

Volume 31, No. 1

Children's VOICE

Finding the Right
Treatment Program for
Kids in Child Welfare

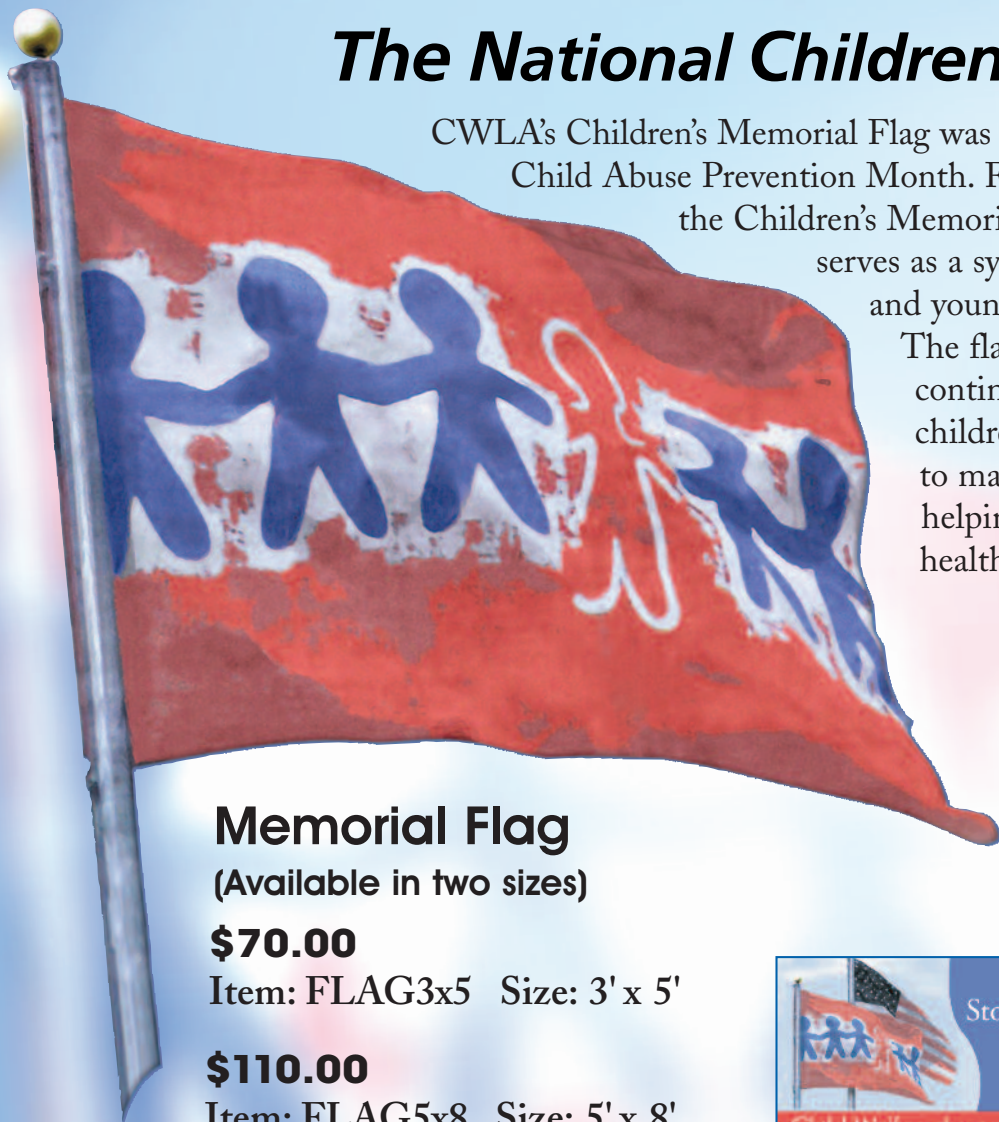
**Maryville
Crisis Nursery:**
A Lifeline for Families
with Young Children

Building Positive
**Parenting Practices
to Empower Families**

Show Your Support. Fly our Flag.

The National Children's Memorial Flag

CWLA's Children's Memorial Flag was created in honor of April's National Child Abuse Prevention Month. Flown on the fourth Friday in April, the Children's Memorial Flag honors each lost child, and serves as a symbol for the protection of children and young people from all forms of violence. The flag raises public awareness about the continuing problem of violence against children. Please join CWLA's efforts to make children a national priority, by helping to make every day a peaceful, healthy day for America's children.



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THE **CWLA** CHILDREN'S MEMORIAL FLAG INITIATIVE

The centerpiece is simple. A red flag depicting blue, paper-doll-like figures of children holding hands. In the center, the white chalk outline of a missing child symbolizes the children lost to violence. Created by a 16-year-old student in Alameda County, California, and flown on the fourth Friday in April, the Children's Memorial Flag honors each lost child and raises public awareness about the continuing problem of violence against children.

Join the nearly 300 organizations, in over 100 cities, and participants in all 50 states that support Children's Memorial Flag Day. Fly your flag on the fourth Friday in April—or all year long—and support CWLA's efforts to protect every child from violence and harm.

*CWLA is donating 20% of our proceeds to ChildFund. The non-profit organization is working in partnership with several non-governmental organizations on the ground in Poland to assemble and distribute hygiene kits and toys in support of Ukrainian children made refugees by the war.

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Children's VOICE

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Children's Voice Magazine

By publishing a diverse range of views on a wide array of topics, since 1991, Children's Voice seeks to encourage public discussion and debate among those who are committed to helping children and families. Articles and advertising published in Children's Voice do not necessarily reflect the views of the Child Welfare League of America or its member agencies and do not represent an endorsement of opinions, products, or services.

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Leadership Lens

Christine James-Brown



The Fierce Urgency of Now: Collective Action to Ensure Children and Families Flourish

If you picked up this issue of *Children's Voice* at the CWLA 2022 annual conference: Welcome!

This conference has been a long time coming. All of us are more than ready for the peer-to-peer sharing and support that is a hallmark of CWLA events and part of our membership value proposition. The past two years have been tremendously challenging for everyone in child welfare—administrators, supervisors, workers, and the children and families that we serve. But child

welfare has chugged along. I am most excited about the innovation that so many workers, organizations, and families (birth and resource families) have shown in order to make sure children get what they need to flourish. Examples of this innovation are included in the articles in this

issue and in the action labs at the annual conference.

We all are tired. Many of us or our loved ones have been sick, and too many have died. But despite our fatigue, we need to find our second wind and make sure that the conference theme—*The Fierce Urgency of Now: Collective Action to Ensure Children and Families Flourish*—

“[We] must find ways to work together to leverage each other's wisdom and gifts...”

is how we approach our work every day. We must be intentional in focusing on all the things we know get in the way of success for our families and must find ways to work together to leverage each other's wisdom and gifts—including the wisdom and gifts of our children and youth.

In the months ahead, CWLA will be even more intentional in mobilizing our members and aligning our efforts toward ensuring a child welfare approach grounded

in justice and the commitment to ensuring that every child and family can flourish. If you have not joined a committee, written an essay, contributed to *Children's Voice* or *Child Welfare* journal, or sent me an email, you are not fully realizing the value of CWLA. Everyone in every CWLA member organization is a valued partner and has access to all of the benefits of membership. If you are not yet a member organization, go to <https://www.cwla.org/membership/> to learn about continuing education, peer-to-peer, professional development, and much more.

Children's Voice has been an important part of CWLA for years. Our authors provide excellent examples of the types of innovation and commitment that is child welfare. With their research and advice and with your support and partnership, we look forward to a brighter 2022 for children, families, and communities. ■

Christine James-Brown

Perspective: The Workforce Crisis in Child Welfare Might be the Tip of an Iceberg

By Paul DiLorenzo and Jeff Lukich



There is an ongoing crisis in child welfare. As two seasoned child welfare professionals, we are alarmed at the level of vacancies and staff turnover in child welfare agencies all over the country—especially at the practitioner level. The harsh reality is that agencies are desperately doing everything they can to make positions in child welfare more attractive than higher-paying, lower-stress jobs in other human services roles.

We realize there is no attributing this crisis to a single factor. Whole chapters can be written about poor salaries, insufficient staff support, and unreasonable child welfare workloads. However, there might be value in paying attention to one issue destabilizing any organization. For many agencies, the lack of clarity about purpose and mission might be making it more difficult to recruit and retain talented team members.

Recently we both reflected on our first jobs in the field. The competition for the positions was steep, and the pay was low. What we lacked in experience, or had not learned in social work school, would be supplemented by seasoned supervisors who would meet with the newbies at least weekly. Those meetings went far beyond the need for compliance with agency policy or compliance with regulations. Supervision of new child welfare staff was a combination of training and education, guidance on agency policy, and frequent conversations related to the social work “process.”

This professional mentoring and support built capacity and confidence across the agency. A competent supervisor was the connecting tissue between our front-line practice with families and the agency’s broader mission and purpose.

For both of us, that connection provided us with a sense of belonging to something greater than ourselves. Like many of our co-workers, we entered the profession with a commitment to social justice and that underserved families and communities deserve the very best interventions and supports possible. Though child welfare was still firmly rooted in child rescue thinking, there was still an understanding that the social service system was the fragile safety net for society’s disenfranchised. At the time, young professionals committed to social change had few options for acting on their beliefs. This commitment was a common denominator for many professional social workers at the time.

Agency administrators, foundations, consultants, and legislators are trying their best to remediate the challenge. We have seen child welfare reform efforts attempt to address workforce issues across the country. They identify everything from salary issues, working conditions, caseload size, and professional development opportunities. There is every reason to believe that these are among the most critical levers for improvement. But what if our challenge is also a reflection of our own uncertainty about what we are asking people to do other than to help us address the latest agency

or family crisis? Attracting and retaining people who come sign on to an agency has to be rooted in the affirmative roles of child welfare. As our profession continues to evolve and “transform,” are we clear on what we are asking young professionals to do?

The shortage of qualified practitioners and the dizzying staff turnover rate have created a high degree of ongoing instability within many agencies. More concerning is the impact of this instability on the quality and quantity of services being delivered to families. A diminished sense of vision and purpose directly affects staffing and workforce issues in child welfare organizations. When work demands are high, and resources are low, agencies are forced to become less focused and purpose-driven, limiting themselves to compliance issues. “Good enough casework” becomes the equivalent of “good enough parenting.” Instead of innovation, they resort to reacting to crises. Because of high workload demands, case managers have less time to work directly with families and are sometimes left “brokering services.” Those adaptations have no connection to the greater good or the future well-being of the agency. Impromptu decision-making is likely to take the path of least resistance with informal lines of authority. Everything is focused on a single incident-related moment, thus destroying the chances for a strong organizational culture that genuinely values its workforce's competence, contributions, and commitment. Over time, when there are more vacancies and turnover, the opportunity for enhancing the agency's performance and work environment begins to erode.

This blurred sense of direction directly impacts the short-term functioning of the child welfare community, and it has long-term implications for what we will need to do within the context of a different kind of child welfare approach.

The most relevant short-term question remains: How agencies will fill positions today? The damage caused by today's vacancies to client families and organizations is almost irreparable. The stress and strain are almost too much to manage for the agency's team because they know that the longer it goes on, the ability to keep kids safe and stable is untethered from best practice and agency policy. They develop spotty, sometimes careless adaptive behaviors that increase the likelihood of mistakes. It's a gradual movement of organizations towards poor quality. It becomes a daily struggle for emotional survival for the team members who have stayed on board. All of this happens in the context of frequent leadership changes at the top and deteriorating morale throughout the agency.

And if we are serious about our relevance and survival as a profession, the long term should not be ignored. If we are genuinely committed to a transformed approach to child welfare, maybe our entire perspective on recruiting, hiring,

and retaining staff needs to be revamped. Why are we using the same thought process, requirements, and parameters for recruiting and hiring team members when we hope to become better at family engagement and support? Why are we limiting our search to full-time team members who work from 9am to 5pm when we acknowledge that kids and families operate on an unpredictable schedule? Why aren't we looking for more parent aides with lived experience who can partner with families in their own homes and neighborhoods? Why are we still hiring primarily for surveillance and not support? Maybe the roles for which we are recruiting are different? Perhaps we could be more flexible with the qualifications for entry-level positions while still focusing on the quality of services? Maybe a refreshed vision for our profession should require a different skill set, commitment, and belief system from those whom we set out to hire?

Today's workforce crisis has been developing for years within public and private agencies. The COVID-19 pandemic might have aggravated and elevated what had been festering for years, exposing even more weaknesses and vulnerabilities. Our workforce challenges result from several internal and external circumstances, many of which we have no control over. But when it comes to our clarity of purpose, vision, primary responsibility, and our “why,” we have the proactive responsibility for articulating and reinforcing it in all that we do. No one else can control how we align the resources necessary to create a relevant and unambiguous organizational culture. Until we find our way towards the light, our case managers and supervisors will remain frustrated in their roles, reactive in their practice, underappreciated for all they endure, and uninterested in the next evolution of child welfare. ■

Paul DiLorenzo, ACSW, MLSP, is an independent consultant and child welfare subject matter expert. He has been named as a senior fellow at the Child Welfare League of America. In addition, he serves as a subject matter expert for the Capacity Building Center for States. Mr. DiLorenzo began his career as a caseworker, then went on to serve in a variety of administrative and leadership roles in government and non-profit settings. Recently, he served as the interim executive director of the Philadelphia Children's Alliance. He also spent 13 years at Casey Family Programs as a Senior Director for Strategic Consulting. He has written numerous professional articles and has been a guest keynote speaker at many professional events across the country. He holds a master's in social work from Temple University and a master's in law and social policy from Bryn Mawr College.

Originally from Charleston, South Carolina, Jeff Lukich has worked in child welfare for the past 33 years. He began his career with the Georgia Division of Family and Children Services in 1989, remaining with the Division for 30 years. For the final six years of his career, he served as the State Director of Field Operations and the State Director of Child Welfare. He retired in 2018 as the Division's Chief of Staff. In 2019, he accepted a Senior Director position with the Atlanta-Washington, DC, management consulting firm, DLH Corporation. In this role, he is responsible for developing and leading human services initiatives, including child welfare. Jeff is a graduate of Presbyterian College in Clinton, South Carolina, with a BA in Political Science and History.



The Supervised Visitation Network

By Jennifer Garst and Joe Nullett

In 2018, executive director of the Supervised Visitation Network (SVN) Joe Nullett collaborated with Dr. Stephen Bavolek, author of the Nurturing Parenting Programs books, to adapt a parenting curriculum to be used specifically in conjunction with supervised visits. The Nurturing Parenting Skills for Families in Supervised Visitation is an innovative program designed to empower parents and parent educators in creating customized, competency-based parenting programs to meet the specific needs of families.

SVN, based in Jacksonville, Florida, has provided networking and educational opportunities for

providers of supervised visitation across North America for more than 30 years. A fundamental value of the organization is to provide empathic, humanistic services, as the supervised visitation experience

is challenging and stressful experience for parents who can only see their children in this artificially controlled environment. Since

our members focus on this respectful relationship and do not make custody recommendations based on visits, parents are more comfortable and willing to engage in supportive models of visitation such as the Nurturing Parenting Skills for Families in Supervised Visitation

curriculum. In addition, the actual visits often present remarkable “teachable moments” to reinforce the content of the parenting lessons.

The Nurturing Parenting Skills for Families in Supervised Visitation curriculum includes 45 lessons, each lasting approximately 30 minutes, that are intended to either precede a supervised visitation or be incorporated into the visit. The lessons were chosen from the evidence-based Nurturing Parenting Programs for Parents and Their Infants, Toddlers and Preschoolers, and Parents and Their School Age Children and were adapted to specifically match unique aspects of supervised visitation. Visit tips and suggestions are included to help reinforce each week’s lesson during the visit.





Nurturing Parenting®
Established 1983

A unique aspect of the curriculum is that there is no set number of lessons for each parent or family; instead, parents and parent educators work together, based on the assessed needs of the family, to select competency-based lessons from the curriculum to form a parenting/visitation program that is customized to meet their needs. The primary assessment used is the AAPI 2.1 (Adult Adolescent Parenting Inventory), an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. By focusing on the areas of greatest need for each parent, facilitators can be more effective in achieving better outcomes.

The tool that is used to create a customized plan for each family is the Family Nurturing Plan. Empowering the parent in the planning process and allowing them to be an integral part of selecting some or all the lessons is a proven way to increase ownership and engagement in the program. The facilitator training curriculum includes a printed facilitator guide, activities for children, session reports, and a USB drive allowing programs to print materials to support the program as needed.

Emilyn Haugen, director of Parenting Time Centers at Someplace Safe in Fergus Falls, Minnesota, says that “Nurturing Parenting Skills for Families in Supervised Visitation is more than just a tool, it is a whole tool box. We were nervous when we first started implanting Nurturing Parenting, but now we are so glad that we did. The easy-to-use curriculum is so well designed that it takes out the guess work when providing the classes. Parents who come into our program now have the opportunity to really grow while here. They can hone in skills that they want to improve upon and leave our program feeling better equipped to parent their children. Seeing that growth and the impact of Nurturing Parenting is wonderful to be a part of. Nurturing Parenting Skills for Families in Supervised Visitation has been an important part of our services, as it shows that our goal is always helping parents be successful and creating stronger families.”

Joe Nullet, who is also a National Trainer Consultant with the Nurturing Parenting Programs, offers a virtual three-day facilitator training on how to implement the curriculum that has been attended by more than 300 individuals over the past three years. The vision is to collect data and outcomes as agencies graduate more parents from the program. More information can be found at <https://www.svnworldwide.org/nurturing-parenting>.

The Supervised Visitation Network has developed and disseminated the Standards of Practice and Code of Ethics for the field; maintains a directory of providers;

provides education regarding the importance of children having safe, conflict-free contact with both parents and other family members; educates the public and private decision-makers regarding the importance of funding for child access services; and collects and disseminates research information relevant to the field. If you would like to learn more about professional supervised visitation or the Supervised Visitation Network, visit us at www.svnworldwide.org. ■

***Jennifer Garst, MSW**, as the associate director of SVN, supports supervised visitation professionals around the globe to provide child focused, trauma informed and safe visitation and exchange services. Jennifer has worked in the nonprofit field for over 15 years, previously directing a domestic violence/child abuse-focused visitation center in Dallas, Texas. As an advocate for families, she has dedicated her career to ending social injustices and creating safety for survivors of family violence and child abuse.*

***Joe Nullet**, a graduate of Harvard University, has led the Supervised Visitation Network since December 2007. Before that, he was the Executive Director of the Family Nurturing Center of Florida, a Supervised Visitation and Parent Education program in Jacksonville, Florida. He has served locally and nationally on numerous task forces, advisory boards, and collaborative partnerships as an expert in the field of supervised visitation and has trained providers in Great Britain, Japan, and Singapore.*

Put the Spotlight on Your Program

Want your agency's work with children and families highlighted in *Children's Voice*?
E-mail voice@cwla.org.

Parents as Teachers’ Black Doulas Group Lends Support to Moms’ Birthing Process

By Eric L. Clark

What is a doula? A doula is a trained professional who provides emotional, physical, and educational support to an expectant mother during pregnancy, labor, and in the weeks following birth. As additional, non-clinical supports to new mothers, doulas work to improve health outcomes.

Parents as Teachers (PAT), an international nonprofit organization that specializes in early childhood development and parenting education through personal visits, has the most replicated home visiting model in the nation. headquartered in St. Louis, Missouri, the 37-year-old organization has 1,301 affiliate partners across the world that implement its home visiting program. As part of its comprehensive package of services, its affiliate, Show Me Strong Families (SMSF), has five certified doulas who specialize in assisting mostly Black expectant clients. SMSF’s doulas help mothers design a birth plan and advocate for themselves during pregnancy, during the birthing process, and beyond, and have supported 26 families to date.

Meet Kaylin

Kaylin Carter is a 21-year-old Black woman living in St. Louis who is enrolled in the SMSF program and is a committed user of doula support. When Kaylin, then 21 years old, became pregnant with her first and only child, she knew then that she wanted to take an unconventional approach to prenatal care and delivery. After a brief stint in a homeless shelter where she was referred to Parents as Teachers (PAT),

Kaylin met doula Robin Lloyd, a lead parent educator at Parents as Teachers, during a counseling session.



Parents as Teachers’ baby Faith.

Kaylin says that involving a doula in her pregnancy process was the best thing she could have done for herself and her baby. “I learned about the program during a prenatal visit at the homeless shelter and that’s where I met Ms. Robin. She was the best thing that could’ve happened to me during my pregnancy,” says Kaylin, mother to now one-year-old daughter Harmony Wims. “Although my daughter’s dad, Brenyn, was present during her birth, Ms. Robin made me feel peaceful and brought a lot of peace to my heart.

“In fact, she stayed with me the entire time I was in labor, for 14 hours, and I don’t recall her ever leaving to eat or anything. She didn’t leave until my baby was delivered and for that, I am most grateful,” she adds.

Addressing Health Disparities in Black Women

Doulas play a significant role in helping prevent deaths during pregnancy. According to the Centers for Disease Control and Prevention (CDC), Black women die from complications related to giving birth at roughly three times the rate of White women (CDC, 2021). That statistic gets more ominous with age, as African American women over age 30 are four to five times more likely to die in childbirth than White women (CDC, 2019).

Those shocking numbers are what prompted Lloyd, who also is African American and a mother, to become a

certified doula in 2019. Lloyd has worked for PAT for the past 20 years. She and her team are trying to combat this statistical outrage by getting involved in the early stages of Black women's pregnancy.

"Black women of all backgrounds are facing life or death challenges when pregnant," says Lloyd. "The lack of safety in birth affects every Black mother and making doula care readily available may help improve Black maternal health in pregnancy and delivery."

Doulas as Parent Educators

SMSF's doulas are cross-trained as parent educators and can provide an extra level of education to families they already know and support during pregnancy. SMSF's five certified doulas, who are African American and PAT parent educators, provide culturally competent, comprehensive doula care through pregnancy, birth, and postpartum, as well as social, physical, and emotional wellness support so families can thrive.

PAT President and CEO Constance Gully notes that PAT has developed a model for training parent educators who visit families, in person or virtually, during pregnancy and with children from birth through age five. These trained professionals, says Gully, help new parents build their confidence in their role as the first and most important teacher in their child's life. "Parent educators serve as mentors who offer friendly, reassuring support and expert guidance to new parents," says Gully, who herself was a PAT mother during her son's birth almost three decades ago. "They provide parents with information and resources to help them gain a deeper understanding of the emotional, behavioral, and physical developmental stages of their young children. They also help promote parental resilience and connect families to resources if needed."

Many might assume the disparity in maternal deaths among Black and White women is primarily an economic issue. That's not true. According to the CDC, Black mothers with a college degree are 5.2 times more likely to die in childbirth than their White counterparts (CDC, 2019). This has been attributed, in part, to the trauma of historic racism, referred to as "weathering" (Demby, 2018).

Black women also are 36% more likely to have a cesarean section than women of any other race. Prenatal doula care gives women additional prenatal support, provides a delivery room advocate, and has been shown to reduce cesarean section rates (Huesch & Doctor, 2015).

Being Black appears to be the only commonality that decreases a birthing person's chance at a healthy pregnancy and delivery. Factors surrounding Black maternal health



Doula Robin Lloyd with a PAT baby.



Continued on page 12



Five Black Doulas: Posing at the 2021 PAT International Conference in Baltimore, Maryland, from left to right, are doulas Erica Roberts, Tara Ervin, Donna Givens, Robin Lloyd, and Minah Williams.

parents. “I love Parents as Teachers and I’m calling Ms. Robin the next time I get pregnant. She is so nurturing,” said Kaylin, who no longer is experiencing homelessness and works as a pre-school teacher in nearby University City, Missouri. “I would definitely recommend the program to my family and friends and anyone thinking about having a baby. It’s the best.”

including racism, sexism, income inequality, and lack of access to resources unquestionably influence a mother’s birthing experience. If she is Black and birthing, she may be in the fight of her life.

African American babies are two times more likely to die before their first birthday than White babies (U.S. Department of Health and Human Services Office of Minority Health, 2020). That’s why every year, SMSF, in collaboration with FLOURISH, a St. Louis-based group that works to lower the incidence of prematurity and maternal and infant morbidity and mortality in the area, hosts an event to celebrate the first birthday of Black children enrolled in the PAT program. Donna Givens, PAT’s manager of Community Partnerships and Groups, says that too many babies are dying before their first birthday. Some St. Louis neighborhoods have infant death rates three times the national average.

“Every year, we host a first birthday party for our families to celebrate them and to educate and encourage them to follow safe sleep recommendations for their infants,” Givens says. “The kids play games, have their likeness created by a cartoonist, receive Sesame Street themed gifts bags with pajamas, enjoy refreshments, and have their pictures taken. Their parents also receive gifts and kudos for their successful parenting.”

Show Me Strong Families Serves All Communities

SMSF’s black doulas offer their services to a wide demographic of clients enrolled in PAT programs and services. Kaylin and her daughter’s father, Brenyn, still are very involved with PAT. They attend group connections to learn new parenting skills and collaborate with other young

PAT serves nearly 220,000 families in all 50 U.S. states, 115 Tribal organizations, five other countries, and one U.S. territory. Services are available to families of all backgrounds and socioeconomic means, free of charge, and have proven to be particularly helpful for families identified as a higher risk for abuse or neglect. To learn more about PAT and about the Show Me Strong Families program, visit www.parentsasteachers.org and <https://parentsasteachers.org/show-me-strong-families-1>. ■

Eric L. Clark is a seasoned journalist who currently serves as the marketing communications specialist for Parents as Teachers National Center, Inc. He has written extensively on matters involving under-resourced communities and the positive effects of early intervention in children’s lives.

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Racial Disproportionality in Child Welfare



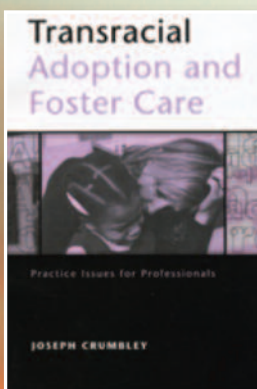
Race Matters in Child Welfare: The Overrepresentation of African American Children in the System

*Edited by Mark F. Testa
and John Poertner*

Several studies show that children of different ethnic or racial backgrounds receive dissimilar treatment by the child welfare

system, but little is known about the appropriateness of the treatment. This compilation of papers critically examines child welfare policy and practice, the causes of child maltreatment, and how each impacts the disproportionate representation of African American children in the system.

Item #: 8746 • Price: \$24.95



Transracial Adoption and Foster Care: Practice Issues for Professionals

By Joseph Crumbley

Author Joseph Crumbley, a well-respected authority on transracial adoption and foster care, describes specific ways that practitioners can work with transracial families to ensure

that children develop positive racial and cultural identities. Crumbley also addresses professional concerns of cultural competency and recruitment of minority adoptive and foster parents.

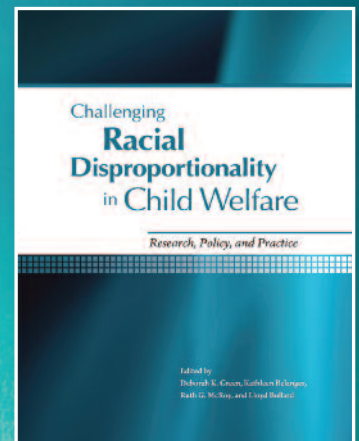
Item #: 7176 • Price: \$18.95

Challenging Racial Disproportionality in Child Welfare: Research, Policy, and Practice

*Edited by Deborah Green,
Kathleen Belanger, Ruth
G. McRoy, & Lloyd Bullard*

Why are African Americans overrepresented in out-of-home care compared to their representation in the general population? How can it be prevented? This textbook seeks to answer these questions. Child welfare workers—as well as practitioners from other social services fields—can explore nuances within the far-reaching issue of disproportionality.

Item #: 1446 • Price: \$69.95



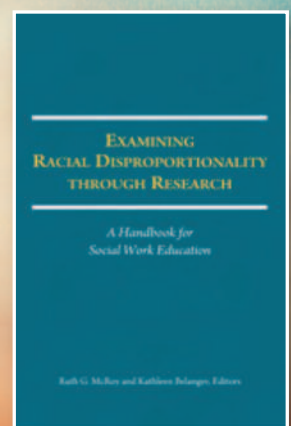
Examining Racial Disproportionality through Research: A Handbook for Social Work Education

*Edited by Ruth G. McRoy
and Kathleen Belanger*

Racial disproportionality and disparate outcomes for people of color are of great importance and concern in social work education, research, and practice.

This handbook specifically focuses on the following competencies: understanding oppression and discrimination; advocating for human rights; engaging in practice-informed research and research-informed practice; and addressing social and economic justice.

Item #: 1545 • Price: \$19.95



Finding the Right Treatment Program:

Adelphoi Engineers an Innovative Solution to a Systemic Problem

By Karyn Pratt



Participating in a horticulture program in Adelphoi.

Selecting the right treatment program for kids in child-serving systems is challenging. Clinical information can be inadequate or complex, and county and state agencies often don't have adequate time to fully evaluate all options for treatment. When counties and providers make the wrong decisions about treatment, kids experience disruptions in care and become stuck in the system, bouncing from placement to placement.

According to the PA Juvenile Justice Task Force, youth removed from home average two placements at residential facilities, with roughly one in four kids sent to three or more residential placements (Rubin et al., 2021). In addition, youth sent to residential placement spent 16 months away from home over the course of a case, averaging roughly 6.5 months out of home in each residential placement. Nearly 20% of these youth are cumulatively kept out of their homes for more than two years (Rubin et al., 2021).

Ultimately, this deep system involvement leads to additional trauma, more time away from families, educational disruption, decreased physical and mental health, and overall poor outcomes.

Adelphoi, a 50-year-old youth services provider based in Latrobe, Pennsylvania, recognized the connection between getting the kids it serves in the right programs and having them achieve success. In 2019, the organization began scrutinizing its outcomes for both kids who had successfully completed a program and those who had not, and commissioned a research study to understand the factors, as well as the combination of factors, that contribute to a youth's success in both completing a program and subsequently remaining out of the system after discharge.

From that endeavor, FirstMatch® was born. FirstMatch is a software platform developed by Adelphoi that uses predictive analytics to match youth in the child welfare, juvenile justice, and behavioral health systems with the right treatment program the first time, significantly increasing the likelihood of a successful outcome.

When a child's clinical information is entered into FirstMatch, the application uses a trained algorithm to compare the predictive factors of the referred child to the historical outcomes achieved by unique programs for clients that presented with the same or similar predictive factors. Through the use of predictive analytics, the tool recommends the most appropriate program



Adelphoi youth engage in a homemaking program.

for the child based upon their unique, individual needs. The tool also predicts the likelihood of the youth completing that program and remaining out of care, along with other desired outcomes. This information can then be used by the treatment decision-maker to make the appropriate recommendation for care for that child.

Adelphoi began using this platform in early 2020 for the more than 900 residential referrals that are made to Adelphoi each year. But that was just the beginning. Recognizing the broader implications of this research and its usefulness for treatment decision-makers, Adelphoi evolved FirstMatch into a multi-tier platform suitable for use by providers and county and state organizations.

Mark Mortimer, COO of Adelphoi, explains, “The trauma to kids and cost to the system from inappropriate placements is enormous. When kids continuously cycle through programming, their families start to give up. We believe that children deserve the best possible opportunity for success, and FirstMatch offers that opportunity.” To date, Adelphoi has seen a 20% improvement in its program completion rates for

youth who are placed in programs based upon FirstMatch recommendations.

FirstMatch offers organizations across the country the ability to leverage their own unique data to make appropriate treatment matches for their children. The tool can be trained to make predictions on many possible outcomes, including program completion, remain-out-of-care, permanency maintained, risk reduction, graduation/attendance, re-hospitalization, and more. Child-serving entities can provide children in their care with the most appropriate match within their ecosystem of services.

Lynnet Scully, Director of Admissions at Perseus House in Erie, Pennsylvania, is one of the users of the FirstMatch tool. “We chose to implement FirstMatch to streamline our referral process and to use data to target populations that we have the most success with,” she notes. “This allows us to serve the highest number of clients that align with our target population and reduce the number of incidents commonly associated with an unsuccessful placement.” Ultimately, this alignment leads to the reduction of multiple placements, youth

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New Publication from CWLA Press:

Systems Consultation

When Trauma Strikes

Stories of Hope, Collaboration, and Change



Author, Michael J. Schultz, Ed.D.

Why did you decide to write *Systems Consultation When Trauma Strikes: Stories of Hope, Collaboration, and Change*?

I wrote the book because the helping professionals in public and private agencies, across disciplines, are confronted with exhaustive interpersonal stress, trauma, and tragedy every day. I strive to make their voices and experiences visible by sharing my own impressions and stories about crisis assessment and intervention and by shining a light on possibilities for stability, resilience, and reflective learning.

Quite simply, I aim to honor and validate these unsung persons and professionals and believe that systems consultation is a unique form of service to those who are called upon to educate, protect, and support others. I have had the privilege of engaging and collaborating with remarkable clients, colleagues, communities, and professional networks for four decades. The collection of inspiring principles and practices contained in *Systems Consultation When Trauma Strikes* are testimony to the sanctity and purity of our collective drives and shared humanity. It was important to me to offer healthy stories to counter pervasive and profound inequity, escalating demands, rapidly decreasing budgets, intensive public scrutiny, and exposure to rising psychosocial and physiological toxicity—those harsh realities that leave too many clients and professionals overwhelmed, under-supervised, and highly susceptible to primary and secondary traumatic stress.

And for whom did you write this book?

First and foremost, the book intends to be helpful to those experiencing crisis and trauma in homes,

communities, and workplaces, among others. *The Five-Step Approach* featured in the book is a flexible framework which can be applied to a variety of circumstances. As such, I do not propose a model. In my view, a model is a skeleton without muscle and blood, and I am not a proponent of recipes and formulaic responses to matters of the mind, heart, spirit, and relationship. Instead, I offer a systemic framework that describes my team's thinking and working and creates space for the reader to integrate their own preferences and personal style. The framework is accompanied by concrete guideposts and alternatives to expand the reader's reasoning and professional ways of being.

There are two essential "audiences" for the book. The first comprises administrators, policy-makers, and leaders who must consider how to respond to day-to-day stress and those extraordinary crises that emerge from time to time in their organizations and communities. The case examples offer areas for leaders to consider in their quest to select timely and effective professional guidance and assistance in the immediate aftermath of a crisis and/or intensive interpersonal conflict. As the crisis is mitigated and stabilized, the case examples offer a framework for enlarged sensibility and growth on personal, professional, and organizational dimensions.

The second audience comprises practitioners and those professionals who are asked to assess and intervene (how to respond and what to do when you enter a situation in which crisis and trauma has struck). The theoretical backdrop is team-oriented and channeled by use of the *person of the professional*. The case examples reflect these principles, and provide specific assessment and intervention tools, facilitative practices, and clinical experiences across professional domains.

Ultimately, the book seeks to bridge the gap between those leaders at the 35,000-foot level and those practitioners who operate three feet from clients and communities. This is a crucial component as we cultivate healthy organizational relationships, continuity of service, and employee productivity and well-being.

What types of trauma and responses do you discuss in the book?

We begin the book by setting the stage for efficient, respectful, and relevant crisis assessment and intervention with individuals and groups experiencing trauma and interpersonal stress. Case examples are drawn from a variety of organizational contexts such as communities, health care agencies, schools, specialized treatment centers, public agencies, businesses, and so forth. Specific types of traumas include sudden death of young children, adolescent suicide, school shooting, random homicide in a community, sexual and physical abuse, and threats of violence, among others. Our systemic responses stem from the book's three primary goals for the reader, including: (1) discovery of a *hopeful* view of possibilities for *change* and stability via *collaboration* and enduring respect for those experiencing crisis; (2) guidance in effective methods to produce change and transformation; and (3) professional use of self as an instrument of change. The concepts and practices of *hope*, *collaboration*, and *change* permeate the text.

Can you discuss a scenario described in the book that made a particular impact on you? How did the systems and individuals who were involved in this scenario act amid the crisis?

As you might imagine, each encounter with persons and groups exposed to trauma and heartache impacts us as professionals and human beings. The book is laden with compelling stories. Professionals must have solid networks of colleagues and mentors and lead healthy personal lives so we can remain therapeutic under stressful circumstances. Self-awareness and work-life balance are hallmarks for professional efficacy, ethics, and responsibility. This work is not for the faint of heart and requires ongoing learning, durable support, and connection to a vibrant professional community. I go to great lengths in the book to acknowledge my own mentors, colleagues, and supervisors as an invitation for the reader to enhance and explore their own resources more deliberately.

The set of circumstances in Newtown Connecticut, described in Chapter 6 stands out as a personal and professional marker on a variety of dimensions. It was essential to utilize all our skill, experience, and good heart to meet the essential needs of persons and groups along the developmental life span and to coordinate each activity with a myriad of government agencies, private practitioners, political leaders, the media, and public at large. Our sustained involvement and sophisticated understanding of multiple systems was

necessary to counter the intensive shock, anguish, pain, outrage, and uncertainty confronting families, communities, and professionals. To this day, I have frequent and meaningful connections with educators and others most directly impacted by the horror of December 14, 2012. Each day there is a place in my mind and heart for those experiencing unspeakable and life-changing grief, loss, and heartache. I am forever indebted to those colleagues who created pathways for our teams to support and serve those afflicted and aggrieved. Despite such appalling circumstances, I witnessed first-hand the astonishing competency and dedication of educators, caregivers of all types, powers of the collective, and integrity of the human spirit.

With the ongoing COVID-19 pandemic, children, youth, families, and communities are facing unprecedented health, mental health, and economic challenges. How can the child welfare system respond in this moment?

This is a timely and important question and could be a book in and of itself. Let's think about this in three ways: (1) Defining the "child welfare system (CWS)"; (2) commentary on COVID-19; and (3) collaboration within and across biological, legal, economic, political, and psychosocial systems. First, the CWS constitutes an expansive labyrinth of public and private organizations, and it includes courts and legal systems, family and child advocates, public agencies, child protective services (CPS); educational centers and schools, health care centers (behavioral health clinics, community social services agencies, hospitals, medical clinics, private practices across disciplines, psychiatric inpatient and day treatment, residential treatment), and legislative bodies, among others. I go into greater detail about these interdependencies in Chapter 5 of the book, with an emphasis on responses to child fatalities to illustrate the connections and relationships. Later in Chapter 7, I provide three case examples of systems consultation in congregate settings for children, youth, and their families, and I emphasize the significance of community-based and family-centered interdisciplinary care, all aligned with Family First Prevention Services Act legislation.

Second, as your question suggests, COVID has brought about worldwide death, loss, grief, fear, mistrust, and uncertainty—changing our world rapidly, forcefully, and without our consent. Our communities

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Systems Consultation When Trauma Strikes

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and helping systems are struggling with the impact on multiple and interrelated dimensions (cultural, economic, educational, generational, medical, psychosocial, spiritual, political, and so forth). I cover the impact more specifically in Chapter 9 (Race Relations), in the book's epilogue, and with a caveat in the preface—suggesting that these are moments and movements as helping professionals that define the scope and depth of our commitment and expertise at problem-solving, healing, and mediation. Our professional community has an obligation to activate healthy resources and counterbalance trauma and indifference with compassion and resolve. We must think systems wherever we are and recognize that our work at this time is essential and indispensable. The CWS historically transacts with citizens who are the most vulnerable, and COVID has exacerbated existing fragility, inequity, and susceptibility. Furthermore, we must provide active and sustained support, guidance, and relief for our exhausted workforce across disciplines.

Third, the interconnections and collaboration within and across all entities in the CWS must encompass clear and timely communication, respectful relationships, continuity of care, workforce competency, adequate social policy and funding, and firm commitment to public service. Group culture is one of the most powerful forces we encounter as professionals and human beings. Healthy families, teams, and organizations share common features. These characteristics are building blocks for healing, empowerment, and resilience during crisis and trauma.

The heart and soul of systems consultation and group facilitation is about generating hope, collaboration, and change as integrated professional communities. Underlying these principles and practices is the belief that as helping organizations and professional staff enhance their capacity to rebound from immediate crisis and weather persistent stress, they also gain vital resources to deal more effectively with future challenges. Thus, in building organizational resilience among professionals, every learning moment is a preventive measure. In this regard, the CWS ought to be a vibrant context for interdisciplinary collaboration and scholarship.

How have trauma responses changed in the last 20 years, and why?

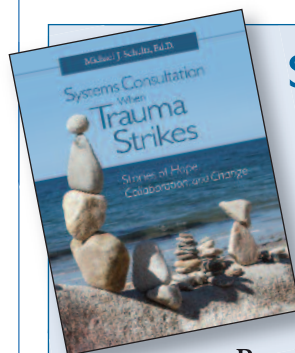
There has been a proliferation of trauma-informed approaches and technologies over the past several decades. In many ways, your question could be enriched by expanding the discussion to include professionals and

organizations representing these various approaches. In the end, the efficacy of any approach is defined by the communities they serve and the outcomes they produce. Administrators and practitioners reading this interview have many choices at their disposal when encountering crisis, trauma, and tragedy.

For our purposes, it is important to reflect upon both the content and process of the book's evolution and best hopes. When we began, we envisioned creation of an aesthetic text which straddled art, culture, diversity, economics, medicine, mindfulness, music, nature, photography, politics, and wellness. It was important to our production team that we pay close attention to age, gender, race, spirituality, and multiculturalism in content and form. The book's graphic design was structured to encourage experiential learning and reflection by challenging the reader to recognize and expand their own thinking and practice. This is our humble contribution to the burgeoning literature, research, and applied approaches to trauma and healing. Finally, we have remained mindful of this important moment in our nation's story. We are an evolving multicultural democracy, and an imperfect union. We must find respectful and lively ways to embrace this truth and confront the tension between the American dream and the American reality.

Thanks so much for taking the time to connect in this meaningful way. ■

Michael J. Schultz, Ed.D., is a licensed psychologist, family therapist, systems consultant, and Senior Fellow with the CWLA. Dr. Schultz has been practicing for more than 40 years as an administrator, clinician, group facilitator, and university professor in public and private settings throughout New England and many regions of the United States. He has conducted numerous educational forums, workshops, and crisis intervention services across professional disciplines to businesses, child welfare organizations, health-care facilities, law enforcement agencies, schools, and state agencies, among others. He is the author of several articles and book chapters related to child welfare, family systems medicine, outdoor education, organizational leadership, and primary and secondary traumatic stress. Dr. Schultz resides and works out of Farmington, Connecticut, and North Truro, Massachusetts.



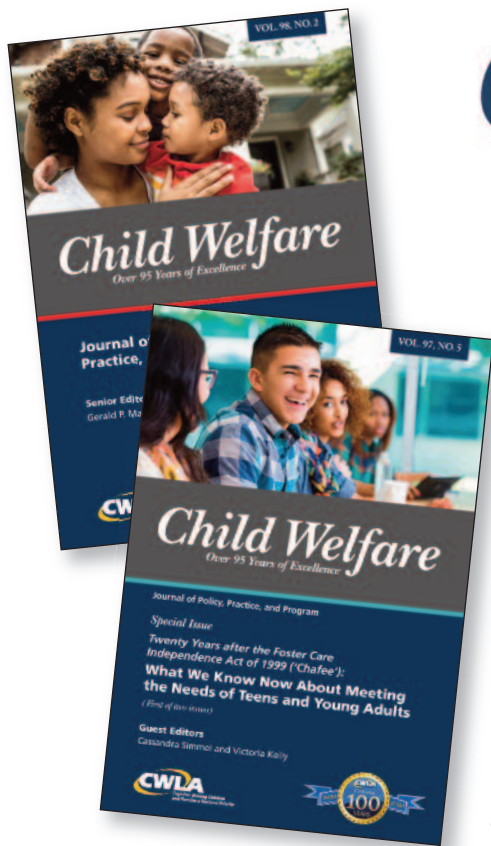
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Working with the PRIDE Model of Practice

Eileen Mayers Pasztor and Marcus Stallworth

Looking Back, Looking Forward

For more than two decades, CWLA has been offering the *PRIDE* (Parent Resources for Information, Development, and Education) *Model of Practice* to public and private child welfare agencies. The goal is to help them develop and support foster and adoptive (resource) parents as team members in child protection and trauma-informed care of children with a standardized, structured framework for recruitment, preparation, assessment, selection, development, training, support and retention.

The *PRIDE Model of Practice* helps ensure that agency staff and resource parents: (a) share the same vision, mission, goals, and values; (b) use the same evidence-based or informed child welfare practices with strengths-based child and family-friendly language; and (c) are accountable for established outcomes. The *PRIDE Model of Practice* focuses on five competency categories based on a comprehensive national analysis of the roles of foster and adoptive parents and grouped into the following five categories:

- Protecting and nurturing children (ensuring safety);
- Meeting children’s developmental needs and addressing developmental delays, including cognitive and academic development, emotional support, social skills, cultural identity, gender identity and sexual orientation (ensuring well-being);
- Supporting relationships between children and their families (permanency);
- Connecting children to safe, nurturing relationships intended to last a lifetime, and to help ensure that no young person is discharged to the streets at risk of being trafficked, homeless, or worse (ensuring permanency); and

- Working as a member of a professional team (minimizing trauma by maximizing teamwork).

The *PRIDE Model of Practice* was originally developed in partnership with Illinois Department of Children and Family Services and a coalition of foster and adoptive parents, public and private agency staff, the National Association of State Foster Care Manager, the San Felipe Humanitarian Alliance for their generous support in producing the two original videos for the preservice training program, *FosterPRIDE/AdoptPRIDE*: “Making a Difference” for prospective foster and adoptive parents and “Developing Family Resources” for staff facilitating the assessments.

Over the years, colleagues from other countries helped implement the *PRIDE Model of Practice* in Canada, Scandinavia, and Eastern and Central Europe. Publications in the journal *Child Welfare*, for example, described the value and process of transferring learning across countries, documenting that “the needs of children know no borders.”

In 2016, CWLA and FosterParentCollege.com collaborated to create a *New Generation PRIDE Model of Practice* to develop resource (foster and adoptive) parents as team members in child protection and the trauma informed care of children. The *New Generation* integrates the strengths of in-person group sessions, family assessment (home study) consultations, and online self-pace training to meet the needs of diverse families and agency resources. The hybrid in-person/on-line approach builds upon the five *PRIDE Model of Practice* competency categories. Major benefits include decreasing the number of in-person sessions (cost, travel and time-saving), increasing the quality and

standardization of training, and strengthening family assessment. Features include innovative, cost-effective strategies with proven effective techniques, interactive vignettes, and examples from the field. The *New Generation FosterPRIDE/AdoptPRIDE* is organized into five group sessions and four online clusters of courses with an emphasis on trauma informed parenting, culturally competent parenting, the child welfare team, working with birth parents, and addressing the impact of fostering on all members of the foster and adoptive family.

In the fall of 2017, CWLA was honored to send a delegation of *PRIDE Model of Practice* colleagues to a conference in Prague, Czech Republic sponsored by the Czech Association of PRIDE Trainers and join with 150 PRIDE facilitators from 17 countries to learn and share strategies, achievements, and challenges. This past December 2021 special issue of the *Children's Voice* highlighted *PRIDE Model of Practice* accomplishments from Los Angeles to Delaware to Bosnia and Herzegovina.

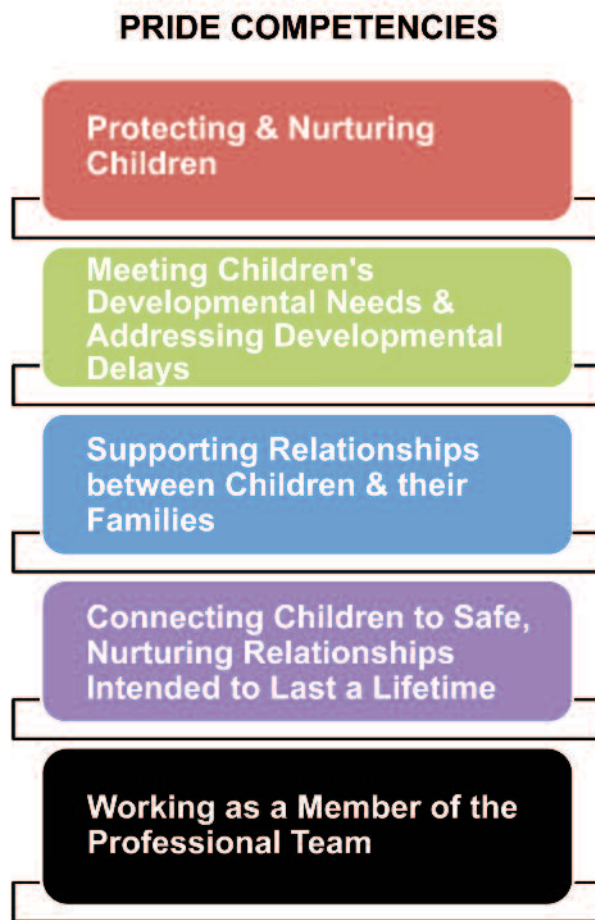
A cornerstone of the *PRIDE Model of Practice* is the networking and sharing among public and private agencies. Therefore, in January 2010, CWLA created the "Working with PRIDE" column to be a forum published in each issue of *Children's Voice*. The aim is that colleagues in the United States and other countries can share strategies, successes and challenges. Over the past almost ten years, CWLA has been honored to publish columns from colleagues in public and private agencies across the United States as well as in other countries. Topics have included practice issues regarding loss from children's perspectives to advocacy and systems change in another country. Reminder: that this is not a training program but a complete approach to recruiting, assessing, selection, training, supporting and retaining resource families.

Teamwork is a core principle of the *PRIDE Model of Practice* so therefore we support teamwork among all our colleagues by inviting participation in the **PRIDE Model of Practice Learning Collaborative**. The aim is to create an ongoing dialogue in which members can share successes, discuss challenges, and provide and receive information and support from others who are implementing the *PRIDE Model of Practice*. Everyone who works with the *PRIDE Model of Practice* is invited to participate: including trainers, family development specialists, recruiters, caseworkers, supervisors, and agency leadership. Emphasis is on how the planning, developing, and supporting phases can best help agencies develop and support foster and adoptive parents who are team members in achieving safety, well-being, and permanence of children who have experienced trauma and joined their families. In fact, our "mantra" is "minimize trauma, maximize teamwork!"

The newest update for the *PRIDE Model of Practice* is the revision of the *Practice Handbook* to be named *Strategies Guidebook: A Model of Practice to Develop and Support Families who Foster and Adopt*. The original 14 steps in the model of practice have been streamlined as 8 steps which will include: Affirming the value of families who foster and adopt as team members in keeping children

safe and safe; continuing with crafting an action plan for community engagement; validating a commitment to families who foster an adopt, preventing disruptions, ensuring that families who foster or adopt have the continuing ability, resources, and willingness to keep all the children in their families safe and nurtured; and ending with a process to evaluate your mission-driven trauma informed model of practice. Look for the *Strategies Guidebook* to be available later in 2022.

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Developmental Milestones Matter

Helping Caregivers and Providers Track Children's Early Development

By the Team at the Centers for Disease Control and Prevention's Learn the Signs. Act Early. Program

Skills such as taking a first step, smiling for the first time, and waving “bye-bye” are called developmental milestones. Children reach milestones in how they play, learn, speak, act, and move. Tracking children's milestones provides important information about their early development and can signal when a child may need extra support. Because early identification of possible developmental delays and receiving early support when needed can help children's development, the Centers for Disease Control and Prevention (CDC) encourages all caregivers to track children's milestones.

CDC provides free, high-quality, family-friendly milestone checklists in a variety of formats to help caregivers regularly track milestones among children ages two months through five years.

Tracking milestones supports early child development

Tracking milestones can help caregivers learn what to expect at different ages of development and establish more realistic expectations around children's abilities,



skills, and behaviors. In fact, caregiver knowledge of early child development is a protective factor against child abuse and neglect (Center for the Study of Social policy, 2018). Tracking milestones also offers opportunities to acknowledge and celebrate children’s progress, to better support the development of skills and behaviors, and to seek support early when children miss milestones or there are other possible concerns. Just about anyone who spends time with a child—parents, grandparents, foster families, social workers, early educators, home visitors, and many other caregivers—can support a young child’s early development by tracking milestones. It’s easy with CDC’s free milestone checklists.

Be on the lookout for missed milestones and share your concerns

While a missed milestone may not be cause for alarm, it’s always worth talking about with the child’s health care provider or another early childhood professional. Sharing a completed milestone checklist can be helpful in communicating the concern. Missing milestones or any other concern should prompt a caregiver to ask about developmental screening.

Talking about a child’s development, sharing a completed milestone checklist, and communicating any concerns is helpful to children’s health care providers, too! The American Academy of Pediatrics (AAP) recommends both developmental surveillance, which includes tracking children’s milestones, and periodic developmental screening at specified ages and whenever there are concerns. Developmental screening can better assess risk for a possible developmental delay or disability and help get children the services or support they may need. The earlier

developmental concerns are identified, the sooner children can connect with services and support, like early intervention, to help their development. Developmental surveillance during the physical exam that occurs prior to child placement into foster care would be an optimal time to ensure that a child’s development is on track.

Developmental delays and disabilities are common. In the United States, an estimated 1 in 4 children ages 0-5 years is considered to be at moderate or high risk for developmental, behavioral, or social delay (Coker et al., 2012) and 1 in 6 children ages 3-17 has a developmental disability (Zablotsky et al., 2019). Unfortunately, it is estimated that less than one-fifth of those children receive early intervention services before age 3 (Vitrikas et al., 2017), and many children with delays and disabilities are not identified before kindergarten, often missing out on early services and supports. Children being served by the child welfare system may be at greater risk for missing out. As a caregiver and trusted provider, you play a critical role in helping to make sure all children with developmental delays are identified early and are connected to early intervention services and other supports.



Early intervention can make a difference

Early intervention is the term used to describe services and supports that help babies and toddlers (from birth to 3 years of age in most states/territories) with developmental

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Developmental Milestones Matter

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delays or disabilities, and their families. Programs are available in every state and territory for free or at a reduced cost for any child who meets the state's criteria for developmental delay. Early intervention may include speech therapy, physical therapy, and other types of services based on the needs of the child and family. It is likely to be more effective when it is provided earlier in life rather than later, and may positively impact a child's ability to learn new skills and increase their success in school and life (Early Childhood Technical Assistance Center, 2011). CDC offers parent-friendly information about early intervention and how to find out if a child is eligible for it at www.cdc.gov/FindEI.

CDC's updated checklists are more useful than ever

Since 2004, CDC's "Learn the Signs. Act Early." program has offered developmental milestone checklists and other free materials to help caregivers track children's milestones. Recently, the materials, and nearly all of the developmental milestones within them, have been updated to make them even more useful, relevant, and timely. First, checklists for ages 15 months and 30 months have been added so that there is now a checklist available for every health supervision visit recommended by the AAP from 2 months through five years of age. Second, the milestones included were also updated to more accurately reflect the current evidence base for the milestones. They have also been adjusted so that they appear on the checklist at an age when most children (at least 75%) would be expected to have achieved the milestone, making the checklist even more useful. To guide these revisions, CDC and the American Academy of Pediatrics (AAP) convened a group of eight developmental experts, who, through an evidence-informed systematic process, selected the milestones for inclusion and the ages by which each milestone would be expected of most children.

Following expert selection, review, and consensus, each milestone was cognitively tested with a diverse



group of parents from across the country. This process helped the program to simplify and clarify language, identify relatable examples, and ensure understanding of each milestone description as intended.

In addition to the milestone updates, the "Learn the Signs. Act Early." program also revised and added new tips and activities for caregivers to support

child development at each specified age. These tips and activities can be used as caregiver education and to encourage child-caregiver interaction. They also support relational health by stimulating and nurturing the early relationships that children have with their caregivers.

This intensive review and update of the materials led to additional improvements to the materials, including:

- added open-ended questions to help facilitate conversations with health care providers and others;
- removed "red flag" warning signs to reduce confusion about when to take action on missed milestones;
- integrated the new milestones and tips within the *Milestone Tracker* app (photos and videos to be added in the near future); and
- redesigned the *Milestone Moments* booklet to include a screening passport that can go along with children to track their screenings and other provider visits. ■

RESOURCES

Online: To access the new milestones by age and view or download a milestone checklist, visit www.cdc.gov/Milestones.

Mobile App: Download CDC's free *Milestone Tracker* app from the App Store or Google Play to complete a milestone checklist. Due to COVID-19, photos and videos to support the updated milestones have been delayed,

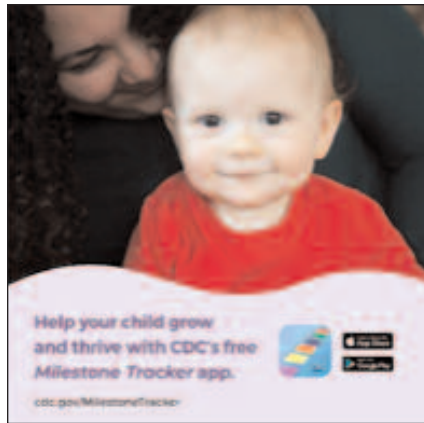
but will be added back to the app in the future.

Print Materials:

Order free copies of the *Milestone Moments* booklet in English or Spanish (in limited quantities) from www.cdc.gov/ActEarly/

Orders. To access customizable print files, so that you can add your organization's logo and local contact information, please email us at ActEarly@cdc.gov.

Thank you for your support in promoting this important information and resources to families, caregivers, and early childhood providers across the country! If you have questions about these updates, please email CDC's Learn the Signs. Act Early. program at ActEarly@cdc.gov.



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Working with the **PRIDE Model of Practice** Continued from page 21

You are invited!

- If you are implementing the *PRIDE Model of Practice* and want to participate in the Learning Collaborative, please contact **Marcus Stallworth** at mstallworth@cwla.org.
- If you would like to write about your agency's experience with the *PRIDE Model of Practice* and be featured in this column, please contact **Rachel Adams** at radams@cwla.org. ■

Guidelines for publication:

1. Describe your experience and especially achievements with the PRIDE Model of Practice, either in its entirety or a part;
2. Your article should be authored by an individual or team with *PRIDE Model of Practice* experience, either in management or training or supporting resource families after children join them;
3. Your article should be 600 - 700 words, in English, and include a picture if you wish;

4. Include the following identifying information: author(s) name(s), degree if any, title with affiliating agency, agency, city and state or country, email address, brief paragraph explaining length of time implementing the *PRIDE Model of Practice* and if you are using the original or New Generation;
5. Submit electronically to mstallworth@cwla.org and voice@cwla.org.

Eileen Mayers Pasztor, DSW, is one of the original members of the PRIDE Model of Practice writing team. She is a professor emerita at the School of Social Work, California State University, Long Beach, and she serves as a consultant/trainer for CWLA. You can contact Eileen at eileen.pasztor@csulb.edu.

*Spending close to 20 years providing child protective services, **Marcus Stallworth, LMSW**, is recognized by the State of Connecticut as an expert witness for providing testimony for Superior Court for Juvenile Matters. He has spearheaded several initiatives to promote the engagement of fathers, the prevention of abuse and neglect, and the dangers of social media. He is the Director of Training and Implementation for CWLA, whose primary role is to assist agencies with developing best practice strategies how to utilize a Model of Practice framework with fidelity throughout their organization.*

Finding the Right Treatment Program

Continued from page 15

spending less time in the system, a reduction in youth and family trauma, and overall better outcomes for children, families, and providers.

According to the PA Juvenile Justice Task Force research, there are large disparities in the outcomes youth experience when they are involved in the juvenile justice system. For example, black male youth stay under probation supervision the longest, averaging 42 months (Rubin et al., 2021). FirstMatch adds a layer of structured decision-making at critical junctions, including diversion, community-based interventions, and out-of-home placements, ultimately allowing for more informed, consistent and data-driven systems. The goal is to eliminate bias through the use of a structured decision-making system tool such as FirstMatch at each one of those critical intersections. FirstMatch users are positioned to view their data from a racially sensitive lens and are informed of disparities that may have existed in any historical data. They are then able to work toward more inclusive internal policies, protocols, and guidelines to reduce any future or continued bias.

Since the development of the tool, Adelphoi has worked with the Richard King Mellon Foundation, the Staunton Farm Foundation, the Henry L. Hillman Foundation, and others that have provided support for the scaling and rollout of FirstMatch to other providers as well as state and county entities. The FirstMatch team is also currently expanding the scope

of the tool to include using predictive analytics to match children in the child welfare system with the most appropriate foster family.

According to Sue Christner, Deputy Director of Lebanon County Juvenile Probation, “FirstMatch has significant implications for the entire child welfare, behavioral health, and juvenile justice system. Broad adoption of FirstMatch will allow counties and states to reduce the number of placements, therefore offering significant savings to an overburdened system.”

Adelphoi estimates that in Pennsylvania alone, a 7% reduction in the number of kids that need a second placement will yield approximately \$30 million in annual savings. Less placement will allow counties and states to decrease case-loads and reinvest in critical programming, including more funding for essential prevention and aftercare services. As Joni Schwager, Executive Director of Staunton Farm Foundation notes, “I truly believe this platform has the potential to catalyze change through the child welfare, juvenile justice, and behavioral health systems.”

To learn more about FirstMatch, visit www.firstmatch.com. ■



Caption to Come...

Karyn Pratt is Vice President of Marketing & Strategy Development at Adelphoi. She oversees the organization's marketing, communication, and fundraising efforts, leads the facilitation and execution of Adelphoi's strategic plan, and serves as the marketing lead for FirstMatch. She earned a bachelor's degree from Saint Vincent College and an MBA from Clarion University.

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Responding to the Youth Mental Health Crisis

By Anne J. Atkinson and Debbie B. Riley



The U.S. Surgeon General's Advisory on Protecting Youth Mental Health recently outlined steps to support the mental health needs of the nation's youth, identifying youth involved with the child welfare system among those at higher risk of mental health challenges (U.S. Surgeon General's Advisory, 2021). This followed pediatricians, child and adolescent psychiatrists and children's hospitals declaring a national state of emergency for children's mental health (American Academy of Pediatrics, 2021). Even after achieving permanency through guardianship or adoption, many of these children experience elevated risks for developmental, health, emotional, and behavioral challenges due to traumatic life experiences and compromised beginnings.

A fundamental strategy to address this crisis is training a sub-specialty of mental health professionals who are permanency- and adoption-competent. These professionals not only can understand the complexity of problems commonly present but are skilled in the delivery of interventions that are trauma-informed and address core issues often overlooked in standard therapy such as loss and grief, rejection, guilt and shame, and identity issues. Clinicians who have gained these competencies employ approaches that are attachment-focused and family-based and engage

parents, guardians, and kinship caregivers as partners in the therapeutic process as primary agents of healing through enhanced psychoeducation and therapeutic parenting skills development.

The good news is that this training is available. Since 2009, the Center for Adoption Support and Education (C.A.S.E.[™]) has led the development and implementation of training designed to build a workforce that can meet the complex behavioral health needs of foster, adoptive, and kinship youth and families. Training for Adoption Competency (TAC[™]) is a 72-hour training for licensed mental health professionals that is the only national adoption competency training program accredited by the Institute for Credentialing Excellence. It is also rated as a promising program with high relevance to child welfare by the California Evidence-Based Clearinghouse. Embedded in the 12-module curriculum are case consultation sessions that effectively aid in transfer and application of learning to practice. With advisory guidance from national experts, including parents, the process of developing TAC produced not only a training curriculum but also the specification of more than 230 knowledge, skills, and values competencies that distinguish the sub-specialty and a now widely cited

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Responding to the Youth Mental Health Crisis

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definition of an adoption competent mental health professional.

C.A.S.E. collaborates with training partner organizations in 20 states to deliver TAC and the training is now available also in a virtual format to clinicians in other states. To date, with support of multiple national foundations, more than 2,300 professionals have enrolled in TAC. Participants have reported TAC as a “transformative educational experience” and have reported:

“This training was an incredible experience and I feel like I have grown personally, professionally, and intellectually. I feel more confident as a therapist that I can make a difference in the work that I do.”

“I see things more through an adoption lens. Even when adoption is not the reason, I am trying to see how families have been impacted by loss/changes in placement, identity, trauma, attachment, etc.”

“I have never seen anything like this, having a comprehensive training and body of knowledge all in one place”

“Everything I learned I now find ways to extend how I practice. My perspective has been so enhanced by the material presented in this process!! I am the better therapist for it.”

The ongoing evaluation that assesses training delivery, effectiveness, and outcomes has consistently shown TAC to be of high quality and to produce changes in clinical practice consistent with intended learning outcomes. Additionally, the more than 20,000 participant descriptions of how the training influenced their clinical practices have greatly increased the field’s understanding of the specialty nature of practices that are attuned to the complex behavioral health needs of foster, adoptive, and kinship youth, and families. This large and expanding body of data have helped inform ongoing refinements to the curriculum and led to development of a set of clinical practice principles that have undergone validity testing and clearly articulate the assumptions, understandings, and skills necessary to work effectively with these youth and families.



Beyond evidence that TAC is an effective training model, there now is evidence that the training produces better treatment outcomes for families. A recent study funded by the Annie E. Casey Foundation compared the treatment experiences and outcomes for 89 adoptive families treated by clinicians who completed TAC with the experiences and outcomes for 70 families treated by comparably qualified clinicians who did not complete the training (Atkinson, 2020). Families were seen in community-based outpatient settings that were part of a statewide behavioral health system and included private practitioners with whom the public system contracted. Families treated by TAC-trained clinicians remained in treatment longer, experienced significantly greater parent involvement in treatment and a broader range of therapeutic interventions, and formed significantly stronger therapeutic alliances with their clinicians. They were significantly more satisfied with treatment, clinician performance, and child and family outcomes. Families treated by TAC-trained clinicians also reported significantly more positive outcomes for their families on measures of communicative openness, adoption knowledge, relationships, and parenting skills and for their child on measures of daily functioning and relationships. The study further confirmed that treatment delivered by TAC-trained clinicians featured greater use of psychoeducation and therapeutic parenting skills development.

For C.A.S.E., this study that focused on family experiences and outcomes represents a return to the roots of TAC that was developed over a decade ago directly in response to the voices of families. In multiple surveys, families had consistently reported treatment experiences that were unsatisfactory, failed to address their needs, or were even harmful. As an aid to families in locating

specially trained clinicians, C.A.S.E. has established and posted on their website “A Directory of TAC Trained Mental Health Professionals” in which licensed clinicians who have successfully completed TAC may choose to be listed.

This innovative training is ready to build the competency of the mental health workforce. Through partnership, let’s connect this underrepresented population to mental health providers trained to meet their needs. C.A.S.E., a CWLA member organization, welcomes partnerships with other organizations and systems to build this much-needed, specially trained workforce. If you are interested in being part of this solution, please contact Dawn Wilson, Director, National Training Institute at 301-478-4016, wilson@adoptionssupport.org. See <https://adoptionssupport.org/adoption-competency-initiatives/> for more information. ■

Anne J. Atkinson, MSW, PhD, is president of PolicyWorks, Ltd., a program evaluation and policy research firm established in 1995. She has extensive experience in evaluating child welfare programs, services, and training related to adoption, foster care of older youth, family finding, and kinship care. Current related projects focus on the ongoing comprehensive evaluation of Training for Adoption Competency (TAC), studies testing the effects of clinician training, development and validation of clinical practice principles, and models of clinical practice with different members of adoption kinship networks. She has authored articles focusing on adoption competency including a chapter on adoption competent clinical practice in *The Routledge Handbook of Adoption* (2020).

C.A.S.E. chief executive officer and co-founder **Debbie B. Riley, LCMFT**, brings expertise in organizational development, program design and evaluation, management, and curricula design. A nationally and internationally recognized adoption expert, trainer and author, Riley has more than 35 years of professional experience, including extensive health care management and administrative expertise, hands-on experience at designing, developing, and implementing nationally acclaimed evidence-informed, adoption-competent training programs for professionals including the National Adoption Competency Mental Health Training Initiative (NTI) and Training for Adoption Competency (TAC). Riley was awarded the 2015 Adoption Excellence Award by the Children’s Bureau, U.S. Department of Health and Human Services.

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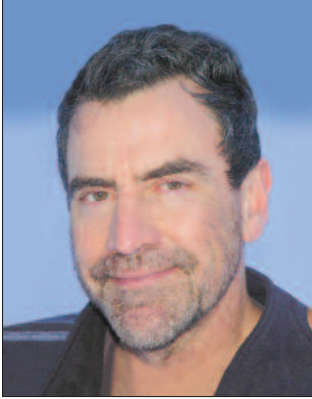
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Down to Earth Dad

Patrick Mitchell

You Make Magic Happen

My friend and former colleague Kevin McLean told me 25 years ago, “Don’t be the sage on the stage; be the guide on the side.” The seasoned actor has appeared in numerous productions in the Pacific Northwest and currently teaches young actors how to make magic happen onstage. He was training me to succeed him as director of a STEM-style school in Washington State, where my work would include doing workshops in the community, speaking at education conferences, getting parents involved in their children’s education, and teaching students.

I strived to be the “guide on the side,” as Kevin recommended—and this concept has helped me remember the work isn’t about me. That philosophy informed my presentation style as *The Down To Earth Dad*® when I left the school years later and began doing keynotes and professional development trainings for educators and parents in support of father involvement, parent engagement, and early-literacy enhancement, from Alaska to the Northern Mariana Islands public school system, and across too many

cities, towns, and Indigenous communities to count.

Eventually, I developed my own unique teaching manner that blended the “guide on the side” philosophy with “sage on the stage” notes, and the expert-status persona that evolved has come to benefit my overall outreach to programs and schools over the past 20 years. It’s surely okay to share one’s knowledge; in fact, it’s downright necessary to be that “sage” at times.

Educators and parents participating in trainings and special events need a good facilitator to guide them to learn from each other and make some magic happen—and I am that facilitator—but they also deserve a speaker/trainer who purveys truths based in actual expertise. Otherwise, what’s the point in paying attention to the speaker/presenter?

Nowadays, I invite event participants to take what’s useful from the stand-and-deliver portion of my presentation and to ignore the rest as I transition from being the sage on the stage to the guide on the side right before their eyes, ultimately transforming our time together from a teacher-

student interaction to a student-student interaction (where I’m one of the students). This is vital because team members and parents possess immensely valuable information and knowledge that too often goes unspoken—and when they become the teachers, too, the magic of the event multiplies.

I relish my roles: Purveyor of ideas and expertise, facilitator of conversations, and extractor of insights pursuant to identifying—and solving—problems and optimizing positive outcomes for children and families. I get to arrive as the expert and depart as the grateful student (gosh, I love my job!) By the end of our time together (two or three hours for staff trainings; 1.5-2 hours for Family Storytelling Nights), there’s great feeling in the room, goals have been established, a way forward is clear, and everyone is fully energized by their newfound knowledge and skills.

All programs and communities have unique knowledge, insights, and ways of doing things. Sometimes a fresh approach is needed, and new ways need to supplant the old, but that’s rare; in fact, the wisdom of educators

and parents connected to programs and schools needs to be openly acknowledged and valued and added to, not eliminated.

Your team members and colleagues at trainings, and your parents and families attending Family Storytelling Nights, are the people who make the magic happen. Even so, you'll see me stand and deliver solid information in a playful, interactive, and inspiring way—the sage on the stage—for part of our time together. Yes, I'll be teaching something important, but the magic doesn't derive from the me; it comes from your team members'

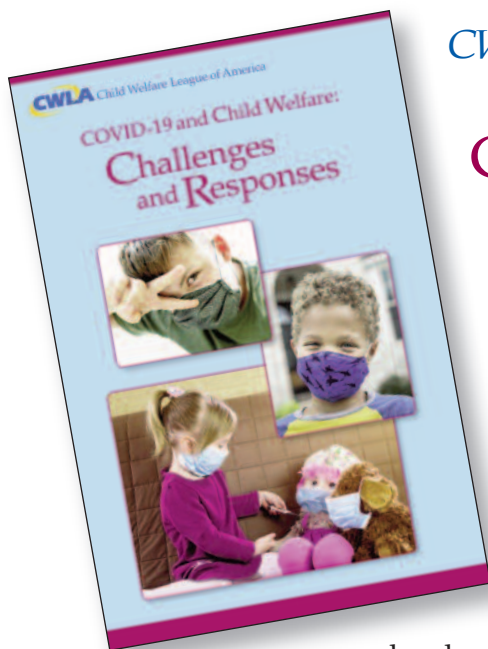
and parents' minds and hearts.

Educators, practitioners, parents, and child-and-family advocates connected to individual programs and schools small and large across America make the magic happen all day long, all week long, all year long. If you need a guide on the side, I'd love to visit, and if you'd rather have a sage on the stage, I can be that guy too.

But consider this before you go and invite me: Can you be the sage on the stage yourself, and/or can you become the guide on the side that your team or parents need?

The magic is in you, too! ■

A regular contributor to Children's Voice, Patrick Mitchell publishes a monthly newsletter, The Down to Earth Dad, and facilitates the Dads Matter!™ Project for early childhood programs, schools, and child- and family-serving organizations. He conducts keynote addresses, workshops, and inservice and preservice trainings. To reserve Patrick Mitchell for speaking engagements, or to implement the Dads Matter!™ Project for your families and community partners, call him toll-free at 877/282-DADS, or e-mail him at patrick@downtoearthdad.org. Website: www.DownToEarthDad.org.



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You are the Expert

By Rhonda Sciortino

Have you ever thought about the fact that you and your colleagues in your child welfare organization are probably the most experienced and best-informed people in your community on the subjects of childhood trauma, neglect, abuse, domestic violence, child trafficking, depression, suicidal ideation, and many other societal ills that harm children and families? Your neighbors may not be aware of the wealth of knowledge they have in you and your organization.

There are many people in your community who would be willing to support your organization if they had a clear understanding of your work and the profound impact of it. Unfortunately, many child welfare professionals don't have the time to engage in those individual conversations.

What if there were a way for you and your organization to share your knowledge and expertise in a way that draws good people toward support of your organization? What if sharing what you know helped strengthen fragile families in your community? What if all this didn't take a lot of your time? It may sound too good to be true, but it is possible.

Here are some of the ways that you can educate, encourage, and empower people in your community.

- **Start a podcast.** There are apps available that make it possible to simply record a conversation, alone or with one of your colleagues, directly from your phone and post it as a podcast. Those podcasts are then delivered to iTunes, Spotify, Google Podcasts, Stitcher and more. You might be surprised to learn that all of this can be completely free. In fact, if you authorize advertisements to be posted along with your podcast, you can actually generate revenue with every podcast. All it takes is your time, which can be as little as 15 minutes weekly.
- **Do a series of webinars.** Technology makes it possible to have one conversation with 50 people instead of 50 separate conversations. Webinars cost very little and can be free or paid by attendees. They can be recorded and the video uploaded to your YouTube Channel, which can be embedded on your website so that everyone who visits your website has the opportunity to become familiar with your work and your expertise. Links to individual webinars can be included in emails to your supporters and shared with staff and board members. One additional possibility with webinars is that depending on your subject matter, these may qualify as continuing education hours for your staff. If you make your webinars available to staff of other

organizations, you may be able to charge for attendance, which can create revenue for your organization.

- **Partner with a local community center, nonprofit, or faith organization to speak at an “ask the expert” night monthly or quarterly.** With each event, the host can advertise the theme, ranging from, for example, appropriate discipline for various ages of children to how to have productive conversations with teens about dating, drugs, sex, etc. To find the right topics, simply ask people in the local houses of worship what their members ask for help with most frequently.
- **Make yourself available to local news shows producers for any stories related to child abuse, domestic violence, homelessness, or any of the other issues that can lead to children being in your care.** If you establish yourself as the subject matter expert on these issues, you will have an opportunity to speak to the broader community. Just as in the case of webinars, these types of speaking opportunities can be recorded and uploaded to your organization's YouTube channel, which can be embedded onto your website. This will show your community that your organization is a source for solid information about strengthening families. This also gives you opportunities to share what you do and the impact your work has in your community.
- **Write a book to share what you know that can help children and families.** You can share the things that you've seen work as well as those things that harm more than help. When you share your expertise in a book, you transform yourself into the expert on the topics you cover. A book also can create a speaking platform for opportunities to speak at local universities and at relevant professional association meetings.

The average person doesn't understand the child welfare system and the role you and your organization play in it. When they do understand, they will be more likely to support your work and help you better serve children, families, and communities. ■



Rhonda Sciortino is the National Champion of the Love Is Action Community Initiative, of which Handle With Care is one of several vetted, proven effective programs. For more information on Rhonda, go to www.rhonda.org. For more information on the Love Is Action Community Initiative, go to www.loveisaction-communityinitiative.org.

Chicago's Maryville Crisis Nursery:

A Respite for Families with Young Children

By *Nelia Bernabe*



The drive to Gary, Indiana, from Chicago is a little more than an hour. One morning in early December, Maryville Crisis Nursery Administrator Amy Kendal and I made good use of our time by going over the questions we were going to ask the Nursery's former client, Kierra Johnson. As we tossed questions back and forth, Kendal could not stop herself from sharing her excitement. "I am so proud of her and what she has accomplished," she said.

"What's her story?" I asked.

Kierra was a promising student—a senior in high school—when she got pregnant. Family members had told her she wasn't going to amount to anything and that having the baby and going to college was a waste of time. "My family assumed because I made statistical choices that I would not go to college," she said. "I had a 3.6 GPA and was in JROTC. I was a nerd that ended up pregnant."

After a tumultuous period with her family, Kierra ended up moving to New York before her baby was born; her cousin had convinced her that when she arrived there, she could help her enroll in certain educational programs, so she dropped out of tech school, sold her books and her laptop, and bought an Amtrak ticket to

Watertown. She stayed there for only three months before returning to Chicago.

"It was rough. I had applied for housing there, for food stamps, for TANF, for help," she said. "I was doing work-study, but I was almost nine months pregnant, so no job was hiring me. I was doing the walk from Wendy's to McDonald's and I was not getting hired because I was due any day."

Before getting pregnant, she said, whatever could go wrong in her young life did go wrong. She had tried taking her own life twice and had been hospitalized for depression and for oppositional-defiant disorder. She had been arrested, had gone to a juvenile detention center, and had been under house arrest for a year. "I got arrested for being part of a big brawl. I wasn't in a fight, but everyone was getting arrested," she explained. "I was just a kid wanting some type of attention."

And at 18, she gave birth to her son, Kendrick. By that point, she said, she had experienced physical, mental, and verbal abuse. "I had a moment where I considered not having the baby," she said. "And God said you made your bed, lay in it. I was like, well, okay, hopefully I have a job by that point."

Continued on page 40

Celebrating Families!

Embracing, Empowering, and Guiding Families

By Rosemary Tisch

When dealing with substance use disorders, traditionally, the focus is on the adult who is using and possibly on their partner. But what services are offered to their children? Children living with an adult dealing with addiction often experience chronic trauma, now recognized as an adverse childhood experience (ACE). ACEs include living in family with addiction or mental illness, experiencing neglect, witnessing violence in the home or community, losing a parent (suicide, jail, death), and experiencing physical, emotional, or sexual abuse. The link between these experiences and children's future addiction, as well as other mental and physical health problems, is documented in the ACE study. Yet it has not been reflected in most treatment services.

Recent research has been evaluating the benefits of positive childhood experiences (PCEs) and is finding that PCEs potentially can offset ACEs. A 2019 study by Christina Bethell and colleagues (Bethell et al., 2019), found a significant connection between positive childhood experiences and adults' mental and emotional health. PCEs in the study included whether the respondents (1) were able to talk with their families about their feelings, (2) felt that their families stood by them during difficult times, (3) enjoyed participating in community traditions, (4) felt a sense of belonging in high school, (5) felt supported by friends, (6) had at least two non-parent adults who took genuine interest in them, and (7) felt safe and protected by an adult in their home. Recently, the American Pediatric Association specifically stated that pediatricians should encourage safe, stable, and nurturing relationships, recommending that pediatricians praise and encourage parents for engaging in bonding activities (such as embracing or comforting children, playing, or reading together) (Garner & Yogman, 2021).

We need to do more than praise and encourage parents who are dealing with addiction and likely raised



themselves by parents with substance use disorders. We need to help parents *learn* how to bond, affirm, comfort, play and read with their children.

As addiction can often be tracked for five generations, parents may not have experienced bonding/attachment themselves as children.

Celebrating Families![™] (CF!), developed specifically for fami-

lies in dependency drug or family treatment courts, focuses on how to parent in recovery—teaching essential healthy living skills to parents, caregivers, and children. Families attending have at least one parent with a substance use disorder and often have experienced family violence, child abuse, or neglect. The program is based on principles starting with the belief that parents love their children and that because they have a disease, they may not be able to show their love appropriately. Other CF! principles include:

- Accepting and welcoming all families, providing a safe space, in order for participants to grow and develop.
- Honoring diversity.
- Knowing that substance use disorders and mental health challenges are not predestined—they have both genetic and environmental causes.
- Recognizing recovery is a process; everyone in the family has the ability to learn new skills.
- Honoring and respecting the vital role of parents in children's lives.
- Creating safe, nurturing relationships based on trust and authenticity.
- Listening and accepting what is shared, withholding judgment.
- Knowing that people's stories are important, that we learn from each other, and that it is important to model healthy living, intentionally teach parenting skills.

Celebrating Families! is family-centered, designed to improve parenting skills, family functioning, and family relationships in order to break the cycles of inter-generational adverse experiences and substance use disorders in families. We want children and families to thrive and flourish. The program is unique in its focus on the future mental and physical wellness of children relating every session to the topic to children's future health. For example, when learning about nutrition, the curriculum refers to the impact of nutrition on brain chemistry and its relationship to being at risk for becoming addicted. The program is also unique in that it:

- is designed for children of all ages (birth through age 17), containing a component specifically for families with very young children;
- recognizes families likely have a history of addiction, multi-generational trauma, child abuse/neglect and family violence;
- recognizes participants may be dealing with cognitive deficits, physical challenges, or mental health challenges; and
- intentionally teaches healthy living and parenting skills. Group Leaders are “guides on the side”: reassuring, pointing out, suggesting, modeling, coaching, and affirming.

Published evaluations of *Celebrating Families!* with child welfare populations have shown positive outcomes in terms of reunifying children and parents from whom custody was removed by the court due to child abuse and neglect (Brook et al., 2015). An evaluation of outcomes from *CF!* in a residential treatment setting found improvements in family protective factors and reduction of harmful substance use (Zweben et al., 2025). A recent study of *CF!* comparing previous in-person cohorts to the newer online cohorts found that improvements in parenting skills, family relationships, and parental self-efficacy occurred for both the in-person and online groups with moderate effect sizes and parents reporting high satisfaction with the online groups, comparable with the in-person program (Cohen & Tisch, 2021). Because relationships are harder to maintain with online services, more preparation and interaction between Group Leaders and the families is necessary with weekly mailing of handout packets and calls to families between sessions are suggested.

According to Yamaoka and Bard (2019), positive parenting practices have robust protective effects, independent of the number of ACES. Professionals working with families who are at risk from all fields (social workers, pediatricians, counselors, clergy, teachers) need to provide

services that teach, help, and support positive parenting practices and encourage families to attend. *Celebrating Families!* has been found effective in improving parenting skills, family relationships, and family communication for parents whose substance use has resulted in involvement with child welfare and dependency drug courts. Adverse childhood experiences and the toxic stress they lead to are a public health crisis (Bucci et al., 2016). Offering programs such as *CF!* in the community, schools, churches, and community-based clinics needs to be part of the solution and can save lives. ■

Rosemary Tisch, MA, is the director of Prevention Partnership International (<https://www.preventionpartnership.us/>). She is the lead author of *Celebrating Families!*TM, developed in partnership with judges, experts in substance use recovery services, child development, recovering parents, and community-based providers. Ms. Tisch has overseen the implementation of *CF!* and related prevention programs in the United States and internationally for over thirty years. Ms. Tisch has co-authored numerous articles in journals, book chapters, web sites and training media. She is the recipient of awards related to her work from the *Faces & Voices of Recovery*, the National Association for Children of Addiction, Episcopal Diocese of El Camino, and the California State Directors Association for Cultural Diversity.

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Congress Seeks to Tackle Mental Health Crisis *By Kati Mapa*

This year, Congress has turned its attention to the growing behavioral health crisis in the United States, with many members focusing on youth mental health. Although the COVID-19 pandemic has exacerbated these issues, national surveys have shown increases in mental health symptoms for youth over the last several years (American Psychological Association, 2019).

According to the U.S. Surgeon General's Advisory's "Protecting Youth Mental Health," published in December 2021, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40% between 2009 to 2019; the share of these students seriously considering attempting suicide increased by 36%; and the number creating a suicide plan increased by 44% (Murthy, 2021). From 2011 and 2015, youth psychiatric visits to emergency departments for anxiety, depression, and behavioral challenges went up by 28%. Between 2007 and 2018, suicide rates among youth ages 10-24 in the United States increased by 57%; estimates suggest that there were more than 6,600 deaths by suicide among the 10-24 age group in 2020 (Murthy, 2021).

It's important to note that populations who are vulnerable are disproportionately impacted. Suicide rates among Black children under the age

of 13 have been steadily increasing, with Black children now nearly twice as likely as White children to die by suicide. "Moreover," U.S. Surgeon General Vivek Murthy states, "socioeconomically disadvantaged children and adolescents—for instance, those growing up in poverty—are two to three times more likely to develop mental health conditions than peers with higher socioeconomic status" (Murthy, 2021, p. 8).

In September 2021, the Senate Finance Committee released a Request for Information (RFI) soliciting policy proposals to address mental health needs. CWLA submitted a letter (CWLA, 2021) with recommendations highlighting maternal health, the needs of adolescents and youth, Medicaid reforms, telehealth improvements, enforcement of parity law, assisting the behavioral health workforce, and substance use treatment needs. The letter, from CWLA President and CEO Christine James-Brown, concludes that, "effective mental health and substance use services will reduce the number of children and families that come to the attention of child protection or child welfare."

There is a series of concurrent bipartisan efforts to address these concerns. On February 1, 2022, the Senate Committee on Health, Education, Labor and Pensions (HELP) held a hearing titled "Mental Health and Substance Use Disorders:

Responding to the Growing Crisis." Chairwoman Patty Murray (D-WA) and Senator Lisa Murkowski (R-AK) both highlighted the need for a bipartisan package that addresses a broad range of behavioral health needs (U.S. Senate Committee on Labor and Pensions, 2022). Testimony focused on the need to address workforce concerns like staffing and training, parity with physical health, and expanded access to telehealth.

The next day, the House Ways and Means Committee hosted a full committee hearing, "America's Mental Health." Again, Chairman Richard Neal (D-MA) and Ranking Member Kevin Brady (R-TX) both spoke to the bipartisan desire to pass effective legislation. Testimony and questions during the hearing highlighted youth behavioral health, racial and ethnic disparities in treatment and the workforce, and the need to address the broader socioeconomic realities that impact the mental health of children and adults. Witness Angela Sausser, Executive Director of The Public Children Services Association of Ohio-PCSAO, spoke about the need for an expansion of Title IV-E funding for foster care and child welfare caseworkers who are suffering secondary trauma, stating, "failure to care for the mental health of workers exacerbates mental health needs

and crisis in children” (U.S. House of Representatives, House Ways and Means Committee, 2022); these align with policy priorities for CWLA.

The Senate Finance Committee, building on the RFI response letters received, launched a series of hearings about “Protecting Youth Mental Health” beginning February 8, 2022. In the opening hearing, Chairman Ron Wyden (D-OR) and Ranking Member Mike Crapo (R-ID) welcomed Surgeon General Dr. Vivek Murthy to speak about his advisory. Both Senators indicated a desire to work across party lines to address mental health challenges for youth, highlighting five areas of focus: 1. strengthening the workforce; 2. increasing integration, coordination and access to care; 3. ensuring parity between behavioral and physical health care 4. furthering the use of telehealth; and 5. improving access to behavioral health care for children and young people (U.S. Senate Committee on Finance, 2022).

Throughout these hearings, several lawmakers raised concerns and recommendations of interest to CWLA. In one exchange during the Senate Finance Hearing, Senator Warren (D-MA) asked the Surgeon General: “What kind of payoff will this investment in childcare [in the proposed Build Back Better legislation] yield for children, for parents, and for childcare providers?” Dr. Murthy responded: “Senator, I don’t know that I can count that high because it’s a big payoff.” He went on to note that when we invest in children, they become young adults and older adults with a better chance of having good mental and physical health.

CWLA and other advocates support a wide range of solutions to the behavioral health crisis, including investing in children’s mental health and economic security. CWLA’s Legislative Agenda reflects this commitment to broadly supporting America’s children and families. ■

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New Policy Team Leaders

CWLA is proud to announce the additions of two new leaders to the CWLA public policy division.



Joseph Huang-Racalito

Joseph Huang-Racalito is CWLA’s new Vice President for Public Policy and Strategic Partnerships. Joe comes with a wealth of Washington, DC, experience, with more than 20 years on Capitol Hill including working for Congressman Barney Frank (D-MA), Congresswoman Lucille Roybal-Allard (D-CA), and the late Senator Edward Kennedy (D-MA). He brings along extensive experience on the federal appropriations process, health care, and health research and has worked off Capitol Hill for organizations including the National Center for Missing and Exploited Children.



Kati Mapa

Kati Mapa is CWLA’s new Public Policy Associate. She recently returned to the Washington, DC, area from her previous work in Massachusetts. Kati brings with her vast experience on issues that are critical to the child welfare field. She most recently worked for the United Way of Greater Plymouth County, Brockton, where she was a Clinical Advocate in the Drug Endangered Children Initiative. She previously worked for the National Alliance on Mental Illness (NAMI) Massachusetts, working on advocacy on state legislative issues and community organization, and for the Eastern Regional Mental Health Board in Norwich, Connecticut.



Exceptional Children

Navigating Learning Disabilities & Special Education

Ellen Notbohm

“If Big Bird says so, it must be true!”

How Embracing Your Mistakes as Art can Help Children Learn to Handle Mishaps

Here’s a beautiful piece of wisdom that came to me recently, from a knitter friend with a puppy. She had just completed a beautiful winter cap in a spendy yarn. She thought she’d put it in a drawer. She hadn’t. Her puppy discovered it and did what puppies do—chewed a seemingly irreparable, jagged hole in it, and she with no extra yarn left. Heartsick, she posted photos as a reminder to all of us with fur friends.

Another crafter saw her post and came forward with a remarkable offer of help. She reweave the hole, using the Scandinavian custom of purposely using a different colored yarn than the original, making the repair obvious. Such repairs are called scars, and are valued as statements that so-called “broken” things are actually survivors, the repair being a proud sign of strength and resilience.

This reminded me of the Japanese ceramics we see on *Antiques Roadshow*—broken pieces repaired with veins of bright gold. Called kintsukuroi, this technique celebrates the idea of embracing flaws as a means of creating stronger and even more beautiful works of art. Then I learned that the Amish toss a few mistakes into their knitting, or turn quilts patches sideways, because no one other than God is allowed to be perfect. As a knitter, I’m never short on mistakes. But now I can view some of them as an expansion of my definition of beauty.

However, for many children, viewing mistakes as art is abstract thought as yet beyond their reach. Autistic children, those with obsessive compulsive disorder,

those who have suffered abuse or other trauma—many kids think in absolutes. Whether due to their neurology or to life experiences, they view each mistake or failing in only one size: huge and humiliating.

Yet one of life’s big absolutes is that everyone, *everyone*, makes mistakes. “If Big Bird says so, it must be true!” declared my then-young son, listening for the hundredth time to the eponymous Sesame Street song.

Mistakes and mishaps come in endless degree and nuance, but imagine the monumental anxiety created for a child who can’t see these gradations. We all make dozens of little mistakes every day, so many that we likely aren’t even fully conscious of the smaller ones. Parents and caregivers of such children know this scenario well: on a typical morning, we dribble coffee on the counter, smudge makeup or ink, can’t find our keys, step on the cat’s tail. Most of the time we don’t miss a beat—while our child is upstairs melting down because they squeezed the toothpaste too hard, it’s all over their hand or shirt or sink now, and they’re terrified of the consequences, real and imagined.

Fear of failure can paralyze a child. We can quell that fear by instilling the understanding that Big Bird is right: everyone makes mistakes. Modeling that behavior helps children learn. When you make mistakes in your art or other creative endeavors, share those and their cultural stories as a lead-in to talking about mistakes in daily life. Here are three ways to help children lose their fear of failure. All are based on our old family frame of reference, called NBD—No Big Deal.

- Most mistakes are small, correctable (or as we've seen here, repairable) and have few lasting consequences. Point out your small mistakes to your child or student and label them as No Big Deal. We wipe the counter, we change our shirt, we pet the cat, we move on.
- Call it practice, not mistake. In learning anything, there's another word for mistake: practice. Practice is an important part of education and daily life, and missed spelling words, math problems, fumbled shoelaces, or toothpaste mishaps are No Big Deal. They mean we're learning.
- Another word for mistake: accident. We can't always control how things happen, and most accidents are No Big Deal. If we have an accident that affects someone else, it's usually easy to make amends. "I'm sorry I bumped you and spilled your juice. I'll clean it up and pour you some more." Starting with small consequences like this builds the resilience they need to cope with larger mistakes and accidents.
- Don't make a child complicit in a lie to cover your mistake, as in, "Don't tell Dad I broke his favorite mug. I'll just say the dog knocked it over." Better to say that Dad might be angry or disappointed at first, but will appreciate a heartfelt apology and understand that it was an accident.

And check out Big Bird's "Everyone Makes Mistakes" videos on YouTube. I still love his reassuring voice and inarguable wisdom. ■

Note: "Everyone Makes Mistakes" is adapted from 1001 Great Ideas for Teaching and Raising Children with Autism or Asperger's, by Ellen Notbohm and Veronica Zysk (2010, Future Horizons).

Ellen Notbohm's work has informed, delighted, and guided readers in more than twenty languages. The latest edition of her perennially bestselling book, Ten Things Every Child with Autism Wishes You Knew (2019), won the Chanticleer International Book Awards Grand Prize for Instruction and Insight, and is an Eric Hoffer Book Awards Grand Prize Short List honoree and Montaigne Medal finalist. It began as a short article in Children's Voice published in 2004.

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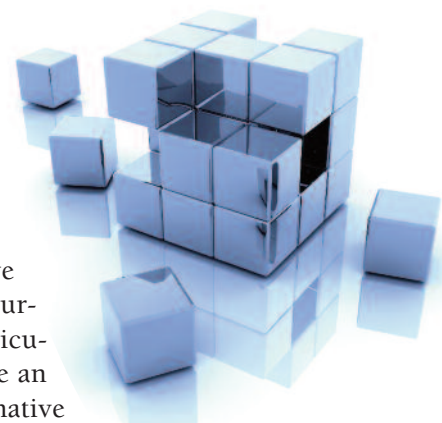
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Chicago's Maryville Crisis Nursery:

Continued from page 33

Kierra said that the only reason she decided to keep the baby when she was at her lowest point was she needed something in the world to keep her alive. “I needed something to never make me try to kill myself again,” she said.

Amy recalled meeting Kierra and her son about nine years ago, when Kendrick was not even a year old. She used Maryville Crisis Nursery's services as many as 20 times over the course of a few years for child care, health-related issues, and when she needed to do her schoolwork.

The Maryville Crisis Nursery, the only crisis nursery in Chicago serving Cook and Lake Counties, opened its doors in 2006 on the northwest side of the city. Its goals are to reduce the maltreatment of children under the age of seven, reduce parental stress, and improve learning skills through early childhood education. The Crisis Nursery is a program of Maryville, a child care organization rooted in Catholic social service teaching, founded in 1883 and based in Des Plaines, Illinois.

The Crisis Nursery provides services 24 hours a day, year-round. Parents experiencing an emergency or a short-term crisis such as homelessness, domestic violence, medical issues, joblessness, poverty, or parental stress can call the Nursery's crisis hotline.

The Crisis Nursery is a warm, loving environment with plenty of rooms for children to explore. Since play is critical to a child's development, the Nursery provides an arts and crafts room, an infant room, a water-themed playroom, a “pretend playroom” for sensory activities, a large gym, and a secure outdoor playground.

Children can stay from four to 72 hours at the Crisis Nursery, for a total of 30 days in one year. Also available to children, parents, and caregivers are:

- Healthy meals and age-appropriate learning activities for children.
- Counseling and monthly early childhood education classes for parents.

- Referrals to resources on medical care, housing, employment, job training, substance-use disorder treatment and much more.
- In-kind support of food, baby and household items.
- Strict observance of staff-to-child ratio.

The Maryville Crisis Nursery is a member of the Crisis Nursery Coalition of Illinois. It also provides support to parents through its Parent Café program where they can avail of a safe and welcoming space to ask questions, learn about resources and support in the community, and meet with a Maryville family advocate worker.

It follows the Attachment, Regulation and Competency Framework or ARC trauma-informed model of care. ARC is a flexible, components-based intervention developed for children and adolescents who have experienced complex trauma. It is built on four key areas: normative childhood development, traumatic stress, attachment, and risk and resilience. It has been shown to reduce symptoms of post-traumatic stress disorder. Children and adolescents improve their behavior and become less angry and aggressive.

“Kierra is an example of the parents that we have walked alongside who have determination to work on their goals and have achieved them to make good things happen for themselves and their families,” Amy Kendal says. “The Nursery is here to prevent a crisis and help become a part of the parent's circle of support.”

Our visit to Gary was a full-circle moment for Kendal. Like a proud mama, she was beaming with pride when Johnson got out of her car to meet us outside the Infant Tree Educational Rockstar, Johnson's daycare center in Gary. Now 27 and the mother of three boys, Johnson is the proud owner and founder of the daycare center, with clients coming from as far away as 20 miles. It opened in August of 2020 and accepts children ages 2 to 12 from 6 a.m. to midnight.

Johnson was quick to remind Kendal that the Maryville Crisis Nursery served as her inspiration to open her own daycare. “When my back was against the wall and I didn't have my family to help me, I had the Nursery,” she told Kendal.

“It was a safe and nurturing place for Kendrick.” The road to starting her own daycare center, just like her life,

she said, was strewn with a lot of challenges, but at the same time help came from unexpected people. She learned about zoning, certification, requirements, Indiana's codes and regulations and licensing. She befriended the owner of her children's daycare who passed on a sage advice to Johnson. "When you send your application, make sure you have everything. You only get one good try," she told her.

After getting her license, Johnson went to work. She printed her own business cards, posted on social media and went out to every neighborhood in Gary to put flyers on cars, on doors and anywhere from 9am to 5 pm every day. She met a "guardian angel" that believed in her and her dream and paved the way for her to move her business out of her home to her current location.

Johnson remembers the late Allan Fefferman, owner of Metropolitan Builders in Gary, who passed away in January of last year, taking her for a drive around neighborhoods that were vacant, including the spot where her daycare now is located. "He told me that by having my daycare here, it will change the entire neighborhood on this side," Johnson said. "The centers are all on Broadway, but throughout the neighborhood, there are home daycares tucked away, but not centers."

"Everything in my life happened for a reason," Johnson said. "Having come from nothing and making it through the ringer, I don't even know what words would describe how bad it felt and then how beautiful it feels now. I never gave up," she said.

Kendal, sitting across from Johnson, shook her head in utter admiration and let out a big smile. "I am in awe



Kierra Johnson, left, lets out a big smile as she is reunited with Amy Kendal, administrator of the Maryville Crisis Nursery in Chicago, outside of Johnson's Infant Tree Educational Rockstar daycare center in Gary, Indiana.

and only see wonderful opportunities ahead for Kierra as we have watched her grow as a woman, a mother and a wonderful role model for many including myself," she said. ■

To learn more about the Maryville Crisis Nursery, visit <https://www.maryvilleacademy.org/programs/maryville-family-support-services/maryville-crisis-nursery/>. Parents can call the 24-hour Crisis Helpline at 773-205-3637 to avail of services.

Nelia Bernabe is the social media and communications manager at Maryville.

A Values-Based Approach for Child Welfare Transformation

By *Alycia Blackwell and Michael Becketts*

Like many child welfare agencies across the country, the Department of Family Services (DFS), in Fairfax County, Virginia, is working tirelessly to improve outcomes for children and families, be more intentional about equity in our work and build the competencies and capacity of our team members. Virginia has a state-supervised, county-administered structure that allows local jurisdictions additional autonomy to create and implement locally supported programs and initiatives.

Making improvements in a child welfare system can be daunting. Staffing challenges, increased complexity and maltreatment, and family hardships have exacerbated already-difficult circumstances; however, DFS utilized a values-based framework to support change during a time when families needed our help the most. Our values formed the foundation of our approach to building significant partnerships across the public and private sectors for critical research, analysis, and guidance to reimagine how to transform our services while maintaining our core work.

DFS recently embarked on a strategic planning process that was inclusive of all parts of our agency. This collective mindset from diverse perspectives bore a new mission, vision, and values for our agency. The Children, Youth and Families (CYF) Division leveraged those values to frame the work of transforming our child welfare system.

These five values serve as the bedrock of our agency and frame decision-making and organizational behavior to improve outcomes for those served by all divisions, including CYF:

- **People-focused** – supporting employees so they can focus on supporting and providing services to clients.
- **Equity** – creating and implementing policies and practices to identify elements of systemic racism that shroud our work and reduce inequities.
- **Innovation** – supporting new and effective strategies to improve outcomes.
- **Accountability** – using data-informed decision making, serving with integrity and transparency, and taking responsibility for our successes and shortcomings.

- **Partnership** – strategically partnering at all levels with employees, clients, and sister and community partners.

CYF leveraged the values to prioritize three primary components of child welfare redesign: (1) selection and implementation of a practice model to provide guiding principles; (2) improving business efficiencies; and (3) developing training to improve safety outcomes for children and families.

Practice Model

The selection of a practice model was a critical aspect of accountability, as it promotes consistency in how families are assessed for safety and risk. It promotes equity through critical thinking to ensure safety plans can be individualized to meet families' unique needs. Improved methods for partnering with families and collaborating with community partners were also important to our selection. For these reasons, DFS supports implementation of the Safe & Connected™ practice model. With guidance from the purveyor—KVC Health Systems—an integrated approach was taken to ensure all components of our transformation were overlaid with the primary tenants which also align with our values:

- Partnership with families
- The consideration of family culture
- Collaboration among service providers
- Language that impacts practice
- Critical thinking that leads to improved practice
- Use of research and applied evidence

Roadmap

CYF chose to take an innovative approach to finding new solutions for common problems. We realized that redesigning the approach to our work could be challenging, requiring collaborative partners who could help analyze root causes and have the capacity to evaluate our policies and practices while the work of keeping children safe continued. Additionally, continuous improvement was necessary to

meet accountability standards related to federal benchmarks for safety, permanency, and well-being.

In addition to KVC Health Systems, our team partnered with consultants at Accenture to deepen our engagement with stakeholders and co-lead system redesign. The roadmap developed with Accenture was steeped in community and staff engagement; we conducted focus groups, stakeholder feedback sessions, and document reviews. With other research and analysis, we developed a roadmap informed by the unique experiences of our staff, stakeholders, and individuals with lived experience. This roadmap includes concrete and actionable steps, overlaid with the Safe & Connected™ practice model, which aligns the development of the workforce and related systems and supports to ensure efficiencies and improved outcomes for children and families.

Training and Staff Development

To remain people-focused in our approach, we acknowledged that direct support and investments in our workforce were necessary to change outcomes. Children and families are facing increasingly complex circumstances which require our front-line workers and supervisors to obtain additional skills and competencies to meet their evolving needs. CYF has an in-house Child Welfare Institute (CWI), which complements required state trainings and onboards new staff. CWI is being overhauled to incorporate the tenets of Safe and Connected™ to provide supervisory training and ongoing professional development. This work is being done in partnership with Butler Institute for Families at the University of Denver. This partnership will strengthen the continuum of staff development offerings to build the knowledge, skills, and capacity of social workers, supervisors, and managers.

This component of our roadmap will focus on curriculum development and implementation for nearly 200 social services specialists, 40 child welfare supervisors, and eight managers. This revision to our training model is happening in partnership with our other vendors and is an essential component to ensuring staff accountability and that they have the necessary skills to function in the changing landscape of child welfare.

Leverage Your Values

While this multi-year endeavor remains underway, CYF has been both reflective and action-oriented during the transformation. Agencies can easily be overwhelmed by the multiple facets of child welfare that may need improvement. Our experience has taught us that by grounding ourselves in values, we can then align our actions with a shared

purpose to achieve better outcomes for both staff and clients alike. The partnerships built to help us co-lead the transformation remain essential and were strategically aligned to ensure our partners at Safe & Connected™, Accenture, and University of Denver are working collaboratively to build a system that is efficient, nimble, and has effective and properly trained staff. This transformation initiative has been featured nationally for its innovation and promise in reimagining how families involved with child welfare are served. For agencies considering similar changes, our experience has taught us that:

- Bidirectional leadership and support are needed to achieve a people-focused approach. Partnership with staff, internal and external stakeholders, and individuals with lived experience is critical to systemic change.
- Equity cannot be siloed to micro-level decision-making. It must be part of the macro-level approach to policy development and practice standards. We challenge ourselves by asking “Who benefits, and who is burdened?” to ensure an equity lens is ever-present in our transformation.
- System redesign requires innovative approaches, and it is important to think of new ways to solve complex problems. The roadmap is a strategic plan which has helped us create new ways to leverage technology, training, and business processes to better support staff and families.
- Adopting an evidence-informed practice model has helped us achieve multi-layer accountability with both frontline workers and supervisors to help change outcomes and better support families. ■

Alycia Blackwell currently serves as Deputy Director for Programs and Services for Fairfax County, Virginia, Department of Family Services. In this role, she oversees four divisions covering the span of human services programs. Her professional background includes being a licensed attorney, and serving in former human services roles as a senior policy advisor, statewide program coordinator, curriculum developer and trainer, adjunct faculty member, frontline supervisor, and direct practice social worker.

Michael Becketts is currently Director of the Department of Family Services for Fairfax County, Virginia. Over a nearly 20-year career, Becketts has worked in settings that provide supportive services in the areas of child welfare, aging, health, mental health, juvenile justice, academic medicine and education, with a career focus on supporting the health, safety and well-being of marginalized and vulnerable populations. Becketts began his career as a child welfare social worker in the Washington, DC, foster care system, supporting families working toward reunification or finding a permanent, stable home for children. He has also served as Deputy Director of the Baltimore City Department of Social Services and Director of Durham County, North Carolina, Department of Social Services.

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