

Early Intervention with Children in Substance Abusing Families in the Child Welfare System

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July 15, 2004

**National Conference on
Substance Abuse, Child Welfare and Dependency
Court
Baltimore, MD**

Who are the children in the child welfare system?

- About 1 million substantiated cases per year.
- 14 percent one year of age and younger
- 24 percent two through five years of age
- Most of them neglect

Children in the system

- Most remain in their homes—but 150,000 under age 5 are placed annually in foster care.
- Children under 5 represent about 30 percent of all children in foster care.
- For a substantial number of these children the CW system is responsible for their well being (must function as the responsible caretaker)

Difficulties

- 80% of young children in foster care are at risk for a wide range of medical and developmental problems related to prenatal exposure to maternal substance abuse.
- More than ½ of foster care children suffer from physical health problems.
- Over ½ have developmental delays (significantly higher than for young children in the general population)
- Significant number multiple placements that further compromises development

Nature of CW involvement

- The world through the eyes of the child
- Maltreatment: separating the target from the message
- Removal: Loss and Separation
- Disruption in care giving
- Birth and foster family relationships

Core Issues—Intervention

- Attachment
 - Primary care giving
 - Continuity of care
 - Parent-child interaction guidance/support
 - Therapeutic visitation experiences
 - Transitional objects/experiences
 - Consistent, nurturing routines
 - Infant-parent psychotherapy

Core Issues—Intervention

- Self-development
 - Positive care giving experiences
 - Fostering sense of identity
 - Use of play to foster emotional expression
 - Promoting cognitive/language development

Core Issues—Intervention

- Cognitive development
 - Developmental assessment/intervention
 - Creating stimulating environments
 - Modifying environments to be consonant with child's threshold for stimulation
 - Supporting child through periods of developmental regression
 - Focusing on language and play

Conflicting Clocks

- Child welfare system—6 month reviews; 12 months permanency hearings; 15 month deadlines for TPR
- Substance abuse system—one day at a time
- Mental health system—providing initial symptom relief for children and ongoing treatment for long-term involvement

Conflicting clocks

- Income assistance—timelines to participate in work activities in 24 months or sooner (maximum 60 months)
- Child's developmental clock—own timetable that governs brain development to achieve bonding and attachment

Collaboration

- Referrals
- Cross training
- Joint planning—review of families
- Joint program development
- Organizational infrastructures
- Community/State coalitions-groups

Realistic Goals

- Attempting to try to solve all the family and child problems
- Need to break down the response to manageable goals, approach that goal and move to next
- If not, partners fired up about the initial goals but unable to sustain ongoing interest and involvement in the process

Measure of success

- The experience has improved and leads to better outcomes in the lives of children and families and the staff that serve them.

Laying the groundwork

- Piloting the therapeutic component
- Establishing linkages with child welfare
- Ironing things out/Engagement with families

Background and Purpose of EHS/CWS Initiative

- Joint effort between Children's Bureau and Head Start Bureau, ACYF
- 24 agencies received funding to promote and expand collaborative partnerships between EHS programs and local CW agencies
- Intent is to expand services for children/families involved in CW system

Enhanced Service Delivery

- Home visits on more frequent basis (7 projects)
- More intensive focus on mental health (3 projects)
- Family group conferencing (1 project)
- Dyadic-therapy intervention sessions, with parent and child (1 project)
- Therapeutic, center-based child development services for infants and toddlers impacted by substance abuse (1 project)
- Intensive couple mentoring, with CWS family residing with mentor couple for 3 months (1 project)
- Infant massage (1 project)

Theory of Change for Projects Targeting Substance Abusing Families

- Basic assumptions about pathways of possible change (some children will be living with parents in treatment; others living in alternate care)
- Models address process measures (outputs), as well as short-term, intermediate, and long-term outcomes
- To the extent possible, domains of safety, permanency, and child and family well-being are addressed

Plausible Pathways

- Parent is referred for treatment, parent remains in treatment and makes progress, parent reflects behavior change and improved parenting
- Parent participates in home visits and parenting activities, develops appropriate expectations of child, and improved interactions are observed
- Children receive center-based therapeutic child care, children's medical, social, and emotional needs are met, children exhibit age-appropriate growth and development

Process Measures for Determining Implementation Progress

- Contextual background data—client/case level
 - Child and family demographics
 - Family history with CW system
 - Parental substance abuse problem
 - Parental mental health issues/developmental delays
 - EHS parent goals/ child goals
 - Parent's/Child's utilization of EHS services (by type)
 - Parent's/Child's utilization of services through CW agency
 - Parent's/Child's utilization of community services (to which they were referred)

Process Measures continued

- Measures of Service Activity (Outputs)– aggregate level
 - No. of children/families referred
 - Percent referred that enroll in program
 - Percent enrolled that remain for at least 12 months
 - Percent of parents in home-based program that participate in weekly home visits and monthly group socializations
 - Percent of children enrolled in center-based program that attend the program according to their plan
 - Percent of parents that attend parenting classes/activities as specified in FPA or case plan
 - Percent of parents that participate in other services planned (for which they were referred by EHS; by CW)

Assessing Outcomes

- Parent Outcomes
 - Parent Stress: *Parenting Stress Index*
 - Parenting Attitudes/Expectations: *Adult-Adolescent Parenting Inventory (AAPI)*
 - Parent Involvement/interaction with child: *Parent/Child Relational Assessment; Crowell Parent-Child Relationship Parent Scales*

Assessing Outcomes

- Safety

- No Future Reports of Abuse/Neglect: *CW agency data on reports to agency (status reports)*

- Permanency

- Children Remain in the Home (no removal): *CW agency data*
- FC children reunified with parents or placed with permanent caretaker: *Case notes; Court decision*

Assessing Outcomes

- Child and Family Well-Being
 - Improved Family Functioning: *EHS family survey; observation; midway interview with parents*
 - Progress toward goal attainment: *FPA; staff notes*
 - Children are current on immunizations and well-child visits: *medical records; health services tracking; HSFIS*
 - Improved child development outcomes: *Ages & Stages Questionnaire; Early Learning Accomplishment Profile; Bailey*

Assessing Outcomes

- Systems-Level Outcomes
 - Improved Coordination: *program records; meeting minutes; interviews with community partners and admin staff*
 - Improved Access to Services: *Family Partnership Agreements; interviews with community partners and admin staff*

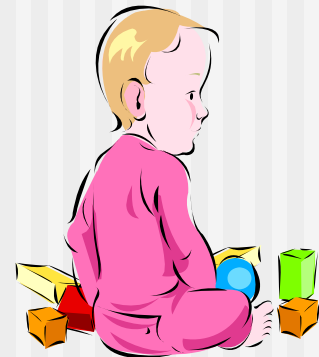
Infant and Young Children's Mental Health Pilot Project

Miami-Dade County Juvenile Court & Miami Safe Start Initiative

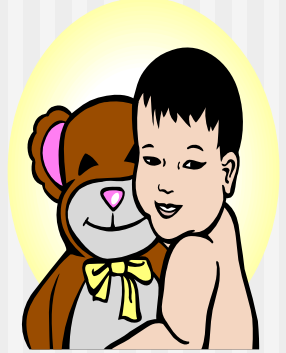
Lynne Katz, Ed.D. University of Miami

The Hon. Cindy S. Lederman, Administrative
Judge, Juvenile Division/Miami

Joy Osofsky, Ph.D. Louisiana State University



Infant Mental Health Center



- Initial partnership is between University and the Court
- Comprehensive Developmental Assessments establish current level of child and adult-child relationship across multiple domains
- Dyadic therapy provided for child and mother twice per week for 25 weeks by trained infant mental health professionals
- Dyads are re-assessed at completion of the sessions and outcomes are examined for both child and parent
- Reports forwarded to judges for incorporation into decision-making process for permanency

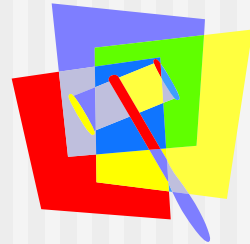


A community collaboration to promote prevention and treatment for children, 0 to 6, who have been exposed to violence

Funded by OJJDP

www.miamisafestart.org

Juvenile Court Early Head Start Program



- Built on existing relationship between University and Head Start and University connection with Court
- First Juvenile Court/Early Head Start Collaborative Program for infants and toddlers who have been exposed to or who have been the victims of violence
- 48 maltreated children, aged 12 to 24 months are assigned to the intervention at 2 sites
- An enhanced curriculum including home visitation, dyadic therapy for babies and caregivers, and additional on site services

Early Head Start sites

- Safe Start Initiative initially funded entire program costs for first 24 toddlers. EHS keeps program running.
- Safe Start 3-hour training module (Effects of Maltreatment on Young Children)
- Safe Start staff works with caregivers, therapists visit classrooms to assist
- EHS social worker is part of the Safe Start team

Program Goals

- Provide EHS opportunities for underserved population of CWS toddlers
- Enhance EHS services with dyadic therapy for toddlers and their family members to heal relationships
- Improve chances for reunification, reduce incidence of abuse and neglect

Mountains and Molehills

- Transportation issues as children are moved
- EHS and CWS intersecting for the first time with competing timelines, different approaches, impact of the judiciary
- Establishing patterns of case-management across systems to include primary medical care

Groundwork for the EHSCWS

- Experience with Miami Safe Start Initiative
- Recognized need to expand capacity to meet needs of child welfare
- Positive outcomes from preliminary analyses

The Assessment

Ages and Stages Questionnaires (ASQ)

- Beck Depression Inventory-2
- Child Development Center Pediatric Intake
- Parent-Child Relationship Scale and Manual
- Parenting Stress Inventory-Short Form
- Things I have Seen and Heard (Violence questionnaire)
- Midway interview



Preliminary Data on Pretest Observational Assessments

- 32 dyads
- Paper and pencil measures including assessments of maternal depression, stress, developmental assessments, violence exposure
- Observational assessment during free play, structured tasks and separation/reunion

Caregiver-Child Relationship Functioning

- Coding was done by research clinicians from Louisiana State University Health Sciences Center Department of Psychiatry
- Inter-rater reliability was confirmed

Parent Coding

- Positive affect (emotions)
- Withdrawal/depression
- Irritability/anger/hostility toward child
- Intrusiveness during play

Other parent dimensions

- Emotional responsiveness - prevent child from becoming overly distressed/frustrated
- Behavioral responsiveness -ability to structure the play and task to be developmentally sensitive to child's needs

Parental Discipline during Structured Tasks

- Positive discipline - includes modeling correct behavior, praising child for success
- Negative discipline - includes shaming child, physically threatening the child

Child Measures

- Positive Affect
- Withdrawal/depression
- Anxiety/fear
- Irritability/anger/hostility toward parent
- Aggression toward parent
- Enthusiasm during free play and structured tasks

Coding during Reunion

- Parents - providing sensitive comfort to the child, and return to play
- Children - ability to soothe with the parents' help and return to play

What do we learn from observations?

- The pretest assessments coded by independent observers indicate a critical opportunity for intervention

Areas of Concern

- Parents showed high level of intrusive behaviors
 - Thrusting one toy after another at child
 - Overwhelming child with verbal commands
 - Failing to follow child's lead

Other concerns

- Parents were low on both behavioral and emotional responsiveness
- Parents were unable to create a positive, facilitating play environment
- Often parents allowed child to become frustrated or distressed
- Parents had trouble structuring task to help child succeed

Other concerns

- Children had relatively low positive affect
- Many parents could not comfort their children during the reunion and help them return to play

Changes in the relationship based on intervention

- Caregivers showed increase in behavioral responsiveness, emotional responsiveness and a decrease in intrusiveness
- Increased caregiver sensitivity, more able to follow their child's lead, frequent praise

Children's responses

- Significant increases in positive affect
- Children engaged in more spontaneous smiling and interacting
- Both showed increased responsiveness during the reunion after brief separation
- Children better able to regulate behavior seeking comfort from caregiver

3-way Partnership Established

- University serves as bridge between EHS and Judiciary functions
- Prevention Council is established to bring provider community to the table for suggestions and ideas
- Capacity-building increases for target population to receive intervention and mental health services
- Research component continues to build sample with existing protocols for future program effectiveness analysis

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