

How the current ‘shelter in place’ order uniquely impacts children in foster care

The trauma of removal from the home can cause irreparable damage to the child’s growth and development but is of course necessary to protect the child in some cases. It is important to always keep in mind that healthy child development is incumbent on a healthy attachment to a primary caregiver. Losing a secure, primary attachment figure constitutes a trauma, and continued separation exacerbates that trauma. Children who lose their primary attachment figure are diminished in their ability to trust, form new relationships, and make rational decisions due to a diminished ability to regulate their bodies and emotions. Neuroscience¹ and Attachment Theory² demonstrate these facts. The most crucial periods for healthy growth and development occur in infancy, particularly the first two years of life, and can extend until three to five years of age. The relationship between the child and their parents creates the roadmap and structure for the child’s ability to form future relationships.

Reconnecting the primary attachment figure (parent) to the child helps restart the process of trust and the child’s ability to move from a state of dysregulation to being able to regulate their emotions, mood, anxiety. This is why consistent visits between a child removed from their attachment figure/parent is so necessary to prevent both short-term and long-term damage to the child (assuming the visits are physically as well as emotionally safe). A second and a third disruption in this process causes increasing damage, as the ability for a child to trust a parent who disappears from their life decreases their ability or expectation that other relationships in their life will be long lasting. When visits are suspended, some children tend to feel responsible for the loss of relationship, negatively affecting their relationships with their current caregivers.

Are ‘virtual visits’ effective?

During this period of shelter in place and social distancing due to the Coronavirus, it is imperative that visits continue in whatever form, for the benefit of the child and their current and future emotional and psychological development—as well as for their relationships with their caregivers. Children that have their important relationships protected are more emotionally regulated and happier. Research³ indicates that “[t]he benefit of virtual [visits] is that it can assist with consistency and continuity in the child-parent relationship.” One study⁴ measured the reduction in stress among pediatric patients hospitalized for 4 days or greater using a videoconferencing program that allows hospitalized children to virtually visit family members and friends using laptops, webcams, and a secure Wi-Fi connection. It found a 37% reduction in one measurement of stress among those who had virtual visits as compared to those who had no visits.

¹ Szalavitz, Maia, and Bruce D. Perry. *Born for Love: Why Empathy Is Essential and Endangered*. New York: William Morrow, 2010.

² Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759–775. <https://doi.org/10.1037/0012-1649.28.5.759>

³ Himel, A., Paulseth, H. D., & Cohen, J. (2016). 1-800-Skype-Me. *Family Court Review*, 54(3), 457–476. <https://doi-org.paloalto.idm.oclc.org/10.1111/fcre.12231>

⁴ Nikki H. Yang, Madan Dharmar, Nayla M. Hojman, Candace K. Sadorra, Diana Sundberg, Gary L. Wold, Kourosh Parsapour, James P. Marcin (2014). Videoconferencing to Reduce Stress Among Hospitalized Children. *Pediatrics*, 134 (1) e169-e175; DOI: 10.1542/peds.2013-3912

How young is too young for virtual visits?

Every child is different and depending on their individual development, it can be hard to specify an exact chronological age at which virtual visits are effective. This holds especially true for children in foster care who are at greater risk of delayed development due to their histories. One research study⁵ indicates that children 2.5 and older may be better during video calls, but children ages 2 are not as adept. Children who are younger may lack the sense of time that older children acquire and therefore would benefit from more frequent virtual visits, but of course the younger the child, the shorter their attention span and therefore shorter visits are indicated.

Do the visits need to be live video calling, or can we just record something and send it on?

One study⁶ found that in very young children, pre-recorded messages shown to them through video as a medium did not do well, but using a closed circuit, interactive medium with social cues and personal references was far more effective. This seems to indicate that live video chatting like Skype and Face Time would be more effective than recording and sending messages. As in the original article, it seems that interaction is key. As another study⁷ finds, on a continuum where in-person face-to-face visit is perhaps the richest form of communication and written letters perhaps the weakest, live video falls nearer to face-to-face communication on the continuum. The authors conclude that, “facial expressions, body language, and other social cues can be seen and interpreted immediately.”

Tips for facilitating successful virtual visits

1. **Nail down the technology.** Do a dress rehearsal before the visit, figure out how to keep your phone or e-mail anonymous using a program like google voice, use the actual phone, tablet, or computer you plan to use for the visit. Have a backup plan in case the technology fails on either end (one person to call, text, or e-mail the other).
2. **Teach alternate visual cues.** Most children will have been socialized during in-person visits to give and receive physical affection. Teach the child alternatives such as waiving, blowing kisses, and virtual high-fives as a way to express affection virtually.
3. **Reassure the child.** Children may fear that the virtual visit may replace in-person visits, take some time to explain to the child why you are doing the virtual visit and reassure them that in-person visits will resume in the future.
4. **Prepare an activity for the visit.** Help make the visit successful by planning an activity for the child to do during the visit, like showing an art project or singing a song. Visit activities that a parent normally engages in aren't possible here, so help brainstorm and get the visit started off on a positive note.

⁵ Trosheth, G.L. & DeLoache, J.S. (1998). The Medium Can Obscure the Message: Young Children's Understanding of Video. *Child Development*, Vol 69, Number 4, pp. 950-965.

⁶ Georgene L. Troseth and Judy S. DeLoache (1998). The Medium Can Obscure the Message: Young Children's Understanding of Video. *Child Development*, Volume 69, Number 4, pages 950-965.

⁷ Quinn, A., Sage, K., & Tunseth, P. (2015). An Exploration of Child Welfare Workers' Opinions of Using Video Assisted Visitation (VAV) in the Family Reunification Process. *Journal of Technology in Human Services*, 33(1), 5–15.