

Building bridges across the judiciary, child welfare, and child mental health: The Miami Child Well-Being Court™ model

Presented by:

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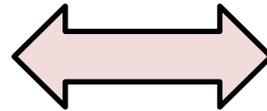
Presented at

National Child Welfare Evaluation Summit, Washington, DC • August 30, 2011



National Data

View from the Bench



Maltreatment/Trauma Exposure in Early Childhood

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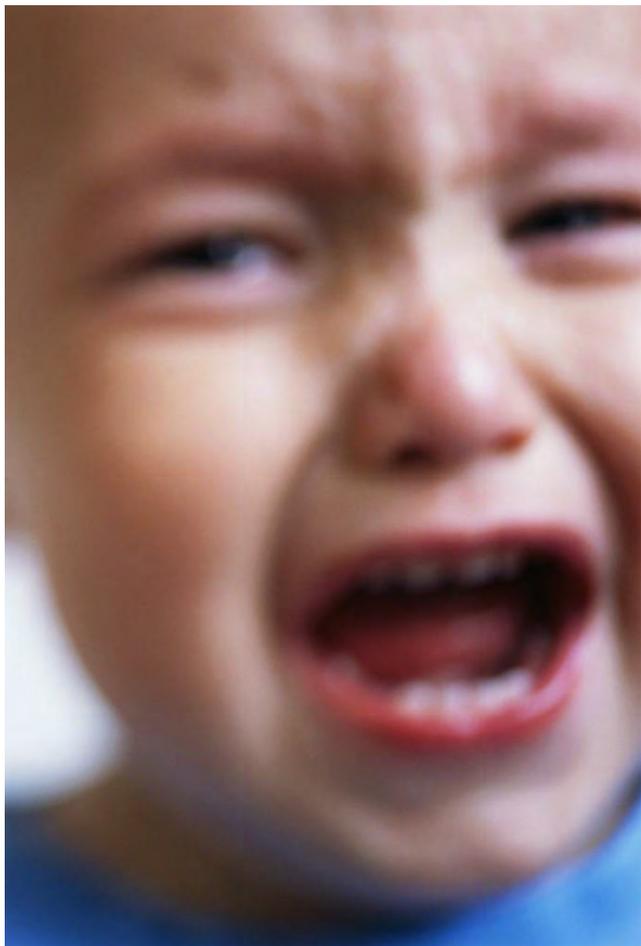


- ❑ 36% of children with substantiated maltreatment were 0-5 years of age
- ❑ 47% of children entering foster care were 0-5 years
- ❑ Children < 4 years: 4 out of 5 experienced neglect

Sources: DHHS, ACF, ACYF, Children's Bureau, AFCARS Report. Updated June 2011.
DHHS, ACF, ACYF, Children's Bureau. (2010). Child Maltreatment 2009.

Developmental and Mental Health Needs of Children Investigated for Maltreatment

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- 32% of children birth to 5 years have developmental problems and may be eligible for early intervention services under Part C of IDEA.
- 34.6% of children 18 to 24 months old have behavioral problems
- 6.5% of all young children have an Individualized Family Service Plan (IFSP)/Early Intervention
- Among those with severe developmental problems (-2 SD), only 13% have an IFSP

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

Risk Factors for Parents of Young Children (NSCAW I, Substantiated 0-36 months old)

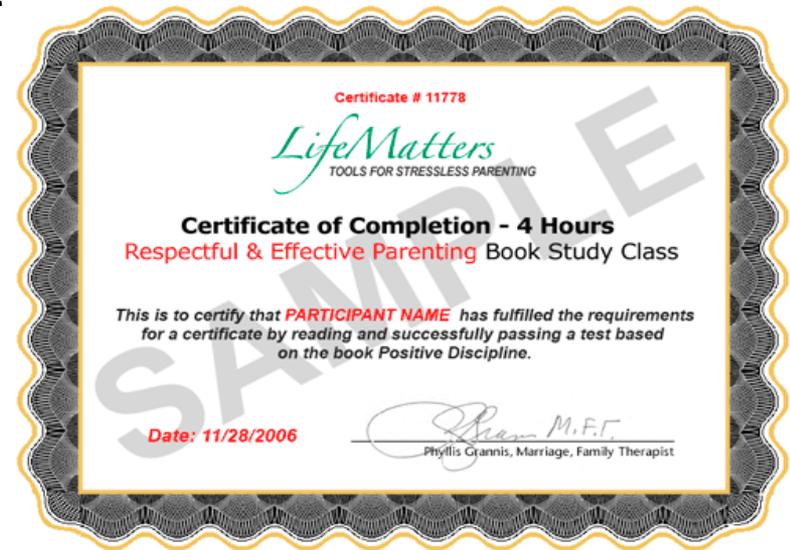
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Risk factors	%
Alcohol abuse	17.3
Drug abuse	34.9
Mental health or emotional problems	30.9
Poor parenting skills	61.9
History of domestic violence	42.2
Active domestic violence	28.3
History of abuse and neglect	37.4
Low social support	35.7
Trouble paying basic necessities	41.9
At or below 100% federal poverty level	44.9

Status Quo in the Court

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- 800,000 families receive CW services/yr → 50% receive parent training
- Success measured by 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



Vision

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- Promote **child well-being, safety** and **permanency**
- Focus on healing and recovery from the trauma of child maltreatment in the context of the child-parent relationship
- Use the dependency court as a platform to assure evidence-based services for children and caregivers
- Drive effective uptake of court model in new jurisdictions through science-informed dissemination & implementation
- Conduct implementation and outcomes research on the court model w/ emphasis on practice change, child well-being, child-parent relationship, and re-entry rates

Essential Elements of the Miami Child Well-Being Court (MCWBC) Model

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- Transformative systems integration process focused on behavioral practice changes with frequent training evaluation/fidelity monitoring
 - ▣ Judicial leadership – „science-informed“ judging
 - ▣ Cross-systems partners (stakeholders, supervisors & frontline), open to and ready for change
 - ▣ Collaborative less adversarial court processes are modeled and adopted incrementally
 - ▣ Therapist perspective is cornerstone in courtroom
 - ▣ Centrality of the parent-child relationship
- Evidence-based therapeutic intervention adapted for court context

MCWBC Model: Preliminary Research on Child-Caregiver Relationship Outcomes

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



MCWBC Model: Safety Outcomes

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Miami MCWBC Cases:

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

Florida:

- 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)







Judicial-Clinical-Research Synergy

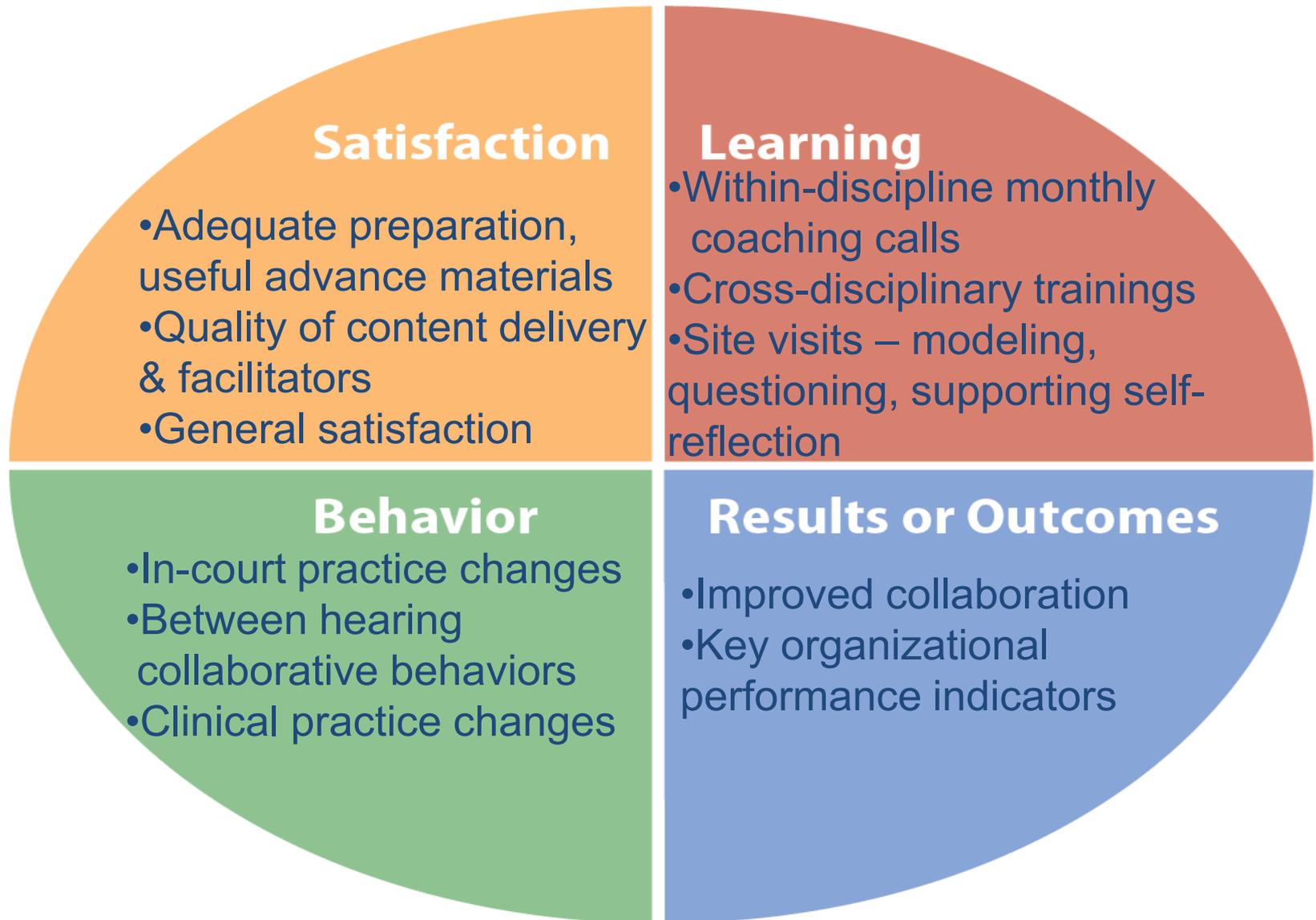
CDC Translational Research Study

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- Court as „platform“ for increasing the reach & effectiveness of evidence-based intervention with maltreated infants and toddlers
- Explain & operationalize adaptation of EBT for court context
- Develop and study dissemination strategies that support implementation in new jurisdiction
 - ***Training & Evaluation Team*** co-led by Dr. Katz and researchers at RTI International

*CDC/NCIPC Grant # R18 CE001714; CDC-RFA-Translating Research to Protect Health Through Health Promotion, Prevention and Preparedness

MCWBC Evaluation Level & Type



MCWBC Evaluation Tools & Methods

Satisfaction

- Post-training questionnaire

Learning

- Post-training focus groups
- Ongoing reflective discussion w/ stakeholders and frontline staff
- Local evaluation partner who is also stakeholder – shared insights/ observations re progress, areas of training needs

Behavior

Fidelity Tools:

- Court Observational Tool
- Out-of-Court Behavioral Self-Assessment Tool
- MCWBC Clinical Core Components Fidelity Tool

Results or Outcomes

- More collaborative court process
- Higher level of cross-systems collaboration
- Increased information sharing between stakeholders and with the court
- Clinical perspective integrated in and out-of-court

MCWBC Training Evaluation: Emerging Guideposts

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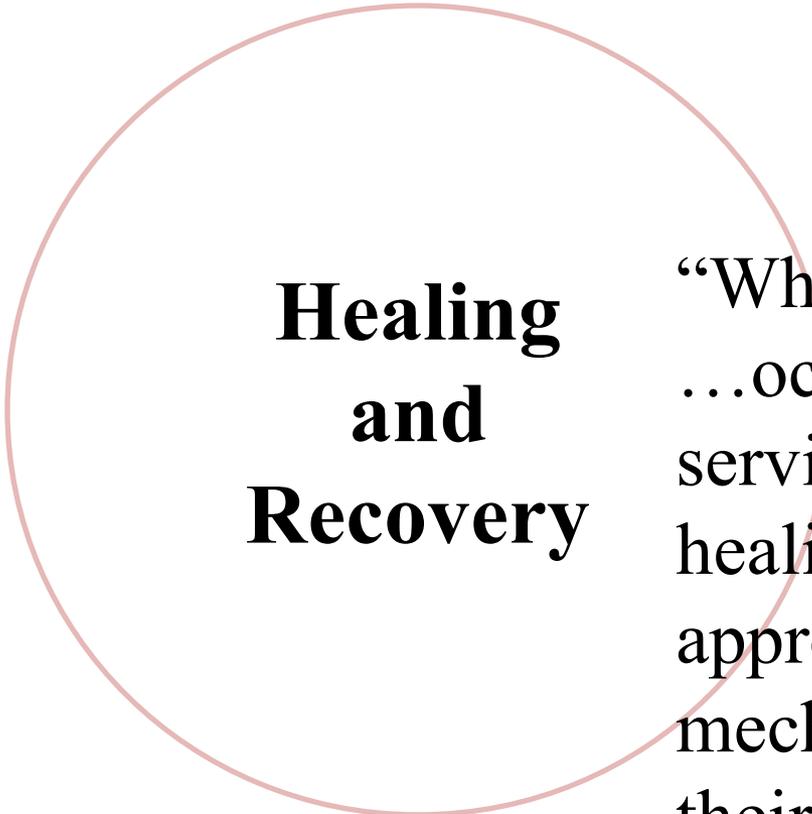
- ❑ Ongoing & collaborative appraisal: training and research teams work together w/ongoing frontline staff feedback to assess implementation progress in real-time
- ❑ Dynamic, responsive, and timely: appraisal → training areas/objectives
- ❑ Fine-tuned: court observational fidelity tool, discipline-specific behaviors, qualitative analysis



Systems Integration – Making it Happen (Implementation Core Components)

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- Leaders & Change Agents: Who will be in it for the long haul?
 - ▣ Motivation, vision to build capacity, organizational supports for implementation
- Training/Coaching
 - ▣ Building rapport between training team and community stakeholders
 - ▣ Ongoing feedback-targeted coaching loop
- Assessing change & training/coaching effectiveness (fidelity)
- Organizational supports
 - ▣ Making time and space for “doing business in a new way”



Healing and Recovery

“When adverse experiences ...occur, child-and family-serving systems can facilitate healing and recovery with approaches that build protective mechanisms with children and their families to get children back on track.”

Samuels, B. (June, 2011). *Opportunities for the Future: Standing in the Bright Spots*. Presentation at the Preventing Child Maltreatment and Promoting Well-Being: Network for Action Meeting, Washington, DC.

JUDGE

Traditional Court	Miami Child Well-Being Court
Judge calls “balls and strikes”	Judge is educated about child development Actively engages all parties Leads team to focus on the young child, the parent and the child-parent relationship
Judge seeks evidence of compliance with services.	Judge inquires re insight gained by parent about: <ul style="list-style-type: none">➤ Child’s needs, ability to support physical, developmental and social-emotional growth➤ Quality of the parent-child relationship
Judge primarily bases decisions on the attorneys’ presentations and written reports	Judge asks foster parents, case worker, relatives about how child is doing physically, developmentally and emotionally Judge inquires re observations of the child-parent relationship
Judge hears witnesses that are offered by the parties	Judge asks therapist to describe: <ul style="list-style-type: none">• Strengths and challenges of parent and child• Clinical and developmental needs of the child and parent.



PARENT'S ATTORNEY

Traditional Court	Miami Child Well-Being Court
Does the talking in court and directs client not to talk	Educates parent regarding court process, appropriate way to interact w/judge and parties Assists client during court when parent is speaking to judge
Focuses on protecting the parent's rights and „winning“ the case	Focuses not only on protecting parents' rights but also on advocating for services Supports parent needs to achieve self-identified short- and long-term goals
Cross-examines clinicians and challenges any negative statements made about client	Develops working relationship with therapist Questioning geared at promoting parent's right to additional supportive services & ensuring a coordinated treatment plan
Focuses on parent simply completing „tasks“ of case plan	Advocates for quality, evidence-based services & interventions linked to allegation/reason for case <u>and</u> to long term stability for parent and child

CASEWORKER

Traditional Court	Miami Child Well-Being Court
<p>Requests report from the clinician</p> <p>Responds to report's recommendations after hearing</p>	<p>Meets with clinician prior to hearings</p> <p>Referrals recommended by clinician are made by caseworker prior to hearing</p> <p>At hearing, discusses steps to implement clinical recommendations and address barriers or concerns</p>
<p>Has limited involvement in the court process</p>	<p>Explains in court how particular service for child and/or parent-child will support the permanency plan, child's safety and well-being</p>
<p>Has limited familiarity with services available to support parent-child relationship and child development</p>	<p>Vital link between the parents/agency/court</p> <p>Speaks directly to the judge – seeking support from attorney and therapist as needed</p>

THERAPIST/IMH Specialist

Traditional Court	Miami Child Well-Being Court
court proceedings.	<p>Parental insight about allegation</p> <ul style="list-style-type: none">➤ Progress in reducing risk of harm for child➤ Developmental needs and services➤ Parent's level of engagement and progress in treatment
Provides a report to the court or a party upon request	<p>Reports proactively submitted to the court and parties</p> <p>Reports are discussed w/parent prior to hearing</p> <p>Prepares client for the court hearing & content to be disclosed</p>
Keeps all clinical information confidential	<p>Reports on clinical assessment of strengths and parental risk factors & how they impact child safety</p>
Reports on compliance with services and client progress	<p>Discloses information in a way that may minimize harm to therapeutic relationship</p>
Uses clinical terms	<p>Understands the dependency court process, is familiar with the legal terminology, & places recommendations in the context of the legal proceeding</p>
Unfamiliar with legal terms and with the court process	



**Evidence-Based
Therapeutic
Intervention**

**Adapted for
Dependency Court
Context**

Evidence-Based Therapeutic Intervention for Maltreated Children

Child-Parent Psychotherapy clinical features:

- Trauma-sensitive
- Attachment-based
- Focus on safety, healing the child-caregiver relationship, recovery, child emotional regulation

Ford, J.D., & Cloitre, M. (2009). Best practices in psychotherapy for children and adolescents. In: Christine Courtois & Julian D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide*. New York: Guilford Press.

Lieberman, A.F. & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachments*. New York: Guilford Press.

Toth, S.L., Manly, J.T., & Hathaway, A. (2011). Relational interventions for young children who have been maltreated. In J. Osofsky (Ed.), *Clinical work with traumatized children*. New York: Guilford Press.

Adaptation of EBT

Clinical (CPP) Core Components * (selected)	Adaptation Core Components (selected)
Providing reflective developmental guidance	Insight about allegation Adjustment of therapeutic timeline to court timeframe
Helping caregiver provide emotional safety	Protecting therapeutic relationship with court-involved client: --Preparation for hearing --Disclosure of negative areas --Processing after hearing
Constructing a joint trauma narrative	Participation in the dependency court hearings

*NCTSN 2008 Child-Parent Psychotherapy Learning Collaborative: Monthly Tracking Form. Adapted from Markiewicz J, Ebert L, Ling D, Amaya-Jackson L, & Kisiel C. (2006) Learning Collaborative Toolkit. Los Angeles CA & Durham NC: National Center for Child Traumatic Stress.

Adapted EBT: Making It Happen

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- Experienced staff open to expanding role/ready to change their practice
 - ▣ Manager, supervisors, front-line
- Intensive, frequent coaching on new (adaptation) components/practice changes
- Routine self-assessment (staff- and program-level)
- Administrative support to facilitate expanded functions/roles
 - ▣ Time to engage in training/coaching
 - ▣ Resources to support augmented roles

Miami Child Well-Being Court™ Model



* Fixsen et al., 2005; National Implementation Research Network, UNC-Chapel Hill

MIAMI CHILD WELL-BEING COURT: MOCK COURT DEMONSTRATION

Court Observation Tool

Did the judge:	Yes/No	Training needed at your site
Require evidence about evidence-based services		
Seek information from all parties/participants about critical insight gained by the parent		
Specifically ask the therapist to describe the strengths & challenges of the work w/parent and child and to describe relevant clinical needs (child & parent) and child developmental needs		

Barriers

Solutions

Breaking down historical silos, adversarial culture of dependency court

- Commit to open, vigorous dialogue
- Attend to relationships among stakeholders, frontline staff
- Establish systematic procedures that ensure effective communication flow across disciplines

Balancing the role of external trainers and local experts/stakeholder

- Invest time in building trust and establishing credibility of trainers
- Conduct collaborative training needs assessment
- Coordinate trainings to ensure mutually reinforcing, non-duplicative

Barriers

Solutions

Implementation takes time, risking:

- Loss of political will/ momentum (e.g., change in judicial leadership)
- Loss of funding for EB services
- Turnover of trained staff

- Build consensus on realistic timeframe to move from adoption to sustainability
- Generate advocacy/support at highest level (e.g., State supreme court justice)
- Secure state and federal funding streams for therapeutic services
- Collaborate on sustainable plan for seamlessly integrating new stakeholders and staff into

Barriers

Solutions

Constant need for retraining of court „actors“ on the frontline and transitioning new decision-makers to maintain the course

Judge requires participation in training, new behaviors, ensures visibility and recognition to increase buy-in at all levels

Evidence-based services are more expensive and more complex to put in place and maintain

Judge is committed, vigilant and insists on complete compliance with the evidence-based treatment

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