

Healing the Child in Juvenile Court: The Science of Early Childhood Development and Zero to Three Court Teams

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What Is Trauma?

An exceptional experience in which powerful and dangerous stimuli overwhelm the infant and young child's capacity to regulate emotions

How Trauma Impacts on Children

- Derails the normal developmental trajectory
- Can contribute to:
 - developmental delays
 - emotional dysregulation
 - Behavioral dysregulation
 - difficulties in forming attachments in childhood and later life

Child Maltreatment is Common

- Centers for Disease Control estimates that 1 of 7 children between 2-17 years is a victim of maltreatment (CDC, 2008)
- In 2006, 1 of 43 infants less than 1 yr of age suffered abuse and neglect
- Population surveys find much higher rates of child abuse and neglect than are officially reported (Theodore, et al, 2005, Pediatrics, 115, 331-337)

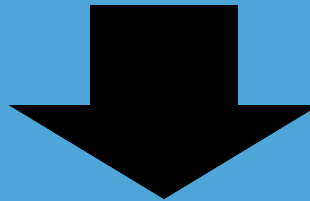
Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



Long-Term Consequences

Disease and Disability

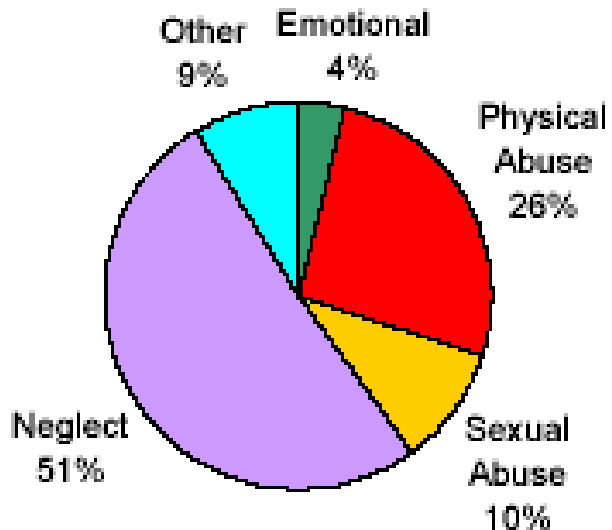
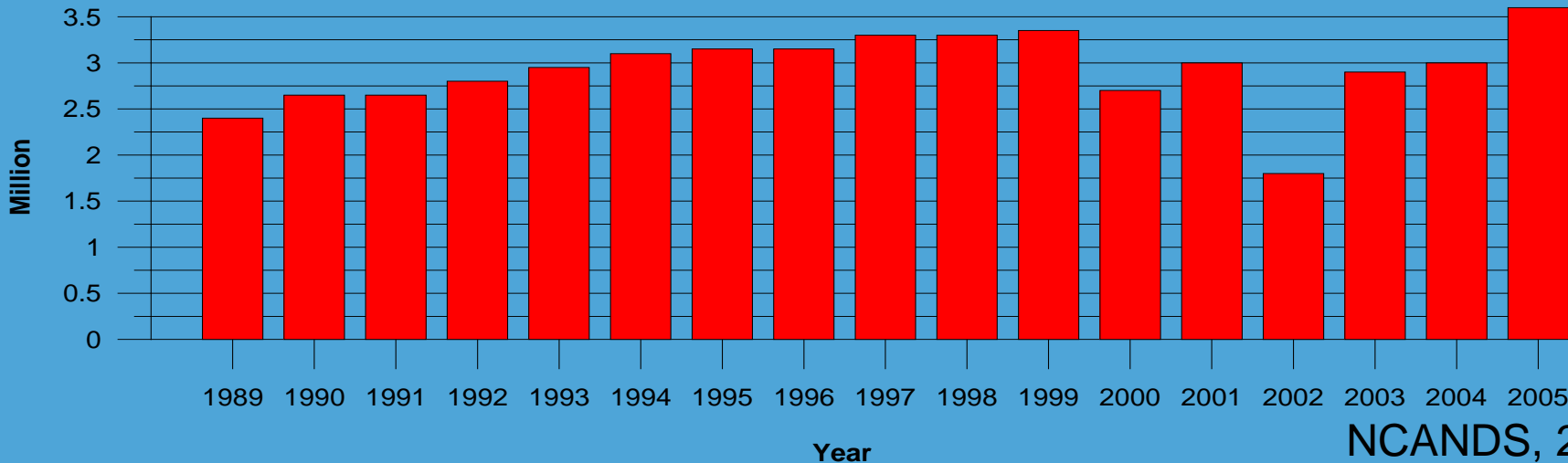
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems

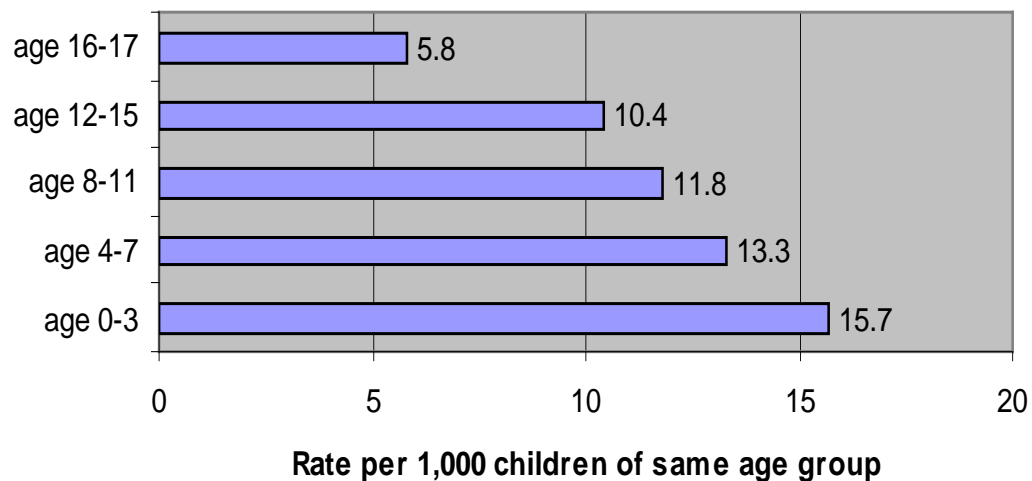
- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- Family violence
- High utilization of health and social services

Incidence and Types of Child Maltreatment

National Estimated Child Maltreatment Reports



Victimization Rates by Age Group, 2000



Every system and piece of legislation that serves children and families should consider a “Trauma Impact Statement”

Infants in the Child Welfare System

- Infants under the age of one year are the largest cohort in the child welfare system
 - FY 09, Hawaii data is consistent across ethnicities,
D. English, Ph.D., Casey Family Program, 9/9/10
- It is rarely the case that a maltreated infant has no symptoms



Young Children in Foster Care in U.S.

- More likely to be abused and neglected
- 79% of child fatalities occur under age 4
- Remain in placement longer (twice as long)
- 33% return to placement
- Lower rate of reunification
- Developmental delay is 4 to 5 times greater than children in general population
- More than half suffer from serious physical health problems

Prevalence Rates of Developmental Delay

- Foster care – Overall Delay is 60%
 - Language – 57%
 - Cognitive – 33%
 - Gross motor – 31%
 - Growth problems – 10%
- General Population – Overall Delay is 4-10%

(Leslie, L.K., et al, 2004, Journal of Developmental and Behavioral Pediatrics)

Prevalence of Psychological Problems

- Foster care

25% to 40% of children under 6 years have significant behavioral problems -- most displaying externalizing behaviors (aggression, anger)

- General population

3% to 6% have behavioral problems

Leslie, L.K. et al (2004). Journal of Developmental and Behavioral Pediatrics

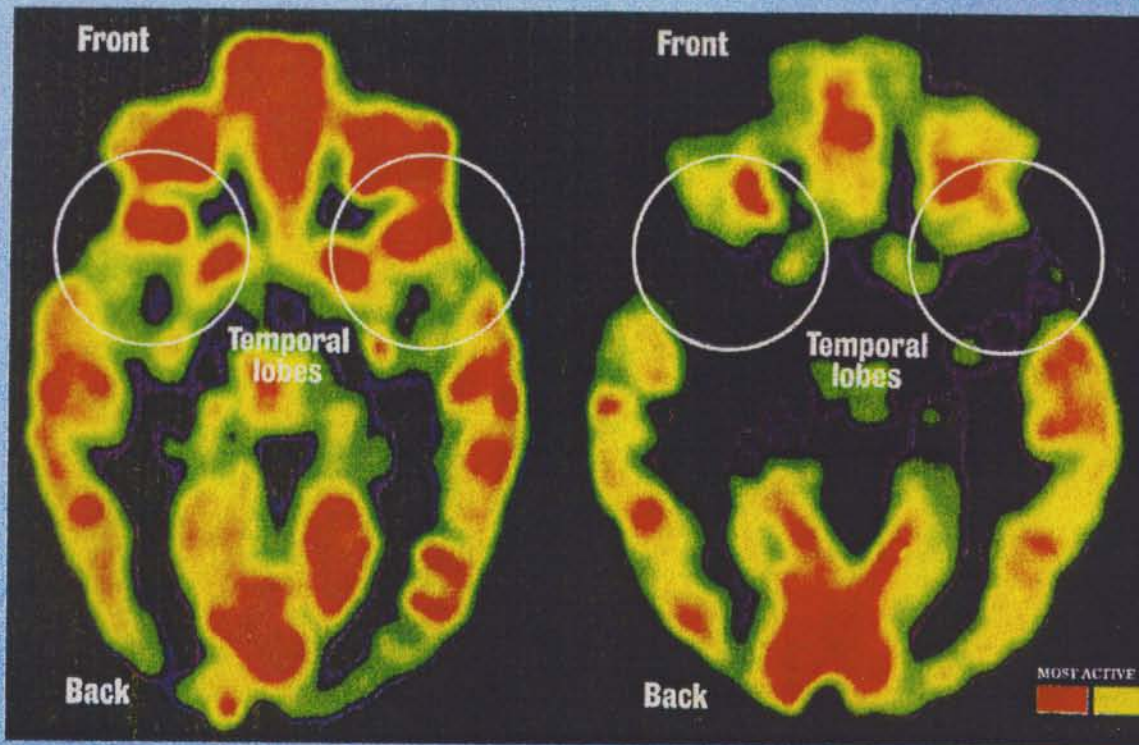
Risk Factors for Parents

- Substance abuse and effects on parenting
- Parental mental illness, especially depression and effects on parenting
- Dysfunction in families related to a combination of stress, poverty, and trauma

EXPERIENCES

Early experiences, both positive and negative, have a decisive impact on how the brain is wired.

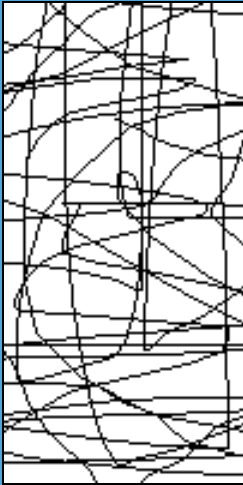
Effect of extreme deprivation



Healthy Brain

Abused Brain

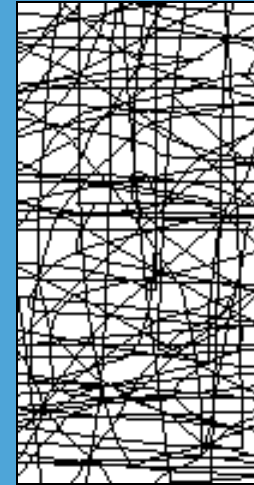
Pruning



Newborn

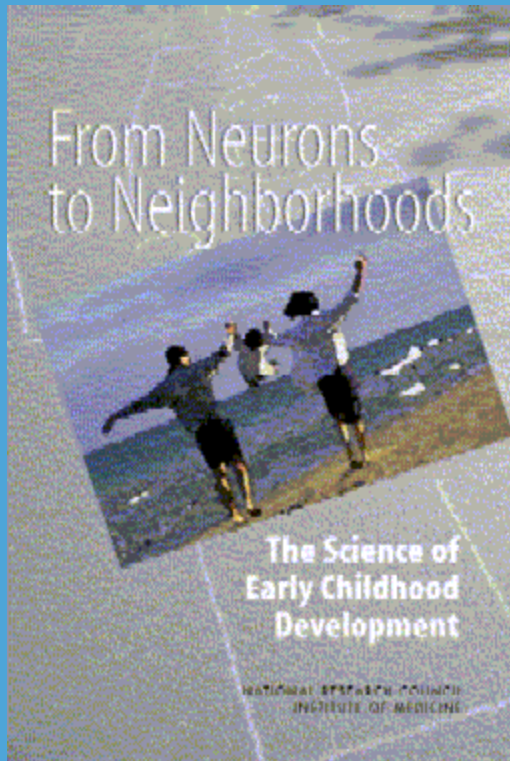


**Early
Childhood**



**Later
Childhood**

From Neurons to Neighborhoods: The Science of Early Childhood Development



**Committee on Integrating
the Science of Early
Childhood Development
Board on Children, Youth, and Families
Institute of Medicine
National Research Council**

<http://developingchild.harvard.edu/>

“From Neurons to Neighborhoods” Four Overarching Themes

- All children are born wired and ready to learn
- Early environments matter and nurturing relationships are essential
- Society is changing and the needs of young children are not being addressed
- Interactions among early childhood science, policy, and practice are problematic and demand dramatic rethinking



Research Findings: the Link Between Dependency and Delinquency

(Research of Cathy Spatz Widom funded by Department of Justice)

Childhood abuse increases the odds of future delinquency and adult criminality by 40%

Being abused or neglected as a child increases the likelihood of :

- arrest as a juvenile by 53%
- arrest as an adult by 38%
- arrest for a violent crime by 38%

Intergenerational transmission: ***Violence begets violence and neglect begets violence.***

A Relationship Based Intervention: Child-Parent Psychotherapy

(Lieberman and Van Horn, 2008)

- The infant was harmed in the relationship and must be “healed” in the relationship
- Encourage return to normal development
- Help with engagement in present activities and future goals
- Restore trust and reciprocity in relationships
- Place a traumatic experience in perspective

Build Collaborative Partnerships for Children: What Judges Can Do From The Bench



Collaborative Partners

- A judge is essential to facilitate the work
- Parents and birth family members
- Foster Parents/Resource Caregivers
- Lawyers – CASA, GAL, Parents' counsel, Attorney General
- Child welfare
- Infant mental health professionals
- Department of Health: Early intervention professionals
- Child Care-Head Start and Early Head Start
- Health care-a medical home
- Dental care-a dental home

ASFA Regulations

- Federal ASFA regulations specifically hold States accountable for providing services to address the "safety, permanency and well-being of children and families." (45 C.F.R. Part 1357 §1355.33 b (2))
- States must ensure that:
 - "families have enhanced capacity to provide for their children's needs;
 - children receive appropriate services to meet their educational needs; and
 - children receive adequate services to meet their physical and mental health needs." (45 C.F.R. Part 1357 §1355.34 b(1)(iii))

Part C – Early Intervention

- Learn about this Federal entitlement and ensure that all babies under age 3 are referred for a Part C screening pursuant to the Individuals with Disabilities Act

The Importance of Developing Trauma-Informed Systems

(NCTSN; Judge Michael Howard and Dr. Frank Putnam, Ohio, 2009)

- A Trauma-Informed System of Care acknowledges and responds to the role of trauma in the development of emotional, behavioral, educational, and physical difficulties in the lives of children and adults
- The System recognizes and avoids inflicting secondary trauma

Secondary Trauma

(From Judge Michael Howard, Juvenile Judge in Ohio, 2009)

- Secondary trauma occurs when child serving systems re-traumatize a child through policies and procedures
- Examples: multiply placements, use of restraints to correct misbehavior; handcuffing parents in front of their children; visitation decisions

Risk Factors are not predictive factors due to the presence of protective factors!

Surgeon General's Report on Youth Violence

<http://www.surgeongeneral.gov/library/youthviolence/chapter4/sec1.html#ProtectiveFactors>

Resilience as “Ordinary Magic”

(Ann Masten, American Psychologist, 2001)

- Doing OK despite adversity
- What matters?
 - Secure relationship with caregivers – “good enough” parenting
 - Problem solving and intellectual skills
 - Self-regulation skills
 - Positive self perception and self efficacy
 - Faith, hope, sense of meaning in life
 - Friends and social support
 - Bonds to prosocial schools and community
 - Socioeconomic resources

Strengthening Families: Identify Protective Factors

- **Protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families.**
- **These attributes serve as buffers, helping parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress.**

<http://www.childwelfare.gov/preventing/promoting/protectfactors/>

When present and robust in a family,
the 5 protective factors
(Strengthening Families, 2008)
decrease the likelihood of child
abuse and neglect

5 Protective Factors

- **Parental resilience:** The ability to cope and bounce back from all type of challenges.
- **Social connections:** Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents.
- **Knowledge of parenting and child development:** Accurate information about raising young children and appropriate expectations for their behavior.

Protective Factors

- **Concrete support in times of need:** Financial security to cover day-to-day expenses and unexpected costs that come up from time to time; access to formal supports, such as Temporary Assistance to Needy Families (TANF) and Medicaid, and to informal support from social networks.
- **Children's social and emotional development:** A child's ability to interact positively with others and communicate his or her emotions effectively.

F. ZIMMERMAN, J. Mercy, *A Better Start Child Maltreatment Prevention as a Public Health Priority, Journal, ZERO TO THREE, May 2010*

What Judges Can Do From The Bench

Provide Education about Negative Effects of Multiple Placements

- Work to make decisions that take into account the impact on the child's development
- Provide education about the need for monitoring of placements, including kinship placements
- Request the health and developmental assessments, including behavioral health assessments

Prepare for Transitions

- Request quality home **studies on all potential placements** including relatives as early as possible
- Build in a **transition plan** at every point where a change of placement is required
- If a change is needed, try to keep the child in the same geographic area and make sure caseworkers and foster parents understand the importance of the medical home.

Young Vulnerable Children Need to be in Quality Child Care

- Head Start and Early Head Start if possible
 - Chris Jackson, Head Start Collaboration Office Director, Dept. of Human Services
Phone: 586-5240
– Email: cjackson@dhs.hawaii.gov
- Most cities have quality child care – and inadequate child care
- Find out about quality child care in your community
- The impact on the most at risk children is much greater in quality child care

Visitation Practices Should be Developmentally Appropriate

- Infants and toddlers need frequent visitation to build attachment relationship
- Predictor of reunification is frequency of visits
- Visits with young children should occur:
 - as often as possible
 - for a long enough period of time
 - in a comfortable and safe setting
 - Include supervision if needed; but frequent contact is important for development

Refer to quality Parenting Programs

- Evidence Based
- Not just didactic teaching sessions
- Involve parent and child together
- Include observational assessments
- Incorporate with what is learned from evaluations and treatment

Refer for Relationship-Based Clinical Services: Child-Parent Psychotherapy

(Lieberman and Van Horn, 2008)

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Build Collaborations with National Organizations that can Inform the Work

- Zero to Three: National Center for Infants Toddlers and Families
- National Child Traumatic Stress Network
 - Judicial Consortium
 - Child Welfare Committee
 - Zero to Three Committee
- National Council of Juvenile and Family Court Judges