

Early Relational Health | Session 2 | Q&A

- How can I get the books from Dr. Rosenblum?
 - [Georgie and the Giant Germ](https://zerotothrive.org/covid-19-kids/) is available for free download and can be accessed through our Zero to Thrive website at <https://zerotothrive.org/covid-19-kids/> (scroll down to end of page to see link to coloring books).
 - Please also see another terrific, free resource “Fighting the Big Virus” by Chandra Ghosh Ippen at <https://piploproductions.com/trinka-and-sam-virus/>
 - Another favorite resource is the Sesame Street in Communities website—they have many wonderful free videos and materials for kids, caregivers and providers that address a full range of issues. <https://sesamestreetincommunities.org/>
- Is this partnership being promoted to all agencies in Texas? Most foster families that I work with feel they are only babysitters and not truly appreciated in the system.
 - You can learn more about this partnership in Texas, known as Safe Babies, at <https://first3yearstx.org/safebabies/>
 - You can also learn more about the Quality Parenting Initiative at <http://www.qpi4kids.org/>
- Dr. Rosenblum mentioned Atrocious either childhood experiences or community environments. Can she repeat that and the reference where it can be found?
 - This is a reference to what my colleague, Dr. Chandra Ghosh Ippen refers to as the “Original ACES”—that is, “Atrocious Cultural Experiences,” such as slavery, forced relocation, forced family separation, etc, which ultimately laid the foundation for the inequities we see in “social determinants of health” (e.g., poverty, housing instability, food insecurity, experiences of racism/discrimination, etc), which in turn increase vulnerability for ‘traditional’ ACES- or adverse childhood experiences. It is absolutely critical to note that positive childhood experiences exist as well, and can provide a protective buffer in the face of adversity—we want to attend to those things we can elevate and promote that are strengths in cultural experiences, communities, families, and individual parents and children.
 - The best reference to the “Original ACES” is the latest chapter in the Handbook of Infant Mental Health (Charley Zeanah, Editor).
 - See Chandra Ghosh Ippen in an interview with Barbara Stroud at: <https://www.youtube.com/watch?v=GBLAVfrkhkM> . This includes a discussion of historical trauma.
 - Webinar related to the Trinkia and Sam COVID resource that Chandra Ghosh Ippen created that begins with a discussion of the dual pandemics of racism and COVID and a discussion of the ABCs of trauma and the impact of historical trauma: <https://www.youtube.com/watch?v=mYAYn4kVZBQ&t=2601s>

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- I am floored with the amount of expertise in this training. Thank you! Jennifer can you expand on the points on joint training between birth and foster parents? what topics or the structure?
 - Joint training between birth and foster parents has been an important practice in agencies that are implementing QPI to reinforce the idea that foster parents must be a respected, valued, equal partner in the team (and are the primary intervention for the system as the holder of the relationship). Joint training allows everyone to have the same information, to develop an understanding of each other's roles, and to work together to discuss how to jointly implement the training material in the lives of children. The topics vary from agency to agency but have included: how to transition a child in/out of a home in a developmentally appropriate way that minimizes trauma (and prioritizes relationships), what information must be shared with foster parents about children in order to allow them to provide excellent parenting for children (and how to deal with tricky issues), and why and how to support co-parenting between birth and foster parents. In agencies that have really embraced this, all trainings are joint (so foster parents are invited to all the training social workers are offered and vice versa). The structure usually includes time for foster parents and social workers to discuss together and to hear each other's perspectives. Agencies report this helps develop relationships between the two groups as well.
- This is a personal question for Ms. Jennifer Rodriguez- if ok to ask- Could she share how she turned out to be that great with no support early in life. Who, how, and where did she learn about secure positive relationship.
 - Hi Ana, You won't be surprised at my answer about how I've navigated life to have all the blessings and opportunities I do today (although I am still working on being great). I was extremely lucky to have a few relationships with adults after leaving foster care that have been my lifelines. Even though I had to wait until I was an adult to meet people who cared about me, who thought I had value as a human, and did not fixate on the parts of me that were broken and ugly, it was not too late for me. It's never too late for anyone. It gets harder the longer we deprive children of those relationships, which is why I believe, as you do, in ERH. The power of having someone not see me as a collection of the worst things I did on the worst days I ever had, not a foster child, not a juvenile delinquent, but as a whole and nice person was transformative for me. You can read a little more about my path and YLC's work here on page 14: https://www.calhealthreport.org/wp-content/uploads/2013/08/CHR_Issue41.pdf
- Does the ERH approach within QPI impact the wellbeing and perhaps turnover of foster parents AND Social Works?
 - Yes, the ERH approach that QPI promotes results in improved retention for both foster parents and social workers. In fact, many say with the ERH focus, they are FINALLY able to do the work they came into field to do.