Stacy Gehringer (00:00:06):

Hello. Welcome everyone. Thank you for tuning into the CASCW podcast channel. My name is Stacy Gehringer and I'm the Outreach Director at the Center for Advanced Studies in Child Welfare. We are excited to share our latest podcast series with you. This series is titled Early Development and Child Welfare and features interviews with a variety of professionals in the fields of early childhood and child welfare listeners will enjoy content related to attachment, culture, screening, brain development, infant mental health, and more. Please be sure to subscribe to our channel for future episodes. Thank you for listening and take care.

Kris Johnson (00:00:50):

Hello, I'm Kris Johnson. I have worked in Minnesota in child protection for many years, both as a child protection worker and as a supervisor, I'm here with Dr. Salam Soliman, Director of the Child's First Center for Prevention and Early Trauma Treatment at the National Service Office of the Nurse Family Partnership at Child's First. Today, we will be talking about stress biology in order to help child welfare workers promote resilience and healing when working with children and families who have experienced toxic stress. Dr. Soliman, will you first start by briefly describing why early childhood development is so critical to long-term outcomes?

Dr. Soliman (00:01:30):

For sure. You know, humans require a lot more caregiving than any other species, similar size. They depend on their caregiver for much longer. They need them to provide scaffolding as they learn all throughout early childhood and beyond. And so these early years, there are really a number of very important considerations here. For example, in the other podcasts, you might've heard about sensitive periods, which are periods of time where the brain is incredibly plastic and responsive to the messages and information coming at it from the environment. And so that the, the timing of events and how it overlaps with those sensitive periods is very important. And obviously the impact will be disproportionate depending on where, whether, you know, an event occurred. A first event occurred during a sensitive period or not.

Dr. Soliman (00:02:34):

People tend to think of sensitive periods as being early childhood, but adolescence is another time where there's a significant amount of brain plasticity occurring. So during that early phase of brain development, there's a lot of neural activity in the brain. The brain is producing neurons in incredibly high rates. And what's happened. What happens at that time is that there's a lot of dendritic what's called dendritic connections that are happening. And dendrites are kind of like at the end of nerve neurons and they're the place that receives messages and signals from other cells in the body. And what's happening is that there's a huge amount of connections that are occurring much more than we need. And so what the brain then does what scientists call pruning. What the brain does, is it kind of prioritizes those connections that are getting used and disposes of connections that are not being used.

Dr. Soliman (00:03:44):

And some people call it like a use it or lose it kind of approach. And so what happens is that the experiences that child is exposed to really impact which of these connections will remain and become the foundation of this child's brain architecture, and which will be let go of, some people also call it like, kind of, it's like moving from dirt roads to highways. So we have all kinds of you move from having all these little connections everywhere to really focusing on the ones that matter the most. So and that

really impacts all, all kinds of activities, right? That impacts the child's language development, their motor development, and many other functions and complex functions in the child's brain.

Kris Johnson (00:04:35):

Okay. So just so I'm understanding, it sounds like in those early periods or those sensitive periods, you're building the hardware that you keep forever and the more it gets used, the stronger that hardware is that kind of what you're saying?

Dr. Soliman (00:04:51):

Yeah, that that's exactly right. Now, I do want to say that we don't want to completely give up on older children and, you know, there's still a chance to make changes and t impact a young child or an adolescent and even an adult. Right. We certainly do believe that we can change the way parents operate. And so it really has to do with how much bang you get for your buck, so to speak. So being able to intervene early when the brain is still plastic and really very malleable, produces faste change, with less resources and less intensity than what you would need to invest later on to make the same changes.

Kris Johnson (00:05:40):

Sure. Yeah. I think that's a really good message that ideally we want to build it well and build it strong, but that doesn't mean we can't, we can't build an enhanced later, too. That makes sense. Yeah. Okay. Well then how does stress entered into this conversation and what impact does stress have on babies, infants, children's developing brains?

Dr. Soliman (00:05:59):

Thanks Kris. So, you know, we've learned a lot in the past several years about what happens to a child that's been, that's experienced abuse or neglect, or institutional care. So for example, to Romanian orphanages have provided us with a lot of good information. And I mean, it's an unfortunate way to learn about it. But what happened in Romania is that in 1966, the current regime had banned all forms of contraception. And so what ended up happening is that many babies became abandoned and left at orphanages. The babies were often left for 23 hours in their cribs, were deprived of most social interactions. It's important to note that these children did get their basic needs met. They were fed, and there were diapered. But they were really deprived of human connections.

Dr. Soliman (00:06:57):

And these children made adaptations so they can survive. But unfortunately those adaptations were at a great cost, right. And so we saw, we, I don't know if you've seen some of these videos, but severe stunted growth, impaired IQ, emotional and behavioral impairments. So, these studies along with many others really cemented the importance of, what's called the serve and return, which is the kind of this attuned interaction between the caregiver and the baby that the back and forth that occurs between a caring parent and their child and how important that is for the child's physical, emotional, and psychological development

Kris Johnson (00:07:44):

Can serve and return, does it have to be the primary caregiver for it to work, so to speak, or can anybody coo and talk and play with the baby and have that help?

Dr. Soliman (00:07:55):

I mean, I think certainly, anyone can, I think there is a special bond, you know, people talk about attachment in early childhood, and I imagined that's a different conversation. But certainly the attachment relationship is incredibly important and essential for the child's development. But of course their relationship, if they're in and they care, or if, if they're seeing, if they go visit their grandma, all these relationships work to enhance the child's, development. In fact, there's some research that suggests that having the front caregivers actually builds resilience and helps the child because they learn the different ways that the different caregivers interact with them, they adapt. And when you observe children, they really kind of know like, you know, this is the way I do it with mom, and this is the way I do it with that. They adapt to that. And that's helpful in terms of learning to be flexible and adaptable as an adult.

Kris Johnson (00:09:01):

Sure. Kind of another one of those both ands that we absolutely want to support the primary caregiver, but anybody who wants to interact and support and play and serve and return with babies and kids, something like that,

Dr. Soliman (00:09:15):

Certainly, we'll get to that later, but the child welfare has a role too, in the serve and return with the children they they're working with. So, and we'll get to that. I think when we talk more about kind of the specific role of the child welfare worker.

Kris Johnson (00:09:28):

Sure, sounds good. All right. Well, some of us are familiar with the notion of different types of stress, you know, there's positive, tolerable, and toxic stress. What do each of these look like for a child and what happens to a child in the face of these stressors and how do primary caregivers fit into the picture? Multi step question there.

Dr. Soliman (00:09:51):

A loaded question.

Kris Johnson (00:09:52):

Yeah. So let's start with the different types of stress, positive, tolerable, and toxic.

Dr. Soliman (00:09:58):

Okay. Let me, well, I'm going to back up a little bit and just talk a little bit about stress in general and explain kind of how it impacts our brain and then, and then get into the different types of that's. Okay. Yes. so, you know, the ways our bodies are organized adaptively and evolutionarily is to maximize our survival, right? Our bodies are made to maximize our survival. And so when faced with threats, our bodies are adapted to use our sympathetic nervous system, to maximize our survival, as I said, but it comes at a cost to our health and our development, especially if those, if this is a long-term investment, so to speak, if we're, if our body's needing to do that for over and over again, or for a lengthy period of time, when we perceive threat or we're really programmed to, this is what our bodies does.

Dr. Soliman (00:10:57):

And you'll, we'll all recognize this because it happens to us more often, probably than we wish, but we have, you know, this increased heart rates, a freeze response, we're hyper-vigilant to the stimulus around us, so we're really very, paying very close attention to everything that's happening around us. Our muscles, mobilize because we're ready to fight or flight, as they say, our cardiovascular tone is enhanced. Our even our immune system is stimulated. We experience a decrease in appetite and our cognition is sharpened. Our brain, like suddenly we're very sharp, you know, our thinking becomes very focused. And we hold off on anything that's not relevant right now. Right. Like anything that we don't have that we don't have to do right now, we will hold off on. And so this cascade of responses, is important and adaptive when something threatening happens.

Dr. Soliman (00:11:54):

But if, if there's a chronic activation of the system, right, like with it's, on, it's turned on all the time. This creates damage to our organs and our systems and our tissues. And some people call that the allostatic load, it's a kind of, it means like a wear and tear on our body because of all this constant adaptation that we have to go through. There's also people talk a lot about stress hormones, people when they talk about stress hormones, they're often meaning cortisol. But there's also, but there are many others that are also involved in the way our body's responds. And so there are hormones that are activated, there are our body's activated. And then there are other elements that impact our stress things like how long it's lasting, what are we stressed from.

Dr. Soliman (00:12:50):

What's the context we're in our age or sex or genetic makeup, all of these things work together to impact and to inform how we're going to respond to a stressful situation. The National Child Traumatic Stress Network. And I mentioned them, and it's a little self-serving cause I'm a member of the, of the stress network, but they, and I would refer you to them as a resource. They have some excellent resources on stress and trauma for children. They define trauma as follows. They say that traumatic stress refers to the physical and emotional response to events, threatening life or physical integrity of a child or someone critically important, like for example, a parent or a sibling. So the traumatic event overwhelms the child's capacity to call to cope, which then results in both trauma effects as well as a disruption to the normal development.

Dr. Soliman (00:13:53):

So from their perspective, what they're really saying is, there are two things that have to happen. There has to be a threat that is significant enough that it, that the child is impacted by it. And there has to be a lack of available and available adults that can help organize them and, and contain the child and help them make meaning of what happened. And so when we're talking about the types of stressors and I wanted to do this little introduction before I speak about those types of stressors, because it's directly relevant to your question about the different levels of stress. People, as you mentioned, typically talk about kind of a positive level, a tolerable level and a toxic level. And when we're talking about positive stress, we're really talking about a brief increase in a child's heart rate, accompanied, mild elevation in stress hormones.

Dr. Soliman (00:14:54):

This is kind of the type of stress that usually motivates us or motivates a child to complete a task. One of the examples that come to mind is like, if a parent were to take their child to get a vaccine, right. The child is momentarily stressed because there's going to be a moment when the needle's going to prick

them, but their parent is there. And they're able to get through it without any significant impact to their functioning. One could also think of a vaccine shot as being a tolerable level of stress. I suppose we can think of it that way, too. And another example of positive stress that motivates you know, like an older child that has a math test. And so they feel a little stressed, which motivates them to study for their math test. And so they do well. And so those types of stressors are considered okay. And in some case actually desirable because without some, a little bit of stress, we might all lack motivation to do most of our tasks, including this podcast we're doing together here. Right.

Kris Johnson (00:16:17):

Can I ask a question about that? Because it reminds me of something we've talked about in child protection is that the person who's in the shoes at the time is the one who defines the level of stress. You know, like that I think, you know, there are times when, and you'll probably get to this when you talk about tolerable or toxic stress. You know, there are times when kids say, you know, this wasn't the trauma, this was the trauma, you know, or, I wasn't that scared about the car accident, but when I thought that kid was going to beat me up, I was terrified. And so, you know, just that sense of, you know, stress is also like you talked about the threat that people define their own threats and have their own sense of threats. And sometimes, you know, on the outside looking in, it doesn't look that threatening to me, but I'm not in that kid's shoes. And so, I don't know. Can you speak to that at all?

Dr. Soliman (00:17:17):

That's a great question and a great comment. And so, when I talk about trauma, I usually say potentially traumatic events because I really I agree with you that we don't, the same event could occur to two children. And one of them will respond in a way to suggest that they were traumatized by the event and another child might not. And there are many reasons for that. And they don't all have to do with the availability of a caring adult cause, cause that would be, that would be unfair. It has to do with the child's temperament. Some of it has to do with genetics, the child's age, as we said, the duration of the event, all of these variables, that really impact how one child versus another might respond to the same exact event.

Dr. Soliman (00:18:10):

And, we see that when there is kind of mass events, right? Like COVID, isn't a great example, right? Like we've all been impacted by, COVID obviously not all in the same way, but you could have two children and the same household. One able to adapt much better than the other to COVID, and kind of the lack of social interactions and all the other things that came along with it, social stressors, financial stressors, et cetera. So thank you for pointing for pointing that out. I think I didn't talk yet much about the toxic stress, right. And so, and I alluded to it a little bit earlier, but really toxic stress has to do with severe prolonged stress and the absence of a supportive and the buffering effect of a caring adult. And so particularly, so if the source of the stress is the adult, which didn't really leave, leaves the child in an impossible position, because the person they would seek out to help them manage and make sense and contain their stress as is also the source of their stress. So that could really lead to some very distressing experiences for a child.

Kris Johnson (00:19:28):

It sounds like then when we're observing kids, one of the things that's really important is to get a sense of their whole environment, you know, so how many adults do they have and who are the people that help them through difficult events? You know, cause we know, you know, resilience that can be, you

know, thriving or surviving in the face of stressors. And so can you talk a little bit about you know, the impact of you know, you talked about in the absence of a supportive adult, you know, maybe just how important it is to understand who else is there in that picture and how that can have an impact on getting through these stressors?

Dr. Soliman (00:20:13):

Yeah. I mean, I think if you're walking into a household and there may be many reasons that you may be doing that for sure. One of the first things you want to understand is what is this child's life look like, right? Like who are the who are the people that populate their, his life or her life or , their life? What are the relationships between those people? Like what is the child getting exposed to on a daily basis? Obviously along with many other things that are really important to assess like the parents, you know, capacities around tolerating stress and managing stress, the financial situation in the household, the ecological context the child is in, right? Like what's the community like, what is the level of violence in the community around this child? You know, what are the kinds of things that this child is getting exposed to on a daily basis, their school, their friends, all important to get a full picture of who this child is and what they might need.

Kris Johnson (00:21:25):

Sure. So then you know, when you talk about positive tolerable and toxic stress, if I'm coming into a situation, I might know about, you know, just a tiny piece of this family's world. Are there things that I can look for if I'm coming in, or are there things that the parents could be telling us that would say your child is communicating stress or, you know, cause we, I think we think of like infants cry, you know, or something like that, you know, but outside of the very obvious signs that a child is experiencing stress, what does that look like? And what can caregivers look for? What can child welfare workers look for?

Dr. Soliman (00:22:12):

That's, I find that to be like a really difficult question because one of the things I'm really weary of is kind of listing like a number of behaviors and then having people make very big decisions about this family based on minor observations. And so I do think that it's really important, like you said earlier to get a really full, like a really comprehensive assessment of who this family is. You know, for example, I have seen situations where, you know, a child is clingy to their parent and someone will say, oh, they have a you know, there's a bad attachment, you know, and, and we, we don't know, that's really premature to make that call, just based on the child's clinginess. Cause we do not, again, we don't, we don't know what the child's experience.

Dr. Soliman (00:23:06):

We don't know what they've been through. We do not know how their parents might've supported them. We don't know this child's temperament coming in. And so I'm very careful about making kind of these broad labels based on minor observations. What I like to do is look at a family over some time and notice things. Now I defer to you as the child welfare expert, because you are in situations sometimes where you are walking in and you do have to make very quick decisions based on maybe not a lot of data. And so I'm curious to hear from you, Chris, about how would you do that?

Kris Johnson (00:23:53):

Yeah. Well, and I think it depends, you know in child protection, sometimes we have a situation that we know requires a child protection response, but is not likely to go past this assessment period. So it might

be like a, like a child protection assessment, 45 days, we go in, we support and then we come out or it might have an. We will, we might say there's multiple complicating factors. And so it's an ongoing case management case, and we're there for three months, six months or more, or at the extreme level, it might require out of home placement because of the level of risk to the child. And so it sounds like, kind of what I hear you saying. And what I think we try to do in child welfare is get as big of a picture as we can, even if we're only there for 45 days to not, you know, take one situation and say, oh, there's a bad attachment because the kid wouldn't come to the mom the whole hour long visit that I was there, but then maybe to go back the second time and say, well, what does it look like now?

Kris Johnson (00:24:58):

Or, you know, does there, is there a need for like an evaluation to say, you know, what's, what's going on here? Can I suggest some additional support? So yeah, I mean, I think it depends on the situation and how much we'll be able to do with that family. But I think knowing that there's, you know, the, the impact of stress is so concerning it's helpful to know the background of the, of stress, but it's also, I hear you just saying really complex and that we don't want to over-generalize.

Dr. Soliman (00:25:39):

I mean, for sure, you know, there are some kind of very general, like if we're seeing a lot of aggression in a young child or, or withdrawal, which we don't often pay as much attention to as aggression, right. Cause it's not as disruptive. Or we see a pattern of you know, problems at school where the child keeps getting expelled from their early childhood and education setting. You know, certainly these would be red flags and it would make us wonder about what is going on. It would prompt us to seek more information to understand what's happening. I guess I'm just cautioning against quickly jumping to a judgment about why the child is as that way. Trying to take time to understand. So like in Child First, what we do is we go through a multi-week period of an assessment and we use kind of a tool. We use it's an internal tool called the Caregiver Child Interaction Scale, which is really supposed to average out your impressions over a period of time. So that you're not just looking at a child for 10 minutes and making decisions, like what if the child was sick or hungry those 10 minutes, right. That you happen to be observing them. So you're really taking time to look over time at the relationship between the parent and the child.

Kris Johnson (00:26:57):

Great. That's really helpful. I mean, I think it's really helpful to understand you know, how impactful toxic stress can be. And that also it's a picture that we need to get over time and really try to understand the full picture. So we've been talking about it in terms of, well, just how it looks in the child. Can you talk a little bit about the trauma informed perspective and how do you define being trauma informed? You know, what does that term mean to you?

Dr. Soliman (00:27:32):

Yeah, sure. So to me, thinking a trauma informed perspective to the work means understanding that trauma now and trauma in the past continues to impact us and the families that we work with. And to be intentional in the way we ask questions about what happened to the family and thinking about, and framing our interventions in a way that incorporates trauma and the way we understand the case and the family.

Kris Johnson (00:28:03):

So when you say, be intentional about how we talk to the family, do you mean asking specific questions or do you mean tone or what do you mean by be intentional?

Dr. Soliman (00:28:12):

I mean, I think both, I mean that we ask direct questions and I came around to that the long way I used to really not want to do that and feel like, you know, the family will let me know when they're ready. And I've learned that sometimes, we need to let the family know that we can handle what they're going to tell us. And so they, I don't know. I remember one of the people I used to work with used to say, had told the story about meeting with a child after they'd been in therapy for many years and asking her questions about trauma. And the child, she hadn't told her previous therapist any of it. And when she was asked directly, she answered and the therapist and said, you know why didn't you tell your, your other therapist?

Dr. Soliman (00:29:05):

And she said, oh, I didn't think he was ready to handle it. You know, he was, I wasn't ready to deal with it, you know? So there's something about kind of communicating that there will, that we're not going to be broken or lose the ability to support them if we have this information. But I also think that there has to be a level of respect, particularly in relationships that are not always, let's say completely voluntary, in that they may not want to share with us immediately what has happened to them. And they may not, they may be worried about how we use this information if there's no trust built. And so certainly trust-building is an important initial piece of trauma informed work. And, and then we do want to consider how trauma may be impacting the interactions that we're having in the moment with the family. So it's both about asking questions, but it's also about kind of putting on a, like a trauma lens in the interactions and trying to make sense of it through a trauma lens.

Kris Johnson (00:30:12):

Sure. Well, and when you talk about trust-building, it just makes me think of being strengths-based, you know, that, you know, we all know this, you know, that the being strengths-based in child welfare is so vitally important. And then I think when we get, sort of task focused and we have big case loads and we've got deadlines, it gets really common that we cut to the chase and go straight to here's the thing, here's the report, here's the thing that happened. Here's the thing we're here to do. And so I know that when I was doing the daily work, I needed to remind myself constantly tell me about a time that you feel like the parents, you really had fun with your kids. And tell me about some fun things you do as a family. And tell me about a time you feel like you handled a tough situation really well. And what do you want me to know about your household and your kids? I had to make myself remember to ask those questions so that they knew that I knew that good stuff was happening too. And I think that's part of that, that trust building is then kind of laying the groundwork for, I see you as a whole person, and I can also listen to the hard stuff that you've experienced as well.

Dr. Soliman (00:31:23):

Yeah. I love that because, you're doing two things. You're getting information that's helpful to you, so you can see the family in a more positive light and like you said, they're also having the experience of you hearing them giving you this information which goes towards trust building and forming an authentic and genuine relationship with them. That's a great example.

Kris Johnson (00:31:49):

Sure. So then we talk about, you know, we've talked about trauma and kind of like probably the more traditional sense of incidents or specific things that have happened. Can you talk about the trauma informed perspective when we think about historical trauma, generational trauma, epigenetics, can you talk a little bit about those concepts? Cause those concepts might not be familiar to everyone

Dr. Soliman (00:32:11):

For sure. And these are concepts that are really close to my heart, so I'm glad to talk about them. So the idea of historical trauma is this idea that trauma can be carried from generation to generation, even if the actual cause of the trauma or the trauma itself is no longer there, that it continues to transcend from generation to generation. And so when you think about minority groups, for example, you know, people that are descendants they're Holocaust survivors, are descendants of slavery. Those are individuals that may have not, so the family you're working with may have never experienced the Holocaust. They may have never been slaves themselves, but the impact of what happened so many generations ago continues to live on. And the current interaction, some of this is explained by epigenetics. And epigenetics is really the study of how our behavior and our environment can cause changes.

Dr. Soliman (00:33:15):

That affects the way our genes work. So the, so it's really fascinating because one tends to think of genes as something pretty static. But, researchers like Michael Meaney and McGill and other people have really found out that you can actually alter some of the ways that genes work by the environments that you create around it. So it's no longer like in nature versus nature kind of debate that, that really you can impact nature. And so this process is epigenetic process really explains to us how trauma transcends from one generation to the next, without the child themselves experiencing the trauma. So, and I've heard someone say trauma not transformed is transferred, which I thought was really like a great little saying. And it really stuck with me and it may stick with you too. But this idea of, if we don't do something about what happened to us and to our ancestors, we will transfer it to the next generation. And so that's where the good news is, that unlike genetic changes that epigenetics is reversible, right? So that means that with the right intervention, we can repair the changes that occurred over time. And that's really the aim of you know, what anybody that's working with families exposed to trauma and stress is hoping to do,

Kris Johnson (00:34:47):

What would that repair look like? How does that repair work? Are you talking therapy or what, what do you mean by repair?

Dr. Soliman (00:34:55):

Yeah. Well, I think repair, starts with kind of what's happening like internal, to family, to systems. Cause you know, people talk about systemic oppression and, you know, the way the system is set up to favor some groups over others. So repair has to really happen at many levels. I think we're today, what we're focusing on is how do we repair the child and their family. But I would be remiss not to say that repair without involving larger systems will be very tentative and there could be like a retraumatization, that continues to occur because if we repair it, but the system continues to operate the same way. The family's likely to experience the same events that brought them there in the first place.

Kris Johnson (00:35:54):

Sure, sure. So how do you think these issues show up in child protection? You know, how does it like show up, you know, on an individual level, even on a systemic level, you know, when we're thinking about, okay, so then what do I do? What do I do with this family? And what do I do with my system or, you know, just perhaps how I show up with a family.

Dr. Soliman (00:36:20):

Yeah. So I, I think this is really where we have to spend a lot of time thinking together and talking together because I agree with you. The, the partnership with child welfare is incredibly important and child welfare is a system that was created to protect children. And we will not be able to protect the children or heal them until their caregivers, their parents have healed and have become available to them in a new way. And so our partnership with parents is incredibly important. And we began talking about that. Kris, when you were talking about asking them about, you know, look, tell me about a good time that you had with your child. Tell me about something good that happened to you this week. You know the simplest way I can think about it is about forming relationships, right?

Dr. Soliman (00:37:20):

Like how, how do you form, how'd you make a friend, right? How do you form relationships? And I don't mean to say that you use your professional boundaries and, and you become friends with people, with individuals that you're there to serve, but I do mean that you approach in them in a more equal kind of way. And then in a way that suggests respect and that you are there to understand them, that they know their child better than anyone else. That in most cases children staying home is better than children being removed from their home. And so what are the things that we can do to maximize this family's success in terms of being able to keep their child, and in terms of them being able to change some of the ways that they're currently operating. Sometimes that happens by starting with addressing a family's concrete needs.

Dr. Soliman (00:38:17):

And so, you know, coming into a family and , you know, I oversee a home visiting program, so we're very familiar with walking into homes and seeing how things might be in the house. And so one of the things we learned is that when we walk in the parent is often unavailable to do the kind of work that we're hoping to be able to do with them eventually, because they are bombarded and burdened with so many daily stressors, right? Like they may be at risk of getting evicted. Sometimes it's a single offense, a single mom managing multiple demands, an incredible amount of stress, multiple jobs, sometimes violence in the community, lack of food. So many things that are stressing this parent. And so the first step is to meet them where they're at, right? Like, what are, What was happening for you right now? What are the ways that I can be helpful? What are the things that you need right now?

Kris Johnson (00:39:27):

It's so interesting that you say that because, I have learned that lesson so many times in my career, and I have to keep relearning it and relearning it. I think our child protection tool kit is therapy, treatment, therapies and treatment. You know, that those are the things we go to, well, if you're, if a person's experiencing distress, they must need therapy, or they must need treatment. And we forget that, you know, if you think about just basic needs, I am not going to be able to attend to therapy if I don't know if I have an apartment tomorrow, or if I don't know how I'm going to feed my kids tonight. And so I think we're getting better at thinking, you know, concrete needs first, and then getting into those higher,

higher level stuff. But it's always such a good reminder about people need their basic needs met before they can go any further.

Dr. Soliman (00:40:20):

Yeah. And I'll add, like, from my perspective, from the other side as a treatment provider, that the partnership with Child First with them, I'm sorry, child welfare around these issues is incredibly helpful because often child welfare has access to resources that a treatment provider does not. And so, you know in the model we promote, we, that's what we do. We immediately decrease you know, toxic stress by addressing families immediate needs and concrete supports. And we start with this, with the intervention, the therapeutic intervention, which is about rebuilding the relationship between the child and their parents. But when we have partnership with child welfare, all of that becomes so much easier, right? Like we can, if we have a good partner in child welfare, we can talk about what the family needs. The child welfare workers often can access them, you know, and the child welfare worker often, and we'll get to that too, has so many case, their case loads are huge, and they may not have the time to really focus their attention on each family that they're serving. And so and like, kind of sharing the workload in some ways that that becomes a more manageable situation for both, I think.

Kris Johnson (00:41:40):

Yeah. I appreciate that. Cause I feel like when I've seen situations that have the best chance of success, so to speak, or, you know, the best outcomes that I can remember, it's been those times that we've really been able to look at the whole situation and remember that the, you know the importance of that therapeutic support and make sure that those basic needs are met and that they're just feeling more stable in their whole life situation. The other thing I just wanted to go back to was when you talked about forming relationships and recognizing that the parents know their kids better, and it just reminds me of that, you know, just kind of the old-fashioned unconditional positive regard that I come into this with respect for you and your humanity and recognize, you know, people will say to me, I don't know how you can do child protection.

Kris Johnson (00:42:39):

You know, with parents who, you know, has struggled to take care of their kids. And, so you know, sometimes people use the words like bad parents or bad moms, and it's like, I don't know any bad parents. I know people who are struggling mightily, but I don't, I don't know any parent who wakes up in the morning and says, you know, I want to do poorly by my kid. You know, all of us want to do well by our kids. And we have all kinds of obstacles. And I think holding onto that and remembering that is just like the foundation of how we can be trauma informed as we walk into the home.

Dr. Soliman (00:43:13):

Yeah. And holding. So we tend to turn to like a benevolence stance, right? So kind of believing that the parent is doing the best they can really impacts the way we look at the situation and the family and the decisions they're making. And again, you know, going back to this kind of trauma informed lens when, you know, the family story and you see what's happening now, sometimes, often you'll say, wow, compared to what this parent has been through, they are doing a phenomenal job with this child. Right. And so the trauma lens also helps us with kind of appreciating where the parent has been and the hard work that they're currently doing. So even the little bit that we see that we might have judged previously. Once we understand the full story, we have a different appreciation for where the parent is at and the choices they're making.

Kris Johnson (00:44:17):

Sure, sure. I remember saying to families sometimes, how are you doing this?

Dr. Soliman (00:44:21):

Right.

Kris Johnson (00:44:22):

How are, how are you getting through every day and getting your kids to school and with the hurdles you're getting over,

Dr. Soliman (00:44:28):

Absolutely.

Kris Johnson (00:44:28):

like, help me understand how, where you find the strength to do it.

Dr. Soliman (00:44:31):

I agree. I think the same thing, I sometimes, you know, I'll work with families and I'll imagine, you know, if I was the mom in this family, like, would I be able to, um, would I be able to do as well, you know, as this parent is doing.

Kris Johnson (00:44:46):

Right. Right. Yeah and you think about like the impact of COVID, you know, I heard from some of our child welfare staff that there were saying, you know, what's the impact of COVID on families who are already struggling. And it was kind of like, they were already struggling, you know, this isn't new. And, but now with COVID, they can't get evicted anymore, you know, and all of a sudden there's a lot more of support available. So I was just hearing anecdotally that some of our families were almost doing better with COVID

Kris Johnson (00:45:14):

Or at least a little more stable.

Dr. Soliman (00:45:17):

No, I think that makes sense.

Kris Johnson (00:45:20):

So when you talk about kids who are, have experienced, you know, historical trauma, intergenerational trauma, or the, you know, whatever traumas they're experiencing in their present life, that a lot of the kids that we might be interacting with are struggling with the biological impact of high levels of stress. So what can we, as helping professionals do to promote resilience and healing? I think you've already started to allude to that.

Dr. Soliman (00:45:48):

Yeah, we did start talking about that a little bit in terms of the importance of the relationship we have with the family. I do think that there's like an important, sometimes unspoken element here. And I think Kris, you may know more about it given your research, but this whole idea of the obstacles of working with families that don't really want us there, right. And so, and I think that is an area that we don't often get into. At least in what I've been observing and reading. So I think it might be worthwhile to spend a few minutes just thinking about that a little bit. There's a recent article by Ferguson and colleagues, that really writes beautifully about this. And one of the things they write is that, in order to think clearly about the families we serve, we're influenced, right, we're influenced a great deal. To a great degree by our own levels of anxiety, right. We're influenced by the administrative pressures, right.

Dr. Soliman (00:46:55):

When we're talking about case loads and deadlines and requirements, and we're influenced by our implicit biases about the family and a host of other factors. And so they continued to write that to care about someone requires us to become emotionally attuned to their experience and to not retaliate in the face of hostility and anger. It's very difficult, especially when we feel that we're constantly under attack, right. Which often happens when families don't want us there. And so what happens is that often there's a need to protect oneself, right? There's like feelings that are provoked, that are really difficult to acknowledge and accept within ourselves. And so we build, we, and the systems we work with build the fences around ourselves that protect us, but they also impede our ability to think clearly, and to be reflective and to have a reflective practice around the choices we're making.

Dr. Soliman (00:47:59):

Somebody by the name of Car uses an interesting metaphor. They talk about clients throwing bombs into encounters and, that those bombs cause psychological schrapnel, that then the workers and the clients have to survive somehow. Right. And so I think one of the first things to do is to kind of become aware, right. Become aware that there are these dynamics that are operating, that we use to protect ourselves. But that really impacts the work and the way we see the family and the way we respond to the family.

Kris Johnson (00:48:37):

I just appreciate that so much. I think that it's such important information for us to have in child welfare. And I just think in my own career, how I've sort of processed through that, that it's, I have felt those defenses and I have felt those experiences where I feel like I, you know, get yelled at and then I get yelled at some more. And then I get, you know, I've had things thrown at me and, you know, things like that, where it's like, I've been scared, you know, for my safety. And so, you know, how it took a while for me to figure out how to hold on to my respect for that person's humanity, uh, when they're throwing things at me. And I really had to get into some empathy about if I showed up at my house, I wouldn't be happy either.

Kris Johnson (00:49:32):

Like in fact, I really started thinking about what kind of child protection client I would be, and I would not be anyone's favorites. And I recognize that. And so I tried to really think about the anger makes sense. You know, the hostility makes sense. And if I respond to it, it's going to get a hundred times worse. And so, you know, figuring out how to join around this really unpleasant experience of having me at your house, how can we get through it the best we can get through it, so that you can be done and

we can address some of these real things that are there and that we can both feel like we've done the work and can move on.

Dr. Soliman (00:50:15):

I think what you're saying is really important and it makes me, I mean, I want to get to some of what you talked about in a minute, but I'm really curious about how you did that. Like how were you able to step away and what was the thing that helped you be able to do that? Because I could see it going in a diff in a potentially different direction.

Kris Johnson (00:50:39):

I think part of it was that I loved my job and I got to the point where I was so stressed out and burned out that I was like, I either need to figure out how to stay, or I need to go, and I didn't want to go, you know? And so it was like, I think finding some, I think I've had a few clients along the way that have really stayed with me and taught me things. And I think I remember this one woman that I worked with, and she was a long, long time addict, struggled with meth addiction and cocaine addiction. And every time I interacted with her, she was so hostile and so angry. And I was just constantly taking it from her. And then there was one time I was at Target and my kids were little and I saw her kind of across the store and I thought, oh, oh, and she looked the other way.

Kris Johnson (00:51:33):

And she walked away. And then the next time I saw her, she was back to yelling and screaming at me. And that's, you know, this is a product of doing child protection in a small town. And I and she's, and she was doing the thing where she was really angry. And I just sat there for the longest time. And finally, I said, I just need you to know that I'm not scared of you. And I get why you're mad. And she just kind of stopped. And she said, what are you talking about? And I said, you and I saw each other, like, we made eye contact at Target, and you could have totally come up to me. You could have, you could have made that ugly and you didn't. And she said, well, you were there with your kids.

Kris Johnson (00:52:14):

What was I going to do? And I just said, I just, I appreciate, I appreciate that you did that for me that day, because out of, you know, this has been such an awful experience for you, that it would have been really easy for you to charge up to me and, and make that day hurt. And you didn't, and it was just one of those, like, I think we had just sort of, we both had a moment where it's like, we're two humans and it was one of, I've had a few experiences like that, where it made me sort of take myself out and not personalize it and just say, you know, this is hard on all of us. And so let's figure out how to get through it without absorbing the anger and just kind of letting it roll off.

Dr. Soliman (00:53:00):

Yeah. And so that moment of encounter between you and are like a really authentic encounter between you and her really set the tone for the relationship. And what it, what it sounds like, what it sounds like happened was that she had learned a particular way of being that protected her in some ways, right? Like if I'm hostile, if I'm aggressive, then people back off, or people leave me alone, or, you know, like that is her self preservation strategy. And you said, you know, you could do all you want, I'm still here. I'm not broken. I'm still gonna talk. We're still going to be, or still going to be, I'm still available to you. I can still have a relationship with you, and that seems to have shifted something about your relationship with her. But what's really remarkable is that, like, through all the, like, you know, you could have

become jaded or, you know, it feel like families are taking advantage or being hostile or it's unfair or whatever, but like you, for somehow you took a different approach. Like you decided that you were going to take the family's perspective and understand how life might be for them.

Kris Johnson (00:54:12):

Right, man. And I think it's that sense that we're all doing the best we can. And I've also, you know, really tried to go into this work. I've, you know, I worry when it's an us versus them thing. And I've really tried to go into this work thinking I'm a couple of privileges or life circumstances or decisions or whatever from being on the other side of this table. And any of us are whether we want to believe that or not, any of us are. And so in my opinion. And so we just want to, I just want to support people and treat people the way I want to be treated and also just see their humanness under the struggle, because I think we're all doing the best we can,.

Dr. Soliman (00:54:59):

You know, cause I think what you said about that is so important. Like that you're able to identify with the family, and sometimes it's really scary to do that right. To think of ourselves as being so almost there. Right. And so I think part of the reason we sometimes have a hard time connecting with the family is because we want to see ourselves as so different from them. Right. Like we do not want to imagine that we could be like them. We do not want to see ourselves in that way. And that it takes courage and some years of experience to get to the point often when we're able to really acknowledge that, whoa, that hit close to home, like that could have been me. Right.

Kris Johnson (00:55:50):

Right. Well, and just that feeling of you know, how terrifying that must be, you know be at risk of losing your kids. I can't think of much that's worse than that. And so yes, that, I hope that we in the field can let ourselves be in people's shoes, even if that feels scary.

Dr. Soliman (00:56:09):

Yeah. That's kind of one of the things I did want to also talk about this, you know, people use a term, they say they say suspended self preservation, where they talk about kind of workers consciously suspending reflection and acknowledgement of their feelings so they can protect themselves and their colleagues from the horribleness. That's not a real word, but like how horrible a situation might be. So, you know, and again, this is something that might be helpful in the short term, cause it gets one through the day, but in the long-term right, it can lead to burnout, a secondary trauma, stress, you know, um, numbness where you kind of just stop feeling anything. And so I only know of one way to counter the effect of this. And for me that has been good reflective supervision.

Dr. Soliman (00:57:07):

And I don't know how much time we're going to have to talk about that. But for me, reflective supervision is really a safe space or a worker can speak about their feelings, acknowledge them, right. And acknowledge that they might have very difficult feelings about the work they're doing, think through their feelings and their actions in the presence of a caring supervisor. Starting to sound a lot like what we were talking about with, with children and parents, right. And then feel contained and supported so that they can go out and do this very difficult work. Right. Some people refer to this as a holding environment. I really love that term, a holding environment. It has, it means kind of taking the feelings and then returning them in a digestible format. Which is what a parent needs to do with their

child. And it's also what a good supervisor does with their supervisee. It's what a good partner does with their partner when there's a high emotional situation.

Kris Johnson (00:58:13):

And it's also, it's caring for the caregiver, you know, that this is such hard work that to providing that support for the child protection worker, you know, that, so that they are able then to do the work with the families. And that's, that's incredibly important is to look out for our workforce so that they've got what they need and can stay healthy and strong through it.

Dr. Soliman (00:58:37):

Right. And so these types of parallel processes, right? I'd love kind of, that's one of the core kind of theories about why reflective supervision works is that if you, if you're able to give that to the worker and the worker is able to give it to the family and family's able to give it to the child, there's kind of this nested model of support. So you know, it in reflective supervision, workers can learn strategies to diffuse these potentially explosive relationships. They can pay attention to these co-constructed. And I really want to say co-constructed because they're not, there's not one way, there's an exchange that happens that ends up with a hostile dynamic in a relationship how to work through the resistances. And to me really important that acknowledging power differentials and inequity in this relationship, because we try to make it seem as if there isn't, but like you said, what's scarier than having someone take away our children.

Dr. Soliman (00:59:39):

So we can try as much as we can to meet on an equal playing field. But, but there is somebody is holding power in this relationship and if it's not acknowledged, it could be played out in punitive ways with the family. And so we really need to be really mindful of the power we're holding, how we're using it. Especially when the relationship with the parent is as not as not great. Some people advocate introductions of family advocates as a way of equalizing the relationship a little bit. I think a lot o at least in Connecticut here, we do have a family advocacy as part of child welfare services.

Kris Johnson (01:00:32):

Sure. When you think of, yeah, you said something like there's, I have a couple of different questions when you think about the power differential, and then you think about historical trauma and that type of thing. Can you talk a little bit about how those two things can sort of play off each other that the power differential that a child protection worker might have and how that might butt up against that historical trauma?

Dr. Soliman (01:01:04):

Absolutley. I'm glad you raised that. So in many ways, in an unconscious kind of way, in most cases, people don't mean to do that. But, when, when people have carried with them for a very long time, this experience of being persecuted of being mistreated, and there is a tendency to re-enact those relationships over and over again, and they get reenacted in the hopes for a different outcome, really as why they're getting played over and over again. But when we're not aware of this dynamic going on, we end up playing into the reenactment and it ending up in the same way again. And let, let me try and explain a little bit more what I mean. And so that happens too, in like, situations of intimate partner violence, right?

Dr. Soliman (01:02:02):

People get into the same patterns of relationships, hoping things will turn out differently. They don't turn out differently. Often they end up in the same cycle and it repeats itself. Right. And so when someone has been through trauma, trauma, reenactment is as a familiar term in the field of trauma. And so people unconsciously recreate the experience again. And so if I'm as a child welfare worker, I'm not paying attention to that. I will respond in the way that this parent expects me to respond, which is the same way everyone has responded to me in the past, right? And so if I become hostile, or if the parent becomes hostile, I will retaliate and become hostile back. And not only will I become hostile, I hold the power. And so I can really, really harm them. Right. And so if I, if I'm not paying attention to this dynamic, I'm really recreating the system of oppression in the relationship again, without meaning to, and so the way to counter this is to notice it right, and to notice and say, and then to make a conscious decision that you are not going to respond the way that you would be expected to respond.

Dr. Soliman (01:03:19):

You are going to take a different approach. It's exactly what you did with the person you mentioned earlier, where she, you know, she's in a hostile relationship with you. She expects you to return to hostility with hostility, and you say, listen, I really appreciated that you, you know, you didn't come up to me and yell at me and make a scene at the store, you know, that, you know, and, and she was thinking actually, whoa, that is not the script I'm used to, right? Like you are changing the script on me here. And so that, so then our brain becomes, starts shifting. And when this experience happens, this is what we talk about. This is exactly what epigenetics and changing the genes means, right? So our brain is wired in a certain way, and now you are rewiring it because of the way you're responding to her. She's like, Ooh, there's a different way. This is a different way. I'm not used to this. This is not the script I have learned my whole life. And so that is the intervention.

Kris Johnson (01:04:16):

Okay. Wow. So then, when you know, you talked about the relationship that can become charged up and even hostile between a child protection worker and a person receiving the services voluntarily or involuntarily. And so like, what you're saying is, you know, for us as child welfare workers, to be able to tolerate, however, we need to tolerate, you know, what that interaction looks like and not escalate with the interaction. And it sounds like that means self care, that reflective supervision, you know, taking it wherever we need to take it. I'm assuming set some limits too, though. Right. You know that there's an amount of tolerating it. And then there's a point where we say, okay, we're going to have to stop for today. Is that, is that fair to say?

Dr. Soliman (01:05:10):

Yeah. And I think it's similar to the question you asked earlier about like, who defines trauma, like, who decides what's enough. Right. And so, you know I'm thinking of an African-American man I worked with that had a case, and the family was incredibly racist. And I said to him, if, if you don't feel like you can, you can handle it. We will, we'll find someone else to work with his family, but he felt like he wanted to stick it out. Like he felt like, you know what? I think if I work with them, I might, they might be, I might be able to change the way they think about race and so for him that it was important for him to stay in this relationship. Now it's not, I would not have insisted that he worked with his family, because that would have been incredibly unfair if he was saying like, they, you know, and there's also, of course, the element of sometimes needing to protect staff. If their threshold for tolerance of abuse, so to speak, is,

it has gone kind of too high. Then as a supervisor, you might step in and say, you know what, like, I think we need either, we need to step in, we need to take a different approach.

Dr. Soliman (01:06:29):

We need to respond to this family differently. But there's something empowering too about working through some of these difficult relationships that I've I've observed.

Kris Johnson (01:06:41):

Yeah. And it sounds like, you know, going back to reflective consultation, that that's the place to process it. You know, that I interacted with this person and they got very escalated and very angry and, you know, and I came out and felt this, you know, it was tolerable for me, or it wasn't tolerable for me and with everything else I have going on in my life. Right. I can, or can't do it. And that's what happens in reflective consultation is what's my emotional response to this and how can we process through with, with my supervisor so that I can go back and figure out how I process through with a family.

Dr. Soliman (01:07:17):

Yeah. And you know, I'll just add to what you said. It's not, it's not just not good for it to work, or it's also not good for the family. If, you know, if the worker is in a situation where the stress level of what they're having to manage is beyond what they're able to manage.

Kris Johnson (01:07:38):

Sure. Okay. Well, given everything we've talked about here today, what are the take home messages that you want us to have?

Dr. Soliman (01:07:49):

Well, you know, there's a term called the respectful uncertainty. That's been used to capture the balance of trust and doubt that a child welfare worker needs to achieve in their work. Right. And so you have kind of these relationships that by definition are marked by mutual suspicion. Right. And nonetheless, they have to be over time, right? The child welfare is there to ensure the safety of the child. And so they have to balance the trust and the relationship they're building with the caregiver with a healthy dose of doubt. Right. Because that's what they're there to assess risk. And from what we've talked about, we know that the quality of the relationship is really what is fundamentally going to change the outcome and lethal long lasting change. And so for me, like the key question really is, how can this be accomplished, right.

Dr. Soliman (01:08:49):

Like how can we balance those things and have a quality relationship with the parents? And this isn't from me, this is from, I don't know, maybe we can share this article later with the listeners. But from what I'm reading, there are really a few key components to ensuring a good quality relationship with a caregiver. And so I think that's probably where I want to end. The first one is reliability, you know, and with reliability, that doesn't just mean like showing up on time. It's really the caregiver coming to believe that you care for them and that you keep them in mind and that you are thinking about them, in a reliable kind of what you're reliable and the way you show up every time. You're not one time really angry, and one time incredibly friendly, you're a consistent presence.

Dr. Soliman (01:09:49):

And this family's life, the immersing oneself and the family's life and helping them, which we also talked about. Intimacy and getting kind of both emotionally and physically close to the family. And by physically close, I mean, like some you know, there's been some writing about kind of how, what the parent experiences, when the child welfare worker picks up their baby of course, with permission. But like what that means to them sometimes that, that they are interacting with their child and what that looks like. And like, there are a lot of caveats around that, but this idea of caring for their child and being intimate with them. And then providing what's called like an ethical holding environment. Right? So this holding environment, the reason they call it ethically holding environment is because it acknowledges a power and inequity in the relationship.

Dr. Soliman (01:10:44):

Right. So it's a holding environment that also acknowledges these inequities. And so I think if we hold these kind of few principles in mind as we work with the families, I think that's the main takeaway. Clare many people know, Winnicott right?

Kris Johnson (01:11:08):

I think so.

Dr. Soliman (01:11:09):

Okay. So Winnicott, he talked about, holding environments and all that good stuff, but his wife was a social worker and she actually worked in child welfare. And she said something really beautiful. So perhaps I'll end with her with her quote. So she says, I think ,that basically the technique lies in the provision of a reliable, medium within which people can find themselves or that bit of themselves, which they are uncertain about, we become so to speak a reliable environment, which is what they so much need reliable and time and place.

Dr. Soliman (01:11:48):

And we take great trouble to be where we said we would be at the right time where not only reliable in time and place, but in the consistent attitudes, which we maintain towards people, they know how they will find us, and I'll stop here. But she, she writes beautifully about the relationship she's done, actually, I think her husband was greatly influenced by the work she's done particularly in child welfare. And so we will share these resources if that's. Okay. Cause I think those are great references.

Kris Johnson (01:12:26):

Sure Well, yeah, I think to close on that message, the words I have in my head are just like deep compassion and deep compassion for the families that we work with and being present and reliable for them. So thank you.

Dr. Soliman (01:12:39):

Thank you. Thanks for having me.

Kris Johnson (01:12:42):

Yeah. This was a great conversation today, so I appreciate your time.

Dr. Soliman (01:12:45):

Thanks Kris. Bye bye.

Stacy Gehringer (01:12:51):

Thank you for listening to the Early Development and Child Welfare podcast series. This podcast was supported in part by the Minnesota Department of Human Service, Children and Family Services Division.