

A Child Developmental Perspective on Family Treatment Drug Court Outcomes

Jean Twomey, Ph.D.

Brown Center for the Study of Children at Risk

Brown Alpert Medical School

Women & Infants Hospital



**Putting the Pieces Together for Children and Families:
The National Conference on Substance Abuse,
Child Welfare and the Courts
National Harbor, Maryland
September 15, 2011**

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

Family Treatment Drug Court & Child Developmental Needs: Challenges

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

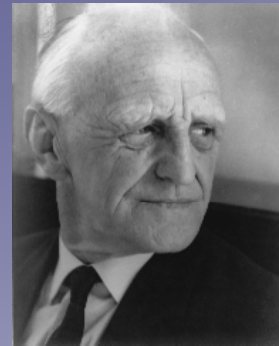
Family Treatment Drug Court & Child Developmental Needs: Attachment

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)

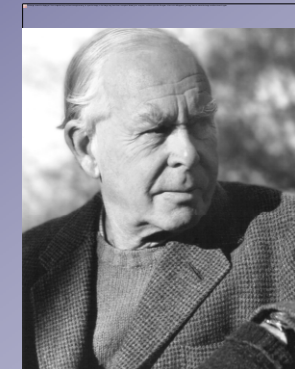
D. W. Winnicott

(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

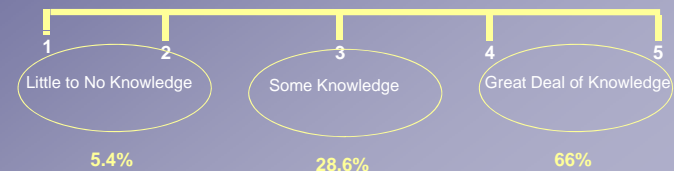
Disruptions in Attachment: Foster Care

- 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)

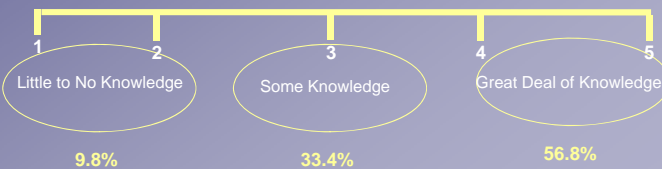
The bond that forms between a baby & a consistent loving caretaker is the single most important predictor of a child's healthy growth & development



Survey of Dependency Court Judges

(Abernethy & Hall, 2009)

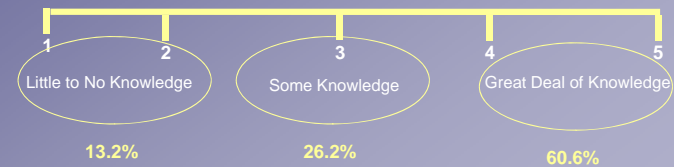
Babies in foster care are at highest risk for developmental delays or neurological impairment due to trauma, separation, & disrupted attachment



Survey of Dependency Court Judges

(Abernethy & Hall, 2009)

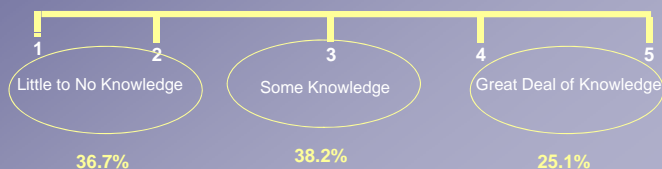
The quality & reliability of a child's first relationship forms the actual physical architecture of a child's brain



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 place 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 ([NNS] 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

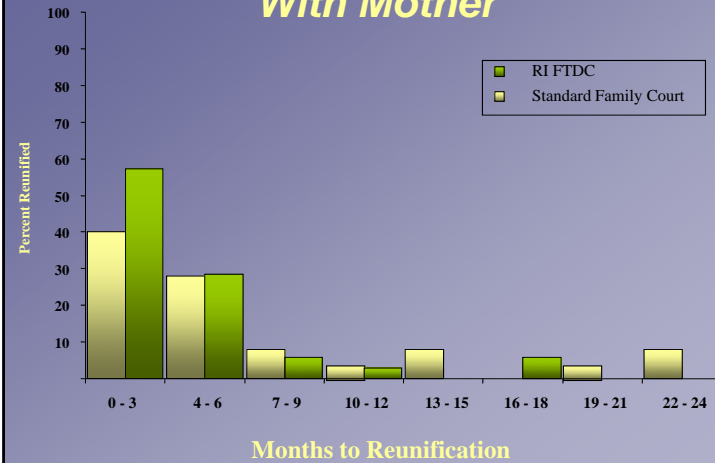
RI FTDC & Standard Family Court Outcomes

- ✚ 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)

Number of children < 18 years old

Average 2.6
Range (1 - 6)

54% had children other than study child who did not live with them

Education

40% high school graduate or equivalent

Race

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

Primary substance

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

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

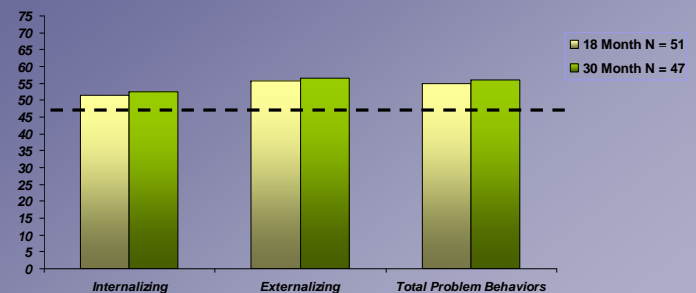
- Changes in high-risk parenting attitudes (AAPI-2) between 12 & 24 months
 - Improved in role reversal domain
 - Worsened in age-appropriate expectations & promoting child independence
- CAPI Scores indicating risk for child mistreatment

	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)

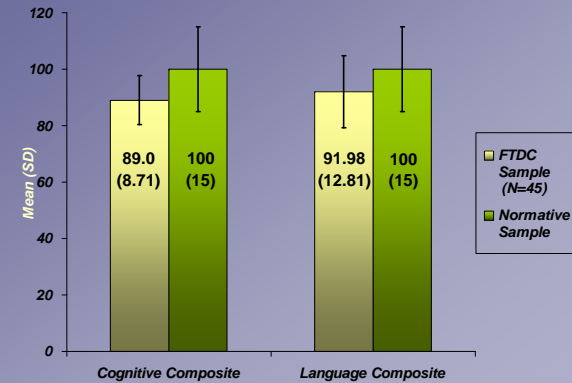


Higher score = greater presence and severity of symptoms
 50 = mean 60-63 = borderline clinical range >63 = clinical range

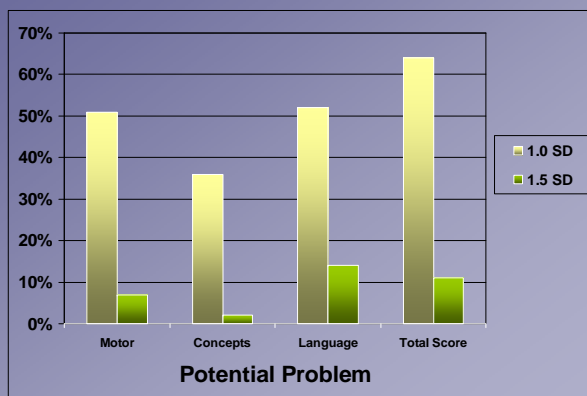
CBCL Outcomes

- 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

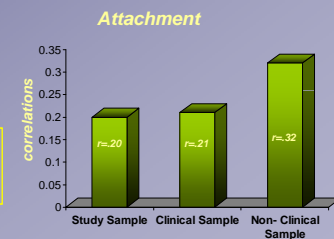


Infant Attachment Outcomes

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% (± 1.0 SD) 6% (± 1.5 SD)
 - ✚ Study sample: 60% show potential problems in at least 1 area using ± 1.0 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
 - ✚ Children's Bureau & Abandoned Infants Assistance
 - ✚ Robert Wood Johnson Foundation Center for Substance Abuse Treatment
- ✚ RI-FTDC: Long-term Outcomes was supported by a grant from
 - ✚ Robert Wood Johnson Foundation's Substance Abuse Policy Research Program

Collaborators

VIP-RI

Barry Lester
Jean Twomey
Donna Caldwell
Rosemary Soave
Lynne Andreozzi Fontaine

RI FTDC Study

Barry Lester
Jean Twomey
Cynthia Miller-Loncar
Suzy Barcelos Winchester
Matthew Hinckley