

A Child Developmental Perspective on Family Treatment Drug Court Outcomes

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Family Treatment Drug Court & Child Developmental Needs: Challenges

Overview

FTDC and child developmental needs

- Challenges faced by infants, parents, courts, social service agencies

- Attachment

Rhode Island-FTDC

- Partnership with Vulnerable Infants Program of RI (VIP-RI)
- Long-term outcomes

Achieving long-term success

- Lessons learned from VIP-RI & RI-FTDC

Challenges: Infants

- Need to ensure infant safety often leads to out-of-home placement
- Developmental & emotional needs of infants in child welfare system often minimized
 - ~one third children in child welfare system < 6
 - 25% < 2 years old
 - 20% < 12 months old (Lederman & Osofsky, 2004)
- Longer time in care, less likely to be reunified, if reunified, more likely to be re-reported
- Historically, focus of court has not been on needs of the child (Lederman & Osofsky, 2004)

Challenges: Parents

- Risk factors associated with perinatal substance use add to concerns about parenting abilities
 - Co-occurring psychiatric disorders
 - Domestic violence
 - Lack social supports
 - Trauma
 - Unaddressed medical needs
 - Limited vocational & educational experiences
- Adverse life experiences
- Lack role models for how to be a nurturing parent
- Parents may not understand children's developmental & psychological needs & how to meet them

Challenges: Courts

- Decisions affecting children's lives made under challenging conditions
 - Limited knowledge of the child
 - Confronted with a range of maladaptive behaviors
 - Complicated, long-standing family situations
- Permanency decisions made without adequate changes in the home environment to which infants return increase potential for reinvolvement in child welfare system (Kemp & Bodonyi, 2000)

Challenges: Social Service Agencies

- Impact treatment & permanency outcomes
- Awareness of complex parental needs
- Immediate and long-term concerns about substance-exposed infants
- More global expectations & increased accountability
- Work taking place in a context of budget & staff reductions

Adoption and Safe Families Act (ASFA)

- Purpose ~ expedite permanency, reduce "foster care drift"
- Makes health & safety of children a priority
 - Shift from prioritizing reunifying families in almost all circumstances
- Permanency hearings within 12 months of out-of-home placement
- Termination of parental rights if in out-of-home care 15 of prior 22 months
- Mandates concurrent permanency planning

ASFA

Implications

- Need for timely & appropriate services
- Need for enhanced collaboration among agencies

Potential

- More effective service delivery
- Parents quickly realize importance of obtaining help & making changes

Pitfalls

- Parents feel overwhelmed, discouraged
- Compartmentalized, confusing, conflicting services
- Does not include increased funding to improve the quality of services by addressing long-standing child welfare problems: burnout, staff turnover, high caseloads (Moye & Rinker, 2002)
- Argument infant should not be separated after 12-15 months of being in care

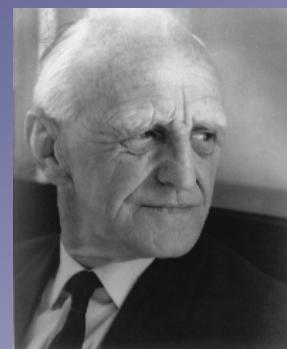
Family Treatment Drug Court & Child Developmental Needs: Attachment

Importance of Attachment Not Always Well-Understood

- West Virginia Supreme Court Judge's opinion:
 - "Uprooting an 11-month-old baby, while not ideal wouldn't be traumatic. Who among us remembers what happened when we were a year old? The child was to be moved to a 'more appropriate setting' by noon the next day." (NY Times Magazine, July 26, 2009)

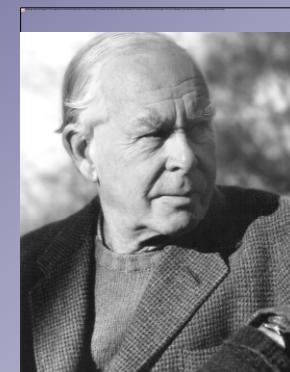
D. W. Winnicott

(1896-1971)



John Bowlby

(1907-1990)



Beginnings of Attachment Theory

- War time evacuation of children in Britain
 - Winnicott & Bowlby voice concerns about separation of young children from their families
 - “emotional blackout”
- Work on attachment started by examining children who had experienced disruptions in relationships with their mothers

Institutional Care of Young Children

- Focused on their physical needs
- No opportunity to form attachment
- Short and Long-Term Effects
 - Development can rapidly & dramatically deteriorate
 - Emotional withdrawal
 - Susceptibility to illness
 - Unusual social & emotional behavior
 - Antisocial tendencies

Lessons from Institutionalized Children

- Relationship with primary caregiver is central to child's psychological development
- Separations cause pain & distress
- Impact on children too young to verbalize their feelings was minimized
- Early reports of impact on children not believed

Functions of Primary Caregiver

- Primary caregiver provider of safety and security
- Reduce fear
 - Provide care & protection
 - Mothers are secure base from which to explore the world
- Promote child's sense of competence & efficacy
 - Child's signals are being read & responded to
 - Child learns she has an effect on others
 - Child develops strategies for regulating emotions

Implications of Early Attachment

- Early caregiving experiences shape
 - Sense of self-worth
 - Expectations of other
 - Ability to form relationships
- Disruptions in early relationships likely to create developmental & relationship difficulties (Shapiro, Shapiro, & Paret, 2001)

Implications of Secure Attachment

- Development of self-regulation
- Emotional stability
- Social competence
- Readiness to learn
- Investment in one's world & the people in it
- Expectation relationships can be fulfilling
- Protective factor against psychopathology

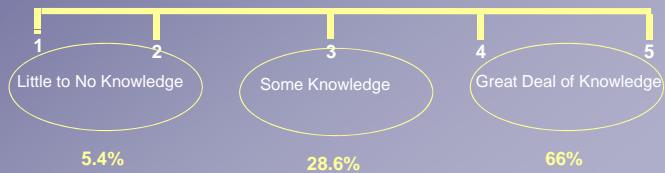
Disruptions in Attachment: Foster Care

- At risk for psychological, developmental & physical problems
- May be uninterested in adults, unable to play & explore their worlds
- May have signs of traumatic stress
 - Withdrawn, fearful, aggressive, sad
- Impact of potentially traumatic separations from parents can be minimized when child cared for by single, consistent caregiver

Survey of Dependency Court Judges

(Abernethy & Hall, 2009)

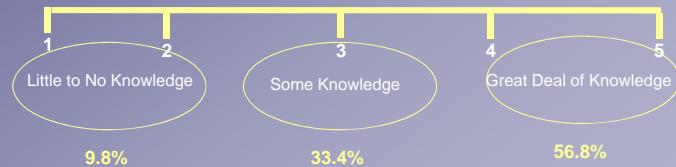
The bond that forms between a baby & a consistent loving caretaker is the single most important predictor of a child's healthy growth & development



Survey of Dependency Court Judges

(Abernethy & Hall, 2009)

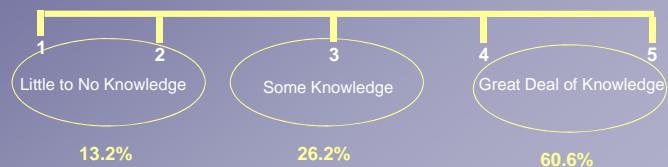
Babies in foster care are at highest risk for developmental delays or neurological impairment due to trauma, separation, & disrupted attachment



Survey of Dependency Court Judges

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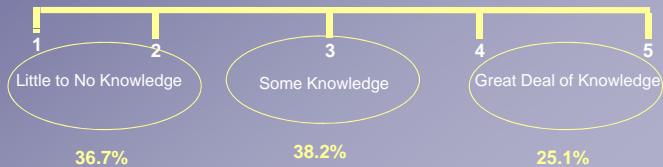
The quality & reliability of a child's first relationship forms the actual physical architecture of a child's brain



Survey of Dependency Court Judges

(Abernethy & Hall, 2009)

Each additional visit that babies & toddlers receive with parents per week triples the odds of permanency in a year



Family Court: Possibilities

■ Courts can be places to heal the child
(Osofsky & Lederman, 2004)

■ When problems are understood & effectively addressed parents & children will not repeatedly return to court

Rhode Island Family Treatment Drug Court: Partnership with VIP-RI

Vulnerable Infants Program of Rhode Island (VIP-RI)

- Began as federal demonstration grant to work with state's child welfare system & family court
 - Secure permanency for substance exposed infants within Adoption & Safe Families Act (ASFA) guidelines
 - Optimize parents' opportunities for reunification
- Care coordination program
 - Improving ways social service systems deliver services and interface will positively impact families

Overview of VIP-RI

- Criteria for participation
 - Involvement in child welfare because of substance use during pregnancy
- Referrals
 - Majority from maternity hospital
 - Community agencies, self-referral
- Available to partners
- Follow infants until permanency established
- When reunification not feasible, work with parents to relinquish parental rights

VIP-RI: Care Coordination

- Engages parents early
- Identifies parent & infant needs
 - Standardized tests to determine parental needs
 - Standardized neurobehavioral assessment
 - Neonatal Intensive Care Unit Network Neurobehavioral Scale (NNNS) Lester & Tronick, 2004)
- Facilitate referrals to appropriate services
- Collaborate with court & child welfare
- Increase communication among social service agencies
- Attend court hearings, provide input, monitor progress until permanency

Establishment of RI FTDC

- Grew out of partnership with VIP-RI
 - Began operating September 2002
- Better meet the needs of families affected by perinatal substance use
- Response to RI's high number of out-of-home placements & shortened time frames for permanent placement

Structure of RI FTDC

- Interactive, therapeutic approach
- Intensive case monitoring
- Frequent court reviews
 - Hearings less frequent as participant progresses
- More informed judicial decisions regarding child placement and permanency
- Coordinates provision of services
- Incentives & sanctions

RI FTDC: To Enroll or Not To Enroll?

To Enroll

- Potential to move through court system more quickly
- Potential to reunify more quickly
- Record expunged if successfully complete

Not To Enroll

- More frequent court attendance
- More rigorous monitoring

Exclusion Criteria

- Previous involuntary termination of parental rights
- Violent behavior
- Cognitive impairment

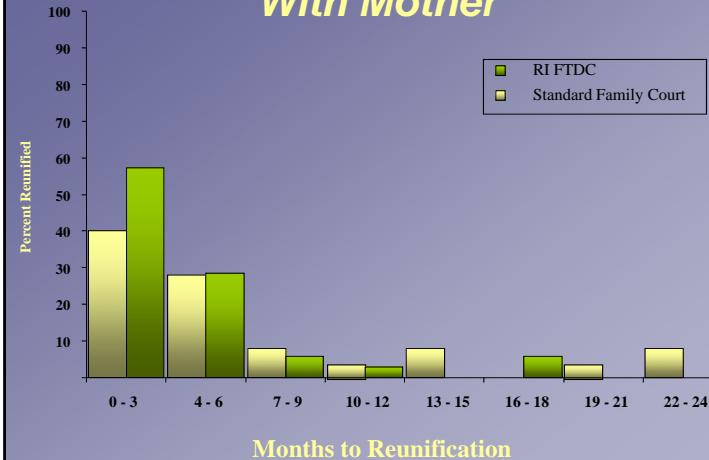
RI FTDC & Standard Family Court Outcomes

- VIP-RI participant enrollment in RI FTDC during the first two years of operation
RI-FTDC (N = 79) Standard family court (N = 58)
- Cohorts were comparable
 - initial placement of children
 - primary drugs of choice: cocaine & opiates
 - history of mental health & substance-abuse treatment

RI FTDC: Initial Findings

- Time to initial reunification significantly quicker for RI-FTDC participants
- Reunification within 1st 3 months
 - RI FTDC 73%
 - Standard family court 39%
- More reunifications with biological parent(s)

Average Time to First Reunification With Mother



Rhode Island Family Treatment Drug Court: Long-Term Outcomes

RI FTDC: *Long-term Outcomes*

(Twomey, Miller-Loncar, Hinckley & Lester, 2010)

- 54 substance-exposed infants whose mothers participated in FTDC
- Assessments done at 6 month intervals between 12 to 30 months of age
- Functioning of mothers after FTDC involvement
- Permanent placements
- Infant developmental outcomes

Maternal Outcomes: Measures

12 & 24 Months

- **Substance Abuse Subtle Screening Inventory (SASSI)**

- Identifies potential for substance dependence

- **Brief Symptom Inventory (BSI)**

- Identifies psychological symptom patterns

- **Adult-Adolescent Parenting Inventory (AAPI-2)**

- Identifies high-risk parenting & child rearing attitudes

12 & 30 Months

- **Child Abuse Potential Inventory (CAPI)**

- Assesses risk for child abuse

- **Parenting Stress Index (PSI)**

- Measures level of parental stress that may adversely affect parenting

Infant Developmental Outcomes: Measures

18 & 30 Months

- **Child Behavior Checklist (CBCL)-Ages 1½-5**

- Identifies problem behaviors

30 Months

- **Child Bayley Scales of Infant Development - 3rd ed**

- Measures cognitive abilities

- **DIAL-R**

- Measures motor, conceptual & language skills

- **Attachment Q-sort**

- Assesses attachment

Maternal Characteristics (N = 52)

Age

Average 29
Range (19 - 45)

Race

Caucasian	60%
African American	19%
Hispanic	15%
Native American	4%
Pacific Islander	2%

Number of children < 18 years old

Average 2.6
Range (1 - 6)

Primary substance

Polysubstance	38%
Cocaine	29%
Marijuana	23%
Opiates	10%

Education

40% high school graduate or equivalent

Household income

<\$10,000 for 33% of sample

Infant Characteristics

- 56% male (N = 54)

- 74% ≥ 37 weeks gestational age

- 96% received government supported health insurance

Maternal Outcomes

- 81% of mothers graduated from RI-FTDC
 - 7% of graduates relapsed
 - Mothers who did not graduate significantly more likely to relapse
- Probability of substance dependence increased at 24 months
- Psychiatric symptoms increased at 24 months
- Parenting stress increased at 30 months

Maternal Outcomes

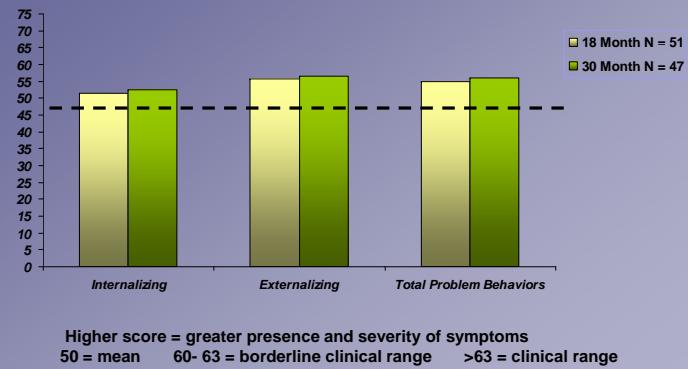
- Changes in high-risk parenting attitudes (AAPI-2) between 12 & 24 months
 - Improved in role reversal domain
 - Worsened in age-appropriate expectations & promoting child independence
- CAPI Scores indicating risk for child mistreatment

	12 Months	30 Months
% above 215 cutoff	27%	29%
% above 166 cutoff	40%	46%

Permanency Outcomes

- 26% of infants never removed from biological mother
- At 30 months 79% of infants (N = 48) living with biological mother
- At 30 months, 90% living in homes identified as permanent placement
 - All infants not in permanent placement had been removed from mothers who relapsed

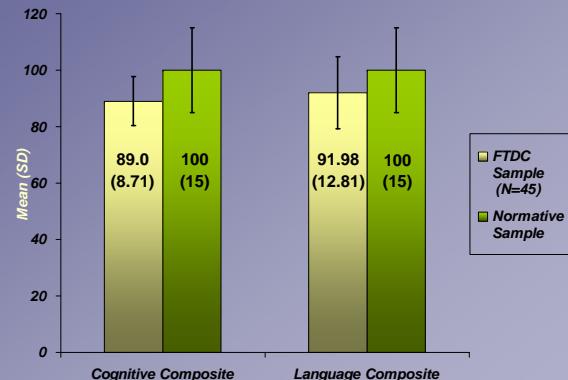
INFANT OUTCOMES - 18 & 30 MONTHS: BEHAVIOR PROBLEMS (CBCL)



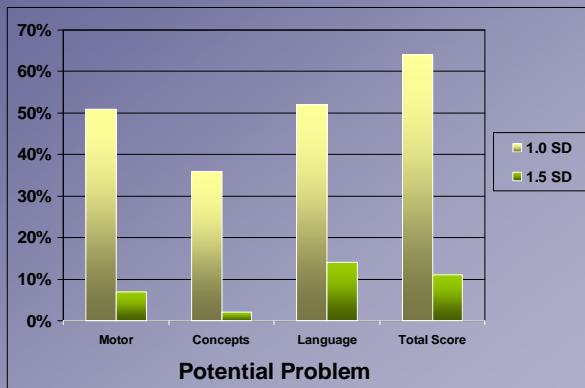
CBCL Outcomes

- Between 18 & 30 months statistically significant negative change in CBCL pervasive development domain
 - Indicative of social withdrawal
 - (e.g., withdrawn, doesn't get along with other children)
 - Difficulties with transitions
 - (e.g., afraid to try new things, disturbed by any change in routine)

INFANT OUTCOMES - 30 MONTHS: COGNITION (BAYLEY)



INFANT OUTCOMES - 30 MONTHS: DIAL-R

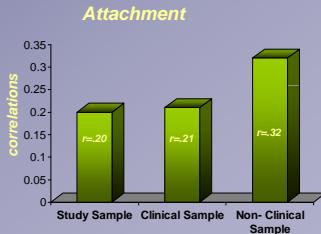


Infant Attachment Outcomes

Q-Sort ~ compares attachment behaviors of sample to *Secure Ideal Prototype*
 Q-Sort ~ attachment score is derived for each child
 Attachment score per child is correlated with *Secure Ideal Prototype*
 Correlation range of -1.00 to 1.00
 Higher correlations indicative that child is similar to *Secure Ideal Prototype*

41% of study sample is comparable to the *Secure Ideal Prototype* of non-clinical sample

Q-Sort attachment scores of ASFA sample is comparable to the *Secure Ideal Prototype* of a clinical sample



Developmental Findings: Strengths

- Most infants not experiencing behavioral problems
- Most infants not exhibiting cognitive delays

Developmental Findings: Cognitive Concerns

- 22% of Bayley language composite scores fall below the clinical cutoff
- DIAL-R % of potential problems exceeded what would be expected
 - Normal curve of general population:
 $16\% (\pm 1.0 \text{ SD})$ $6\% (\pm 1.5 \text{ SD})$
 - Study sample: 60% show potential problems in at least 1 area using $\pm 1.0 \text{ SD}$

Developmental Findings: Attachment Concerns

- Attachment may be affected by even minimal disruptions in placement
- Infants may be constricted in their ability to use their primary caregivers as secure base from which to explore their worlds

Developmental Findings: Implications

- Whether or not these findings are indicators of incipient difficulties in learning or infant-caregiver relationships depends on many factors
 - appropriate developmental stimulation
 - nurturing homes that remain constant
 - maternal functioning
 - adequate resources

Achieving Long-Term Success

Lessons Learned from VIP-RI

- Intervene early
 - Maximize parents' opportunities to engage in services
 - Instill hope
- Connect families to services matched to their identified needs
- Provide ongoing support
- Coordinate with all social service providers to increase collaboration

Power of Collaboration

- Potential for increasing efficacy & more positive outcomes
- Benefits of cross-fertilization ~ consider all aspects of family's life and needs
- With limited time to meet case plan goals, coordinating efforts and partnerships promote thoughtful permanency decisions
- Without attention to families' multiple needs reunification unlikely or, if occurs, unlikely to remain permanent

Lessons Learned from RI FTDC

- Recognize changing family circumstances
 - what happens when mothers move away from supportive services
 - infant needs evolve into the needs of toddlers & preschoolers
 - ongoing child emotional & developmental needs

Lessons Learned from RI FTDC

- Conceptualize permanency as an ongoing state
 - normalizing interventions for families who would benefit from periodic or more intensive attention & support
- Ongoing access to treatment needed to
 - promote adaptive parental functioning
 - preventing re-entry into the child welfare system
 - maintain placement stability
 - optimize infant developmental outcomes

Challenges to Long-Term Success

- No one-size-fits all solution
 - Parents & infants need ongoing, individualized support & intervention to ensure decisions made early in the infant's life withstand serving the child's best interests over time
- Multiple services needed to address substantively parent & infant needs
 - Benefits of services & treatment for "the whole child and the whole family" (Zuckerman & Frank, 1991)
- Public policies & practices for families with young children fragmented & present obstacles for obtaining services (Shonkoff & Phillips, 2000)
- Program sustainability increasingly difficult
 - Securing grant funding increasingly competitive
 - Federal & state dollars increasingly scarce

Funding Sources

- VIP-RI was supported by grants from
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Collaborators

VIP-RI

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