A Child Developmental Perspective on Family Treatment Drug Court Outcomes

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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
  - Trauma
  - Unaddressed medical needs
  - Domestic violence
  - Limited vocational & educational experiences
  - Lack social supports
- 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 reinvolved 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

**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)

**Family Treatment Drug Court & Child Developmental Needs: Attachment**

**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 results:
- Little to No Knowledge: 5.4%
- Some Knowledge: 28.6%
- Great Deal of Knowledge: 66%
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

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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

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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

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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 (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)

**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

**Average Time to First Reunification With Mother**

![Chart showing average time to first reunification with mother for RI FTDC and Standard Family Court](chart.png)
**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

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**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

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**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

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**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
    - % above 215 cutoff: 27%
    - % above 166 cutoff: 40%
  - 30 Months
    - % above 215 cutoff: 29%
    - % above 166 cutoff: 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)

- Mean (SD) for FTDC Sample (N=45) and Normative Sample:
  - Cognitive Composite: 89.0 (8.71) vs. 91.98 (12.81)
  - Language Composite: 100 (15) vs. 100 (15)

INFANT OUTCOMES - 30 MONTHS: DIAL-R

- Potential Problem
  - Motor, Concepts, Language, Total Score

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

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