

Healing Hearts, Reuniting Families

Exploring Parental Trauma and Attachment in Foster Care

Dr. Bre-Ann Slay PsyD LP IMH-E®
Licensed Clinical Psychologist
Infant Mental Health Specialist



Reflect to Connect Psychology
with Dr. Slay



MOAIMH-EC

Missouri Association for
INFANT & EARLY CHILDHOOD MENTAL HEALTH

OBJECTIVES

Increase Knowledge of
Infant Mental Health



Understanding of IMH in
Successful Reunification



Understanding of Long
Term Impact of Early
Trauma





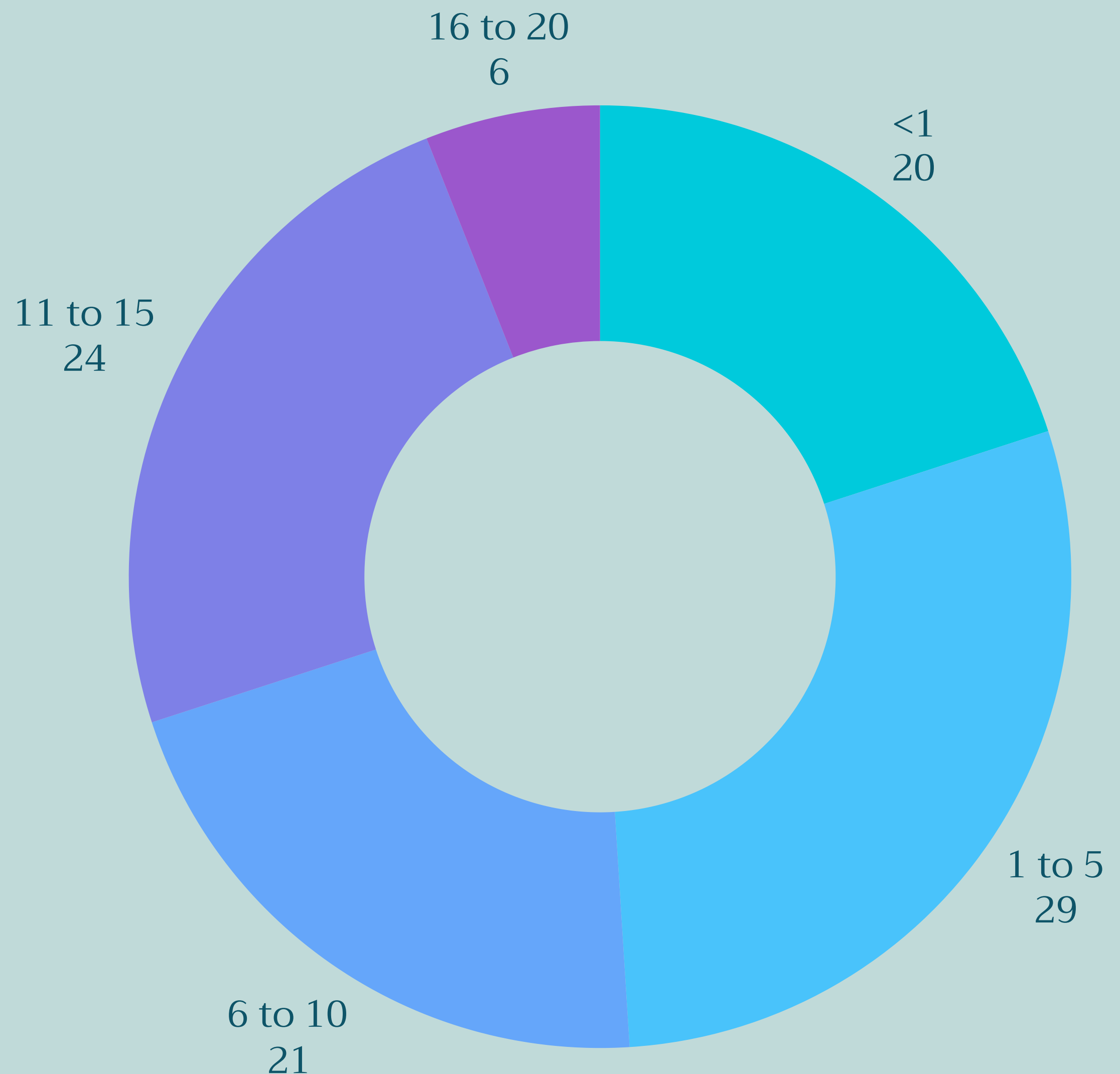
FOSTER CARE

“Foster care is a temporary, court-monitored service provided by States to promote the safety, permanency, and well-being of children and youth.”



7 Minutes

CHILDREN ENTERING FOSTER CARE BY AGE GROUP IN MISSOURI 2021





Infant Mental Health: What is it?

- The developing capacity of the child, birth to 3 years to experience, regulate, and express emotions
- The ability to form close and secure relationships
- The ability to explore the environment and learn



Infant Mental Health (cont'd)

- All occurs within the context of family, community, & cultural expectations for young children
- Focus is on **healthy social and emotional development** rather than psychopathology

Infants and Toddlers

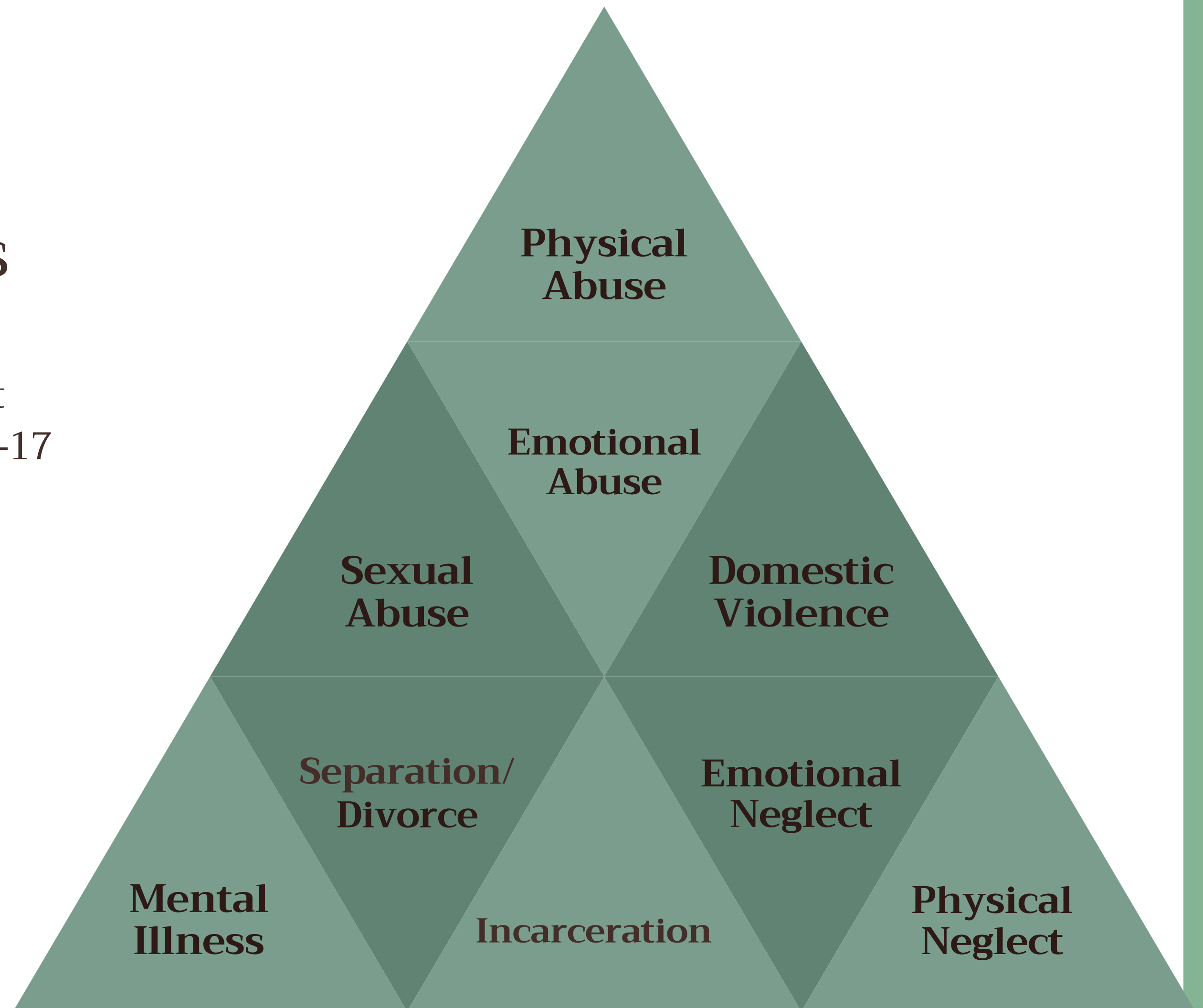
Healthy Development is supported by:

- Consistent, reliable, “good enough” care
- Accrued experiences of minor, but increasing internal stresses (e.g., hunger, discomfort, fear of strangers) followed by state regulation achieved via prompt supportive responses by caregiver

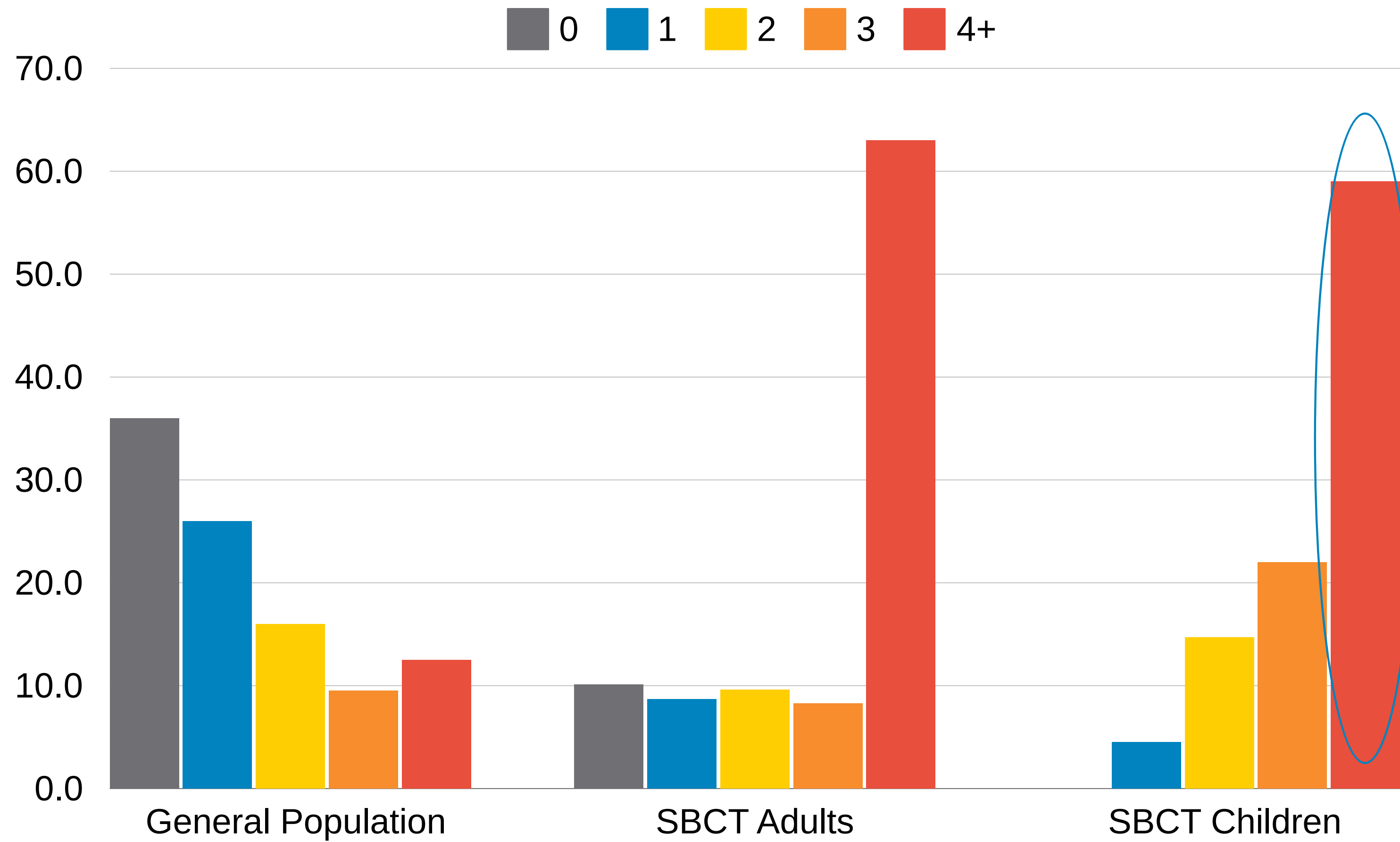
(Marans & Adelman, 1997)

Adverse Childhood Experience's

“ACEs are potentially traumatic events that occur in childhood (0-17 years)”



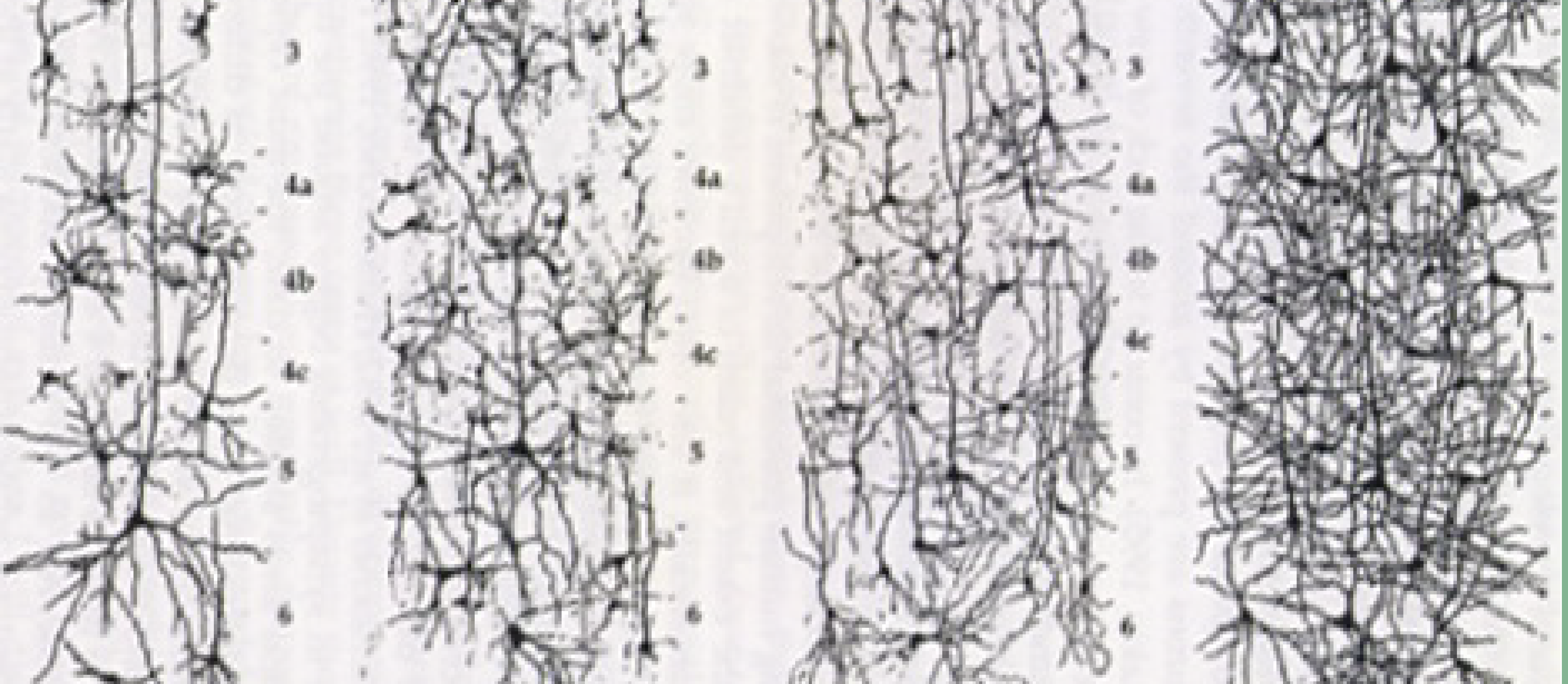
ACE's in Child Welfare



Osofsky, et al. (2018). *The Adverse Childhood Experiences of Very Young Children and Their Parents Involved in Infant–Toddler Court Teams*.



Development



Newborn

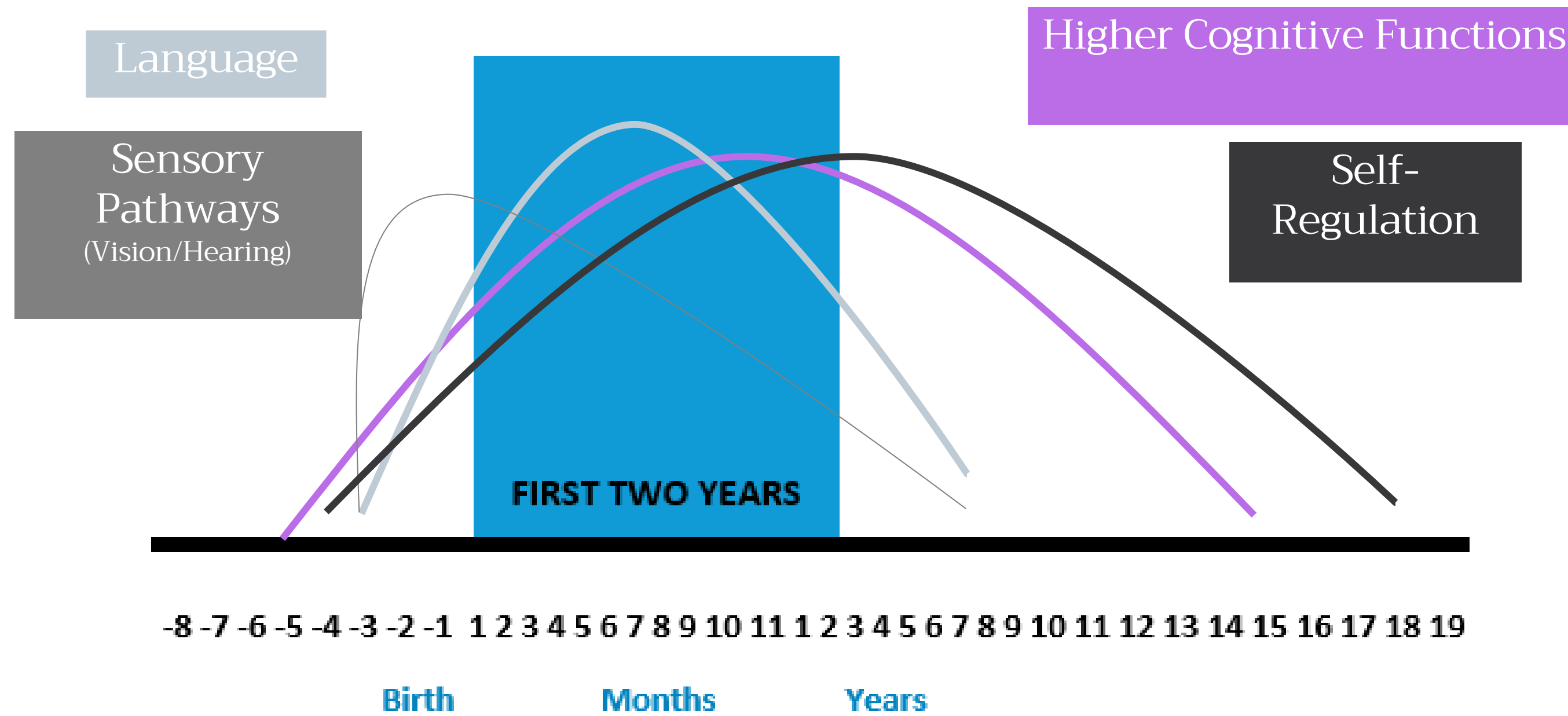
1 month

3 months

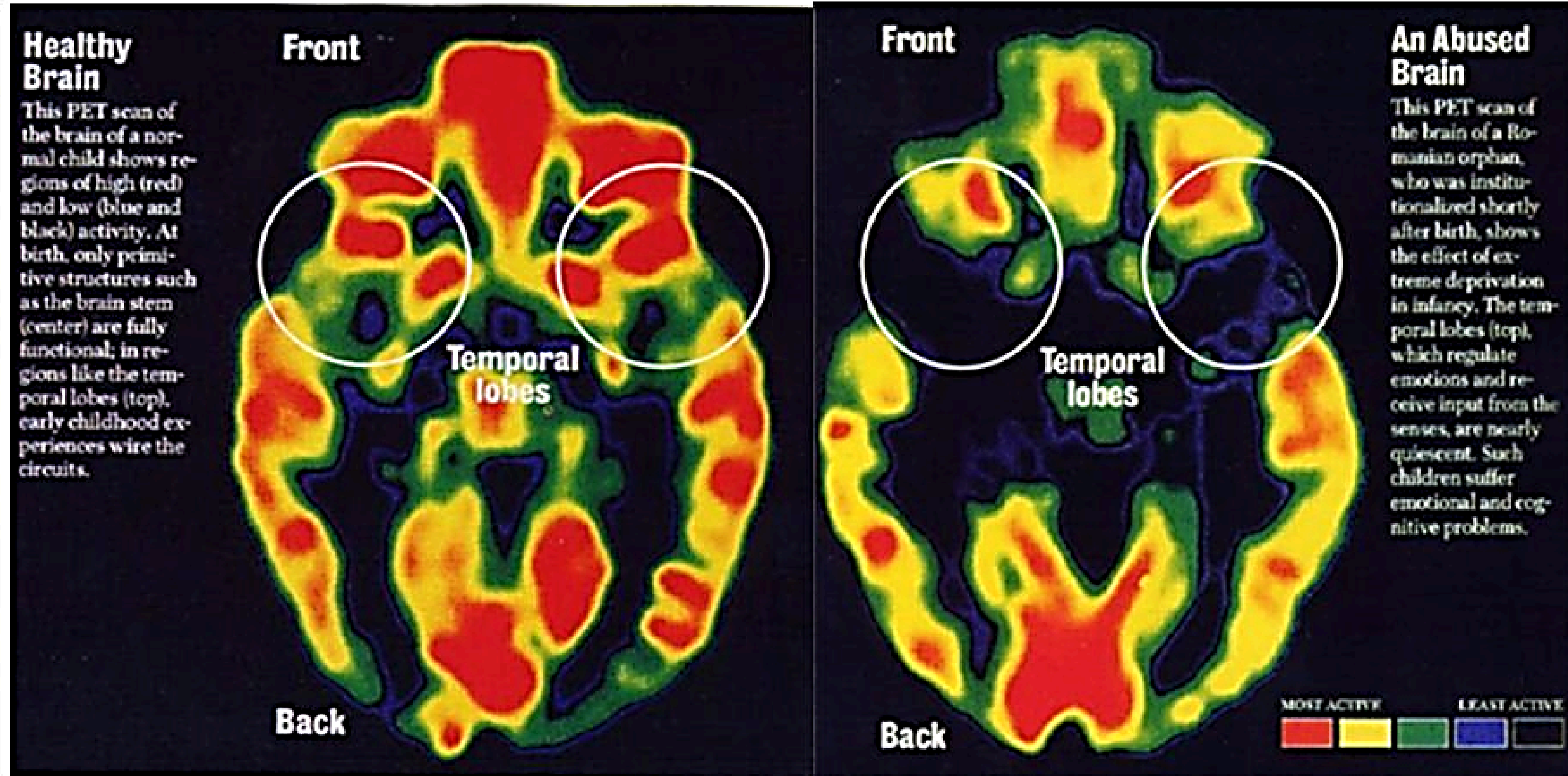
6 months

Brain development

Brain Development in Infants and Toddlers



Structural Brain Changes due to Early Experiences



3 year old child



normal



extreme neglect



Lifetime Consequences of Child Maltreatment

- Impaired brain development
 - Smaller brain size
 - Decreased IQ (4-12 pts)
 - Doubled rate of learning disabilities
 - Impaired control of emotions and impulses
- Impaired stress response
 - Dysregulation of cortisol stress response
 - Increased arousal in sympathetic nervous system
 - Immune and inflammatory system abnormalities
- Alterations in physical growth

Executive Functioning Difficulties

Inhibition

Working Memory

Cognitive Flexibility

Planning and Organization

Initiation

Task Monitoring

Emotional Regulation

Time Management

Response Inhibition

Goal Setting

Problem-Solving

Self-Monitoring



Clinical Issues

Early Human Connections Shape Brain Connections

Secure attachment:

Trusts that parents are consistently available



Anxious-avoidant insecure attachment

Learned that the parent is not there



Anxious-ambivalent attachment

Can't count on parents to respond



Disorganized attachment

No strategy for dealing with parents' failure to protect and nurture



Mental Health in the Early Years

- **Experience, regulate and express emotion**
- **Form close and secure relationships**
- **Explore the environment and learn**



Lack of emotional regulation

Expressive and receptive language delays

Repetitive self soothing behavior

Unusual social interaction

Difficulty regulating emotions

Lack of cognitive flexibility

Repetitive play

Sleep difficulties

Excessive energy or blunted affect and lethargy

All it
takes is
ONE



Sarah & Tim



**ABUSE &
NEGLECT**

**COMPLEX
TRAUMA**

**DISRUPTED
DEVELOPMENT**

ACEs Cross-Generational Impact

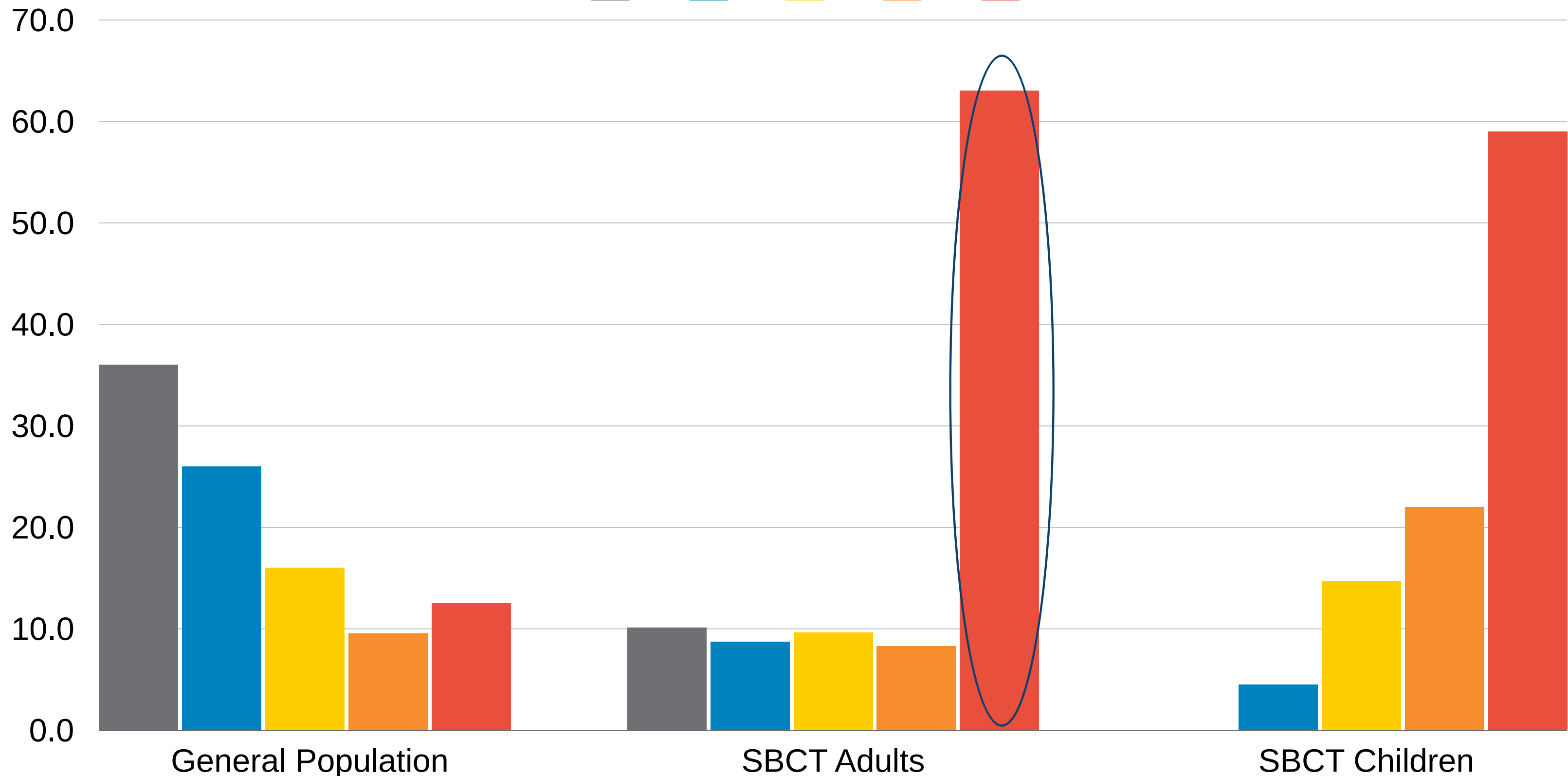
Childhood	Adolescence	Adulthood
<ul style="list-style-type: none">• Anxiety• Aggression• Conduct Problems• Depression• PTSD• School Problems	<ul style="list-style-type: none">• Anxiety• Depression• Revictimization• PTSD• School Dropout• Substance Abuse	<ul style="list-style-type: none">• Depression• Domestic Violence• Maternal Depression• Parenting Problems• Poverty• PTSD• Substance Use Disorders

A photograph of a woman with long blonde hair and a young girl with long blonde hair, both smiling. The woman is in the foreground, and the girl is behind her, leaning her head against the woman's shoulder. The background is a soft, out-of-focus white. The text "Sarah & Lisa" is written in a green, cursive font in the bottom left corner.

Sarah & Lisa

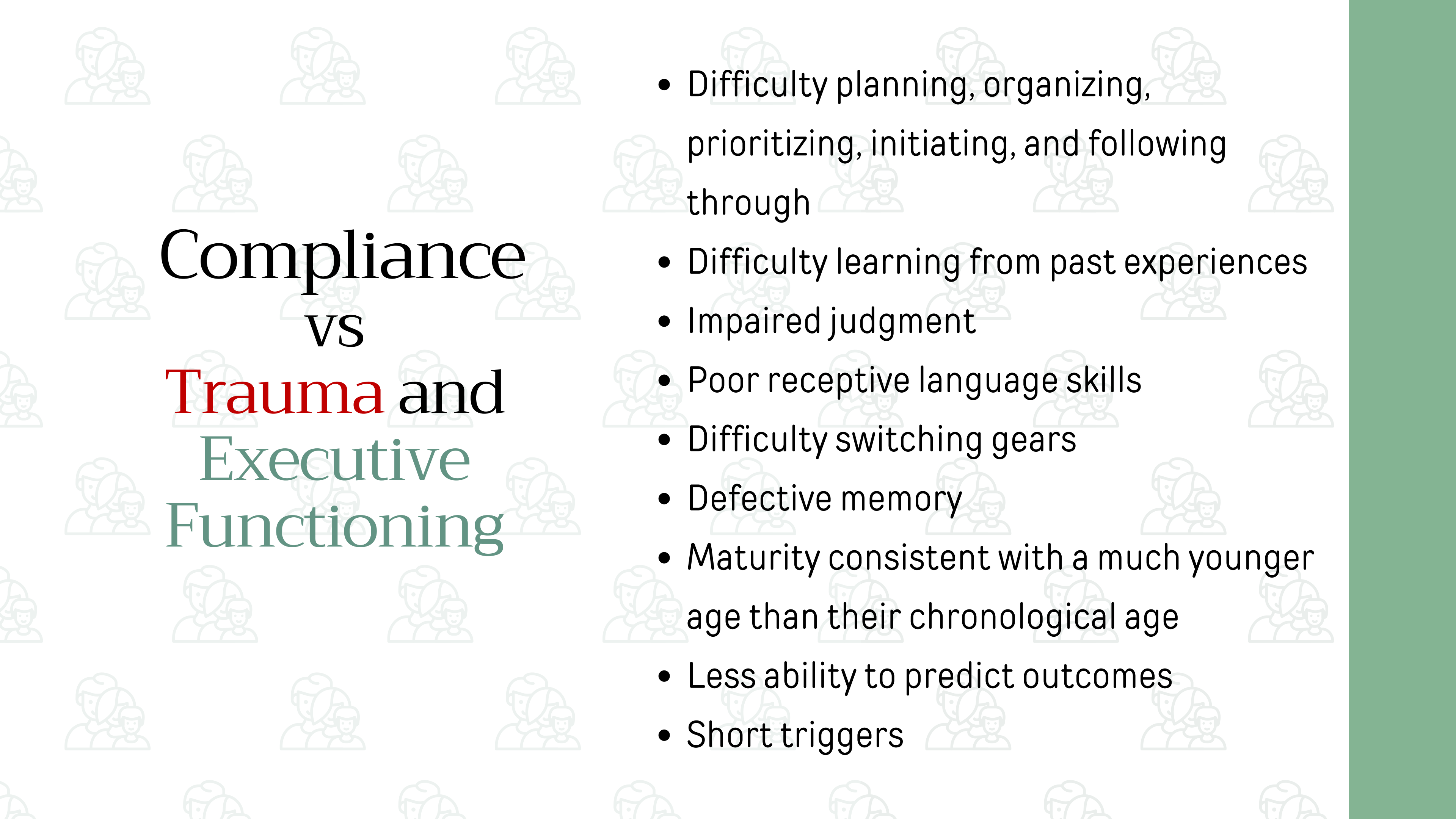
Let's Talk about Parents

0 1 2 3 4+



Sarah's Case Plan for Dependency Court

1. Parenting Education and Support: Sarah must attend parenting class that occurs on Tuesdays and Thursdays at 6:00pm
2. Therapeutic Services: Sarah must attend individual therapy services as a result of a psychological evaluation that deemed her to be depressed and have PTSD.
3. Abstinence from Substances: When Sarah was charged with neglect, a drug test confirmed that she was positive for marijuana. She must now submit random UAs.
4. Psychiatric Services: With her diagnoses of depression, she was recommended to work with a psychiatrist for medication. She must schedule an appointment with this provider and meet with them once monthly. Parents with mental health disorders may receive psychiatric evaluation and treatment, including medication management and therapy, to stabilize symptoms and improve functioning.
5. Domestic Violence Intervention: Due to her long history of abusive relationships, she was required to attend a four-course sequence of DV survivor groups.
6. Parent-Child Visitation: Sarah meets with Liza under supervised visitation once a week, but sometimes the visits are canceled due to foster placement reporting Liza is dysregulated on visit day.
7. Housing and Financial Stability: Sarah must obtain a job and remain gainfully employed. She is also required to maintain stable housing.
8. Case Management and Coordination: Sarah has a case manager who she is to see or correspond with three times a month.
9. Court Requirements and Compliance: Sarah must attend hearings related to her case. She is responsible for know the dates and times of these hearings and showing up on time.



Compliance vs Trauma and Executive Functioning

- Difficulty planning, organizing, prioritizing, initiating, and following through
- Difficulty learning from past experiences
- Impaired judgment
- Poor receptive language skills
- Difficulty switching gears
- Defective memory
- Maturity consistent with a much younger age than their chronological age
- Less ability to predict outcomes
- Short triggers

Supporting Parents for Success

Break tasks into smaller, manageable steps

Provide visual aids and reminders

Provide problem solving and prioritization assistance

Use concrete examples

Repetition Repetition
Repetition

Provide trauma-informed responses

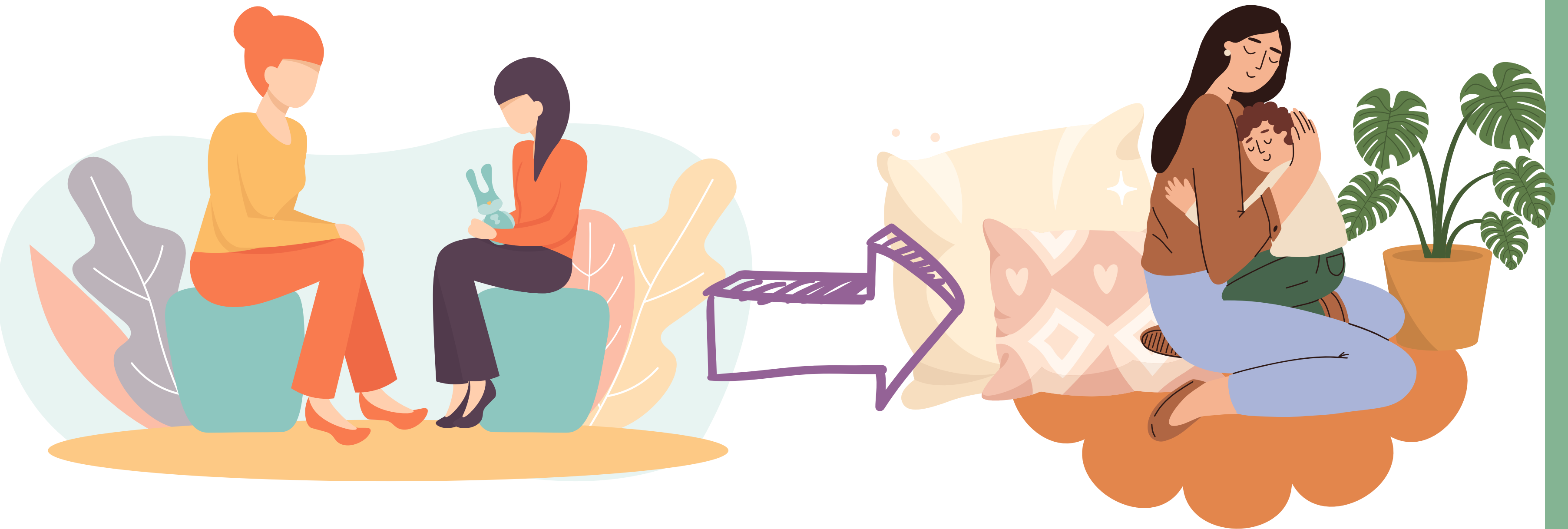
Encourage use of self-regulation strategies

Provide consistent encourage



Infant Mental
Health is about
RELATIONSHIP

Parallel Process



Summary

- Early Trauma can have lifelong consequences as these children grow up to become parents
- Infant Mental Health work must include the support of the parent's trauma-related symptoms
- Evidence-based methods for successful reunification include a relationship-based trauma-informed approach
- Those who embrace the principles and values of IECMH are best suited to support this vulnerable population

- Erikson Institute
- Center on the Developing Child – Harvard University
- ZeroToThree
- Irving Harris Foundation Fellowship
- Alliance for the Advancement of Infant Mental Health
 - MOAIMH-EC
 - Endorsement[®]
- Reflective Supervision



How to Support Your IECMH Journey

Contact Me!

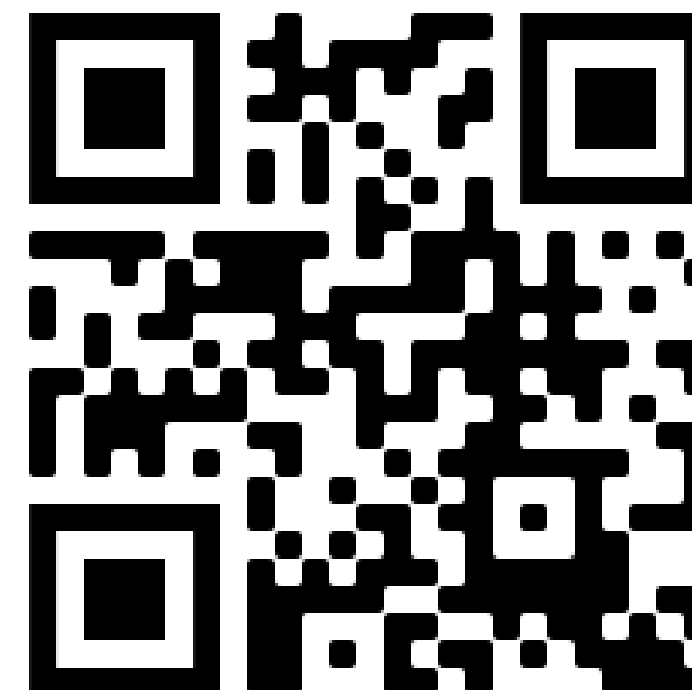
Reflect to Connect Psychology with Dr. Slay

 3130 Troost Avenue Suite 202 Kansas City,
MO

 DrSlay@reflecttoconnectpsychology.com

 @DrBreSlay

 ReflecttoConnectPsychology.com



MOAIMH-EC

Missouri Association for
INFANT & EARLY CHILDHOOD MENTAL HEALTH