COLLABORATIVE INTERVENTIONS TO PROMOTE PERMANENCY FOR SUBSTANCE-EXPOSED INFANTS

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Overview

Perinatal substance use & child welfare involvement
- Implications for parents, infants, social service systems

Collaborative interventions
- Vulnerable Infants Program of Rhode Island
- Rhode Island Family Treatment Drug Court

Achieving long-term success
- Lessons learned from VIP-RI & RI-FTDC
- Challenges
Perinatal Substance Use and Child Welfare Involvement
Substance Use During Pregnancy

- Major public health & social problem

- ~5% of pregnant women use illicit drugs (National Household Survey on Drug Use & Health 2009)

- Extent of concern reflected in involvement of multiple social service systems
Perinatal Substance Use: Parents

- Associated risk factors add to concerns about parenting abilities
  - Co-occurring psychiatric disorders
  - Domestic violence
  - Lack social supports

- Adverse life experiences

- Lack of role models for how to be a nurturing parent

  - Trauma
  - Unaddressed medical needs
  - Limited vocational & educational experiences
Perinatal Substance Use: Infants

- Need to ensure infant safety often leads to out-of-home placement.
- Associated with large numbers of infants in child welfare system.
- Longer time in care, less likely to be reunified, if reunified, more likely to be re-reported.
- Disruptions in attachment place children at risk for psychological, developmental, behavioral & physical problems.
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 initiated when 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 motivated - realize importance of obtaining help & making changes

- **Pitfalls**
  - Parents feel overwhelmed, discouraged
  - Compartmentalized, confusing, conflicting services
  - No additional funding to improve 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
Perinatal Substance Use: Social Services Systems

- 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
- Permanency decisions made without adequate changes in the home environment to which infants return increase potential for reinvolve ment in child welfare system (Kemp & Bodonyi, 2000)
Vulnerable Infants Program of Rhode Island (VIP-RI)

- Grant funded, started 5/1/2001
- Hospital based program that provides care coordination for parents with substance abuse issues
- Work with the RI Family Treatment Drug Court (FTDC) and CPS to comply with ASFA
- Increases collaboration and coordination of services among social service systems
- Help families negotiate multiple systems to support their attempts at reunification
Getting Started at VIP-RI

- Criteria for participation
  - Reside in Rhode Island
  - Substance use during pregnancy
  - CPS involvement, goal of DCYF case plan is reunification
  - Voluntary Program – consent to participate

- Referrals
  - Hospitals - Self-referral
  - Family Court - Community agencies

- VIP-RI is available to partners
VIP-RI Service Implementation

- Infant born
  - Substance exposure identified through toxicology analysis or maternal self-report
- CPS notified through hospital personnel
- VIP-RI enrolls patient, completes intake, administers standardized assessments
- VIP-RI shares assessments results with parent(s) and makes referrals to treatment and ancillary services
- VIP-RI meets/speaks with CPS to share assessments, current services and placement for infant
VIP-RI Service Implementation

- Keep current on parental progress to assess strengths and vulnerabilities to make recommendations about permanency planning
- Attend Court hearings, track progress, on-going reports to CPS and FC until permanent placement
- Expedite additional referrals so families have access to services they need in their work towards reunification:
  - Substance abuse, mental health, parenting, ancillary services
- Developmental and psychological needs of infants and children are woven into recommendations
Measures - Parents

- 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
- GPRA Survey
  Additional measure of behavioral health, functioning (e.g., education, employment, primary health, criminal justice, social support)
# Participant Descriptive Data

- **Total enrolled:** 285
  - **Mothers:** 235 (82%)  
    - **Fathers:** 50 (18%)
- **Court involved children:** 411 (including 239 infants)
- **Total number of children:** 625 (most had 2-3 children)

<table>
<thead>
<tr>
<th>Age</th>
<th>Mom</th>
<th>Dad</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;21</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>21-25</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td>26-30</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>31-35</td>
<td>22%</td>
<td>27%</td>
</tr>
<tr>
<td>36+</td>
<td>12%</td>
<td>26%</td>
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<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Mom</th>
<th>Dad</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>18%</td>
<td>28%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>White</td>
<td>61%</td>
<td>54%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
<td>4%</td>
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</table>
### Characteristics of Infants at Birth

#### Race/Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>African American</td>
<td>12%</td>
<td>(28)</td>
</tr>
<tr>
<td>White</td>
<td>66%</td>
<td>(159)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11%</td>
<td>(26)</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
<td>(26)</td>
</tr>
</tbody>
</table>

#### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>51%</td>
<td>(129)</td>
</tr>
<tr>
<td>Female</td>
<td>49%</td>
<td>(119)</td>
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</table>

#### Birth Weight

<table>
<thead>
<tr>
<th>Birth Weight Category</th>
<th>Percentage</th>
<th>Count</th>
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<tbody>
<tr>
<td>Very Low Birth Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1500 grams</td>
<td>6%</td>
<td>(16)</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 1500 and &lt; 2500 grams</td>
<td>26%</td>
<td>(60)</td>
</tr>
<tr>
<td>Normal Birth Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 2500 grams</td>
<td>68%</td>
<td>(159)</td>
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#### Gestational Age

<table>
<thead>
<tr>
<th>Gestational Age</th>
<th>Percentage</th>
<th>Count</th>
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<tbody>
<tr>
<td>Pre-Term Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; end of 37th week</td>
<td>28%</td>
<td>(66)</td>
</tr>
<tr>
<td>Full Term Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 37 week &amp; &lt; 43 week</td>
<td>72%</td>
<td>(171)</td>
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<tr>
<td>Post Term Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 43 weeks</td>
<td>0%</td>
<td>(0)</td>
</tr>
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</table>

**Note:** RI rates (2006) were 8% low/very low birth weight and 12.6% pre-term birth.
## Parent’s Substance Abuse Data

<table>
<thead>
<tr>
<th>Mother’s Primary Drug of Choice</th>
<th>Father’s Primary Drug of Choice</th>
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<tbody>
<tr>
<td>Cocaine</td>
<td>49%</td>
</tr>
<tr>
<td>Opiates</td>
<td>22%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>26%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>3%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>43%</td>
</tr>
<tr>
<td>Opiates</td>
<td>24%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>29%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>4%</td>
</tr>
</tbody>
</table>

- **High probability for substance abuse disorder (SASSI):** mothers 68%; fathers 73%
- **Previous substance abuse treatment:** mothers 79%; fathers 64%
- **Previous mental health treatment:** mothers 55%; fathers 32%
# History of Traumatic Events

<table>
<thead>
<tr>
<th>Traumatic Events Selected Data (N=151)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse as a child</td>
<td>51%</td>
</tr>
<tr>
<td>Physical abuse as an adult</td>
<td>76%</td>
</tr>
<tr>
<td>Sexual assault or rape as a child</td>
<td>50%</td>
</tr>
<tr>
<td>Sexual assault or rape as an adult</td>
<td>43%</td>
</tr>
<tr>
<td>Witnessed violence as a child</td>
<td>76%</td>
</tr>
<tr>
<td>More than one violent trauma</td>
<td>70%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subset Reporting Non Violent Trauma (n=43)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of child by death/placement</td>
<td>84%</td>
</tr>
<tr>
<td>Separation from mother (&lt;18)</td>
<td>60%</td>
</tr>
<tr>
<td>Separation from father (&lt;18)</td>
<td>77%</td>
</tr>
<tr>
<td>Death of mother</td>
<td>19%</td>
</tr>
<tr>
<td>Death of father</td>
<td>30%</td>
</tr>
<tr>
<td>More than one nonviolent trauma</td>
<td>100%</td>
</tr>
</tbody>
</table>
Integrating Evaluation and Services

- “Self-correcting” model of evaluation
- Evaluator attends VIP staff meetings and VIP/FTDC team monthly meetings
- Evaluation team member attends FTDC hearings to record outcomes
- Evaluation team provides reports to staff re: active participants, phases, court calendar
- Outcome data reports provided at least semiannually
Discharge Disposition

Successful* Completion  46%

- Average length of stay: 14 months
- Average length of stay for all participants: 12 months

*Successful completion indicates:
- CPS case closed/case plan goals met
- Child placed in home
- Abstinence from drugs
- Completed treatment
- Stable living situation
Average LOS Beyond Medical Necessity for Ex-Parte Infants

- 80% BMN May - Oct 01
- 57% BMN Nov - Apr 02
- 33% BMN May - Oct 02
- 71% BMN Nov - Apr 03
- 82% BMN May - Oct 03
- 72% BMN Nov - Apr 04
- 59% BMN May - Oct 04
- 63% BMN Nov - Apr 05

Days: 7.13, 2.43, 2.00, 4.07, 3.55, 2.83, 2.94, 3.38
Parents With No Reported Drug or Alcohol Use at Enrollment & 6 Months

29% at Intake
87% at 6 months

203% Change
Brief Symptom Inventory High Risk Global Severity Score

Intake: 39%
6 months: 20%
## Adult-Adolescent Parenting Inventory-2 High Risk Scores

<table>
<thead>
<tr>
<th></th>
<th>Intake</th>
<th>6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expectations</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Empathy</td>
<td>35%</td>
<td>26%</td>
</tr>
<tr>
<td>Punishment</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Roles</td>
<td>24%</td>
<td>11%</td>
</tr>
<tr>
<td>Power/control</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td>At least one high risk score</td>
<td>50%</td>
<td>39%</td>
</tr>
</tbody>
</table>
Initial and Final Placement of Infants at Program Completion

- **Home w/parent**: 34%
- **Relative caregiver**: 26%
- **Non-relative caregiver**: 36%
- **Treatment/specialized foster care**: 4%

- **Parents**: 61%
- **Non-relatives**: 19%
- **Relatives**: 14%
- **Adoption**: 5%
- **Other**: 1%
## Selected Participant Satisfaction Data

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was able to get the services I thought I needed.</td>
<td>58% (39)</td>
<td>36% (24)</td>
<td>4% (3)</td>
<td>0% (0)</td>
<td>1% (1)</td>
<td>4.49</td>
</tr>
<tr>
<td>Staff here believe I can grow, change, and recover.</td>
<td>67% (47)</td>
<td>26% (18)</td>
<td>7% (5)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>4.60</td>
</tr>
<tr>
<td>Overall I am satisfied with the services I receive.</td>
<td>70% (48)</td>
<td>28% (19)</td>
<td>1% (1)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>4.64</td>
</tr>
</tbody>
</table>

**Selected quotes from participants:**

“Everyone listened to what I had to say and respected me.”

“It helped me rethink my direction (in) life.”

“(They) stood by me and believed in me when I didn’t believe in myself.”
Collaborative Intervention: Rhode Island Family Treatment Drug Court
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 & 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)

- Time to initial reunification significantly quicker for RI-FTDC participants

- Reunification within 1st 3 months

  RI FTDC 73%  Standard family court 39%
Average Time to First Reunification With Mother

Percent Reunified

Months to Reunification

RI FTDC
Standard Family Court

0 - 3
4 - 6
7 - 9
10 - 12
13 - 15
16 - 18
19 - 21
22 - 24
RI FTDC: Initial Findings

- Promotes recovery and abstinence
- More reunifications with biological parent(s)
- Shorter time to first reunification
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
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
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
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 Native 15%
American Pacific 4%
Islander 2%

Primary substance
Polysubstance 38%
Cocaine 29%
Marijuana 23%
Opiates 10%

Household income
< $10,000 for 33% of sample
Infant Characteristics (N = 54)

- 56% male
- 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

  % above 215 cutoff (more conservative)
  - 27% (12 months)
  - 29% (30 months)

  % above 166 cutoff
  - 40% (12 months)
  - 46% (30 months)
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 following a reunification episode with a mother 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
Infant Outcomes - 30 MONTHS: Cognition (BAYLEY)

Cognitive Composite
- FTDC Sample: 89.0 (8.71)
- Normative Sample: 91.98 (12.81)

Language Composite
- FTDC Sample: 100 (15)
- Normative Sample: 100 (15)
Infant Outcomes - 30 MONTHS: DIAL-R

Potential Problem

- Motor
- Concepts
- Language
- Total Score

[Chart showing percentage of infants with potential problems in different domains, with bars for 1.0 SD and 1.5 SD.]
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 & Concerns

Strengths
- Most infants not exhibiting behavioral problems or cognitive delays

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
- Attachment may be affected by even minimal disruptions in placement
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
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 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
Lessons Learned from RI FTDC

- Recognize changing family circumstances
  - when mothers move away from supportive services
  - as 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

- Providing comprehensive multigenerational family-centered system of care within current service systems
- Sustaining services, especially in times of economic strain — competition among providers and other sectors for resources
- Stigma associated with parents with addiction/behavioral health issues
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
# Collaborators

<table>
<thead>
<tr>
<th>VIP-RI</th>
<th>RI FTDC Study</th>
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<tbody>
<tr>
<td>Barry Lester</td>
<td>Barry Lester</td>
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<tr>
<td>Jean Twomey</td>
<td>Jean Twomey</td>
</tr>
<tr>
<td>Donna Caldwell</td>
<td>Cynthia Miller-Loncar</td>
</tr>
<tr>
<td>Rosemary Soave</td>
<td>Suzy Barcelos Winchester</td>
</tr>
<tr>
<td>Lynne Andreozzi Fontaine</td>
<td>Matthew Hinckley</td>
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