

Court-Involved Children

Webcast
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U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Maternal and Child Health Bureau (MCHB)

February 2002  1

The AIM Program

- Alliance for Information on MCH
- Grantee collaborative

February 2002  2

Participants

- National membership organizations
- Members include decision-makers in:
 - State and local government
 - MCH professions
 - Foundations
 - Legal professions
 - Health insurance industry
 - Business
 - Family advocates

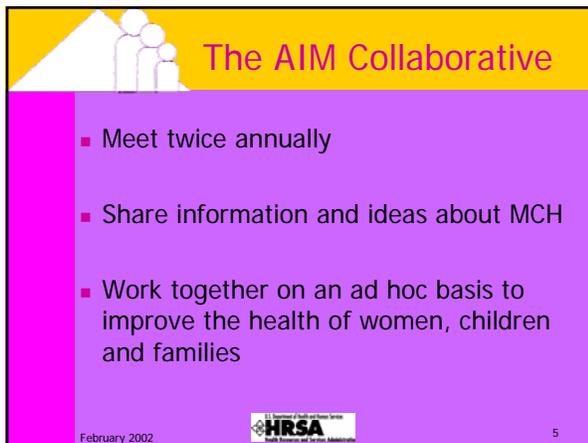
February 2002  3



Individual Grants

- Help members make well informed decisions
- Public health policies and programs for women, children and families
- Alert HRSA's MCHB to emerging issues

February 2002  4



The AIM Collaborative

- Meet twice annually
- Share information and ideas about MCH
- Work together on an ad hoc basis to improve the health of women, children and families

February 2002  5



AIM Partners

- American Academy of Pediatrics (AAP)
- American Academy of Pediatric Dentistry (AAPD)
- American Bar Association (ABA)
- Association of Maternal and Child Health Programs (AMCHP)
- Association of State and Territorial Health Officials (ASTHO)
- CityMatch (University of Nebraska)
- Grantmakers for Children, Youth & Families (GCYF)
- Family Voices
- Grantmakers in Health (GIH)
- National Association of County and City Health Officials (NACCHO)
- National Business Group on Health (NBGH)
- National Conference of State Legislators (NCSL)
- National Conference of State Legislators Consortium (with NGA, ASTHO, AMCHP)
- National Governors Association (NGA)
- National Healthy Start Association
- National Institute for Health Care Management (NIHCM)
- Today's Child
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- MCHB

February 2002  6

Value Added

- Different perspectives
- Share expertise
- Educate each other and MCHB about MCH issues and practices

February 2002  7

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February 2002  8

The Challenge

Negative physical and mental health consequences for children with families involved with courts:

- Children in foster care
- Children of incarcerated parents

February 2002  9



In 2005, GCYF received a five-year grant from the U.S. Health Resources and Services Administration (HRSA), [Maternal and Child Health Bureau](#) (MCHB) to provide programming around maternal and child health (MCH) issues for grantmakers.

The goals of this project, entitled *Practical Matters for Improving Understanding of Maternal and Child Health and Health Care Issues Project*, are to:

- Improve the understanding of maternal and child health and health care issues in the children, youth, and family sector of private philanthropy;
- Build and strengthen synthesis, translation, and application of MCH science and evidence-based research and best practices into private philanthropic grantmaking for children, youth and families; and,
- Build and strengthen public/private partnerships designed to enhance and promote collaborative knowledge transfer and application, and investments in MCH programming and policymaking.

Health of Court-Involved Infants, Toddlers and Preschoolers

■ American Bar Association
Center on Children and the Law



■ Project Goals

- Raise awareness of the unique health needs of infants, toddlers, and preschoolers involved in the legal system.
- Inform and change the practice of those in the legal system and facilitate change in systems and services to support child health and well-being.
- Enhance the ABA's leadership around issues related to court-involved infants, toddlers, and preschoolers.

■ <http://www.abanet.org/child/baby-health.shtml>

Toxic Stress and Trauma

Understanding the Impact on
Young Children's Development
and Mental Health

Phyllis Glink, MPP
Executive Director
The Irving Harris Foundation

April 15, 2009

13

Acknowledgements

I want to thank Alicia Lieberman, Ph.D. from the Child Trauma Research Project at San Francisco General and Joy Osofsky, Ph.D from LSU, two of the world's leading experts on infant mental health and child trauma, for allowing me to use some of their slides. Both are leaders in the National Child Traumatic Stress Network. The NCTSN slides are Alicia Lieberman's and many of the other slides are Joy's.

14

Presentation Overview

- What is Infant Mental Health and Attachment
- How does toxic stress and child trauma impact development
- What are the implications for practice
- Examples of replicable evidence-based models
- Role of philanthropy

15

What Is Mental Health?

“The capacity
to love well and to work well”

(Sigmund Freud)



16

What Is *Infant* Mental Health?

Babies and young children thrive when they are cared for by adults that are “crazy about them!” (Bronfenbrenner, 1976).

- Responsive relationships with consistent primary caregivers help build positive attachments that support healthy social-emotional development.
- These relationships form the foundation of mental health for infants, toddlers and preschoolers.

(Lieberman; Zero to Three)



Definition

"Infant mental health" is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:

- promotion of healthy social and emotional development;
- prevention of mental health problems; and
- treatment of the mental health problems of very young children in the context of their families.

From Zero To Three

18

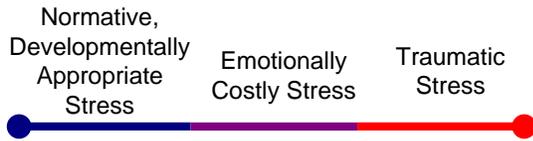
Core Concepts of Development

- Early environments matter and nurturing relationships are essential
- Human relationships and their effects are the building blocks of development.
- Effective interventions in early childhood can alter development by changing the balance between risk and protection
- Well designed interventions can enhance the short term performance of children living in poverty
- Both biology and experience matter : nature and nurture.

From Neurons to Neighborhoods, 2000

19

Risk As A Continuum From Stress To Trauma



NCTSN The National Child Traumatic Stress Network

Traumatic/Toxic Stress

Traumatic situations involve extreme threat of violence, serious injury or violation of physical integrity, for example, as a result of sexual abuse. Traumatic experiences also include witnessing of violence, injury or death, and are accompanied by extreme terror, horror and helplessness

21

When Parents Fail To Protect

- 9 Adverse Childhood Experiences (ACE):
 - Emotional, physical or sexual abuse
 - Domestic violence against the mother
 - Household member with mental illness
 - Household member with substance abuse
 - Household member ever imprisoned
 - Neglect
 - Separation from the parents
- Predict 10 leading causes of adult death/disability (heart disease, diabetes)

(ACE St



Different Kinds Of Violence Overlap

- Children exposed to domestic violence
 - 15 times more likely to be abused than the national average
 - 30-70% overlap with child abuse
 - At serious risk of sexual abuse
- Battered women
 - Twice more likely to abuse their children than comparison groups

(Osofsky, 2003; Edleson, 1999; Margolin & Gordis, 2000; McCloskey, 1995)



23

Emotional and cognitive disruptions in early lives of children have the potential to impair brain development.

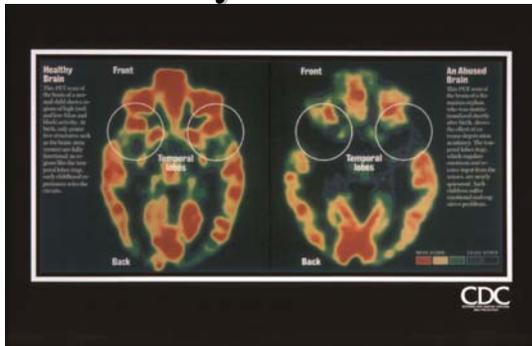
Perry, Pollard, Blakely, Baker, Domenico, 1995

24

Psychobiology Of Childhood Traumatic Stress

- Chronically elevated levels of stress hormones
- Lower levels of cortisol
(mood enhancing neurotransmitter)
- Anatomical differences in brain structures related to memory and planning
Smaller brain volume, larger fluid-filled cavities, less connective matter
(DeBellis & Putnam, 1994, DeBellis et. al., 1999a&b)

The Body Remembers



(As cited by Felitti & Anda, 2003; Source CDC)

Signs in the baby that emotional needs are not met



- Lack of eye contact
- Weight loss
- Lack of responsiveness
- Sensory processing problems
- Rejects being held or touched

Signs of emotional problems In toddlers/ preschoolers



- Very aggressive behavior
- Attentional problems and deficits
- Lack of attachment
- Sleep problems or disorders

28

Approximately one out of four
maltreated children are under the age
of four.

(Silver, 2000)



29

Infants under the age of one are the
largest cohort of children in the child
welfare population :
approximately 20%



Wulczyn (2001)
Joy Ososky

30

Separations occurring **between 6 months and 3 years of age**, especially if prompted by family discord and disruption, are more likely to result in subsequent emotional disturbances than earlier separations if followed by good quality of care .

American Academy of Pediatrics, 2000

31

Portrait of Young Children in Foster Care in U.S.

- More likely to be abused and neglected
- 79% of child fatalities occur under age 4
- Remain in placement longer (twice as long)
- 33% return to placement
- Lower rate of reunification
- Developmental delay is 4 to 5 times greater than children in general population
- More than half suffer from serious physical health problems

Joy Osofsky, LSU

32

Prevalence Rates of Developmental Delay

FOSTER CARE

- Overall Delay: 60%
- Language – 57%
- Cognitive – 33%
- Gross motor – 31%
- Growth problems – 10%

GENERAL POPULATION

- Overall Delay:
 - 4% to 10%

Leslie, L.K. et al (2004) Journal of Developmental and Behavioral Pediatrics

33

Prevalence of Psychological and Psychiatric Problems

- FOSTER CARE
- GENERAL POPULATION

25% to 40%
under age 6 have significant behavioral problems, most displaying externalizing behaviors (aggression, anger)

3% to 6%

Leslie, L.K. et al. (2004).
Journal of Developmental and Behavioral Pediatrics

34

Make the First Placement the Last Placement

- Placement in a foster-to-adopt home in case reunification efforts not successful
- Adoption quality home studies on all potential placements including relatives

35

A Few Promising Practices

- Court Teams
 - <http://www.zerotothree.org/site/DocServer/CourtTeamImpactStatement.pdf?docID=2525>
- Child-parent Psychotherapy – a manualized, multimodal, relationship-based treatment for infants, toddlers, and preschoolers exposed to domestic violence, child abuse, or traumatic loss.
 - Early Trauma Treatment Network as part of the National Childhood Traumatic Stress Network
 - Innovative Training Models: Learning Collaboratives

36

Psychotherapy Is Not Enough

- Early intervention: "Pre-K, starting at birth for those who need it"*
- Building bridges between adult and child mental health treatment
- Inter-system coordination in early identification and referral
- Child-friendly public policies, brought to scale

(*Sam Meisels, 2006)



37

Angels Outside The Nursery

- You do not need to be a therapist to be therapeutic
- Build health-promoting interventions
 - Childcare
 - Pediatric Care
 - Family Resource Programs
 - Home Visiting
 - Mental Health
 - Child Protective Services and Legal System



38

Role of Philanthropy

- Training and Leadership Development
 - The Irving Harris Professional Development Network of 18 infant mental health centers of excellence
- Development and Replication of Innovative Programs
 - Court Teams, Child-parent Psychotherapy, Community Doula Program, Fussy Baby Network, Educare

39

Role of Philanthropy Cont.

- Public Policy, Advocacy and Systems Building
 - The BUILD Initiative
 - Birth to Five Policy Alliance
 - State, local and national
- Strategic Research and Communications
 - The Heckman Equation
 - National Center for Children in Poverty

40

Resources

- www.zerotothree.com
- www.developingchild.net
- www.nctsn.org
- Neurons to Neighborhoods

41

42

FOSTERING CONNECTIONS:
CHILDREN PLACED IN FOSTER
CARE AND ONE COURT'S
APPROACH TO THE ISSUE

Judge Constance Cohen
5th Judicial District

Family Team Decision Making



43

- A philosophy and practice strategy for delivering child welfare services.
- Building teams at the time in crisis to support families where there is a risk of serious harm
 - Focus on safety, permanency, and well-being
- Enhances family engagement, assessment, service planning, monitoring and coordination
- Allows for a unity of effort and a shared understanding of the family's situation when attended by customers, DHS workers, family members, and other community supports.
- Facilitated by a trained coordinator that is formally recognized as a Family Team Meeting Facilitator.

Values and Beliefs that help guide Family Teams include:

44

- Families have strengths and protective capacities.
- Families are experts on themselves and their situation.
- Families deserve to be treated with dignity and respect.
- Families can make well-informed decisions about keeping their children safe when they are supported in doing so.
- Families involved in decision-making and case planning are likely to have better outcomes than families who have decisions made for them.
- Families and friends can provide love and caring in a way that no formal helping system can.
- Families are capable of change. Most people are able to find solutions within themselves, especially when they are helped in a caring way to find that solution.
- A family team is more capable of high quality decision-making than an individual caseworker acting alone.
- Solutions generated by the family within a team meeting are more likely to succeed because these solutions respond to the family's unique strengths, needs, and preferences.
- Cultural competence is key to understanding the family and the choices they make about change.

Pre/Post Removal Conference Specialized Family Team Meetings

45

- Purpose Statement:
 - PRC is an effort to identify a family's team and problem solve in the interest of diminishing trauma to the children experiencing an out of home placement. In doing so, we will strive to meet the preliminary safety, mental, physical, and educational needs of the children via formal and family supports.
- This is something DHS has always been responsible for.

Removal Hearing Checklist:

46

- ✓ Pre/Post Removal Conference conducted
- ✓ All parties have referral information fact sheet
- ✓ Type of foster care kin/certified
- ✓ Medical assessment (physical, immunizations, emergency needs)
- ✓ Medical considerations for parties involved
- ✓ Educational issues (parent, child)
- ✓ ICWA inquiry addressed
- ✓ Visitation plan
- ✓ Transportation (tokens, own vehicles, gas cards)
- ✓ Parent evaluations completed and/or in progress
- ✓ Daycare needs
- ✓ Father (available, paternity test, whereabouts unknown)
- ✓ Early Access Referral
- ✓ In home provider
- ✓ Domestic violence issues
- ✓ Pending criminal charges
- ✓ Vital records (SS #, birth certificate, Title XIX)
- ✓ Services in place prior to removal
- ✓ Releases signed by parents
- ✓ Can parties pretrial at removal hearing ?

Why have a Pre/Post Removal Conference?

47



- More timely and complete information—reducing questions, frustration and trauma
- Families have a greater voice, participation and sense of responsibility
- Families have a greater support and connections from the people that will remain in their lives
- More court time is available for contested matters

Comparison of Processes:

48

OLD

- Removal plan completely controlled by DHS and Court
- Parents rarely given any notice
- Family members rarely engaged
- Children generally taken by surprise
- No transitional information shared

NEW

- Family is involved in the removal planning process
- Family is notified and given an opportunity to assist in minimizing trauma
- Family members are included as invited by parents
- Children are approached by someone familiar to them
- Family interaction, medications, clothing, special needs of child are all cared for

Family Team Meeting Results

49

- Family Team Meeting Recipients reported:
 - 93.6% were very satisfied with the plan
 - 98% believed the family's strengths were clearly identified
 - 90.7% believed that the family's needs were identified
 - 92% felt confident that the children will be safe
 - 91.7% believed that the plan developed addressed the family's needs

Parent Testimonials

50



- "We were shocked at how well the family team meeting went. We got services immediately and are pleased with the quality of their work. As a result, we have begun working toward establishing a safe home for our family."
 - (Parent who attended family team meeting which precipitated in the removal of their newborn.)
- "Our meeting allowed for a stronger relationship between me and a couple of my family members who have stepped up to offer [unexpected] assistance to me and my children since the FTM."

Social Worker Testimonial

51



- "The PRC (pre-removal conference) was very good. I was pleased with the engagement efforts and the team formation. I felt that the two hour time investment resulted in the family being more informed, resulting in fewer questions of me early in the case."

Fostering Connections to Success and Increasing Adoptions Act of 2008

52



- This act "...will help...children and youth in foster care by promoting permanent families for them through relative guardianship and adoption and improving education and health care. Additionally it will extend federal support for youth to age 21 (H.R.6893)... [and] offer for the first time many American Indian children important federal protections and support."

□ From Iowa Children's Justice Update January 2009 Newsletter at http://www.judicial.state.ia.us/wfdata/frame8091-1872/January_09_Newsletter.pdf

State plans must include:

53

- Health oversight & coordination for children placed out of the home
- Educational stability for children placed out of the home
- Reasonable efforts to keep siblings together or ongoing visitation and contact for siblings not placed in the same home
- A subsidized guardianship program option for relative foster parents
- Grants to support programs that help children reconnect with family members
- Direct tribal access to IV-E funding
- De-linking adoption subsidy from AFDC income requirements over the next 9 years
- Personalized transition plans for youth aging out of foster care
- Funding to support children in foster care up to age 21
- Extend eligibility for Title IV-E foster care adoption assistance & kinship guardianship payments up to age 21

□ From Iowa Children's Justice Update January 2009 Newsletter at http://www.judicial.state.ia.us/wfdata/frame8091-1872/January_09_Newsletter.pdf

Impact on the Court

54

- Courts should see more emphasis on:
 - Educational stability for children in care
 - Better coordination with local education agencies to allow kids to stay in "home" school
 - Child-centered transition teams for children in care age 16 and older requiring involvement by the GAL, the youth, and persons selected by the youth, and representatives of the adult service system when appropriate
 - Regular court review of a youth's transition plan at each permanency hearing and during the 90-days prior to his or her 18th birthday.

□ From Iowa Children's Justice Update January 2009 Newsletter at http://www.judicial.state.ia.us/wfdata/frame8091-1872/January_09_Newsletter.pdf

What can judges do?



55

- During reviews, judges should ask about:
 - **Educational status:** is the child attending school full time? Is the child able to remain in his/her home school while in placement? Did educational records follow the child?
 - **Transition plans for youth about to age out of foster care:** what involvement does the youth have in developing the transition plan? In what ways has the transition plan been personalized for the particular needs of this youth?
 - **Relative notification:** were all adult relatives (both mother's and father's) identified and notified of their option to become a placement resource for the child? Did this happen within 30 days of the child's removal?
 - **Siblings:** were reasonable efforts made to place siblings in the same home? If siblings are not placed together, what efforts are being made to facilitate regular interaction & ongoing contacts?
 - **Health oversight & coordination:** what plans have been made to assure that the child's ongoing health, dental, and mental health care needs are being met? Did medical records follow the child?

- From Iowa Children's Justice Update January 2009 Newsletter at http://www.judicial.state.ia.us/wfdata/frame8091-1872/january_09_Newsletter.pdf
