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IN THE SUPREME COURT OF THE STATE OF WASHINGTON

In re Welfare of B.P.,

STATE OF WASHINGTON, DSHS,

Respondent,

v.

H.O. (Mother)

Petitioner

FILED E
APR 22 2016
WASHINGTON STATE
SUPREME COURT
bjh

BRIEF OF *AMICUS CURIAE*
CENTER FOR CHILDREN & YOUTH JUSTICE

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I. INTRODUCTION

As in the corresponding case of *In re Welfare of K.M.M.*, 187 Wn. App. 545, 349 P.3d 929 (2015), *rev. granted*, 184 Wn.2d 1026 (2016), CCYJ again asks this Court to apply a child-centered approach to application of the dependency and termination statute factors, and to this Court's considerations of the sometimes conflicting rights of the parent and child in these proceedings. This brief first examines Washington's evolving legislative and common law history of recognizing the paramount rights of children in dependency and parental rights cases. Second, applying this child-centered approach, CCYJ argues that "foreseeable future" and "near future," terms used in the statutory factors, are time limitations that must be viewed from the perspective of the child. Third, CCYJ examines the type and character of services provided to the parties in this case, including B.P., her mother, and the foster parents, in light of best practices, and in light of emerging research related to children's brain development and related attachment theory.

II. IDENTITY AND INTERESTS OF *AMICUS CURIAE*

CCYJ incorporates by reference the statement of interest set forth in its corresponding Motion for Leave to File Amicus Curiae Brief.

III. STATEMENT OF THE CASE

CCYJ adopts and incorporates by reference the statement of facts set forth by the Court of Appeals, *see In re Welfare of B.P.*, 188 Wn. App. 113, 117-121, 353 P.3d 224 (2015).

IV. ARGUMENT

A child's rights in child welfare cases are paramount, and must be. Courts must be always mindful of who has the most at stake in these proceedings – clearly the developing, dependent young person for whom the custodial decision will determine where he or she will live, where he or she will attend school, where he or she will worship, who he or she will see as friends, how he or she will spend leisure time, etc. – the fundamentals of life. Research now also informs us that the very young are at a crucial stage in the development of their social and mental health. The child's *right* to health, safety, and well-being, and the development of consistent and healthy attachments necessary to allow for that development must, to the greatest extent possible, be the paramount focus of our collective efforts. This underlying rationale should lead to a child-centered approach to decision-making in the child-welfare system, and by courts in making difficult custodial decisions. The focus must always be on the best interests of the child. A child cannot wait on the availability of a parent to begin work forming healthy attachments.

A. Courts Should Apply a Child-Centered Approach When Considering Rights of Children in Dependency and Termination of Parental Rights Proceedings

Washington's legislative enactments and common law both recognize an evolving focus on the rights and perspectives of our state's children who find themselves at the center of these proceedings. Indeed, that focus leads to the conclusion that the child's interests are paramount in all decisions, even when rights conflict.

A brief examination of Washington's dependency statute reveals an evolution over the past 30 years toward an increasing focus on the rights of the child. Prior to 1987, the dependency statute made no express reference to the child's interests, rather setting forth an interest that the "family unit should remain intact in the absence of compelling evidence to the contrary."¹ In 1987, the legislature recognized that the "child's right to conditions of basic nurture, health and safety" is the central focus of dependency law. LAWS OF 1987, ch. 524, § 2, codified at RCW 13.34.020. The legislature went on to recognize the *child's* "rights of basic nurture, physical and mental health, and safety," and provide that where those rights conflict with the rights of the parent, "the rights and safety of the child should prevail." *Id.* (emphasis added).

¹ See LAWS OF 1977, Ex. Sess., ch. 291, § 30.

In 1998, the Washington legislature required that adults, in making “reasonable efforts” under chapter 13.34 RCW, ensure “the child’s health and safety shall be the paramount concern.” LAWS OF 1998, ch. 314, § 1, codified at RCW 13.34.020 (emphasis added). In 2010, the legislature acknowledged the *child’s* “legal rights” to “health, safety, and well-being,” LAWS OF 2010, ch. 180, § 1.

In 1990, the Washington legislature again amended the statute to explain that the right of all children to basic nurturing includes “the right to a safe, stable, and permanent home” and a “speedy resolution” of dependency and termination proceedings. LAWS OF 1990, ch. 284, § 31, codified at RCW 13.34.020.

This Court’s decisions, in their rationale and focus, are in accord, noting Washington’s focus in child welfare cases on the children they were designed to protect.² This Court has often considered, but has yet to fully adopt, a recognition of a child’s constitutional rights and protections, separate from those of the parent in child welfare, custody, and similar

² See, e.g., *In re Welfare of Becker*, 87 Wn.2d 470, 475, 553 P.2d 1339 (1985) (“If the protection of a child’s interests is dependent upon the ‘legal rights’ of the persons opposing the petition, the ability of the court to discharge its responsibility to the child would be seriously impaired.”); *In re Dependency of J.B.S.*, 123 Wn.2d 1, 12, 863 P.2d 1344 (1993) (“The fact that the child’s interest should prevail does not mean the rights and interests of the natural parents have no weight, only that these rights are not paramount.”).

proceedings.³ This focus is nevertheless often lost in implementation. In the abstract, this focus counsels in favor of systematic and fundamental improvements, including increased collaboration and communication; early intervention and increased early and frequent visitation and family time; shorter time periods towards final disposition; increased participation of younger voices, whether independently or through involvement of court-appointed special advocates (CASAs) or guardians ad litem (GALs); and increased representation for all participants. The Court should apply this focus by examining the factors at issue – the child’s rights of “basic nurture, physical and mental health, and safety,” “to a safe, stable, and permanent home,” and to a “speedy resolution” – from the child’s perspective.

³ This Court hinted at such constitutional protections in a contested paternity case, where the Court recognized that “[t]he importance of familial bonds accords constitutional protection to the parties involved in judicial determinations of the parent-child relationship.” *State v. Santos*, 104 Wn.2d 142, 146, 702 P.2d 1179 (1985). In *Santos*, this Court noted that such protections exist when the State seeks to terminate a parent-child relationship, *see id.* (citing cases), and recognized that such protections should exist in cases seeking to establish parent-child relationships, *id.* at 147, and notably, that such protections should extend to the child at the center of the dispute. *Id.* at 147-148. In recognizing the sometimes incongruence and natural conflict between the rights of parents and the rights of children, this Court commented that “[i]t would be ironic to find issues of parent-child ties are of constitutional dimension when the parents rights are involved but not when the child’s are at stake.” *Id.* at 143-44; *see also In re Custody of Shields*, 157 Wn.2d 126, 144, 136 P.3d 117 (2006) (noting state has a “compelling interest in protecting children’s welfare” and may interfere with an otherwise “fit” parent’s custody decision if actual detriment to the child’s growth and development is shown), and *id.* at 151-54 (Bridge, J., concurring) (“Consideration of the rights the child holds is of paramount importance because, regardless of the family constellation from which the child comes, in any placement dispute it is the child who is the most vulnerable and the most voiceless.”).

B. In a Parental Termination Proceeding, Courts Must Evaluate Statutory Timing Considerations Based on the Age of the Child and in Context of the Particular Parent-Child Relationship before the Court

CCYJ asks this Court to consider the timing considerations under Washington's dependency statute, at all times, from the child's perspective. Timing factors at issue in this action include whether "all necessary services, reasonably available, capable of correcting the parental deficiencies within the foreseeable future" were offered or provided, whether there is "little likelihood that conditions will be remedied so that the child can be returned to the parent in the near future," and whether the "continuation of the parent and child relationship clearly diminishes the child's prospects for early integration into a stable and permanent home." RCW 13.34.180(1)(d)-(f) (emphasis added). In applying a truly child-centric approach, courts should not only consider the timing implications from the perspective of the age of the child,⁴ but also consider the circumstances of the particular child and all of his or her particular relationships.

⁴ See, e.g., *In re Dependency of T.R.*, 108 Wn. App. 149, 164–165, 29 P.3d 1275 (2012) (one year was too long for a six-year-old); *In re Dependency of D.A.*, 124 Wn. App. 644, 656–657, 102 P.3d 847 (2004) (one to two years was too long for a four-year-old); *In re Dependency of P.A.D.*, 58 Wn. App. 18, 24, 792 P.2d 159 (1990) (six months was too long for a 15-month-old); *In re Matter of A.W.*, 53 Wn. App. 22, 32, 765 P.2d 307 (1988) (one to three years was too long for a three-year-old); *In re Welfare of Hall*, 99 Wn.2d 842, 851, 664 P.2d 1245 (1983) (eight months was not within the "foreseeable future" for a four-year-old).

In a child-centered approach, even if services have not helped the parent, and even if the state “inexcusably fails to offer a service to a willing parent,” termination is still appropriate “if the service would not have remedied the parent’s deficiencies in the foreseeable future, which depends on the age of the child.” *In re Dependency of T.R.*, 108 Wn. App. 149, 164, 29 P.3d 1275 (2001).⁵ In this case, while the mother’s engagement and progress in the six months prior to trial are not to be discredited, neither are the facts that B.P. was in her fourth placement, had had no contact with her mother for nearly a year, was displaying disorganized attachment, was at risk of developing an attachment disorder, and was in a stable relative placement home with much needed security. *E.g.*, Verbatim Report of Proceedings (VRP) at 165-66. All of the testifying experts and treatment providers ultimately testified that B.P. needed permanency for her mental health, development, and well-being, and that B.P.’s mother was not ready to parent B.P. full-time. *E.g.*, VRP at 231, 282-84. A child-centered approach calls on us to analyze the statutory factors giving primary consideration to the perspective of and needs of the child,⁶ and where the

⁵ Citing *In re Welfare of Hall*, 99 Wn.2d 842, 850-51, 664 P.2d 1245 (1983) (where State failed to provide parenting training to willing parent, termination nonetheless affirmed where evidence showed parent could not overcome deficiencies within foreseeable future).

⁶ Applying the child-centered approach, Washington courts must continue to move towards more consistent appointment of counsel for children. A standard of counsel for children in dependency cases is not predicated on the age of the child and is not restricted to older children. Counsel for the very young can profoundly influence the health, development,

child's "rights of basic nurture, physical and mental health, and safety" conflict with the rights of the parent, the rights of the child should prevail.

C. Discussion of Mental Health and Attachment Services Provided to B.P. and Her Mother, Focusing on the Child's Perspective

In this section, CCYJ provides additional background and discussion related to the services and child welfare best practices implicated in this case, both generally and from the perspective of the child, and where appropriate, with consideration of B.P.'s rights and needs.

Infant Mental Health. Removal and placement disruptions are traumatic.⁷ While often not yet vocal, infants and toddlers unquestionably experience mental health issues,⁸ including stress and emotional pain in response to separations, witnessing violence, experiencing neglect, or being

and well-being of their clients during and beyond the court process. *E.g.*, Candice L. Maze, *Advocating for Very Young Children in Dependency Proceedings: The Hallmarks of Effective, Ethical Representation*, A.B.A CENTER ON CHILDREN AND THE LAW (Oct. 2010). In a child-centered approach, "permanency should be a priority from day one" and "[c]ontrary to common practice, the permanency goal of a very young child should be regularly assessed—even monthly—to ensure all efforts are made to guide that child towards permanency in a way that preserves healthy attachments and positive relationships." *Id.* at 37.

⁷ This Court has recognized that repeated and frequent movement within foster care "may create or exacerbate existing psychological conditions, notably reactive attachment disorder." *Braam v. State*, 150 Wn.2d 689, 694, 81 P.3d 851 (2003).

⁸ Zero to Three: National Center for Infants, Toddlers and Families defines "infant mental health" as "the capacity of the child from birth to three to experience, regulate and express emotions; form close and secure interpersonal relationships and explore the environment and learn. Infant mental health is synonymous with healthy social and emotional development." Sheri L. Hill and JoAnne Solchany, *Mental Health Assessments for Infants and Toddlers*, ABA CHILD LAW PRACTICE, vol. 24, no. 9, pp. 133-140 (Nov. 2005).

denied the stability of a primary caregiver. Sheri L. Hill and JoAnne Solchany, *Mental Health Assessments for Infants and Toddlers*, ABA CHILD LAW PRACTICE, vol. 24, no. 9, pp. 133-140 (Nov. 2005). Because infants and toddlers often cannot ask for help when feeling threatened or unsafe, or are unable to articulate these feelings in a meaningful way, they often do the only thing they can do: shut down or withdraw. *Id.* Research has shown that prolonged separation or repeated separations from a consistent primary caregiver--whether the attachment is secure or insecure--can be traumatic for a very young child. JoAnne Solchany and Lisa Pilnik, *Healthy Attachment for Very Young Children in Foster Care*, ABA CHILD LAW PRACTICE, vol. 27, no. 6, pp. 85-90 (Aug. 2008).⁹

Applying the child-centered approach means we must become more aware of infant and toddler mental health issues not only to inform decision-making on placement and permanency decisions, but also, and more crucially, to address the root causes of infant mental health issues by “seeing

⁹ Further, research related to infant brain development and mental health informs us that a “child’s early years are the most active period for establishing neural connections,” that a young child’s “emotional and physical health” are “important for success in school, the workplace and in the larger community,” and that stress responses that remain activated at high levels for significant periods of time, without supporting relationships to help calm them, can result in toxic stress. See CENTER ON THE DEVELOPING CHILD, HARVARD UNIVERSITY, KEY CONCEPTS: BRAIN ARCHITECTURE (2016), available at <http://developingchild.harvard.edu/science/key-concepts/brain-architecture/> (last visited Apr. 20, 2016). Courts and the child welfare system should consider these impacts when evaluating the child’s developmental needs and well-being as a component of the right to “basic nurture, physical and mental health, and safety.” RCW 13.34.020.

the world ‘through the eyes of the infant.’” Sheri L. Hill and JoAnne Solchany, *Mental Health Assessments for Infants and Toddlers* at 139.

Even a few months are a long time for a very young child. The child is developing rapidly—physically, emotionally, and cognitively—and is forming new attachment relationships. These relationships are severed when placements change, typically causing the child to experience a traumatic loss. In B.P.’s case, both removals from her mother were traumatic occurrences. The testimony in this case establishes that transfer from B.P.’s current relative placement, where she was forming secure attachments, would also be traumatic. Courts must be mindful of this since “it is undisputed that children require secure, stable, long-term, continuous relationships with their parents or foster parents.” *Lehman v. Lycoming County Children’s Servs. Agency*, 458 U.S. 502, 513-14, 102 S. Ct. 3231, 73 L. Ed. 2d 928 (1982) (emphasis added) (“There is little that can be as detrimental to a child’s sound development as uncertainty over whether he is to remain in his current ‘home,’ under the care of his parents or foster parents, especially when such uncertainty is prolonged.”).

Healthy Attachments. Forming healthy attachments is critical in protecting the mental health of younger children. Secure and healthy attachments help infants and toddlers grow into successful and happy children and adults, allowing them to become more self-aware, improve

social skills, develop language skills, support a healthy self-image, and form healthy relationships with adults and peers. See Solchany and Pilnik, *Healthy Attachment for Very Young Children in Foster Care*, *supra*, at 85.¹⁰ Strategies important to improving the quality of attachments in dependency cases include respecting babies' routines, minimizing placement changes and disruptions, providing for quick and consistent progress in dependency actions, addressing parents' and caregiver's mental health issues, and supporting visitation and family time. *Id.* at 87-88.

Healthy attachments of infants with their primary care providers, including their foster parents, are critical to the mental health of the child. A child cannot wait on the availability of a parent to begin work forming healthy attachments. Months and certainly years are a lifetime to infants and toddlers, and represent critical periods where infants are developing skills that will guide them into later childhood and adulthood. *Id.* at 90.¹¹

¹⁰ NATIONAL RESEARCH COUNCIL AND INSTITUTE OF MEDICINE, FROM NEURONS TO NEIGHBORHOODS: THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT 265 (Jack P. Shonkoff & Deborah A. Phillips, 2000) (noting that attachment relationships "shape the development of self-awareness, social competence, conscience, emotional growth and emotion regulation, learning and cognitive growth").

¹¹ While testimony below suggests that an "infant forms an attachment at eleven months," VRP at 71, attachments are relational in nature, and hence depend on the relationship between the child and his or her primary caregiver. While zero to three is considered a critical juncture, these attachments are more typically considered to coalesce over time given the particular circumstances and mental health of the child.

In this case, Amanda Clemmons, a licensed mental health therapist specializing in family therapy and attachment services, evaluated and worked with B.P. VRP at 158. Ms. Clemmons acknowledges that zero to three years are “critical” to attachment. VRP at 162-63. Ms. Clemmons also worked with the relative placements to support B.P. to form healthy attachments so that “she can feel more secure in terms of that relationship” and minimize her disorganized behaviors and attachments and risk for developing an attachment disorder. *Id.* at 165-66. Having a healthy attachment is critical for the child’s immediate and long term mental health, and can benefit a child who is transitioning in care, with the hope that healthy attachment skills and mental health will be transferrable. VRP at 168. Ms. Clemmons ultimately testified, based on the prior disruptions in care, that B.P.’s attachments were still not very healthy, VRP at 168-69, and that it would not be in B.P.’s best interests to experience a further disruption in placement. VRP at 164.

Attachment and Family Therapy Services. Despite her absence from B.P.’s life for nearly a year, at the time of trial and for the six months preceding that point, the mother was successfully engaging in services. This Court is tasked with examining whether adequate services were provided the mother to address the parenting deficiencies found at trial. While the record describes “therapeutic visitation,” the record suggests that these

“services” were provided for the benefit of B.P., not for the benefit of the mother. VRP at 92-93 (it was “not family therapy” and the professional was not there “to provide a whole lot of instruction.”). The services of Ms. Eastep took the primary form of observation, and less therapy and, as she acknowledges, not family therapy. VRP at 93. As Ms. Eastep describes, “[i]n family therapy oftentimes you are really helping a parent process their experience or maybe a deeper understanding of what’s going on for the child.” VRP at 94. That was not the purpose of her services. *Id.* Ms. Eastep did, however, assist the mother in identifying cues and boundaries in parenting B.P. and assessing their social and emotional relationship. VRP at 67. While a second therapist, Ms. Gormon-Brown, was assigned to work with the mother, that therapist worked on addressing the mother’s own mental health issues, and she did “not do any therapeutic work with [the mother] and her children.” VRP at 151. Despite this, Ms. Gormon-Brown described the mother as “highly motivated” and testified that if parental rights were not terminated, attachment work between the mother and B.P. was a possibility. VRP at 152. Yet, based on the mother’s

emotional limitations,¹² at the time of trial, Ms. Gormon-Brown was concerned about B.P.'s ability to reunify with her mother. VRP at 147.

It is unclear whether the mother was offered any actual relationship-based treatment or family therapy. She received some components of these services, and the trial court found that they were provided, in part, "to address the mother child relationship." Clerk's Papers (CP) at 181. The *Commission on Children in Foster Care* has developed a report outlining best practices to improve how courts address critical issues facing dependent children and their families.¹³ These include Child Parent Psychotherapy and Parent Child Interaction Therapy, which can focus on addressing trauma-related symptoms in child-parent relationships and cultivating developmentally appropriate parenting skills and secure attachments and restructuring parent-child interaction patterns, respectively. *Id.* at 91-93.

It is unclear whether such services were "reasonably available," RCW 13.34.180(1)(d) and offered by the Department. Even if they were,

¹² The Department's brief provides argument and analysis related to the mother's continuing emotional health issues and resulting parental deficiencies. *See* State of Washington Supplemental Brief at 5-10, 12-15, 16-18.

¹³ COMMISSION ON CHILDREN AND FOSTER CARE, WASHINGTON STATE DEPENDENCY BEST PRACTICES REPORT (Nov. 29, 2012). The record reflects the mother was enrolled in the Parent-Child Assistance Program (PCAP), also identified as a best practice program, *see id.* at 75, but without success in obtaining permanent housing, which appears to have been one of the primary objectives.

this Court must also examine whether those services were actually “capable of correcting the parental deficiencies within the foreseeable future,” *id.*, from the perspective of the child. While the above discussion is important to understanding the types of services sometimes available, the mother’s absence from B.P.’s life for a significant period, by her own actions, resulted in significant disruption to B.P. The mother’s own mental and emotional health issues and fractured parent-child relationship created a parental deficiency. No therapist in this case could testify that reunification between B.P. and her mother in the foreseeable future was likely a positive outcome for B.P.

Visitation and Family Time Should be Encouraged. Again informed by both a child-centered perspective and in recognition of the trauma inherent in removing children from the home, regular and frequent visitation must be encouraged and facilitated. Because the parent-child relationship plays a critical role in early childhood development, as much visitation (family time) as possible should be provided, consistent with the best interest of the child. Contact between parents and very young children should be (1) frequent (multiple times weekly); (2) long enough to allow a range of experiences for the parent and child (e.g., diaper changing, playing, feeding); (3) connected to daily activities (e.g., going to the park, taking a walk, visiting the pediatrician); (4) in the least restrictive, most natural,

home-like setting; and (5) conducive to meaningful parent-child interaction. *See Healthy Beginnings, Healthy Futures: A Judge's Guide*, ABA CENTER ON CHILDREN AND THE LAW, NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES, ZERO TO THREE NATIONAL POLICY CENTER at 105 (2009). The placement of B.P. with her mother in a structured setting early in this case was the very type of placement intended to fulfill these goals.

Continuances and Delays are Problematic and Harmful. Research related to infant mental health and brain development in the very young shows that delays in moving towards permanence are harmful.

A baby's social-emotional development, specifically attachment to a primary caregiver, is affected by removal from his parent and multiple placements while in care. Research shows that young children, even newborns and infants, experience long-lasting sadness, grief, loss, and rejection. Separations occurring between six months and approximately three years of age are even more likely to cause later emotional disturbances. Thus, moving a baby from an extended foster placement (six months to one year) to relatives who are not identified until later in the case process can harm the baby. Failing to support a potential family connection is also potentially damaging, especially in the long term.

Relative caregivers must be actively sought early and often to avoid unnecessary placement changes. Advocacy to change a baby's or toddler's placement must involve assessing the child's primary attachments with their present caregiver(s) and the short- and long-term impact of another early loss. These decisions must be made case-by-case and

should be informed by professionals involved with the child and family.¹⁴

Many young children in the child welfare system, just like B.P. here, experience multiple placements, often moving between parents, foster parents, and/or relative caregivers.¹⁵ These continued disruptions and relationship changes put these young children at great risk for both immediate and long term mental health challenges.¹⁶ The therapists and mental health experts here testified that these harmful effects were developing in B.P., *see* VRP at 160-62, that she is a child in need of stability, and “cannot handle ongoing disruption.” *Id.* All children need a primary, consistent relationship with an adult who can provide protection, stimulation and nurturance while fostering a strong sense of trust, stability and security. Candice L. Maze, *Advocating for Very Young Children in Dependency Proceedings: The Hallmarks of Effective, Ethical Representation* at 40. These stable relationships provide a “critical foundation” for both “early brain development and future success in life.”

¹⁴ See Candice L. Maze, *Advocating for Very Young Children in Dependency Proceedings: The Hallmarks of Effective, Ethical Representation*, A.B.A. CENTER ON CHILDREN AND THE LAW 40.

¹⁵ Kelly Warner-King and Sheri L. Hill, CENTER FOR CHILDREN AND YOUTH JUSTICE, *Supporting Early Connections, Program Evaluation of a Court and Community Partnership Dedicated to Improving the Lives of Maltreated Infants and Toddlers in King County, Washington* at 5 (2011), available online at <http://ccyj.org/initiatives/supporting-early-connections/> (last visited April 20, 2016).

¹⁶ *Id.*

Id. B.P. is nearly five years old now and the relationship and corresponding stability and consistency she enjoys in her current placement should not be disturbed.

This Court is faced with the difficult task of reviewing the record in this case, and considering both whether all necessary services were provided to the mother to correct her parental deficiencies, and whether, at the time of the trial, those services were “reasonably available” and “capable of correcting the parental deficiencies within the foreseeable future.” RCW 13.34.180(1)(d). The testimony in this case, as well as acknowledged best practices, indicate that such family therapy does exist. Whether those services were in fact “capable of correcting the parental deficiencies,” *i.e.* whether B.P.’s relationship could have been developed with her mother while not damaging B.P. and while continuing to foster healthy attachments, is the subject of much testimony and argument. It is telling that all of the treatment providers and therapists believed that, at the time of trial, the mother was not yet prepared to have B.P. return to her, and that B.P. needed stability and security at that time. Recalling the child-centered approach advocated here, this Court must also remain mindful of whether such services would have corrected the deficiencies within the “foreseeable future,” such that B.P. could be on a path towards fulfillment

of her right to “a safe, stable, and permanent home” and “a speedy resolution of the dependency.” RCW 13.34.020.

Based on this understanding of early childhood development, a parent who is unable to meet the psychological and emotional needs of the child, is unable to provide the security and stability the child needs now or in the near future, and lacks a parent-child bond and attachment, is unfit. This deficiency is magnified when a child has been a dependent of the state for two and half years and reunification in the foreseeable future is not probable. Children need and have a right to permanency. B.P.’s mother could not provide that to her, and there is evidence to suggest she could not have provided it in the foreseeable future.

D. Remedies and Consideration of Alternatives

While this Court reviews the trial court’s decision, it cannot ignore current circumstances: the age of the child now, the length of time she has been removed from her biological mother’s custody, and the length of time she has been with her current family placement. While the mother filed for accelerated review under RAP 18.13A, over two years have already elapsed since the trial court order, and undoubtedly, additional time will elapse while this Court deals with these important issues. For this particular child, as for all children, these time periods are a lifetime.

The all-or-nothing solutions presented in termination cases such as this one are often imperfect. Our judicial system must strive for a more child-centered, less adversarial, and one that fosters and supports alternative resolutions that maintain contacts, where feasible and not harmful to the child, with biological and psychological parents. Alternatives that grant permanency to children, but also respect for the child's relationships deserving of protection should be encouraged. Regardless, for B.P., she could not wait any longer for permanency, and the resulting security and stability she deserved and needed. Because her mother was not yet ready to provide her the essential components of the parent-child relationship, the court's decision that her to terminate her parental rights based on this deficiency reflects the proper central focus on the needs of the child.

V. CONCLUSION

A child's need for a secure and stable family relationship is the foundation of Washington's child welfare laws. Of all the parties involved in child welfare system and termination proceedings, no party is more central to or affected by the outcome than the child. Courts must adopt a child-centered approach in reviewing such cases, informed by considerations of infant mental health and their right to nurture, health, safety, and well-being. B.P. needs such permanence and security in her life and she needs it now.

Respectfully submitted this 20th day of April 2016.

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Center for Children & Youth Justice

CERTIFICATE OF SERVICE

I hereby certify that I have on this 20th day of April 2016, served a copy of the foregoing **Brief of Amicus Curiae Center Children & Youth Justice**, on the following parties, by email and by U.S. mail, postage prepaid, as indicated below:

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DATED this 20th day of April 2016.

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Please find attached for filing in the case referenced above the following documents:

1. Motion to File Brief of Amicus Curiae
2. Brief of Amicus Curiae Center for Children & Youth Justice

Our service certificate is included at the end of each document. Thank you for your assistance with this request.

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