

THE MIAMI CHILD WELL-BEING COURT™ MODEL:

BUILDING A TRANSFORMATIVE, JUDICIALLY-LED, SYSTEMS
INTEGRATION APPROACH TO MEET THE NEEDS AND IMPROVE
OUTCOMES OF MALTREATED YOUNG CHILDREN

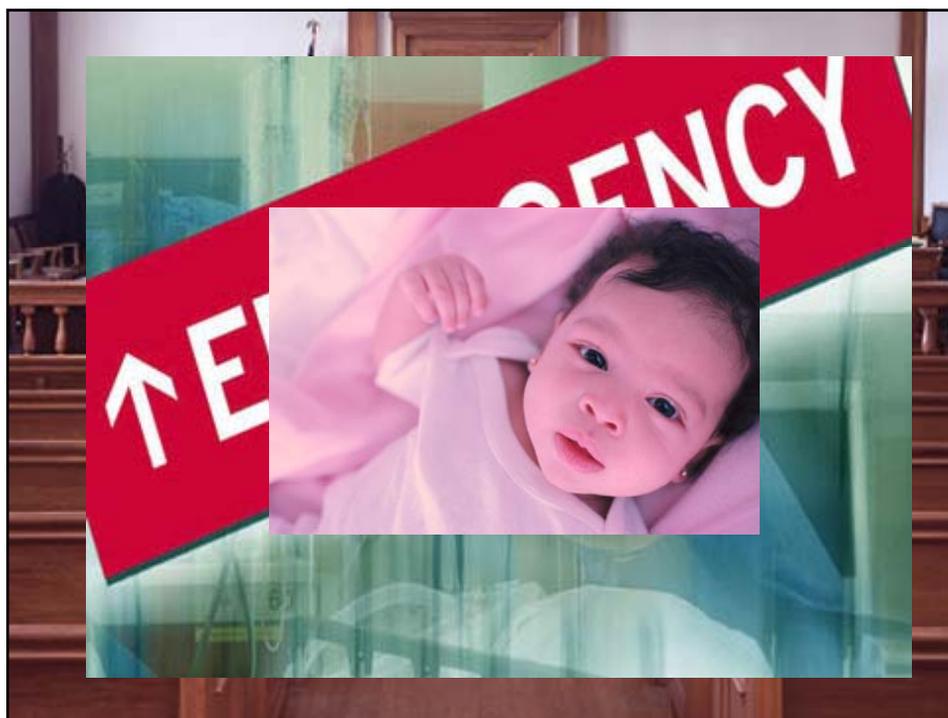
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Maltreated Infants and Toddlers: The National Picture

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- 33% of children with substantiated maltreatment < 4 years of age
- 42% of children entering foster care are < 5 years
- Children < 4 years: 4 out of 5 experienced neglect
- 38% of victims maltreated by mother acting alone; 24% maltreated by mother and father/other

Source: DHHS, ACYF, ACF, Children's Bureau. (2010). Child maltreatment 2009. AFCARS Report 2009

National Survey of Child and Adolescent Well-Being (NSCAW)

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- Mandated by Congress in 1996
- Study began in 1999
- 6,200 children aged birth to 14 at the time of sampling
- Five waves of data collection completed in 2007
- First national study of child welfare to collect data from children and families
- NSCAW II: 5,873 children, aged birth to 17.5 years old; began in 2008.

Mental Health Needs of Children Investigated for Maltreatment

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- 26% of children birth to 2 and 32% of children 3-5 years have emotional or behavioral problems
- Almost 80% do not receive timely intervention/treatment or primary care services
- 30% of infants in care show behavioral problems at school entry

Source: National Survey of Child and Adolescent Well-Being (NSCAW I)

Developmental Needs of Children Investigated for Maltreatment

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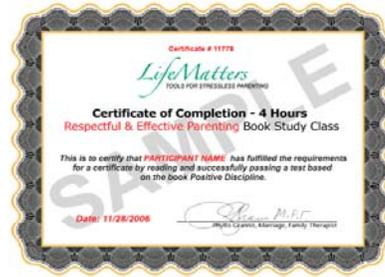
- NSCAW I: 1990-2000: 35% of children birth to 3 years need Part C early intervention services at time of contact with CWS
- 12% had an IFSP by age 3 (13% among those with developmental problems)

Source: NSCAW I

Status Quo in the Court

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- 62% of parents of substantiated children 0-3 have poor parenting skills
- >800,000 families receive child welfare services annually; 50% receive parent training
- Success measured by a Certificate of Completion
- Cases frequently dismissed even if parent training not completed
- < 2% of parent training programs used in CW are evidence-based
- Services not targeted



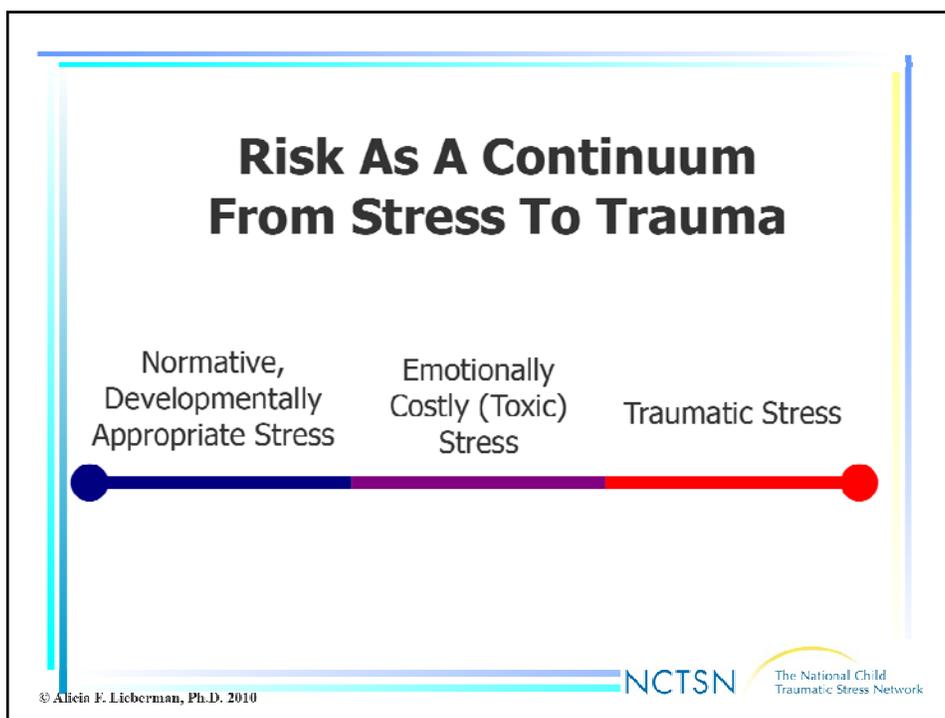
Source: NSCAW I

Pathway to Poor Outcomes

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- Child functioning is shaped by the interplay of risk and protective factors
 - Within the child
 - In the child's environment
- Risk factors co-exist, compound one another, and coalesce along a pathway of developmental psychopathology

Curtis & Cicchetti, 2003; Rutter, 1999; Pynoos et al., 1999; Sameroff, 1993

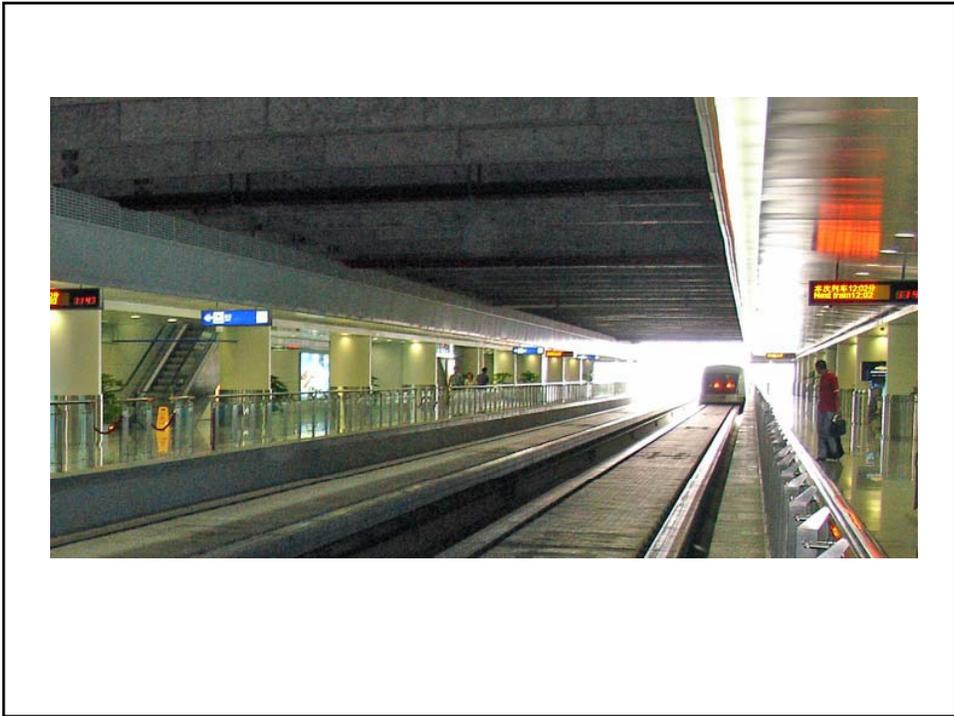


Public Health/Societal Costs of Maltreatment

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- Child welfare costs:
 - ▣ \$103.8 billion (2007 dollars)
- Health care costs:
 - ▣ Mental health services 8-15 times that of other eligible youth

Geen & Sommers, 2005; Harman et al., 2000; do Reis et al., 2001

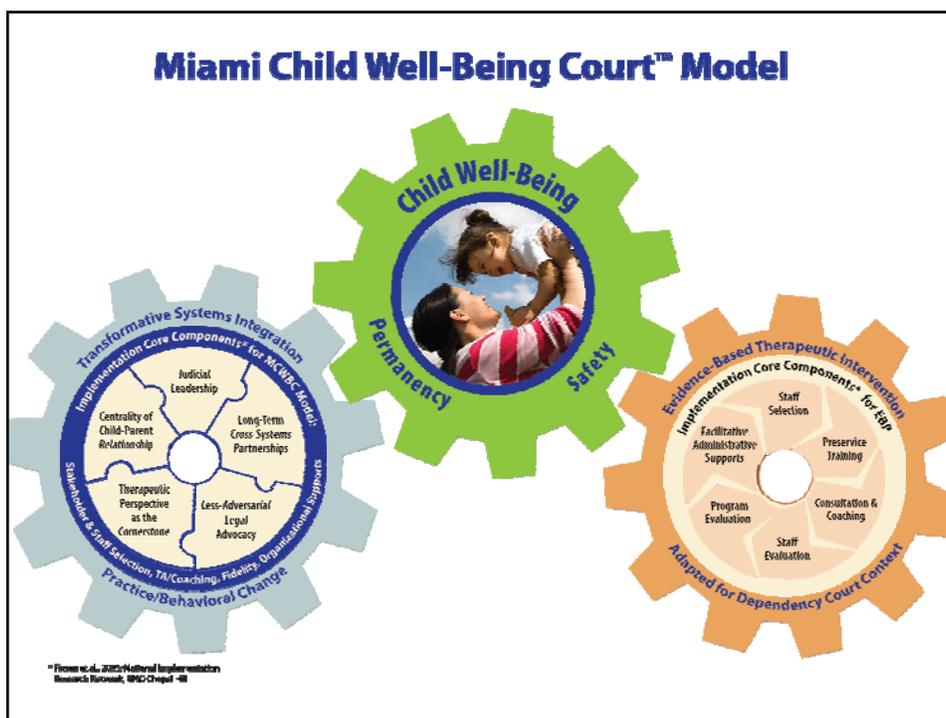


Human Systems

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Patty, S. (March, 2010). *Moving Icebergs: A Brief Guide to Making a Difference.*



Translational Research Study

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- Grant No. R18 CE001714 awarded by the CDC/National Center for Injury Prevention and Control
- Research Aim: To study the dissemination of a translation strategy for increasing the reach and effectiveness of an EB therapeutic intervention (CPP) with maltreated young children and their primary caregivers.

Research Aims

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- Study the adoption and initial implementation processes, identifying:
 - Facilitators and barriers to uptake of the systems integration and EBP dimensions of the model
 - Adaptations of the model
- Examine relationship between degree of implementation (w/fidelity) and effect
- Measure reach: # mothers who complete CPP treatment

Products

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- Dissemination Toolkit:
 - Implementation Manual
 - Court observational fidelity tool
 - Clinical fidelity tool (adaptation)
 - Discipline-specific behavioral trainings, peer mentoring/coaching collaborative learning calls

MCWBC Court Observation Tool		
Did the judge:	Yes/ No	training needed at your site
Require evidence about the quality of the services being provided and actively requires evidence-based services		
Seek information from all parties/participants about critical insight gained by the parent about the child's needs, concrete ability to support the child's physical, developmental and social-emotional growth, the child's developmental progress and the quality of the parent-child relationship		
Specifically ask the IMH Therapist to describe the strengths and challenges of the work with the parent and child and to describe relevant clinical and developmental needs of the child and parent		

Child-Parent Psychotherapy (CPP)

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Treatment Model:

- Focus on healing the child-caregiver relationship, safety, affective/emotional regulation
- Informed by attachment, trauma, and developmental theory
- Population: Preschool children, infants exposed to interpersonal violence

CPP Can Interrupt Intergenerational Transmission of Maltreatment

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- Impaired emotional regulation
- Parent and child as traumatic reminders
- Negative parental attributions: “You are bad”
- Traumatic expectations: “You will hurt me”
- Child internalizes parental attributions



Lieberman, 2010; NCTSN

Miami Child Well-Being Court Model: EHS/CWS Study

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Child Outcomes (pre-post treatment comparisons, Crowell)	Effect Sizes
Positive Affect	1.1
Enthusiasm	0.95
Emotional and Behavioral Responsiveness	0.64
Caregiver Outcomes	
Behavioral Responsiveness	0.70
Emotional Responsiveness	0.70
Less Intrusive	0.85



Safety: Maltreatment Recurrence

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- 0% substantiated or indicated recurrence after 12 or 24+ months for samples of parent/child dyads who reached therapeutic goals

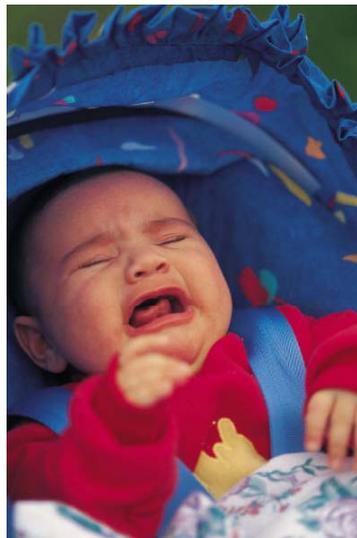


Recurrence in Florida

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2009: By 6 months, 7% of all children had a recurrence

1998-1999: By 24 months, 30% of children under 4 years old had a recurrence
(Lipien & Forthofer, 2004)



Vision: Training/Evaluation TA/Research

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- ❑ Ongoing implementation support, interactive site trainings and peer-to-peer intensive coaching
- ❑ Practice change through behavioral rehearsal (mock court, role-play)
- ❑ Preserving the legacy: Production of training tapes of simulated court dependency proceedings of the MCWBC
- ❑ National learning collaborative to support implementation, maintenance, and sustainability of the innovation across jurisdictions

What it takes to support the behavioral/practice changes in the MCWBC model

Traditional Court	MCWBC
Judge hears witnesses that are offered by the parties	Judge asks the IMH Therapist to describe the strengths and challenges of the work with the parent and child
Judge seeks evidence of compliance with services	Judge asks IMHT about critical insight gained by the parent about the child's needs, ability to support physical, developmental and social-emotional growth, developmental progress and the quality of the parent-child relationship
Parent's attorney is focused on protecting the parent's rights and 'winning' the case: Reunification and case closing	Advocates for what the parent needs to achieve his/her short-term and long-term goals Counsel the client on the benefits and goals of CPP, stressing the opportunity to resolve chronic problems that put the client at risk of re-entry
Parent's attorney cross-examines clinicians and challenges any negative statements	Questions of the IMHT are geared at promoting the parent's right to additional supportive services and to ensure a better understanding the parent's treatment plan

Vision: Training/Evaluation TA/Research

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- Assessment of readiness and identification of main stakeholders for system integration and organizational changes
- CPP Adapted for Court Context training
- Technical assistance to communities in building evidence-based services for court-involved children and families
- Training on integration of MCWBC practice within ASFA timelines
- Integration of information on pre-post assessment and clinical reports in judicial decision-making process
- Evaluation TA/partnering with local researchers: data collection (implementation and outcomes)

Vision: Training/Evaluation TA/Research

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- Effective translation strategies to drive effective uptake
- Behavioral practice changes: testing and refinement of manual and fidelity tools
- MCWBC vs. traditional court: Quasi-experimental research with emphasis on practice change and child well-being, child-parent relationship, re-entry rates outcomes



QUESTIONS?

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