

A Child-Centered Approach to Child Protection: Imagining a Different System

Quality Parenting Initiative Champions Meeting

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Child Well-Being

During the earliest months and years of life, the **architecture of the brain** is being **built at an unparalleled rate** in response to nurturing early experiences.

Caring adults have a wonderful opportunity to foster feelings of trust and safety in babies, which helps toddlers establish a sense of self and become confident explorers.

Research shows that, to ensure a good start in life, all infants and toddlers need **good health, strong families** and **positive early learning experiences**.

What is needed?

Every child deserves quality parenting every day.

QPI is built on the belief that ***excellent parenting with strong, positive relationships*** is the ***best intervention*** we can offer children to enable them to heal as they grow up to become adults.

Creating ***a system that ensures excellent parenting*** requires the support and involvement of birth families, relative caregivers, foster families, young people, and others in the child welfare system.



Promoting child & family well-being

A focus on well-being should be integrated into all aspects of child welfare services. Particularly in the field of child abuse prevention, addressing child and family needs related to well-being is a critical part of reducing risks and increasing safety and protective factors.

[https://www.childwelfare.gov/
topics/preventing/promoting](https://www.childwelfare.gov/topics/preventing/promoting)

Any problems with our system?
What should we change?

Overarching problem:

Overlooking the child's perspective

We don't tell kids what is happening

We don't think developmentally

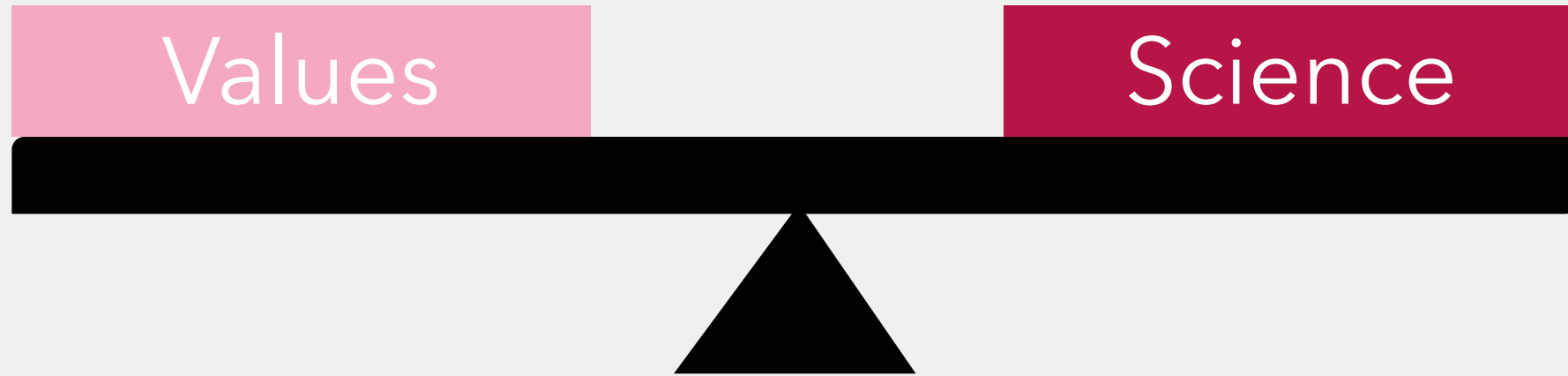
We underappreciate foster parents

We keep foster and bio parents apart

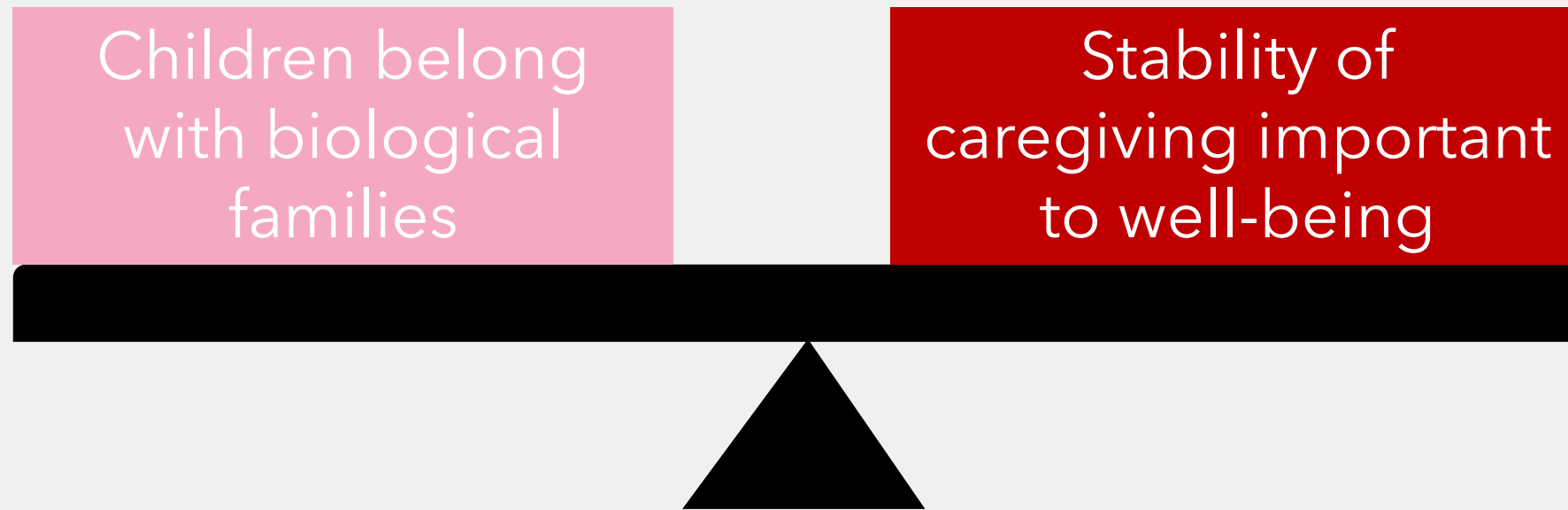
Erik reminds us about the child's perspective



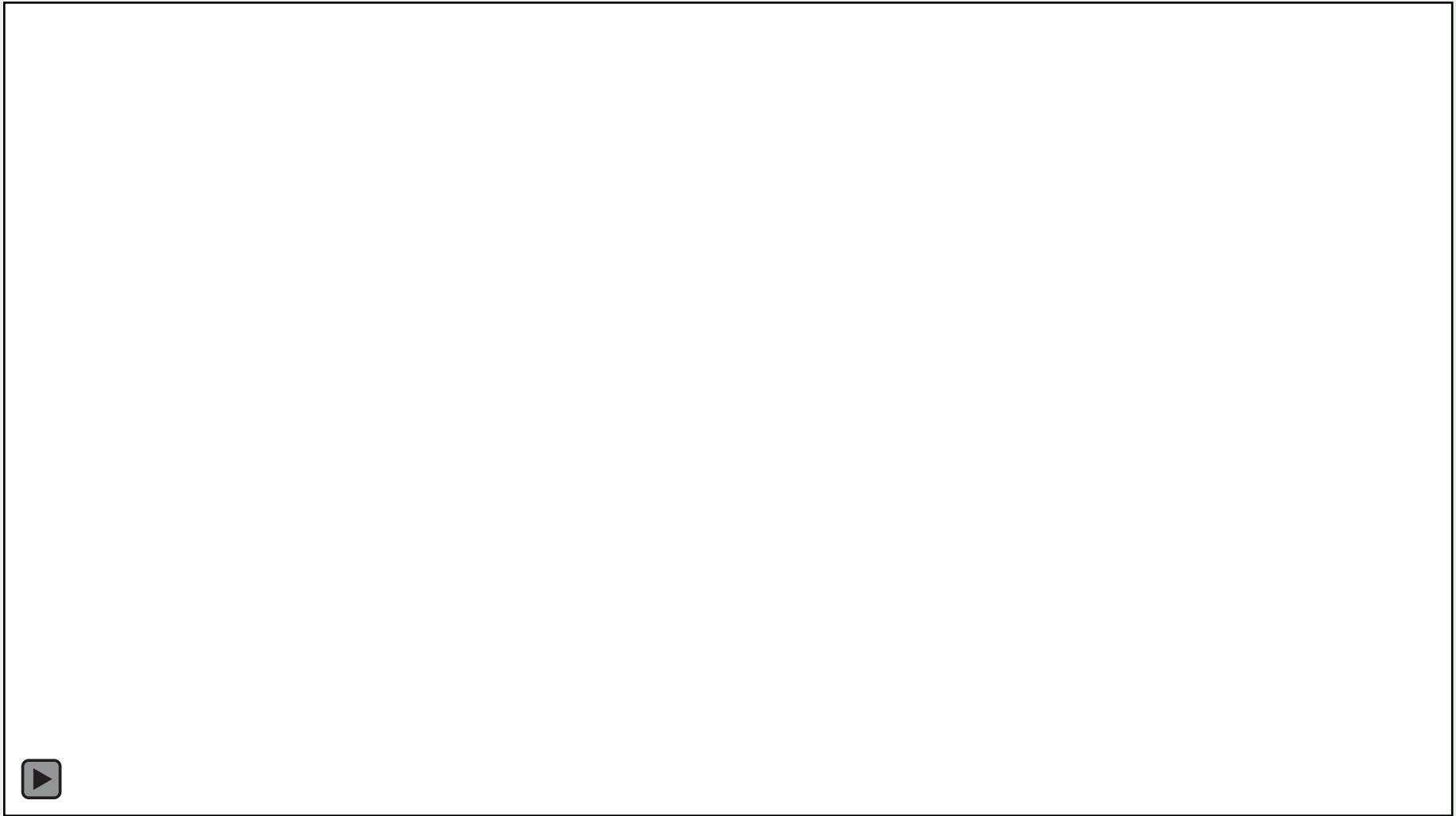
Decision making and child protection



Decision making and child protection



A foster mother



Do problems lead to disruptions,
or do disruptions lead to problems?



Selected research on disrupted placements

Children in foster care experience placement instability unrelated to their baseline problems, and this instability has a significant impact on their ***behavioral well-being***. Rubin et al., 2007

Adopted children who had experienced one or more placement disruptions had ***compromised inhibitory control and more oppositional behavior*** when 5-6 years old. Lewis & Dozier, 2007

Increasing numbers of disruptions predicts later ***emotional and behavioral problems*** Almas et al., 2019

Placement instability associated with increased internalizing and externalizing behaviors as compared to children with more stable placements Newton, Litrownik, & Landsverk, 2000

Disrupted placements following severe psychosocial neglect

- More externalizing disorders at 12 years
Humphreys et al., 2015
- More externalizing disorders at 16 years
Humphreys et al., 2019
- Reduced competent functioning at 12 years
Guyon-Harris et al., 2019
- Lower IQ at 18 years
Humphreys et al., 2022
- Reduced EEG power at 16 years
Debnath et al., 2019

Results from a longitudinal study

Disrupting established, healthy attachments
increases risks for harm—
more disruptions, greater the risk

The harm comes from disrupting attachments

Planful transitions for young children mitigate the harm from disruptions

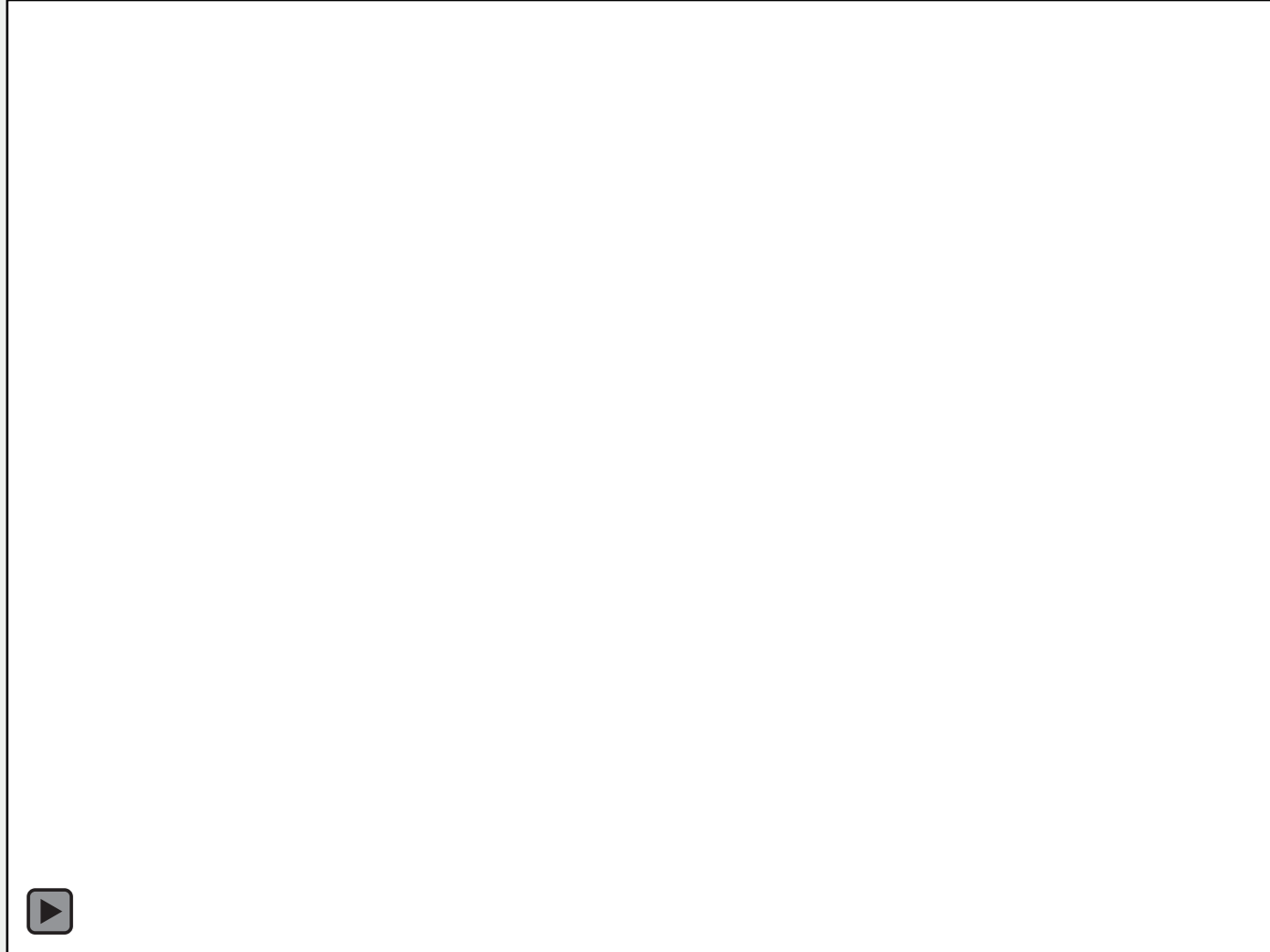


What is attachment?



Attachment describes a young child's tendency to seek **comfort, support, nurturance, and protection** selectively from at least one adult caregiver. Human infants are biologically predisposed to form attachments to caregivers.

Boulder boy



Attachment: Key points

Infants are strongly ***biologically predisposed to form attachments*** to caregiving adults

Adults are strongly ***biologically predisposed to respond to infants***

Attachment in young children ***develops gradually over the first several years of life***, based upon relationship experiences with caregivers

Building healthy attachments is about the young child ***learning to trust their caregiver to be available when needed***.

Disrupting healthy attachments is harmful—especially between 8 and 60 months

How is an attachment formed?

Requires the young child to learn

Who **consistently**
responds to my
distress?

Who makes me feel
valued and important?

Who **delights**
in me?



This learning requires repeated experiences
over much time

Learning builds attachment relationships

Infants form attachments to those who respond to them when they are frightened, distressed, uncomfortable, tired.

- First, ***they must learn***, Oh, this person makes me feel better.
- Next, ***they must learn***, Oh, I can ***count on*** this person to make me feel better when I need that.

Because it is about ***learning***, non-relatives are just as capable as relatives of being attachment figures.

Ask yourself, who is consistently available?

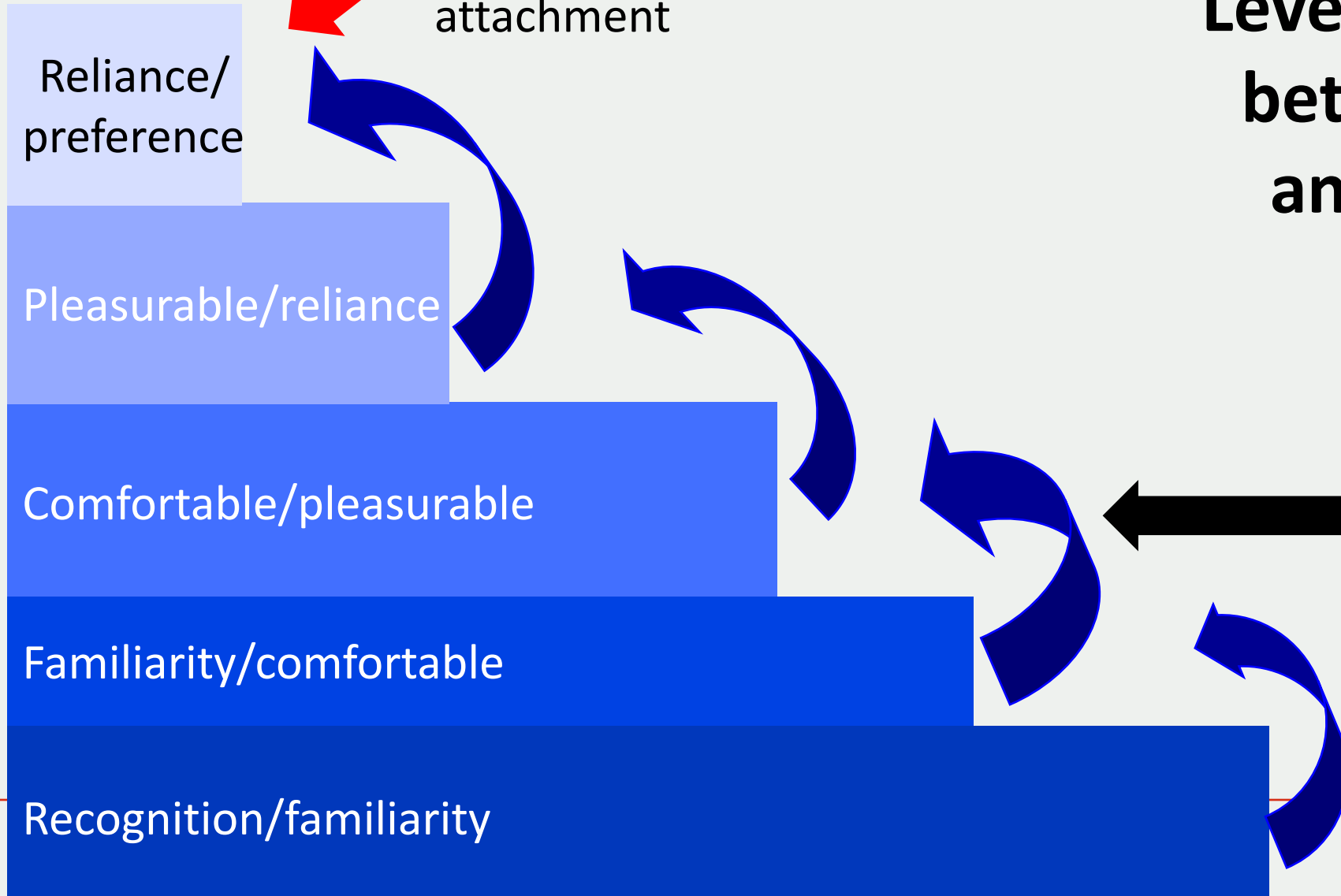
- at 3:30 am when the baby wakes up crying and frightened?
- at 10:30 am when the baby falls and bumps her head?
- at 4:30 pm when she is cranky after a busy day?
- at bedtime when she fusses?

These are all moments in which the baby learns who can be counted on in times of need.

It's not just attached or not attached:

Only this level is
fully formed
attachment

**Levels of closeness
between infants
and caregivers**



This is where you'd
like to be to begin
transitioning to build
attachment

Attachment vs. Connection

Less specific

- Smiles upon seeing
- Interacts warmly and comfortably

More specific

- More comfortable in physical contact
- Seeks comfort preferentially
- Responds quickly and fully to soothing
- Protests separation

Can we re~imagine our system?





Basic premise of foster care

- Foster care is an *intervention* designed to protect children who have been maltreated.
 - Interventions can be helpful or harmful.
 - Foster care is demonstrably better than its alternatives—family preservation or group care.
 - Emphasis should be on improving the quality of foster care.

What if foster parenting entailed...

- Treating the child as your own.
- Recognizing the child's developmental needs.
- Appreciating the child's experiences of trauma.
- Advocating for the child.
- Involving the child in the community.
- Accepting responsibility for education, medical care, etc.
- Providing needed emotional support.
- Making a longterm commitment.

Three important changes

- Commitment to children
- Visits with biological parents
- Transitions in foster care
 - Placement in care
 - Moves within care
 - Return to parents

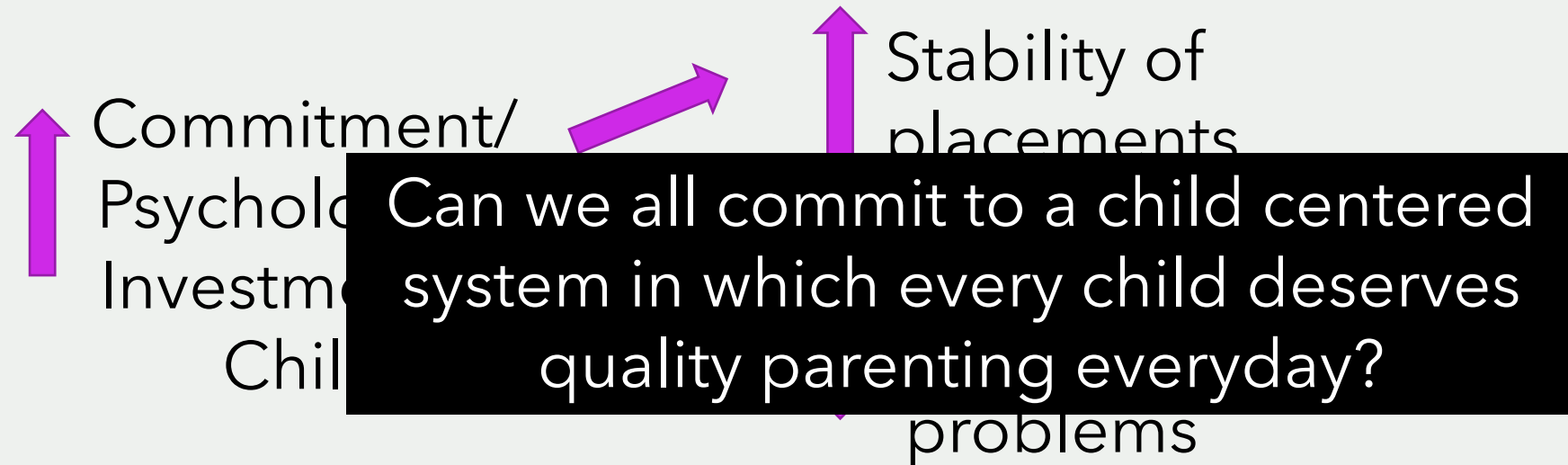
The image features a light gray background with a faint red grid. A central horizontal band of a slightly darker gray contains the word "COMMITMENT" in bold black text. Above and below this band are two identical sets of three overlapping purple semi-circles. The semi-circles are arranged in a row, with each one overlapping the two adjacent ones. The overlapping areas create a gradient of purple shades, from a lighter lavender on the outer edges to a deeper magenta in the center of the overlaps. Thin red curved lines are visible at the very top and bottom edges of the frame, suggesting the continuation of the semi-circles.

COMMITMENT

Commitment/Psychological Investment

- Treat the child as if your own
 - Medical appointments
 - School appointments
 - Childcare
 - Vacations
 - Respite

Why Commitment Matters



Dozier & Lindheim, 2006
Lindheim & Dozier, 2007

The background features a light gray grid with thin red lines. Overlaid on this are several large, overlapping semi-circles in two shades of purple. A horizontal gray band is positioned across the middle of the image, containing the title text.

THERAPEUTIC PARENT CHILD VISITS

11 Months



Often overlooked opportunities for rebuilding relationships compromised by maltreatment and separation.

To enhance effectiveness, visits require active planning about goals of the visit and a team approach to maximize their benefits.

Mandating/recommending a minimum number of visits per week is problematic for a number of reasons.

Frequency & length of visits determined by:
1) how recently the child has come into care, 2) how well the parent is working the case plan, 3) what the permanent plan is, etc.

Goals of the visit also are likely to change as the case progresses.

The challenge of visits for young children

Separation from attachment figure

Distress

Need for comfort
from attachment
figure

Not having Mom makes me need Mom,
but I don't have Mom, so I need Mom
even more....

reassures child

is not resolved adequately

Harm

Decision Tree: Child's Visits with Biological Parents

Child harmed by visit?

Yes

No

Intervention/
Modification

No visit

Child's attachment to bio
parent helped by visit?

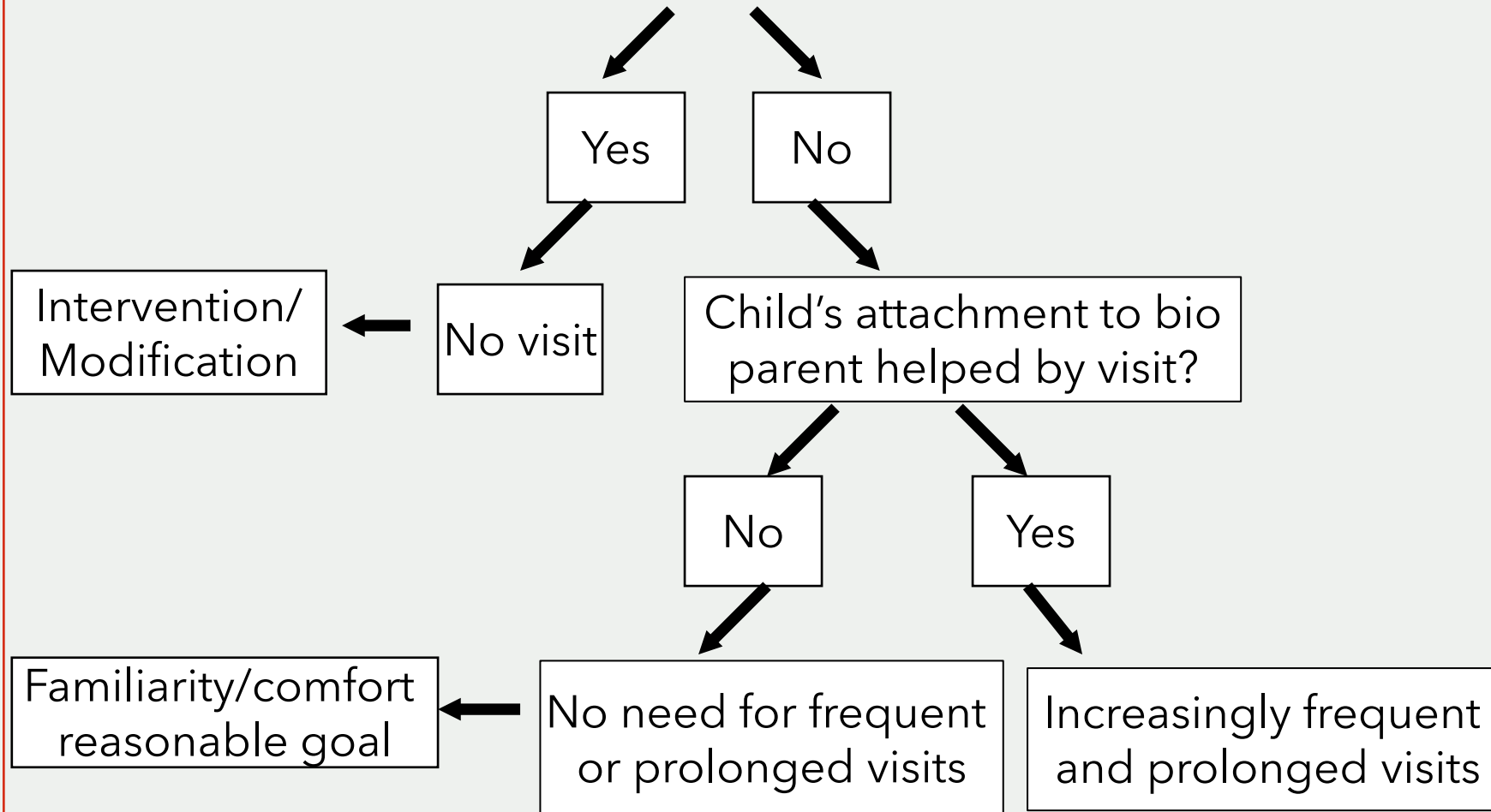
No

Yes

Familiarity/comfort
reasonable goal

No need for frequent
or prolonged visits

Increasingly frequent
and prolonged visits



The image features a light gray background with a thin red grid. A central horizontal band of a slightly darker gray contains the text 'PLANFUL TRANSITIONS' in bold black font. Above and below this band are two identical sets of three overlapping semi-circles in varying shades of purple. The semi-circles are arranged horizontally, with the central one being the darkest and the outer ones being lighter. Faint red curved lines are visible at the top and bottom edges of the image.

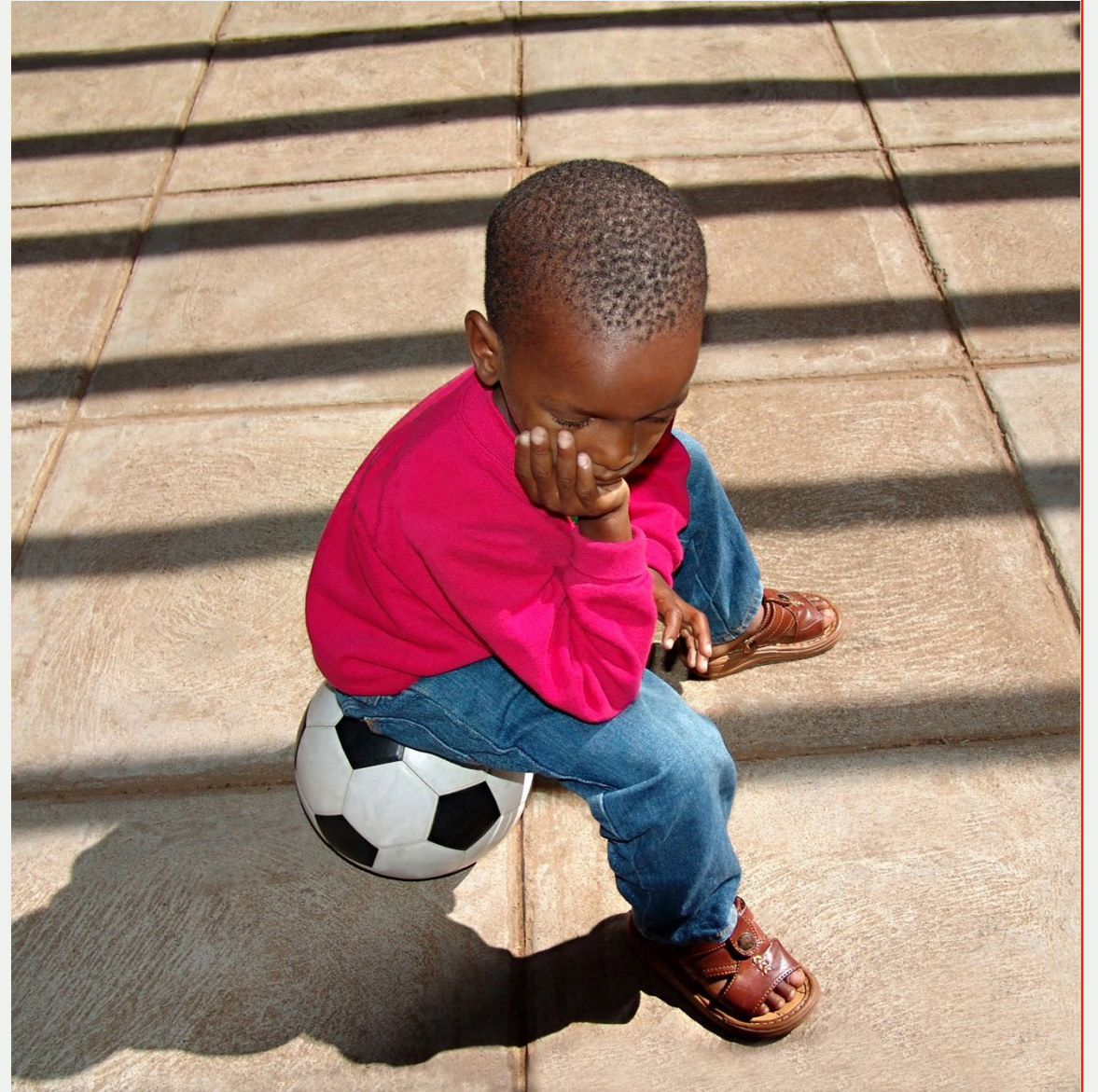
PLANFUL TRANSITIONS

Planful Transitions

A ***planful transition*** means that ***those responsible for the child's well-being*** (e.g., DCFS, foster parents, biological parents, judges, attorneys, caregivers, providers, etc.) ***work together*** to ensure that the ***child's move from one caregiving situation to another is a smooth one***, taking into account the child's developmental level and current status of the child's attachment relationship(s) with important caregivers.

Presumptions about transitions

- What we do should support maintaining continuity in the young child's relationships.
- Transitions are difficult for all ages but are especially challenging for young children who are developmentally vulnerable.





Most important question

Should a transition occur?



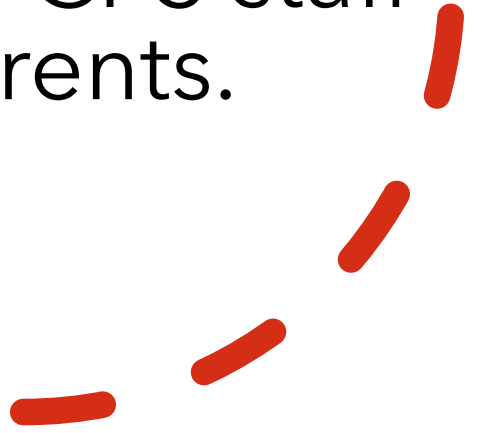
The 3 C's of transitions

Collaboration

Communication

Continuity

Collaboration

- Relationship between sending and receiving caregivers.
 - Into care
 - Within care
 - Returning home
 - CPS has crucial role in promoting collaboration.
 - Relationship between CPS staff and bio and foster parents.
- 



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinspsychrev



Review

A meta-analysis on interparental conflict, parenting, and child adjustment in divorced families: Examining mediation using meta-analytic structural equation models



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^a Department of Clinical Child & Family Studies, Utrecht University, Heidelberglaan 1, 3584 CS Utrecht, the Netherlands

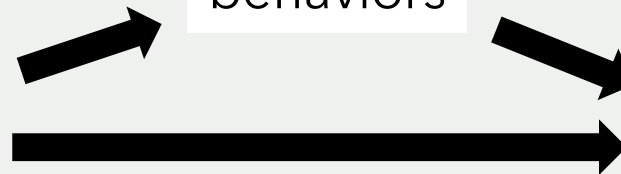
^b Department of Youth & Family, Utrecht University, Heidelberglaan 1, 3584 CS Utrecht, the Netherlands

115 samples of $N = 24,854$ divorced families

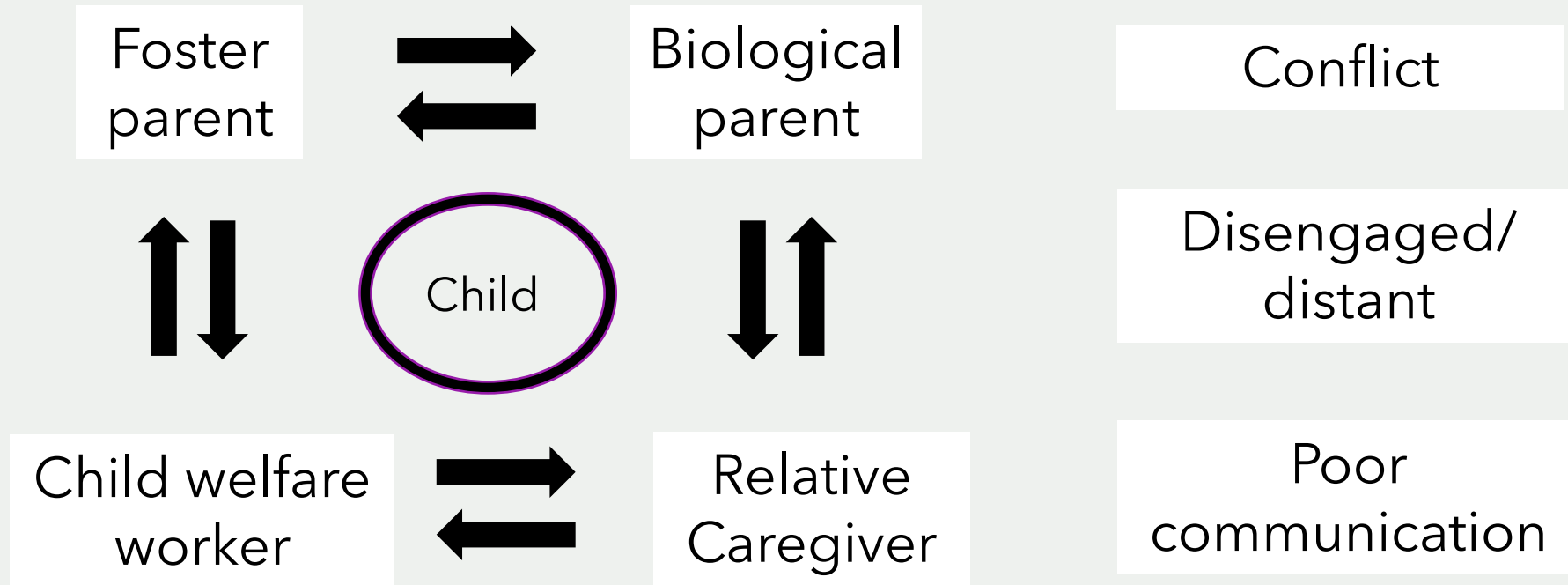
Interparental
conflict

Parenting
behaviors

Child emotional and
behavioral problems



Problems in relationships of key adults



Activities to support the 3 C's




Initial call when child arrives at new placement

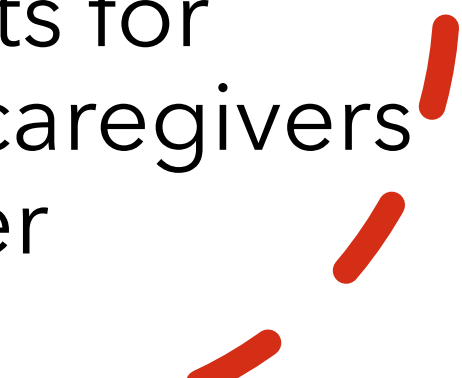


Schedule face to face meeting as soon as is feasible.

Communication

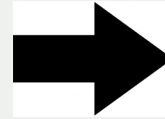
- Explain to the child, in a developmentally appropriate way, details about what is happening:
 - Be very concrete and specific about details: For example: "you will be moving to your parent's house [or aunt's or]"
 - Provide fuller explanations with older children and encourage them to discuss.
 - Sending and receiving caregiver talk before and after each visit.
 - CPS talks with everyone, but especially to children they are transitioning.
- 

Continuity

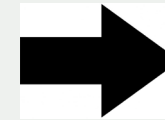
- Have the child add an attachment figure, rather than merely disrupting the child's current attachment relationship.
 - Even for young children--emphasize that the child's belongings are theirs and must go with them.
 - Encourage planned visits for sending and receiving caregivers post-transition whenever possible.
- 

Implications of attachment for transition planning

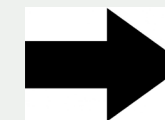
Separation from attachment figures is inherently distressing



Prolonged separation may be harmful



Strangers are more stressful in absence rather than presence of attachment figures



- Conduct initial visits with current and future caregiver present.
- Begin with shorter visits with future caregiver in absence of current caregiver and progress to longer.
- Child will need to return to current caregiver after longer visits with prospective caregiver to reconnect and get reassurance.



Planful Transitions Include

Ask first if the transition should happen....

Ensure that any change in living situation is made in a developmentally sensitive way.

Maintaining all relationships after a child moves from one family to another. Respecting the child's voice in the placement process.

Encourage prioritizing the child's well-being when deciding whether to make changes in a child's living situation.

Summary of today's major points

- Child protection system is not where we want it to be.
- Overarching problem is not focusing on child and child's unique needs.
- Change is possible:
 - Enhancing commitment
 - Therapeutic visits
 - Planful transitions
- Change requires buy-in
- You, as leaders, are positioned to champion change!

Homework

- Explain the importance of attachment to a colleague:
 - Your explanation should include enough information to make them *understand why this is relevant to foster care and child welfare*

Thanks!

