reinforced with the parent. This is essential because sometimes parents can feel that being observed during their visit is adversarial and may result in negative observations being reported in court. They may worry that the visit could end up being a barrier towards a successful reunification/permanency. For the parent, being observed during their visit may be an added worry to what is already a stressful and unnatural situation and time.

CASA volunteers play an integral role in painting a picture of what is happening in a child's life for the court. The court needs an accurate depiction of the parent-child relationship to help determine what is in the best interest of the child. By understanding the dynamics of the parent-child relationship, CASA volunteers can make an informed recommendation about the parents' time with their child and permanency plans.

When observing visits, CASA volunteers might look for several factors, including but not limited to:

- ☑ Parent-child interaction
- ☑ Emotional reactions of the child
- ☑ Parent understanding of age-appropriate play, toys and snacks
- ☑ Appropriate use of touch
- ☑ Opportunities for activities that help support the bond between the parent and child

A CASA volunteers' role and priority is to observe visits and offer support if needed. They can encourage positive interactions between the parent and child by gentle guidance, and through mirroring. Positive Visitation Practice is an approach that CASA volunteers can utilize to model and reinforce bonding behaviors between parent and child. By engaging in Positive Visitation Practices, a parent can learn how to interact positively with their child in a safe environment.

Remember that the visitations are for the parents and their child; the primary purpose is not about teaching or modeling for the parent, and information should not be forced upon them. However, it is an opportunity that can be presented to the parent. Volunteers are there to help the visit be safe, enjoyable and a time for connection and bonding for the infant or young child and their parent.

COMMUNICATION WITH PARENTS ON POSITIVE VISITATION

CASA volunteers should meet with the parent to explain what the Positive Visitation Approach is and how it can be used during the visit to help and support them. It is helpful to explain that the Positive Visitation Approach is designed to **support the goal of parent-child reunification by ensuring the visit is a positive, productive experience for both child and parent.**

Parents have the final decision on whether they want to participate in this process or not. If parents decide to participate, they need to be comfortable with the visitation plan prior to this approach being used. See page 42 for more on the visitation plan. In every interaction with parents, Positive Visitation Practice has CASA volunteers focus on three important areas: Relationship Building, Information Sharing and Modeling.

RELATIONSHIP BUILDING

It can be explained to the parent that observing visits is also a good time for the CASA volunteer to get to know the parent as a person. This is an opportunity to build a working relationship between the volunteer and the parent, and to learn more about them and their family. Using one of the CFE Tools explained in this guidebook may be a great way to build relationships with parents. **It is valuable, if possible, to observe multiple visits, as each visit may be very different; one visit cannot determine the nature of the relationship between a parent and their child.** The visit setting is also an artificial environment with additional stressors and never a true depiction of the relationship and bond between the child and their parent. Keeping this in mind can assist the volunteer to be neutral, and kind, in the visitation practice.

INFORMATION SHARING

CASA volunteers should meet with parents prior to any visits to share any important information about the children. For example, if the child is dysregulated prior to the start of the visit, that is information for the parents to be aware of. Sharing information helps best prepare the parties and gets everyone on the same page, making sure they have the information they need for a good visit.

MODELING

While the visit is always for the parent and their child, it presents an opportunity for the volunteer to model supportive, nurturing behavior, if and when needed. For example, if the child appears dysregulated, it can be observed if the parent attempts to or does respond appropriately, or if they may need additional support services, tools or resources to assist with this task. The CASA volunteer can model regulation activities for the parent if that is helpful and agreed upon. **Again, prior to starting any of the Positive Visitation Practice techniques, the CASA volunteer should discuss this with their CASA Supervisor, the parents, the CPS/SSCC caseworker and the ad-litem.**

Child Advocates of Fort Bend's modeling concept was created after their local judge asked a volunteer if she had provided feedback to the mother about the parent-child visit observations that were included in the court report. When the volunteer responded that she had not, the judge asked if anyone who had observed the visit had shared their concerns with the mother or if they had told her the proper way to address the concern. After that hearing, Child Advocates of Fort Bend developed their Positive Visitation Practices, which includes modeling. In developing the Positive Visitation Practices, Child Advocates of Fort Bend understood the role of the volunteer was not to coach a parent, but that the volunteer could use their knowledge and resources to model appropriate skills for parents.

Here are two examples to reinforce the concept of modeling:

1. A parent attends a visit, but the volunteer notices they are occupied by their phone rather than engaging with the children. The volunteer finds an age-appropriate activity, such as playing a board game or reading a book. The volunteer can then encourage the parent to join in the game. Once the parent has engaged, the volunteer removes themselves from the game and allows the parent and children to engage alone. The volunteer has just modeled for the parent how to connect with their children.

2. A parent shares that they are not able to read, and they never read books to their infant. In this instance, a volunteer can share with the parent that the opportunity to hold the child and having the child to hear their voice is more significant than the actual words in the book. The volunteer can encourage the parent to share any story, real or made-up, which might correspond with the pictures in the book. The volunteer could also provide the parent, if they are interested, with resources for the local Literacy Council in their area.

VISITATION TIMELINE

The visits arranged by CPS between the parent and child can be stressful for both parents and children. If the visits take place outside of where the parents live/stay, such as at the CPS/SSCC office, the parent might feel increased anxiety, nervousness or fear. Parents may be worried and put unrealistic expectations on themselves or their child to ensure the visit looks "successful" to those who are observing.

Due to this stress, parents may not know how to best utilize the time that has been allotted for their visit. This is expected and normal. A CASA volunteer can take this opportunity to show empathy, grace and understanding and provide guidance and support to the parent. Offering the parent a structured timeline for the visit may help put them and the child at ease.

A *Visitation Timeline Form* for a one-hour visit has been created to help guide the visit for both the parent and volunteer, and a template of a visitation timeline is provided below. A visitation timeline can help provide suggestions on how to structure the visit over the course of the one hour. The visitation timeline is another opportunity to give the parents resources to help them engage and connect with their child and optimize their visitation experience.

CASA volunteers can use the Visitation Timeline Form to help parents develop their own visitation timeline, but remember: it is important for parents to develop their own plan for their time with their child, supporting them to have a sense of autonomy and control in their situation. The visitation timeline created by the parents should be shared with all parties involved.

Parents can fill their visit with time incremented activities adjusted based on the length of their visit. An example of a visitation timeline for a 60-minute visit is below:

ACTIVITY	TIME
Welcome and Play	15 minutes
Bonding/Sensory - Sensory/lotion/massage (bath time for infants)	10 minutes
Snack - Parents bring food that is developmentally appropriate or feed/bottle baby	15 minutes
Clean-up/Diaper Change	Five minutes
Story-time/Cuddling	10 minutes
Goodbye	Less than five minutes

The Visitation Timeline form is available in Spanish and English.

CASA volunteers can encourage parents to adjust the visitation timeline as their child meets new developmental milestones, or as the needs/times of the visits change. This is an opportunity to show the parents how they are progressing in their parenting skills and their ability to meet the needs of their child. If a parent continues to struggle with the visitation process, it is an opportunity for CASA volunteers to advocate for additional resources to assist the parent in bonding with the child.

PARENT-CHILD VISITATION OBSERVATION

Volunteers can observe visits by using the Parent/Child Visitation Observation Form and/or the Observation Checklist, which can be used before, during and after family visits. These tools are used to provide feedback on the interaction between the parent and the child (remember the example on page 41 when the judge asked the volunteer if they had provided any feedback).

The core concept of these observation forms is not to catch the parent doing something wrong, but to help support positive parenting practice with modeling or mirroring behavior. The goal is to make sure the parent understands what a positive visit looks like and to help them grow in confidence with each visit.

The observation form provides a way for the CASA volunteer and parent to speak about what might come up in the visit and for the parent to identify some goals or hopes that they may have for their time with their child.

Some things that may be observed include:

- ☑ Does the parent make eye contact with the child?
- ☑ Does the parent feel comfortable getting on the child's level and playing with the child?
- ☑ Does the parent respond to a child's crying, anger or other emotions in a positive, supportive manner?

The observation form can also be used to help write court reports and as a preparation tool for testifying in court. The purpose of the form is to formalize what is observed during family visitations and remove any biases or subjectivity associated with these observations. The form allows the opportunity to see both the positive aspects, as well as areas for improvement in the parent-child visits. It can also provide guidance as to how to assess and advocate for the immediate needs of the family. The attorneys and judge may ask for the CASA volunteer's observations during visits and what tools and/or advocacy, if any, were used during visits.

After the visitation ends, observations may be shared with the parents. It is an opportunity to focus on the positive interactions and things the parent did or inform them of anything to be done differently at the next visit. This provides a chance to debrief and to address the concern and alleviates the parent being taken by surprise at court. If a parent doesn't know about the concerns, they cannot correct the issues. Open and honest communication and real time feedback is respectful and helpful to the parent as they are developing their parenting skills. **Before sharing any information regarding the visits, please contact and discuss with your CASA Supervisor.**

VISITATION BAG

Parents may not know what to expect for visits, and subsequently may not be prepared. The visitation bag serves as a CASA volunteer's tool and modeling opportunity, exposing caregivers to age-appropriate toys and activities to help with their children successfully. These resources set parents and children up for a productive visit as they will assist in addressing potential dysregulation and inattentiveness. CASA volunteers can arrive with the visitation bag to alleviate fears and uncertainties the parents might be experiencing and increase their confidence in choosing appropriate items to bring on future visits.

Visitation bags can be made or picked up at the local CASA office, and then brought to the parent-child visit by the CASA volunteer. Check with your supervisor to see if visitation bags are an available resource. In the visitation bag, there are an assortment of age appropriate, thoughtfully chosen toys and supplies, which support sensory, developmental growth and playful engagement. During the visit, the volunteer encourages and models for parents about age-appropriate play, positive eye contact and healthy and safe touch. Volunteers can show parents how to get on the floor with their child for playing, arts and crafts, reading or tummy time. By modeling the behaviors and demonstrating how to use the items in the visit bag, volunteers can help build the parent's confidence, which will support strong bonding and connections with their child.

Parents are always encouraged to bring their own supplies or "diaper bag" for their visit, if able. They can bring their own blankets and toys from home, as well as their child's favorite snacks to share. This empowers the parents to make the visits their own and builds their skills and confidence as they prove to themselves and others that they are prepared and equipped as a parent. See what can be included in a visitation bag below.

VISITATION BAG IDEAS

Not all items may be in visitation bags at all programs.

BOOKS
Reading to their child is an essential part of attachment and bonding. It allows for touch, comfort and one-on-one time. If the parent cannot read, they can tell a story from the pictures, or can make up their own. Literacy challenges can be stressful for adults - if you notice the parent struggling to read, you can find picture books or books that are more appropriate to the parents' reading level.

SIPPY CUPS
Tending to the child's basic needs is a fundamental part of a nurturing parent-child relationship.

CRAFT SUPPLIES
Provides an activity for the child and parent to interact and create something together which they can take with them after the visit - a reminder of their time together.

DEVELOPMENTAL TOYS
Appropriate for the age of the child, enabling the parent to play with the child on the child's level.

DIAPERS & WIPES
All infants require diaper changes. This enables the parent to meet the immediate needs of their child.

COLORING BOOKS & CRAYONS
Provides a sensory-rich activity for the child and parent to do together.

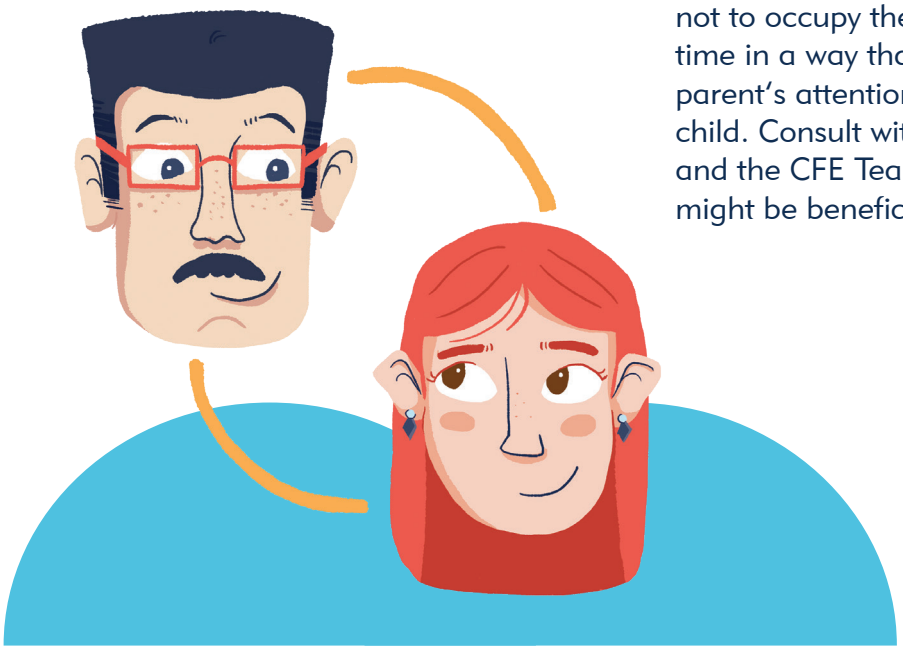
BLANKETS
Encourages the parent to engage in playful interaction with their child with "peek a boo" or to encourage bonding through holding and comforting.

SNACKS
Sharing a snack or a meal provides an opportunity for verbal communication, storytelling, eye contact and quiet time. Feeding their child supports another opportunity for the parent to nurture and meet their child's immediate needs. It is also an opportunity to create/share in family traditions and foods. Volunteers can ask parents about culturally appropriate snacks, as well as likes and dislikes of the child. Providing food also supports the parent to meet their child's basic human needs, elevating and empowering their role as a parent.

BABY LOTION
Many parents miss the opportunity to bathe their child. Bathing a child provides a child with a sense of security. A parent and child make eye contact, have verbal reassurance and share gentle touch. A baby massage provides those same feelings for both the child and the parent.

SHARING OF RESOURCES

There can be an opportunity, if the parent agrees, to share resources during the visit that might be of benefit. Resources relating to health, nutrition, physical development and educational development can be shared if the parent and volunteer feel it helpful. The CASA volunteer should try to learn about and understand the parent's culture and norms and take these into account before presenting any resource. Many of the topics to discuss with parents can be utilized during the parent/child visit, such as tummy time or reading to the child.



At a visit, the CASA volunteer should be sure not to occupy the parent's attention and time in a way that takes away from the parent's attention to and time with their child. Consult with your CASA supervisor and the CFE Team about what resources might be beneficial and share accordingly.

IMPORTANCE OF PLAY

Talking to parents about the importance of play and the toys that are the most developmentally appropriate and stimulating can help support the parent's confidence and promote a healing relationship for the child and parent. Play and toys do not need to involve expensive or fancy toys and items, it can be as simple as playing patty cake, for example.

IMPORTANCE OF TUMMY TIME[21]

Soon after they are born, babies can start spending three to five minutes on their tummies, an activity called "Tummy Time."

Tummy Time can be done two to three times a day, always with adult supervision. Tummy Time:

- ☑ Is essential for an infant's motor and sensory development and achievement of milestones.
- ☑ Helps improve neck and head control, strengthens back, core and shoulder muscles.
- ☑ Prevents flat spots on the baby's head.
- ☑ Can be done during the visit and supported by the parent.

[21] National Institutes of Health. (2023). *Safe infant sleep basics.* https://safetosleep.nichd.nih.gov/resources/order

DEVELOPMENTAL STAGES OF INFANTS AND YOUNG CHILDREN

Developmental stages and milestones can be a helpful resource to share with parents. All children develop differently, especially children who may have experienced trauma. A general guideline of developmental stages is included in the Program Portal. The guide identifies motor skills, sensory capacities, sleep patterns and emotional bandwidth of children by age.

It may be helpful and interesting to share the information with parents so they can gain an understanding of where their child ideally may be in terms of development. During visits, parents can use the developmental milestones as they bond with their child, recognizing the importance of when their child makes eye contact, laughs, smiles or starts crawling for example.

The developmental chart below, provided by Child Advocates of Fort Bend, shares general information on physical, social and emotional development stages for you to reference. As always, any concerns should be addressed with the CFE Team.

BIRTH TO 3 MONTHS

Feedings: Five to eight per day
Sleep: 20 hours per day
Sensory Capacities: Makes basic distinctions in vision, hearing, smelling, tasting, touch, temperature and perception of pain
Motor Ability: Control of eye muscles, lifts head when on stomach
Baby Displays: Generalized tension, delight, distress, and smiles, especially when looking at face
Baby is helpless and asocial, fed by parent/caregiver, visually fixates on a face, smiles at a face and is soothed by rocking

4 TO 6 MONTHS

Sensory Capacities: Localizes sounds
Sounds: Babbling makes most vowels and half of the consonants
Feedings: Three to five per day
Motor Ability: Control of head and arms, purposive grasping, rolls over
Baby enjoys being cuddled, can recognize their parent/caregiver, distinguish between familiar persons and strangers, no longer smiles indiscriminately, expects feeding, dressing and bathing

7 TO 9 MONTHS

Motor Ability: Control of trunk and hands, sits without support, crawls
Baby demonstrates specific emotional attachment to parent/caregiver, protests separation and enjoys "peek-a-boo"

10 TO 12 MONTHS

Motor Ability: Control of legs and feet, stands, apposition of thumb and forefinger
Language: Says one or two words, imitates sounds and responds to simple commands
Feedings: Three meals, two snacks
Sleep: 12 hours, two naps
Baby Demonstrates: Anger, affection, fear of strangers, curiosity, and exploration
Baby is responsive to their own name, waves bye-bye, plays patty cake, understands "no-no!", gives and takes objects

1 TO 1 ½ YEARS

Motor Ability: Creeps up stairs, walks (10 to 20 min) and makes lines on paper with crayon
Baby Demonstrates: Dependent behavior, distress if separated from parent/caregiver, fear of bath
Baby Can: Obey limited commands, repeat a few words, display interest in their mirror image, feed themself

1 ½ TO 2 YEARS

Motor Ability: Runs, kicks a ball and builds a six-cube tower (two years)
Language: Vocabulary of more than 200 words
Sleep: 12 hours at night, one or two daytime naps
Toddler may display temper tantrums (one to three years) or show resentment of new baby
Toddler may do opposite of what they are told (18 months)

2 TO 3 YEARS

Motor Ability: Jumps off a step, rides a tricycle, uses crayons, builds a nine to ten cube tower
Language: Starts to use short sentences, controls and explores the world with language, stuttering may appear briefly
Child May Be: Afraid of separation, and negativistic (two-and-a-half years)
Child May Show: Violent emotions, anger, different facial expressions of anger, sorrow and joy, a sense of humor (plays tricks)
Child May: Talk, use "I" "me" "you" or copy parents' actions, demonstrate dependence, be possessive about toys, enjoy playing alongside another child, resist parental demands or give orders, have rigid insistence on sameness of routine, struggle to make decisions

3 TO 4 YEARS

Motor Ability: Stands on one leg, jumps up and down, draws a circle and a cross (four years), self-sufficient in many routines of home life
Child May Demonstrate: Affection toward parents, pleasure in genital manipulation, romantic attachment to parent of opposite sex, jealousy of same-sex parent, imaginary fears of dark, injury, etc. (three to five years)
Child May: Like to share, uses "we", cooperative play with other children, imitate parents, begin identifying with same sex parent, demonstrate curiosity & interest in other children's bodies, have imaginary friend

4 TO 5 YEARS

Motor Ability: Mature motor control, skips, broad jumps, dresses themselves, copies a square and a triangle
Language: Talks clearly, uses adult speech sounds, has mastered basic grammar, relates a story, knows over 2,000 words (five years)
Child May Feel: Responsibility and guilt, pride in accomplishment
Child May: Prefer to play with other children, become competitive

AGE-APPROPRIATE TOYS

At each stage of development, children's level of play evolves, and certain types of toys may be beneficial for promoting brain and fine and gross motor skills. There are many resources available to share with parents and caregivers regarding play and age-appropriate toys, and care should be taken to help parents find resources that are compatible with their culture and customs. Additional resources for recommendations on developmentally appropriate toys can be found at:

- ZERO to THREE (www.zerotothree.org)
- The American Academy of Pediatrics (www.aap.org)

SCHOOL READINESS

There is no one way to guarantee that a child will be ready for kindergarten. However, the Texas Education Agency[22] has multiple resources (in English and Spanish) to help parents engage in their child's early learning and assess whether they think their child is ready for kindergarten. While there are professionals who can assess a child's school readiness, parent engagement in a child's school readiness is an important part of parenting. CASA volunteers can help parents develop confidence in engaging in their child's education. Valuable aspects for parents to consider when they are assessing if their child is ready for kindergarten include:

- Health and physical well-being: include physical activity such as running, jumping, climbing, bathroom and self-help skills and the importance of regular medical and dental check-ups.
- Social and emotional preparation: ability to spend short time away from parents, importance of curiosity, learning to stay on task, learning self-control.
- General knowledge: counting games, shapes and colors, identifying alphabet letters and symbols.
- Reading readiness: importance of reading to children, encouraging "writing", visits to library.
- Math readiness: puzzles, calendars, counting.

It is helpful for parents to understand that sharing concerns or questions about school readiness with their caseworker or medical team is strongly encouraged.

HABITUAL PATTERNS FOR A HEALTHY LIFESTYLE

Health and wellness habits begin at birth. Providing access to resources around health and wellness for parents can help them make informed decisions around:

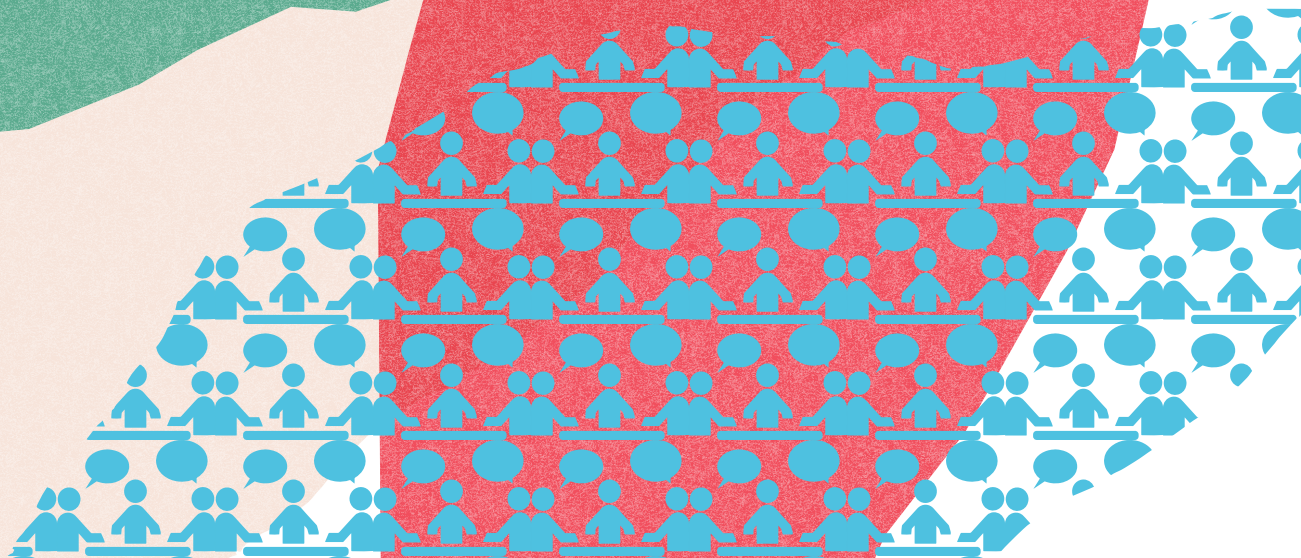
- Sleep patterns
- Screen time
- Exercise
- Nutrition

Again, this information is a guide and parents may have specific cultural practices and points of view on all of these topics. If the parent has specific questions about the child's health and nutrition, they are encouraged to discuss them with the child's caregiver, caseworker and medical provider.

[22] Texas Education Agency (TEA). (2013). *Family resources. Early childhood education.* https://tea.texas.gov/academics/early-childhood-education/family-resources

ADVOCATING THROUGH THE 4CS OF CFE

CONVENE



The Third C of CFE – *Convene* – is the use of family meetings to provide a safe place for families of young children to meet, re-engage, heal and build their lifetime networks. Within *Convene*, the goal is for families to learn how to use their network to address any identified needs and concerns that may arise both during or after their involvement with the foster care system.

Family meetings are the heart of the CFE approach, as this is where the real work happens – when the family, fictive kin and CFE Team come together. These meetings support everyone to work collaboratively to meet the child's immediate needs while they are in foster care. They also support everyone in planning and preparing for permanency and progressively engaging family and fictive kin connections into that process. Every family meeting is an opportunity to identify who is in the child and family's network and work towards building and strengthening that network. While not ideal or the best practice, family meetings can be held without parents' involvement, if needed, with the focus of the meeting being on the child.

Discussion of the child's network ideally starts at the earliest possible point of working with the family. Infants and children, regardless of their age, can and should have networks around them - networks of people with whom the infants will form trusting connections with for years to come. The network can also be formed and strengthened to support the parent as the parent cares for the child, when and if reunification occurs.

OVERVIEW OF CFE FAMILY MEETINGS

CFE Family Meetings provide an avenue for engagement, connection and planning. This is where the real casework happens and the time investment of attending the family meeting may save hours of case or advocacy work later. As infants and toddlers often cannot speak for themselves, it is important to ensure parents, family and professionals all work together to share information and concerns.

- A family meeting provides an opportunity for the network to come together with child protection professionals to share and learn information, often for the first time. Such gatherings foster engagement, build trust and elicit support among all who are or desire to be involved in supporting the child or family.
- Family meetings provide the opportunity and space for the family to come together to heal and process the events that have brought DFPS/SSCC and CASA involvement. For this littlest population, it is critical that their family is engaged and invited to the meetings.
- The first family meeting, often done in conjunction with the Family Group Conference (FGC), is meant for sharing information, developing a Biggest Unmet Needs Statement for the child and preparing the family to consider what role they can play moving forward. It is key to work with parents to help them create an invite list for this meeting.
- The second family meeting, often done with the fifth-month permanency conference, looks at ideas from the family to support the identified needs of the child and family. Parents are welcomed to share how their visits are going with their small child and if they need any support from their network.
- Finally, the third family meeting secures a commitment from family and fictive kin to be a part of a lifetime network and moves them to action in meeting the needs identified in previous meetings.

PRINCIPLES OF EFFECTIVE FAMILY MEETINGS

Family meetings are not a new practice within child welfare, and many lessons have been learned about what makes a meeting effective or ineffective. Through the CFE process, the principles of being family-centered, collaborative and trauma-informed are important aspects of every family meeting.

FAMILY-CENTERED

A family meeting is family-centered when it:

- ☑ Invites the family's network to the meeting to help create a supportive environment in which families can discuss their needs and worries.
- ☑ Recognizes that families possess the information needed to make well-informed decisions and have the ability and responsibility to plan for their children's security and sense of belonging.
- ☑ Respects families and children and, based on the child and family's strengths and resources, helps them decide what services are required to meet the needs of the children and ensure their safety.
- ☑ Emphasizes the family's responsibility and right to care for and provide a sense of identity for their children.
- ☑ Encourages the family and their network to answer questions first and is strengths-based as much as possible.
- ☑ Recognizes that each family has their own unique culture and customs which the child needs and has a right to maintain while in out-of-home care.
- ☑ Avoids using professional terms that families may not understand readily; or if professional terms must be used, an explanation is given.

COLLABORATIVE DECISION-MAKING

Collaborative decision-making in a family meeting means:

- ☑ Emphasizes developing a partnership between families, DFPS/SSCC, CASA, and other departments and agencies that serve them, so that service planning and decision-making becomes a more collaborative process.
- ☑ Encourages families of infants and young children to connect with the resources available in their communities and provides a means for communities to support families.
- ☑ Invites the family's network to meetings with parents' involvement; supports their participation.
- ☑ Focuses on the future, not the past. Meetings should also be solution-focused, not blame-focused.

TRUST BASED AND TRAUMA INFORMED

Trust based and trauma informed practice in family meetings:

- ☑ Provides a transparent meeting agenda with headings so the family (and all attendees) can see in advance what will be discussed.
- ☑ Writes notes on flip chart paper or are projected onto a screen so all can see what is being recorded. If not possible, notes should be provided to the family after the meeting.
- ☑ Creates a holistic setting for the meeting, with chairs in a circle or semicircle with no tables. If not possible, care should be taken to intermix seating between professionals and the family/support network members.
- ☑ Shares both positive and negative feedback in a fact-based way; this helps the family receive the information in a meaningful way.
- ☑ Provides families with some alone time during the meeting, without professionals present, to process information shared as needed.
- ☑ Maintains confidentiality of information that is shared in the meeting.
- ☑ Provides snacks and water during the meeting to meet basic needs.
- ☑ Provides regulation tools such as fidgets, coloring, tissues, stuffed animals, etc. in the room for any and all participants to utilize.

INVITING FAMILY MEMBERS/SUPPORT

At all times, parents need to be aware of any family members or support people who are going to be approached for involvement. This helps ensure the integrity and transparency of the process. It is also beneficial to encourage a relative or fictive kin caregiver to bring their own support network to the family meeting. As much advance notice as possible should be given to invitees to support them to take time off work or make other arrangements as needed, such as transportation or childcare.

The CFE Team should decide together who will be contacted, how and by whom. It's important to always communicate and involve the entire CFE Team in the decision about whom to reach out to, once family and fictive kin have been located. There are many factors that need to be taken into consideration before attempting contact, and some members of the team may be aware of information that others are not. If the CFE Team identifies a need to search for and find kin or fictive kin to be invited to the family meeting, there are many searching tools available. Please see the CFE Manual for more information.

The CFE Team, along with the family meeting facilitator, can follow up with invitees to confirm the date, time and location of the meeting. The purpose of the meeting can again be stated, along with the importance of attending. Always err on the side of caution and do not share information about the child or family if confidentiality is in question. See "Confidentiality" on page 56. For permanency planning meetings, the parents and foster parents/caregiver are required to receive at least two weeks' notice. Sample scripts for both telephone and written messages have been provided in the CFE Manual.

After each meeting, an action plan or a "to be done before next meeting" list will have been created. The role of the CFE Team is to share in these responsibilities, when appropriate, and to help support the family and network members to adhere to the commitments they made in the meeting. The team can work with family and the network to help them overcome any obstacles to fulfilling those commitments. If commitments are not being met, this should be discussed at the next family meeting.

The CASA volunteer is a vital member of the CFE Team and their attendance and participation in any family meetings is encouraged.

Items that are important to be discussed during family meetings for young children:

- ☑ Visits with parents, time with other relations, network members or connections.
- ☑ **Barriers that are preventing children from returning home and how to remove them.**
- ☑ Possible solutions to keep the child safely with their caregivers, for example having a known trusted adult move into the house to remove the danger.
- ☑ Medical concerns and treatment plans.
- ☑ Developmental screenings needed.
- ☑ Educational concerns, assessments, assessment findings and indicated services needed.
- ☑ Caregiver needs and resources available.
- ☑ Calendar of connections for the network.
- ☑ Permanency planning.

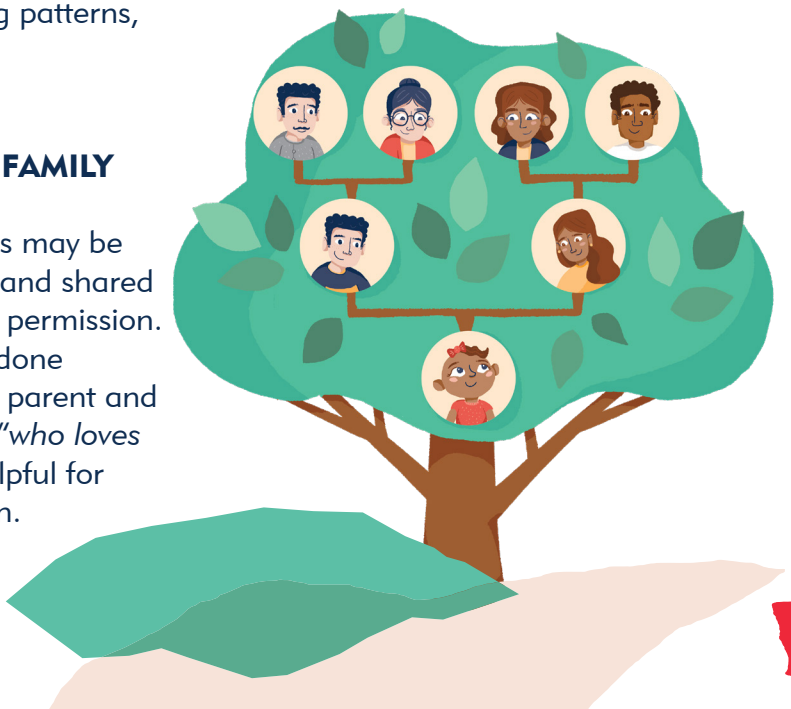
BRINGING THE CHILD'S VOICE INTO THE MEETING

Inviting the infant or child to attend the family meeting can provide an opportunity for both the parent to be in a parenting role and for the adults in the family's network to connect with the child. This creates a powerful encounter for the child, enabling the child to see people they know and love, together in a room (or virtually), planning and caring for them. This models the need for collaboration and teamwork for the child as well as a sense of family and community. However, if it is not age or developmentally appropriate, or if it's believed that there may be conflict in the meeting, it may be best for the young child to not attend. Decisions about the child's attendance should be discussed with the parent(s) and the CFE Team. If the child is not there, a photo of them may be shared, if appropriate and approved.

Bringing the child's voice into the family meeting can be a challenge, partly because this young population may not have the ability to communicate for themselves. If children are at least four years of age, it is possible to complete one of the CFE Tools outlined in Chapter Three: *Cultivate* and to share the child's voice via this tool. For younger children, those that spend the most time with them can share information that will be valuable to the network. Such information may include how the child is doing at daycare or preschool, information from doctor visits, sleeping and eating patterns, and crying and happiness behaviors.

TOOLS THAT CAN BE SHARED IN FAMILY MEETINGS

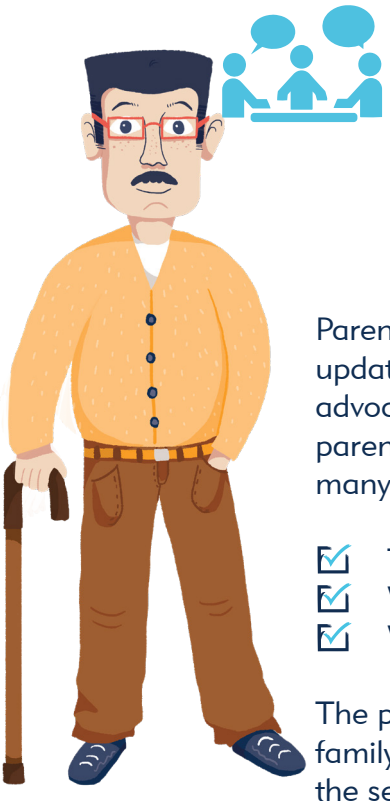
Genograms and Connectedness Maps may be completed with a parent beforehand and shared during the meeting, with the parent's permission. Sometimes a Connectedness Map is done during the meeting, during which the parent and other attendees answer the question *"who loves the child and family?"* This can be helpful for planning for support purposes later on.



A Biggest Unmet Needs Statement is a sentence which is developed in the first CFE family meeting and provides the foundation for the work of future meetings. This statement will guide the parents, the CFE Team and the network in determining the planning and activities needed to best support the child. The purpose of the Biggest Unmet Needs Statement is to gather information from all involved about what is missing from the child's life and then work to meet those needs as quickly and as thoroughly as possible. The statement can be written to include the needs of the family unit as a whole, particularly when the plan is for the infant or child to be reunified with their parent(s).

ROLES IN THE MEETING

Everyone has a valuable role to play during the family meeting. Because children ages zero to five are more vulnerable, gathering information from many different perspectives about how the child is doing and sharing that information is critical to the future success of the family. Successes and concerns are discussed and action plans are made to address the concerns. The importance and frequency of visits should always be discussed during the meeting. Developmental screenings, assessments or any other services that the child or parents need can also be discussed during the meeting.



PARENTS: It is essential for parents, if possible, to attend all CFE family meetings, and this can be supported by the CASA volunteer advocating for meetings to be scheduled at a time that works for the parent's schedules. Remember that parents involved with CPS often have to attend multiple appointments, especially court or court ordered services, while maintaining their job, visiting the children, etc.

Parents attend family meetings to hear, discuss and work through case updates and plans, share information, connect with their team and advocate for themselves and their children. This is easier for some parents than others, and it is a difficult and intimidating process for many. Parents should be seen and respected as the expert on:

- ☑ Themselves, their family and their child.
- ☑ What they most need to be successful.
- ☑ What they feel is in the best interest of their child.

The parent's hopes and dreams for themselves, their child and their family need to be at the forefront of any meeting. Discussion of how the service plan is going, the parent's successes and challenges, and what they need from their network can also be discussed. Providing parents the opportunity to share how parent-child visits are going with professionals is helpful, and the team can help by ensuring the focus is always on the positives and strengths seen in the parent-child relationship. Parents also need to be encouraged to ask for help when/if they need it, and helping parents identify what they need from their network is vital for a successful reunification.

If parents are unable to be at a meeting in person, possibly due to work, illness, incarceration or hospitalization, providing an opportunity to attend virtually is critical. If that is also not

possible, the parent may be offered the opportunity to record a voice message or write a letter that could be shared.

NETWORK MEMBERS: It is beneficial that the network share information and concerns during the meeting as well. Early relationships for the child are so fundamental, and keeping the network connected to the child, as appropriate, may need to be discussed. For example, can a grandmother visit a baby in the hospital, especially if she has been the primary caregiver previously? If a parent is not going to be able to permanently care for the child in the future, the network can start alternative permanency planning. Alternative plans which can maintain a safe, healthy relationship with the child and their parent, should be the priority. Caregivers, especially when the child is medically fragile, may also need support and help and the network can be called upon to step in for this.

For example, the network may be called upon to provide back up plans for respite, primary caregiving, supporting parents and any other identified needs. It is important to address these needs during the planning process as a caregiver's ability to meet the child's needs is a central part in the likelihood the permanency plan will be approved and sustainable.

CASA VOLUNTEER: The CASA volunteer's role is to share information that you have learned through collaboration or CFE Tools. It is paramount to always be objective, fair and fact-based. CASA volunteers need to be transparent with parents, family and network members about the information and concerns they may have. It is helpful to prepare for the meeting and discuss with the CASA supervisor what is appropriate to share in the meeting, getting permissions as needed, and ensuring that confidentiality is not violated. See "Confidentiality" on the next page.

CPS/SSCC CASEWORKER: CPS/SSCC caseworkers also have an important role in the family meeting. The worker needs to be transparent about the progress of the service plan and permanency plan goals, what they as caseworkers need from parents, and what successes and challenges they are observing. In the meeting, the worker can approve any requests for additional visits with parents, relatives or any other important network member. They can address any needs the caregivers have and order any additional services or screenings. Ideally, a team meeting with the professionals can be held prior to the family meeting so that the worker is prepared for any issues or concerns they will need to address in the meeting. Frequent, ongoing communication with the caseworker is an indispensable part of preparing for CFE family meetings as well, and this frequent communication is critical to maintain in case the caseworker does not have time to meet prior to the CFE family meeting.

OTHER PROFESSIONALS: With infants and children up to age five being so vulnerable, other professionals like doctors, therapists and educators may need to be invited to the meeting. They can offer their perspective based on their respective field of expertise. They can discuss what developmental screenings or assessments they feel are needed. It is critical that professionals are a part of any planning process to help create an action plan that will support the child and help parents/caregivers understand what resources are available and what short and long term needs the child may have.

CONFIDENTIALITY

As a guide, CPS/SSCC approves sharing information with families and fictive kin as it relates to the best interest of the child, if the child is in the conservatorship of the DFPS. This means sharing information as it applies to the child, but not sharing the parents' information regarding services, reason for removal, etc. The overall strategy is to try and gather as much information as you can, and refrain from sharing more information than is necessary. The DFPS CASA statewide MOU provides additional direction on what can and cannot be shared and should be referred to.

Some general best practices when addressing confidentiality:

- ☑ Always check with your supervisor and your program/organization's confidentiality practices before proceeding, use their consent and confidentiality forms, and have these conversations with the CFE Team.
- ☑ For family meetings, avoid sharing personal information about people not in attendance to other meeting attendees. Sign consent forms before family meetings (a sample consent form that can be modified is provided in the CFE Manual).
- ☑ If in doubt about what you can share, don't share information until you've checked with your supervisor.


ADVOCATING
THROUGH THE
4CS OF CFE
CONNECT

The Fourth C of CFE, *Connect*, is focused on solidifying and strengthening connections for the young child, and their parents, all to promote healing the harm of adverse childhood experiences. When a child experiences adversity or ACEs, part of the harm comes from the relationships involved in the trauma. The science of early adversity's impact across the lifespan has shown that people, including children, heal best through safe, warm, consistent and positive relationships. Put loosely into other words, when describing the healing process for children in the foster care system, Karyn Purvis put it this way: "relationships have hurt them, and relationships will heal them."

Let's first explore how children heal from early trauma, and then how CFE is an indispensable part of helping any child heal from adverse experiences during and after their time in the foster care system.

STRENGTHENING THE CHILD AND PARENT CONNECTION - IMPORTANCE OF EARLY RELATIONSHIPS

As demonstrated in Chapter One under the Attachment Cycle, we know that in an ideal situation, caregivers meet their infants' needs warmly and consistently. This repeated cycle of the infant expressing a need and the caregiver warmly and consistently meeting that need creates five important capacities or abilities -

1. Trust that a safe adult will meet needs.
2. Self-worth, or a feeling worthy of love and care due to the care they receive from their parent.
3. Self-efficacy, or the belief in their own power - that they have the power to effect change in their own life and that they have a powerful voice which is heard by their caregiver.
4. A strong mental health foundation, due to a balance of brain chemistry created from stress chemicals being relieved by calming chemicals.
5. A strong behavioral regulation foundation, due to the fight-flight-freeze response being activated and then deactivated by being calmed down.

This process of meeting the child's needs warmly, consistently and repeatedly can take a long time to help the child leave a state of chronic distress, but **it is never too early or too late to start.**

Parents and caregivers can work on hearing their child's voice and meeting their needs at any point, and as a CASA volunteer, you can support them in their efforts to do this. Remember that the child's parent or permanent caregiver is the key person involved to help the child return to a healthy attachment cycle and develop the five capacities of trust, self-esteem, self-efficacy, mental health and behavioral regulation.

As part of advocacy for children ages zero to five, every time the CASA volunteer meets with parents and the child, it is viewed as an opportunity to strengthen this attachment. Visits provide the best opportunity for volunteers to observe the parent-child interaction, to help parents become more confident in their ability to identify, warmly respond to and meet their child's needs, and to advocate for resources to help the parents establish a strong connection

with their child. Many of the resources utilize interventions and skills based on Trust Based Relational Intervention®[23].

TBRI® organizes its approach into Connecting, Empowering and Correcting Principles, each of which includes valuable information for CASA volunteers, parents, caregivers, and lifetime network members to remember when they are working with children who experienced early adversity.

CONNECTING PRINCIPLES

TBRI® Connecting Principles are focused on addressing attachment needs through strategies designed to increase caregiver mindfulness of their own trauma histories and that of their child. These principles also work to improve caregivers' skills in engaging with their children in a way to help children feel safe.

More specifically, *Mindfulness Strategies* to help parents and caregivers:

- ☑ Be aware and mindful, in each passing moment, of
  - o How their child's trauma history affects their behaviors and
  - o How the parent's trauma history affects their behaviors and their relationship with their child.

To disarm children's fight-flight-freeze or fear response, *Engagement Strategies* help parents and caregivers:

- ☑ Assess the messages their child is sending about how safe the child feels and
- ☑ Adjust the parent's body language, voice and overall approach to help their child feel safe with them.

EMPOWERING PRINCIPLES

TBRI® Empowering Principles are designed to help caregivers create a supportive environment for children by focusing on children's physiological and ecological needs, including:

- ☑ *Physiological Strategies* which help parents care for the child's physical needs like ensuring the child receives adequate sleep, drinks enough water, eats every two hours to prevent the child from feeling too hungry, and receives needed supports for any sensory processing issues.
- ☑ *Ecological Strategies* which help parents create a supportive, structured environment to help the child know what to expect and to feel safe, including establishing routines and daily rituals, giving the child advanced notice for transitions, and other environmental supports.

[23] Karyn Purvis Institute of Child Development. (2023). *Trust-Based Relational Intervention®*. See https://child.tcu.edu/about-us/tbri/ https://child.tcu.edu/about-us/tbri/

TBRI® Correcting Principles create frameworks for caregivers to provide structure and discipline children in ways that maximize the child's capacity to learn, practice appropriate behavior and minimize the risk of activating the child's fight-flight-freeze response. Strategies under Correcting Principles include:

- ☑ *Proactive Strategies* which help parents understand and regulate theirs and their child's emotions, positive reinforcement strategies, TBRI® Life Value Terms, and scripts to practice these proactive strategies.
- ☑ *Responsible Strategies* which help parents respond to their child's challenging behaviors in trauma-informed ways, specifically by trying to avoid activating their child's fight-flight-freeze response or accidentally causing the child to become more dysregulated. Techniques created and used by TBRI® include:
  - o IDEAL Response©
  - o Levels of Response™

TBRI® resources available on the Texas CASA website can help educate the CASA volunteer further on the role of trauma and attachment. The resources that share information about trauma and young children, and that can be shared with parents and caregivers include:

- ☑ Trust-Based Relational Intervention®(TBRI®): Life Value Terms
- ☑ Trust-Based Relational Intervention® Principles, Strategies, & Practices
- ☑ Trauma Screening Checklist (Ages zero to five)
- ☑ The IDEAL Response©
- ☑ Trauma Informed Visitation Timeline
- ☑ Nature Based Mindfulness

While TBRI® is based on years of attachment, sensory processing and neuroscience research, the heartbeat of TBRI® is **connection and the relationship children have with their parents and caregivers, which is what makes TBRI® and CFE such a complementary practice approach when advocating for infants and young children.**

Next in the journey of healing through connections, let's revisit the importance of family meetings.

CONNECTING THROUGH FAMILY MEETINGS

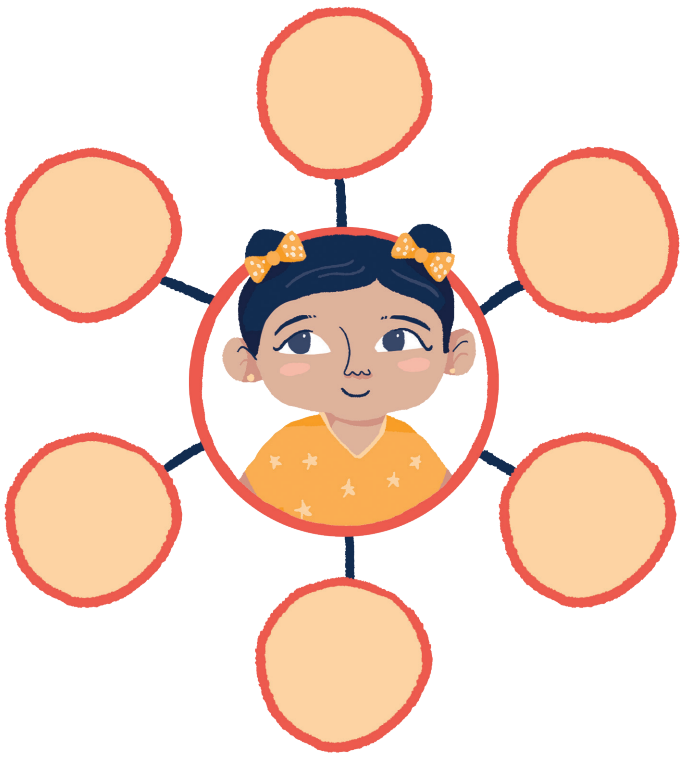
The best opportunity for meeting the lifetime network is at family meetings, as was outlined in Chapter Four: *Convene*. Family meetings give the CFE Team an opportunity to engage the network to support the child and family and start the healing process. Identifying, cultivating and engaging the network are key aspects, as discussed on page 50.

Resmaa Menakem[24] in "My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts", discusses how, in America today, healing is often viewed as a

[24] Menakem, R. (2017). *My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies*. Central Recovery Press: Las Vegas, NV.

binary: meaning either we are *broken* or *healed*. In contrast, Menakem argues that healing and growth take place on a continuum, with numerous points along the way between utter brokenness and total health. This understanding of healing as a continuum is important to remember in your advocacy, as your involvement with the child is time limited, and hopefully, only a short fraction of the lifetime the child has ahead. Lifetime networks for families of young children provide a safe and supportive place where families and children can take the journey to total health.

A CASA volunteer's advocacy focuses on the lifetime network as both a central component of well-being and permanency for children and families and as a guiding component in directing advocacy activities and court recommendations. **CASA programs and volunteers also can become a facilitator and champion of family and connections, a convener of the network and a catalyst for meeting the best interest of the child and supporting the healing of that child and their family.**



HEALING VIA THE LIFETIME NETWORK

Lifetime networks have many benefits. Here are some ways they can benefit infants and young children who are in foster care, as well as their parents:

- The single most healing and protective experience that can be offered to the child is that of safe, permanent, meaningful, persistent and active care and support by a committed community of parents, adults, siblings and friends.
- No medication or therapy can fully treat the absence of these relationships.
- The key relationship to foster a strong connection is the parent-child relationship.
- When a child and family are connected into meaningful and supportive relationships, there will be more clarity about the child and family's therapeutic, medical and educational needs.
- Network members explore and monitor with the CASA volunteer and CPS/SSCC caseworker any community resources, services and supports that may be offered.
- Lifetime network members will be there to support the family long after the case has closed to ensure that the child does not come back into the foster care system.
- Children and families involved in the foster care system must be supported in a context of warm and safe relationships of affection. These relationships are critical to protecting childhood development and health.

VISITS

As outlined in Chapter Three: *Cultivate*, visits are a large part of zero to five advocacy and best practices. As a CASA volunteer, there is much information to learn and share during visits with children and families. Visits provide opportunities for CASA volunteers to model connecting behaviors between the parent and child through items in the visit bag, books, connect cards, sensory items and other engaging activities. Remember that parent-child visits are designed to provide a time to bond and to promote healing within the family. The visitation timeline is set up to reduce stress and help with this healing process.

When the volunteer is sharing information about development, how to handle a crying baby, and modeling positive play interaction between parent and child, the parent gains confidence and can start to feel empowered to care for their child. The following information is helpful to share with parents during the visits to help them connect with their child and as they work toward reunification. This information may be modeled and shared with parents during parent-child visitation along with other resources discussed in Chapter Three. However, information on crying children and how parents can cope with frustrations can be especially valuable to share with parents as children are returned home.

THE IMPACT OF A CRYING CHILD

A crying baby can be a frustrating experience for any parent, but especially those who might be dealing with their own trauma. Understanding how to cope with and soothe a crying baby is critical for all parents.

INFORMATION ABOUT CRYING

It is important for CASA volunteers, caregivers and parents to understand how and why infants cry, including that:

- ☑ The amount of crying increases and peaks between two to three months and begins to decrease between four to five months of age.
- ☑ Crying can start and stop for no apparent reason at all.
- ☑ Crying infants look like they are in pain.

- ☑ Crying can go on for long periods of time.
- ☑ Crying often increases in late afternoon and evening.

PRINCIPLES OF SOOTHING

An infant crying can be difficult for any parent or caregiver to cope with, and the following points about soothing are important to remember:

- ☑ Soothing works some of the time, but nothing works all of the time.
- ☑ Parents can help prevent an infant from crying by soothing children even when they are not crying, such as when the infant starts to display signs that they are restless, bored, uncomfortable or when the infant is likely starting to get hungry based on their feeding schedule.
- ☑ Overall, soothing can work preventatively if the soothing activities are applied when the infant is not crying rather than just in response to the crying.

COMMON FEATURES OF SOOTHING

- ☑ Position
- ☑ Repeating
- ☑ Rhythms
- ☑ White noise
- ☑ Closeness
- ☑ Sensations

WELL-TRIED METHODS OF SOOTHING

- ☑ Singing
- ☑ Baths
- ☑ Carrying in a sling
- ☑ Skin to skin contact
- ☑ Eye contact
- ☑ Car/stroller rides; movement
- ☑ Breast or bottle feeding
- ☑ Pacifier

METHODS TO AVOID FOR SOOTHING

- ☑ Putting baby on a washer/dryer when running
- ☑ Placing baby near a hair dryer that is running
- ☑ Shaking the baby

Please see the American Academy of Pediatrics' resources for more information on how to respond to crying babies: **https://www.healthychildren.org/English/ages-stages/baby/crying-colic/Pages/Responding-to-Your-Babys-Cries.aspx**.

SAFE SLEEP PRACTICES

Evening and bedtime hours can be a particularly stressful time for families with young children. It may be difficult for parents or caregivers to put infants and young children to bed, especially if they are adjusting to their return home or to a new routine, bed, people or placement. Due to the stress of trying to put children to bed and the fatigue parents and caregivers may feel from their own lack of sleep, safe sleep practices are critical to keep everyone safe and minimize stress associated with bedtime.

The American Academy of Pediatrics[25] has specific guidelines to ensure infants and young children sleep safely at night, which include:

- ☑ **"Back is best" for "back to sleep"** - parents and caregivers should put their infants on their backs to go to sleep, including nightly sleep and all naps
  - o If babies can roll from back to tummy and vice versa, parents and caregivers do not need to worry about putting the baby back on their back. However, ensure there is nothing in the bed that could obstruct their breathing like stuffed animals, bumpers, blankets, sheets, etc.
- ☑ **Bed is boring** - ensure the infant's bed is a firm, flat surface, and there are no loose items like blankets, stuffed animals, crib bumpers, etc.
  - o Only use products which are marketed for sleep, like a pack-n-play or crib. Products which are not marketed as a bed for an infant (e.g., a boppy or swing) should not be used for the infant to sleep in.
- ☑ **Keep it chill** - parents and caregivers should be careful not to overheat infants and young children. Infants can sleep in whatever layer of clothing they could comfortably be in during waking hours. Avoid hats indoors, check the infant for signs of overheating (sweating, flushed skin), and if the parent is worried about the baby being too cold, they can add a layer of clothing that is well fitting (not loose).
- ☑ **Babies get their own bed** - parents and caregivers should never sleep with their babies and should avoid situations where they may fall asleep with their infants. If parents are sleep deprived, they may need to call someone to care for the baby while they catch up on sleep.

[25] Healthy Children. (2022, July 14). *How to keep your sleeping baby safe: AAP policy explained.* https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx

This is an opportunity for parents to reach out to their lifetime network and ask for support to allow the parent to sleep while another approved adult watches the baby.

- ☑ **Share a room, not a bed** - sharing a room with an infant is shown to decrease the risk of Sudden Infant Death Syndrome (SIDS), possibly because the noise of snoring, turning over in the night, etc. can prevent infants from falling too deeply asleep.

Other ways to help prevent SIDS is to:

- ☑ Give the baby a pacifier at bedtime and naptime.
- ☑ Avoid exposing the infant to smoking or nicotine.
- ☑ Ensure the child attends all of their doctors' appointments.
- ☑ Try tummy time every day, always when the baby is awake.

Safe sleeping habits is an important topic, and one that there may not be consensus on. Sleep is a very personal, interpersonal and entirely human need that may differ by family, household, community and culture. CASA volunteers can do their best to share safe sleep recommendations, while also being curious about the parent's own wishes and practices for their child's sleep routine. Caseworkers may also review safe sleep requirements with placements and parents, and licensed placements will have their own specific safe sleep requirements. Further, doctors may prescribe additional requirements based on a child's health or developmental needs.

Please consult your CASA supervisor if you have any questions about safe sleep practices, and please see DFPS's Room Sharing page for more information at **https://www.dfps.texas.gov/Prevention_and_Early_Intervention/Room_Sharing/default.asp**.

TIPS FOR PARENTS TO DEAL WITH FRUSTRATION

Everyone gets frustrated sometimes, and parenting a young child, with the added stress of CPS involvement is a difficult time. CASA volunteers can reiterate the need for a network for the parent, reminding them that everyone needs their team around them. Talk to the parent about what strategies they currently have or would like to have in place, to help them when they are feeling frustrated. Self-care and being able to recognize when stressed or frustrated and not acting upon this, are helpful skills in parents.

CONNECTING PARENTS TO THEIR NETWORK

As discussed throughout this guidebook, connecting parents to resources and their lifetime support network is a crucial task for the CASA volunteer appointed to an infant or young child. Utilizing connection tools such as the Connectedness Map, Circles of Trust or the Ecomap will help identify those network members whom parents can rely on when challenges occur. Creating a calendar of support and helping network members understand how they can support the parents after the professionals are not involved with the case, will decrease the risk of the child coming back into care in the future. Working with the child's caseworker and other CFE Team members to identify and create a community resource list tailored to the child and their parents will also help ensure that parents have resources to turn to so that their children do not come back into the foster care system.

The use of CFE Tools will help parents identify who are the important people in their network of support, especially:

- ☑ Genogram
- ☑ Circles of Trust
- ☑ Connectedness Map

Those three tools are explained more thoroughly in Chapter Three: *Cultivate*. Two additional tools, Calendars and Tree of Life, are discussed more thoroughly below due to their importance in supporting families in providing safely for the needs of children and supporting parents' own healing once children are returned home.

CALENDARS

The use of calendars is a concrete way to give network members tangible supportive things they can do. Calendars can also hold the family's support network accountable to the child, parents and to the plan that is being agreed upon. The calendar consists of actionable items which keep the child and parents connected (such as visits, phone calls, reading at bedtime). Activities that promote bonding between the infant/child and parents can also be put on the calendar (e.g., a walk in the park, story time at the library).

The calendar is created with the focus on parent/child interaction at the forefront, and the network commits to making these things happen. Alternatively, the calendar can be created by the network and shared with the parents for their input and feedback. It is also recommended that network members identify back-up people on the calendar, so that the child and parent are not impacted if a network member is unable to keep their commitment. Overall, the use of calendars is a concrete way to direct people in the family's lifetime network to action and hold them accountable.

The calendar is used to both ensure connections are maintained for the child, and that parents are supported as they work toward reunification. As the case comes to a close, ensuring that actions like babysitting, supportive phone calls and other helpful tasks can be planned out to support the parents after their baby or young children return to their care full time. Calendars can be made on an actual calendar, a phone, a Word document or any other way that works for the parent and their network. Activities on the calendar are best scheduled in six-week increments and are updated as needed.

EXAMPLES OF CALENDARS

CHILD CALENDAR OF CONNECTIONS

SUN	MON	TUES	WED	THURS	FRI	SAT
01	02	03	04	05 Visit w/ mom & dad	06	07 Supervised visit with dad in park
08	09 Grandma video chats	10	11	12 Visit w/ mom & dad	13	14 Mom gives bathtime supervised
15	16 Mom video chats & reads story	17	18	19 Visit w/ mom & dad	20	21 Supervised visit with dad in park
22	23	24 Mom video chats & reads story	25	26 Visit w/ mom & dad	27	28 Mom gives bathtime supervised
29	30	31				

PARENT CALENDAR OF CONNECTIONS

SUN	MON	TUES	WED	THURS	FRI	SAT
01	02	03 Friend Jane drives mom to parenting class	04	05	06	07 Friend Greg drops off a prepared meal
08 Grandpa calls dad	09	10 Friend Jane drives mom to parenting class	11	12 Aunt Sallie calls mom after visit	13	14
15	16 Grandma drives mom to library	17 Friend Jane drives mom to parenting class	18	19 Pastor Brenda meets with mom and dad	20	21 Friend Greg drops off a prepared meal
22	23	24 Friend Jane drives mom to parenting class	25	26	27	28
29	30	31 Friend Jane drives mom to parenting class				

TREE OF LIFE ACTIVITY

The Tree of Life tool was co-developed through a partnership between Ncazelo Ncube and David Denborough.[26] It can be an especially helpful tool to assist parent's in their healing. Specifically, the Tree of Life activity helps parents recognize how far they have come from when their children were removed, what strengths the parent has, and what gifts they are giving their children. Below we discuss the Tree of Life activity more thoroughly. Each part of the tree can be interpreted by the parent or family member however they like, and that is meaningful to them. Some ideas to guide the activity are noted.

THE ROOTS

Write or draw where they come from. This can be their hometown, state, country or other geographic area. They can also write down the culture(s) they grew up with, an organization which shaped their upbringing, their own parents or caregivers, etc.

THE GROUND

Write or draw the things they choose to do on a regular basis. These should not be things parents or family members are forced to do but rather things they choose to do for themselves.

THE TRUNK

Write or draw their skills and values. Many people write their values at the base of the trunk, and as they ascend further up the trunk, they list their skills, indicating a natural progression from roots to values to skills.

THE BRANCHES

Write or draw their hopes, dreams and wishes, both short-term and long-term. These can be personal, communal or general to all people and can be spread around among the various branches.

THE LEAVES

Write the names or draw the people of those who are significant to them in a positive way. Their friends, family, pets, heroes, etc.

THE FRUITS

Write or draw the legacies which have been passed on to them. They can begin by looking at the names or people they wrote/drew on leaves and consider the impact those people had on the parent/caregiver. This can be material, such as belongings which were passed down, but most often this will be attributes such as courage, generosity and kindness.

THE SEEDS

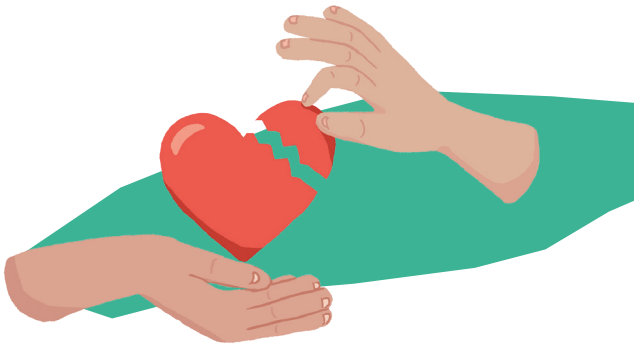
Write or draw the legacies they wish to leave to others.

[26] The Dulwich Centre. (2023, January 17). *The Tree of Life*. The Dulwich Centre. https://dulwichcentre.com.au/the-tree-of-life/

CELEBRATING PERMANENCY

As CASA volunteers, our goal is that every case we serve ends with permanency. When cases end, those involved should have a sense of closure and that the permanent outcome is celebrated. The hope is to reunify children with their parents, but sometimes children find permanency with other family members or in specific circumstances, unrelated families through non-relative adoption.

Taking the time to celebrate or bring closure to the case is important for the child, parent and all members of the CFE Team. Many CASA programs offer different ways to celebrate permanency – for example, some offer tickets to the zoo for the family to attend or other age-appropriate experiences. Talk to your CASA supervisor if you feel this might be something the family would enjoy and appreciate.



CELEBRATING REUNIFICATION

Reunification with parents is a time to celebrate! Parents have worked hard with DFPS, CASA and all the professionals to accomplish their service plan and make the changes they needed to provide a safe, secure, loving home for their child. They have worked with the CFE Team to ensure that the unmet needs of the child have been met. However, sometimes the end of a case is anti-climactic. Court cases may be dismissed without any acknowledgment of the parent's hard work.

A permanency celebration works to change that, with what is called a "Job Well Done". CASA programs might give parents a 'gift' from the CASA volunteer acknowledging their hard work in achieving reunification. To make this gift as meaningful as possible for the parent and their family, ask them what they would like to do as a family and then purchase a gift card or pass to support that activity. Some ideas that have been chosen before include outings to a Children's Museum, Natural Science Museum, Chuck E. Cheese or other memorable activities. Before discussing a gift with the parents or family, discuss with your supervisor your CASA program's policies on gifts for parents for reunification. Regardless of a gift, it is critical to give parents the opportunity to celebrate with their children their success of being reunified and to start creating new memories with their child.

Some other ideas for "A Job Well Done" and to celebrate permanency:

- ☑ Providing a celebratory book like When the Monkeys Run the Zoo, Parenting Pointers 0-6 Years, by Dianne Warren
- ☑ Pizza party in a park
- ☑ Yard signs
- ☑ Hearing celebration on court permanency day
- ☑ A gift of a framed picture of the parents and child

CELEBRATING RELATIVE OR KINSHIP PLACEMENT

Sometimes, infants and young children are unable to return to their parent(s), and instead, they are placed with relatives or fictive kin. These relations have committed to care for children and deserve an acknowledgment of thanks. Ensuring that these family/kinship members also get a "Job Well Done" to recognize their hard work during the lifetime of the case and beyond is important. Follow the reunification outline above for celebratory ideas, and if possible, try to include the child's parent in the celebration.

CELEBRATING ADOPTION

Sometimes, the CPS and court cases do not conclude with a child being reunified or placed with their parent or another family member. Instead, permanency is found through an unrelated adoption. When appropriate, CASA volunteers can advocate for the child to remain connected to their family and fictive kin, after the adoption has been finalized. It is so vital for these children to have a history of their family of origin that follows them into their new families. If a child is adopted, using some of the CFE Tools such as a Genogram, Ecomap or Connectedness Map will help serve as a history for the child to reflect back on in the future. Ask your supervisor about creating a Lifebook of photos and memorabilia of the child's family and their time in foster care.

SAYING GOODBYE

When you work with parents and very young children, your role as a CASA volunteer is very hands on. When the CPS case ends, you, the child, the family and others involved may feel a loss. To continue the healing process, saying goodbye is necessary. Some tips and considerations for saying goodbye to children and families:

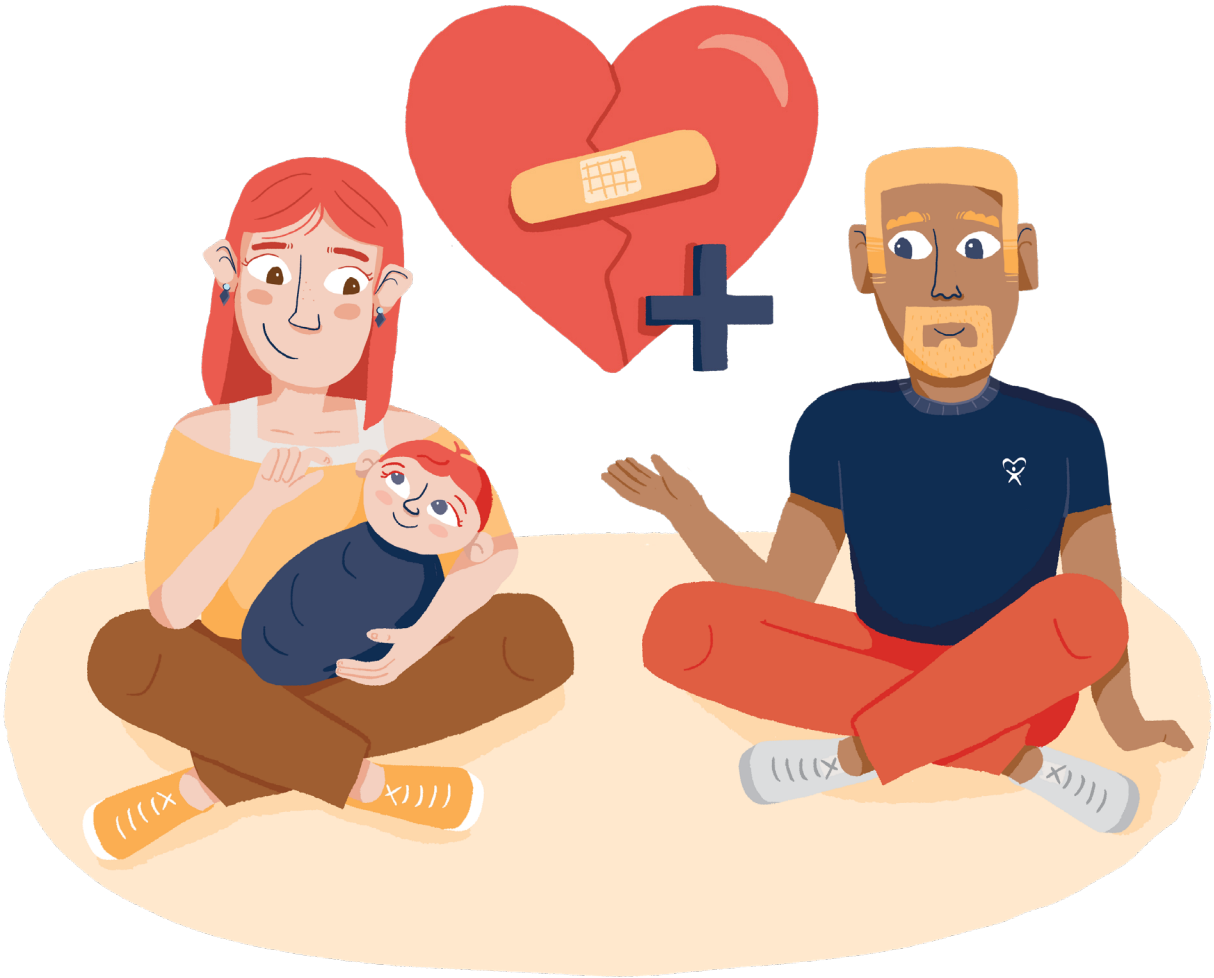
- ☑ Talk about what brought you together.
- ☑ Explain that CASA volunteers' relationships are special and needed at a point in time; they are not intended to be forever or continue after the need for the CASA volunteer has resolved.
- ☑ Discuss goals that have been achieved.
- ☑ Explore how different life is today vs. when you met.
- ☑ Celebrate accomplishments and time spent together.
- ☑ Acknowledge all the relationships that have been built over the time of the case.
- ☑ Prepare to say goodbye to everyone involved including parents, caregivers and professionals. Inform and include the involved adults in your preparation to say goodbye to the child.
- ☑ Recognize and facilitate continuity for connections made, meaning ensure that the child and family are able to continue needed services and stay connected to their support system. Discuss how the child and family can reach out for continued services or connection with their support system after the case ends.
- ☑ Create artifacts for all relationships developed for child.
- ☑ Celebrate your time together.
- ☑ Talk about how you want to end time together.
- ☑ Plan for final meeting.

CONCLUSION

Thank you for taking the time to learn more about how you can best advocate for the infants and young children you are appointed to. CASA volunteers play such an indispensable role in the lives of all children involved in the foster care system, this most vulnerable population needs you.

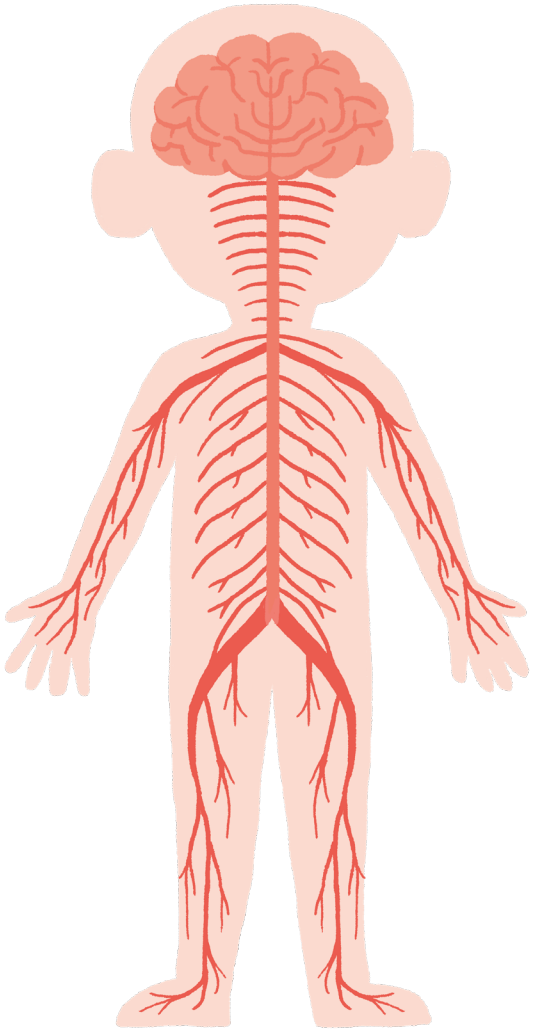
However, most importantly – for the sake of developing and healing their attachment, returning to a healthy developmental trajectory, and preventing the poor outcomes that can be associated with adverse childhood experiences -- infants and young children need their parents most of all. You are a critical part in helping children return to their parents whenever possible, and our hope is that this guide helps make clear that the best way to advocate for young children is by collaborating and building a relationship with their parents.

Thank you for all you do and for your commitment to advocate for the best interests of the youngest children and littlest people we serve.



APPENDIX

THE ATTACHMENT CYCLE



Whenever babies are expressing their needs and in distress, their Downstairs brains activate their fight-flight-freeze response. You have probably felt many indicators of this before: your heart begins to race, your blood pressure rises, your muscles tighten, your face becomes red – you're stressed. This is what happens when an infant cries.

But something amazing happens when the infant's needs are met: whenever the parent responds to the child's cries and meets their needs, the parents help the baby's body calm down. By meeting the baby's needs, the parents turn off or deactivate the baby's fight-flight-freeze response. This helps the baby feel calm, tells the baby's heart that it can slow down and not work as hard, the baby's breathing can return to normal, the baby's muscles can relax, and the baby returns to a calm and peaceful sense of safety.

By repeating this cycle of the baby expressing a need (Fight-Flight-Freese Response Activated) and the parent meeting the need (Fight-Flight-Freeze Response Deactivated), activated then deactivated, activated then deactivated, over and over again every day and for years at a time, the baby's body learns how to regulate itself. After time, the baby's body knows how to calm itself down because its brain was trained to kick in after the Fight-Flight-Freeze response was activated, all because the parents warmly and consistently met the child's needs. In this way, biology and the environment of safety work together to lay the **foundation of self-regulation**, represented by the second circle within the Attachment Cycle.

As discussed with the Upstairs/Downstairs brain, being in fight-flight-freeze also produces high levels of stressful brain chemicals. The same thing happens in the brain when an infant becomes distressed. The Downstairs brain releases special neurotransmitters that increase anxiety and energy, intensifying the baby's heart rate and blood pressure. These neurotransmitters are called **stress chemicals** (e.g., adrenaline, dopamine and many others). These brain chemicals help the child cry out so the parents are alerted to the child's need.

In a safe environment, these stress chemicals do not last long – by the parents responding to the child's cries and meeting the baby's needs, the parents turn down the excitatory, stress chemicals and turn on the child's **calming chemicals** (e.g., oxytocin, serotonin). By repeating this cycle of expressing need (stress chemicals) then meeting the need (calming chemicals), stress chemicals then calm chemicals, stress chemicals then calm chemicals, the child develops a healthy balance of brain chemistry.

Having balanced brain chemistry is a foundation of mental health. For example, having an imbalance of serotonin can result in depression, or having an imbalance of dopamine can result in schizophrenia or Parkinson's Disease.

By developing a balance of stressful and calming brain chemicals, the child develops balanced brain chemistry, giving them the foundation for mental health.

What happens when an infant's needs are not met? In these instances, an infant may struggle to develop the five capacities described above and may instead develop five difficulties, such as:

1. Difficulty trusting that a safe adult will meet their needs.
2. Low self-worth, due to the lack of or inconsistent care they received.
3. A sense of powerlessness, since their voice was not heard when they cried out for help and their voice was powerless to change their distress and situation.
4. An overload of stress chemicals on their brain, making it difficult for the child to sleep, focus, listen, learn and connect with others.
5. An overactive fight-flight-freeze response, where their fight-flight-freeze response may turn on quickly, easily and may not turn off very easily.

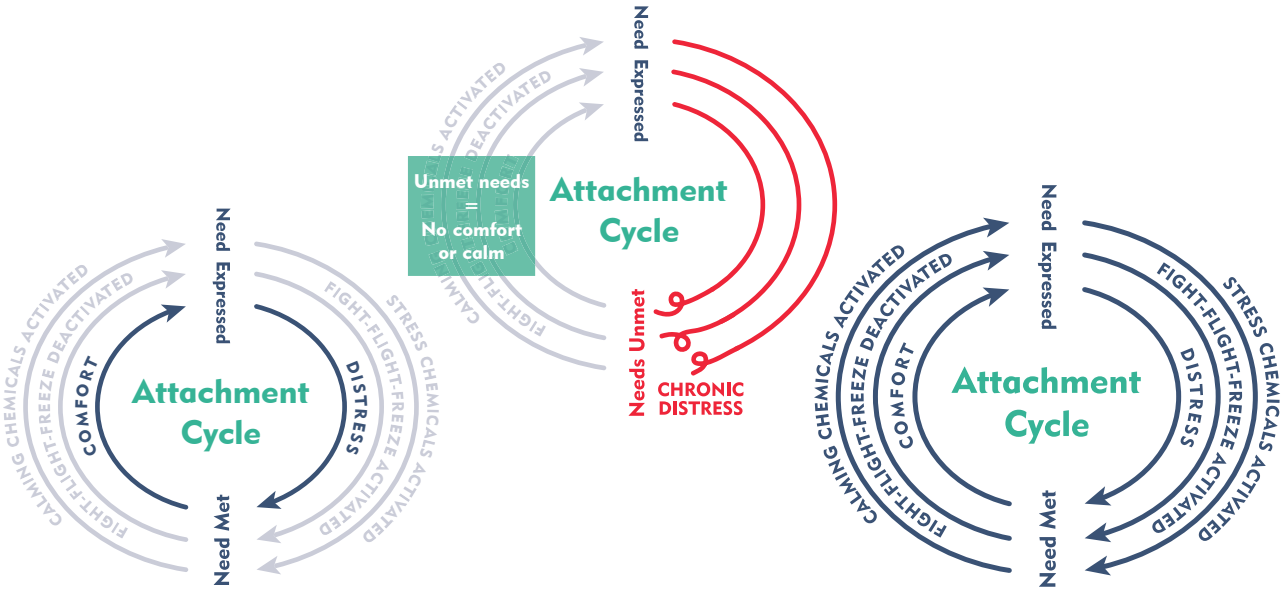
As a result, when children's needs are not met warmly and consistently in the early years, they are in a chronic state of distress and may develop the following behaviors:

- ☑ Low self-esteem
- ☑ Inability to manage impulses and feelings
- ☑ Inability to establish long-term friendships
- ☑ Poor relationships with parents, caregivers and other authority figures
- ☑ Lack of coping skills
- ☑ Lack of trust, intimacy and affection
- ☑ Negative belief systems about self, family and society
- ☑ Lack of empathy, compassion and conscience
- ☑ Behavioral challenges and academic struggles in school

However, as a CASA volunteer, the most important lesson to remember about the attachment cycle is that the distress ends when the caregiver hears the child's voice and meets their needs.

The child's voice must be heard and their needs must be met warmly, consistently and repeatedly to help retrain their brains and bodies to turn on their calming brain chemicals and deactivate the fight-flight-freeze response. Essentially this recalibrates their attachment cycle and helps the child come full circle in completing the distress-calm cycle. By repeatedly having their needs met warmly and consistently, the child's body learns to expect that they can trust their parents/caregivers, feel self-esteem and self-worth, understand the power of their voice, experience fewer stress brain chemicals, and learn to regulate their behaviors and emotions.

Another way of understanding what it means for parents to help recalibrate their child's attachment cycle is through the concept of attachment styles. Many CASA volunteers may have learned about attachment styles in their CASA training. Recalibrating the attachment cycle is related to how people develop an earned secure attachment style.



Attachment theory teaches us that our attachment styles, or the patterns and strategies we learned from our earliest relationships which taught us how to navigate the physical and social world, typically stay the same throughout our lives. However, if someone developed an insecure attachment style, which may be the case for some infants and young children due to the impact of abuse, neglect and removal from their homes, they can still develop a secure attachment style. In this case, we call it *earned secure* because the person may not have had a secure attachment style to start out with.

According to attachment research[27], a securely attached relationship between infant and caregiver is created when the caregiver meets the child's needs warmly and consistently. This securely attached relationship provides a foundation that allows a child to:

- ☑ Learn basic trust and reciprocity, which serves as a template for all future emotional relationships, such as romantic relationships and friendships.
- ☑ Explore the physical and social environment with feelings of safety and security, which leads to healthy cognitive and social development.
- ☑ Develop the ability to self-regulate, which results in effective management of impulses and emotions (i.e., self-control).
- ☑ Create a foundation for the formation of an identity that includes a sense of competency, self-worth and a balance between dependence and autonomy (i.e., caring for others and caring for self).
- ☑ Generate a core belief system that includes positive perceptions of self, caregivers, others and life in general (i.e., positive self-esteem and an optimistic worldview).
- ☑ Provide a defense against stress and trauma, which incorporates resourcefulness and resilience (i.e., successful stress management, recovering from adversity).

[27] Karyn Purvis Institute of Child Development. (2023). *TBRI® Animate – Attachment.* https://child.tcu.edu/tbri-animate-attachment/#sthash.wPhtLXjK.V3UjgVF0.dpbs


TEXASCASA
Court Appointed Special Advocates
FOR CHILDREN