Building Bridges:
Working with Foster Parents & Biological Parents in CPP

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Presentation Objectives

1. Expand understanding of CPP from dyadic to triadic in nature

2. Create a case formulation to include multiple caregivers in joint or separate sessions conducted concurrently or sequentially

3. Build repertoire of CPP interventions designed to promote cooperation among caregivers for the benefit of the child
<table>
<thead>
<tr>
<th>Event</th>
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<tr>
<td>When child is removed and placed in foster care</td>
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<td>When foster placement is disrupted</td>
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<td>When new caregiver enters – other parent, relative caregiver – and will be part of the child’s life</td>
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<td>When a caregiver is no longer available to the child</td>
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<tr>
<td>As child transitions home for reunification</td>
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<td>As child transitions to adoptive placement</td>
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Conflict

• Conflict often occurs at placement changes
• Often one party is not in agreement with the change
• The child is often in the middle
• Much like the conflict of a divorce situation with the additional complications of child welfare
CPP BASICS

- A relational model of therapy
- Evidence Based
- For children birth to 5 and their parents or other caregivers
- Addresses attachment issues in the context of trauma
  - Neglect
  - Abuse
  - Witness to adult violence
CPP Lens

• The primary client is the child, whether or not the caregiver changes
• Children relate differently and with different degrees of security, with different caregivers
• All caregivers share a role in the child’s life and in the transition
• An absent parent can remain part of the child’s inner experience
Co-Parenting of Children

• In a wide variety of cultures, adults share in the parenting of infants and young children
• Patterns of co-parenting become fairly well established in the first 100 days of a child’s life
• Infants in the early months of life seem to have the ability to share in others’ feelings and mind states
• Infants in the first few months of life show the ability to coordinate their attention and feelings between two partners simultaneously – “emergent triangular capacity”

Our Task as CPP Therapists

• Clarify and target critical issues in dyads and triads
• Configure participation of different caregivers
• Implement interventions to improve collaboration among caregivers.
MAPPING OUT RELATIONSHIPS

- Who are or were the caregivers in the child’s life?
- Is there a “gatekeeper”?
- What is the significance of each caregiver to the child?
- What is the tone of each caregiver’s relationship with other caregivers?
  - Conflicted? Cooperative? What Issues?
- Are there “Ghosts in the Nursery”?
- What shared space among caregivers is available to the child?
Patterns of Shared Caregiving

• When it goes well...
  • Each is focused on the needs of the child
  • Each has a relationship of importance and each respects that the other matters to the child
  • There is capacity for some degree of emotional contact or engagement between the caregivers

• When it doesn’t...
  • Caregiver needs are clouding needs of child
  • Caregivers exclude one another, withdraw, or interfere in one another’s roles
  • Caregivers fail to establish joint focus or remain in emotional touch

Treatment Goals and Interventions

- How will the involvement of multiple caregivers change the treatment?
- Goal for child may be the same, but each caregiver may have different issues to address with the child
- How can treatment build on the caregivers’ common love and concern for the child?
- What interventions will help us get there?
Developing a Caregiver Alliance

- Watch for “ports of entry”
- Help each caregiver understand why and how their alliance matters to the child and ask for their cooperation for the child’s well being
- Cultivate communication and problem solving capacity between the caregivers... from full to limited
- Practice with “hot button issues”
- Elicit shared goals they have for the child
- Create a message from caregivers together, and for the child, about their alliance

• Adapted from “Figuring It Out for the Child Initiative; McHale, Butler, and McKay; Zero to Three Journal, July 2013"
Jea’s Case
Supported Interactions for Assessment and Intervention
Common Child/Caregiver/Environment Factors

- Multiple disrupted attachments
- Lengthy periods of time in State custody
- Transitions between multiple caregivers
- Challenges with positive attachment
- Child behaviors before/after visits, in daycare, with transitions
- Need/concern for reunifying parent to be able to consistently use skills to promote trauma-sensitive, positive attachment, especially long-term and after supports are withdrawn
- Supporting ongoing attachment relationship with a child with significant trauma behavior
Art and play can help decrease anxiety and increase engagement during didactic interactions. It is also a semi-structured, parallel activity which may be more comfortable for parent-child dyads that haven’t had as much contact.

This activity provides an opportunity for turn-taking, cueing and response, modeling and parent scaffolding.

The turn-taking aspect provides an opportunity to see how parent and child interact, share pacing, show interest in each other.
Video Clip
Transition Ritual

“I Carry You in my Heart”
Goal of Transition Rituals

Create/amplify an internal working model of the caregiver(s) for the child to access as a resource across environments

Assists with predictability and consistency of transitions

Can be used by all caregivers to create a bridge, familiar experience, and unity across environments
<table>
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<th>Building Bridges with Sandtray</th>
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<td><strong>Play activity that helps the child explore transitions between locations, family members and caregivers</strong></td>
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<td><strong>Allow the child to practice the transitions through play</strong></td>
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<tr>
<td><strong>Trauma re-enactment and resolution can occur within this activity</strong></td>
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<tr>
<td><strong>Allows child and parent to co-create a cohesive narrative</strong></td>
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Video Clip
Jayna’s Case
You Are The Medicine.

BUILDING BRIDGES:
WORKING WITH FOSTER PARENTS & BIOLOGICAL PARENTS IN CPP
Case for Consideration

- Biological Sibling Set:
  - Ages 6 and 4
  - 22 Months In Out-of-Home Placement
Caregiver Bulletpoints:

- Biological Father (Reunification)
- Biological Mother
- Foster Mothers
Children Bulletpoints:

• Children were not referred for Trauma Assessment until 14 months into out-of-home placement

• PTSD Threshold
CPP Assessment: Crowell & Beyond

- **Children’s Expressed Maladaptive Coping Strategies:**
  - Ruptured/Insecure Attachment (Disorganized)
  - Fear of Reunification
  - Fear of Abandonment by Foster Mothers
  - Divided Loyalty
  - Incorrect Self-Blame/Guilt for Removal

- **Caregiver Barriers:**
  - Lack of Organization/Misinformation to Children
  - Dad’s Struggle to Integrate/Apply Therapy Concepts (Ghosts/Capacity)
  - Dad’s Mistrust of the Foster Family
  - Foster Parents Anger at the System/Biological Father (Ghosts)
  - Foster Parents Fear for the Children
Child Parent Psychotherapy
Treatment Focus:

Parent Interventions

Dyadic/Triadic Interventions
Parallel Process: 
The Hands Holding the Hands...

CPP Port of Entry: Ghosts & Angels
Reframe & Unify: 
“You Are The Medicine”
“You ALL Are The Medicine”
CPP: Ports of Entry with the Triads:
Child’s Relationship with the Perpetrator/Absent Parent
Separation and Loss Reminders
CPP: Ports of Entry with the Triads: Child’s Relationship with the Perpetrator/Absent Parent Separation and Loss Reminders
CPP: Ports of Entry with the Foster Family: Child’s Relationship with the Perpetrator/Absent Parent Separation and Loss Reminders
CPP: Ports of Entry with the Bio Dad: Child’s Relationship with the Perpetrator/Absent Parent Separation and Loss Reminders
Integration: Narrative Therapy Tree of Life Project

- **Roots**: Origin, Family, Ancestry, Culture
- **Ground**: Place of Residence, Hobbies
- **Trunk**: Skills, Memories
- **Branches**: Hopes, Dreams, Wishes
- **Leaves**: Important People
- **Fruits**: Gift from Important People
Lesley’s Case
Lesley’s Case: Hurry Up and Wait

- Child currently 3.5
- In care with Foster Mother for 18+ months
- Domestic Violence
- Possible sexual abuse
- Substance Abuse
- Currently having supervised visits with biological mother
- Currently preparing for possible contact with biological father
Foundational Stage CPP
Treatment Goals

- Build Rapport with Child
- Assess experiences, behaviors, and feelings
- Establish safety with foster mother
  - Instill sense of hope
  - Build capacity for feelings expression
  - Process traumatic memories and experiences
  - Build tolerance for change/transition
- Build rapport with biological mother
  - Parenting assessment
  - Educate about trauma
  - Encourage stabilization of MH and SA symptoms
CPP Sessions with Mom

- Increase attunement
- Repair/improve attachment
- Model and coach age appropriate interaction
- Help mom understand her role as an agent for healing.
- Help dyad tolerate ambivalence
- Create trauma narratives in play
- Prepare for contact with dad via gradual exposure
Foundational Stage CPP with Dad

- Child has not seen dad since very early 2019
- Upon community re-entry, the court ordered supervised visitation between child and Dad (first ordered in December 2019)
- Child exhibited significant behavioral symptoms after discussion regarding seeing Dad in session.
- Gradual exposure plan was developed, beginning with letters/pictures to child from Dad.
- Utilized social story/life story as medium for exposure
- Phone call with Dad occurred, prompting further regression.
- Short videos were shared from Dad, prompting additional trauma symptoms.
- With each new exposure, progress has been made, but significant symptoms persist.
CPP Sessions with Foster Mom

- Build safety and security
- Allow for trauma processing
- Allow Foster Mom to serve as the agent of change / gatekeeper
- Provide space for child to engage in gradual exposure
CPP Interventions Used

- Speaking for the child
- Parent Psychoeducation and Rapport Building
- Circle of Security
- Gradual Exposure
- Life Story
- Sand Tray
Gradual Exposure

• Goal to increase tolerance for contact with dad in a scaffolded manner.
• Pictures of dad
• Letters from dad
• Life Story
• Phone call with dad
• Short videos from dad
Life Story Intervention

- Life Story:
  - Social Story
  - “Once Upon a Time” narrative
- Written by clinician with input from caregivers
- Include real pictures whenever possible

“WE TELL OURSELVES STORIES IN ORDER TO LIVE.”

JOAN DIDION
CPP and Telehealth

• Positives:
  • Allows for more authentic view into the home and relationship
  • Minimizes office distractions
  • Allows for safety assessment
  • Increases attendance and follow through

• Negatives:
  • Limited view on screen
  • Challenges with internet connection
  • Home based distractions
  • Increased anxiety for families knowing their spaces are on display
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Placement Changes

Available from:  www.nebraskababies.com
The Warmest Handoff: Using Child Parent Psychotherapy to Ease Placement Transitions

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What Does A Transition Plan Look Like?

Before

During

After

How long will it take?

How will we know that the child is ready and prepared?

How will we know that each caregiver is prepared to support the child?

How will the goals of treatment, the treatment plan, and the configuration of therapy need to change?

Where are the occasions for caregivers and child to have time together and how will they change? (parenting time, therapy, medical appointments, school events, other?)

What type and duration of support does the child need after the placement including ongoing contact with the departing caregiver(s)?