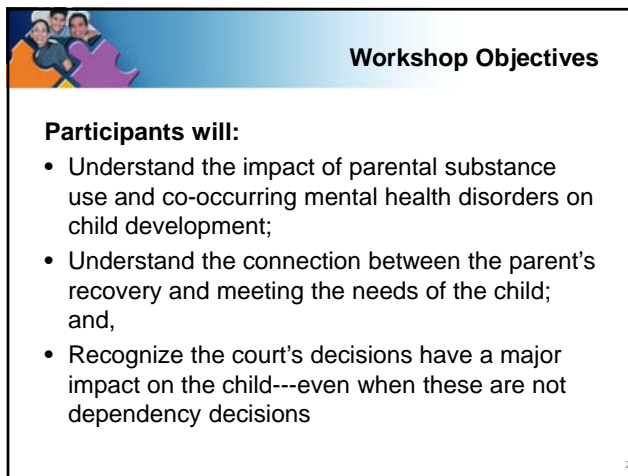


Dependency Drug Courts: Focusing on the Children

Linda Carpenter, M.Ed
Sharon Boles, Ph.D.
Beyond the Bench 21,
December 16, 2011

National Center on Substance Abuse and Child Welfare
Bringing Systems Together for Family Resiliency, Safety, and Stability

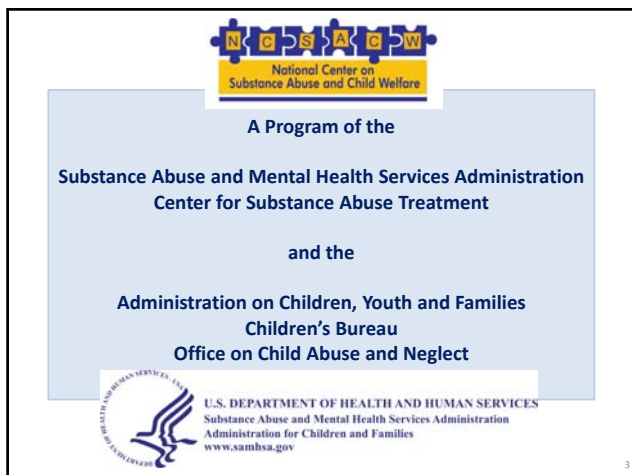


Workshop Objectives

Participants will:

- Understand the impact of parental substance use and co-occurring mental health disorders on child development;
- Understand the connection between the parent's recovery and meeting the needs of the child; and,
- Recognize the court's decisions have a major impact on the child---even when these are not dependency decisions

2



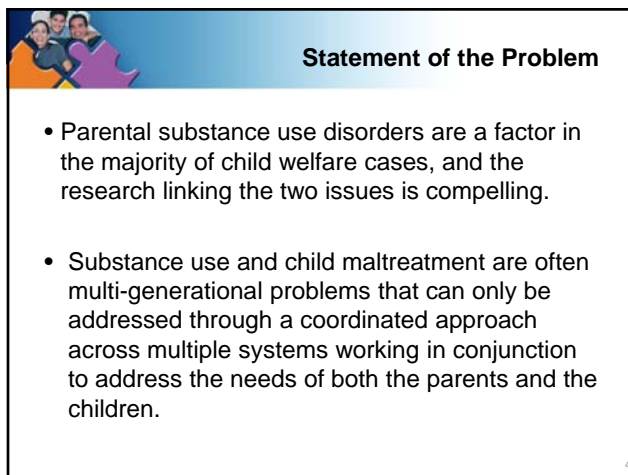
N C S A C W
National Center on Substance Abuse and Child Welfare

A Program of the
**Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment**

and the
**Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
www.samhsa.gov


3



Statement of the Problem

- Parental substance use disorders are a factor in the majority of child welfare cases, and the research linking the two issues is compelling.
- Substance use and child maltreatment are often multi-generational problems that can only be addressed through a coordinated approach across multiple systems working in conjunction to address the needs of both the parents and the children.

4




What Is a Dependency Drug Court?

A Dependency Drug Court:

- Is devoted to cases of child abuse and neglect that involve substance abuse by the child's parents and/or other caregivers;
- Protects the safety and welfare of the child while giving parents the tools needed to become sober, responsible caregivers; and
- Utilizes a multidisciplinary team approach to assess the family's situation, *devising comprehensive case plans that address the needs of the children and the parents.*


Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using a Drug Court Model: Bureau of Justice Assistance, December 2004



Dependency Drug Court Mission:

To protect children from abuse and neglect—precipitated by the substance abuse of a parent or caregiver—*by addressing the comprehensive issues of both the parents and their children* through an integrated, court-based collaboration among service providers who work as a team to achieve timely decisions, coordinated treatment and ancillary services, judicial oversight, and safe and permanent placements.


Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using a Drug Court Model: Bureau of Justice Assistance, December 2004



Dependency Drug Court Goals:

- To provide appropriate, timely, and permanent placement of children in a safe healthy environment.
- To stop the cycle of abuse and neglect in families.
- *To provide children and parents with the services and skills needed to live productively in the community and to establish a safe, healthy environment for their families.*

Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using a Drug Court Model: Bureau of Justice Assistance, December 2004



Dependency Drug Court Goals:


- To provide a continuum of family-based treatment and ancillary services for children and parents affected by substance use, abuse, and dependence.
- To provide continuing care and information that families need to access the services they may require to function responsibly.
- To integrate the needs of *both children and parents, encompassing the entire family as the client.*

Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using a Drug Court Model: Bureau of Justice Assistance, December 2004

Dependency Drug Court Models

<ul style="list-style-type: none"> • Dependency matters • Recovery management • Same court, same judicial officer <p style="text-align: center; font-weight: bold; color: white;">INTEGRATED</p>	<ul style="list-style-type: none"> • Dependency matters • Recovery management • Same court, same judicial officer during initial phase • Non-compliant case transferred to specialized judicial officer <p style="text-align: center; font-weight: bold; color: white;">DUAL TRACK</p>	<ul style="list-style-type: none"> • Dependency matters • Specialized court services offered before noncompliance occurs • Compliance reviews and recovery management heard by specialized court officer <p style="text-align: center; font-weight: bold; color: white;">PARALLEL</p>	<ul style="list-style-type: none"> • Dependency matters • Recovery management • Same court, same judicial officer • Non-compliant case transferred to Presiding Judge or another court <p style="text-align: center; font-weight: bold; color: white;">HOME COURT INTENSIVE</p>
---	--	--	---

What is the Impact of Parental Substance Use Disorders on the Child?



Child Welfare and Parental Substance Abuse

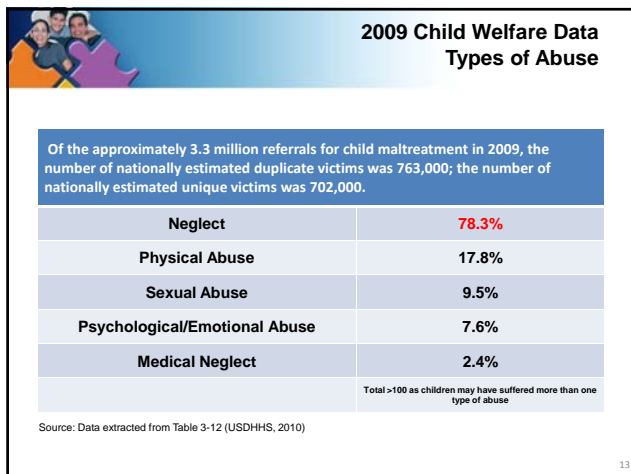
Most cases of child maltreatment by substance-abusing parents now involve children under age three. Infants in particular are the fastest growing population in foster care—and the most vulnerable.

Almost half of children birth to six in the child welfare system have behavioral and developmental difficulties and most have been exposed to traumatic events.

2009 Child Welfare Data Children Entering Foster Care 10/08-9/09

Age Group of Victims	Number	Rate per 1,000	Rate per 1,000 in 2003
Age <1	40,931	16%	14%
Age 1	19,230	8%	6%
Age 2	16,701	7%	6%
Age 3	14,021	6%	5%
Age 4	12,717	5%	5%
Age 5	11,372	4%	4%
Total	114,972 of Total 255,418	46%	40%

Source: Data (USDHHS, 2010)



Impact on the Child

Substance use disorders can significantly interfere with a parent's ability to parent effectively while they are actively using; impacting their judgment, inhibitions, protective capacity and overall mental functioning, as well as their ability to nurture and foster the healthy development of their child(ren).


Impact on the Child

- The impact on the child can range from:
 - Severe, inconsistent and inappropriate discipline
 - Neglect of basic needs: food, shelter, clothing, medical care, education, supervision
 - Disruption of parent/child relationship, child's sense of trust, belonging
 - Situations that jeopardize the child's safety and health (e.g. meth labs, parents who are dealing, teaching child to use)
 - Physical, emotional, sexual abuse and exploitation
 - Trauma as a result of all of the above as well as from removal

Impact on Children with Disabilities

The risk of maltreatment may be increased for children with delays and disabilities:


- Children with behavioral disorders were found to be at the highest risk of all types of maltreatment, and neglect was the most common form of maltreatment across all disability types.
- Parents of children with communication problems may resort to physical discipline because of frustration over what they perceive as intentional failure to respond to verbal guidance.



Impact on Children with Disabilities

Parents with limited social and community support, and/or their own mental or physical health concerns may be at especially high risk of maltreating children with disabilities, because they may feel more overwhelmed and unable to cope with the care and supervision required—and they may not have access to appropriate child and respite care.

17




Impact on Children with Disabilities

Parents of children with special needs may not always understand the special health care and educational needs - -medications, medical appropriate educational placements—thus resulting in general, medical or educational neglect.

Foster parents and other caregivers may lack critical information regarding the child's behavioral, emotional/social, medical or educational needs and may be unprepared to deal with such challenges.


18



Impact on the Child

The combination of prenatal exposure and postnatal factors has been shown to have a **significant impact on a child's development** through a complex interchange of biological, psychological, sociological and environmental factors.

19




Impact on the Child

Three major areas of concern related to impact on the child include:

- Prenatal exposure
- Trauma
- Separation and Attachment Issues


20



Prenatal Exposure

- Prenatal screening studies document **11-15%** of newborns prenatally exposed to alcohol, tobacco, or illegal drugs.
- The most severe consequence of exposure to alcohol during pregnancy is Fetal Alcohol Syndrome (FAS), which is the largest **preventable** cause of birth defects and mental retardation in the western world.


21



Impact on the Child

- Effects of prenatal exposure and postnatal environment may include:
 - Physical Health Consequences, including low-birth weight, prematurity, physical defects
 - Hypersensitivity to touch, sounds, light
 - Difficulty in calming/soothing infant or child
 - Language Delays / Disorders
 - Behavioral/Emotional Problems/Poor Social Skills
 - Cognition/Disabilities/Delayed School Readiness

22




Impact on the Child

- Executive Functioning Problems, inability to self-regulate and to generalize across situations
- Gross and Fine Motor Delays
- Attention Problems
- Below Average Intellectual Abilities
- Memory Difficulties
- Attachment Disorders

Children of parents with substance use disorders are at an increased risk for developing their own substance use and mental health problems.

23




Childhood Trauma

Trauma disrupts all aspects of normal development, especially during infancy and early childhood, including:

- Brain development
- Cognitive growth and learning
- Emotional self-regulation
- Attachment to caregivers and social-emotional development
- Trauma predisposes children to subsequent psychiatric difficulties

Lieberman et al., 2003

24




Childhood Trauma

Other Possible Symptoms of early trauma include:

- Increased activity level – may seem “hyper” but often related to anxiety and history of lack of structure
- Problems learning – anxiety and difficulties attending and concentrating can impair memory and learning
- Eating problems: hoarding/stuffing food
- Relationship problems
- Speech and language delays
- Fine and gross motor delays

The Impact of Trauma and the Experience of the Child Welfare System; Julie Larrieu, Tulane School of Medicine

25



Childhood Trauma

- The younger the child, the less able they are to cope on own;
- Parental risk factors do not buffer child from stress, thus they do not develop adaptive coping strategies;
- Responses to overwhelming experiences become maladaptive and impede development; and,
- Parents often have their own history of trauma exposure.

The Impact of Trauma and the Experience of the Child Welfare System; Julie Larrieu, Tulane School of Medicine

26




Attachment and Relationships

- Relationship with primary caregiver is central to child's psychological development, shaping:
 - Sense of self-worth
 - Expectations of other
 - Ability to form relationships
- Relationships = important influence on children's behavior;
- Disruptions in early relationships are likely to create developmental & relationship difficulties; and
- Impact on children too young to verbalize their feelings is often minimized.

Shapiro, Shapiro & Paret, 2001

27



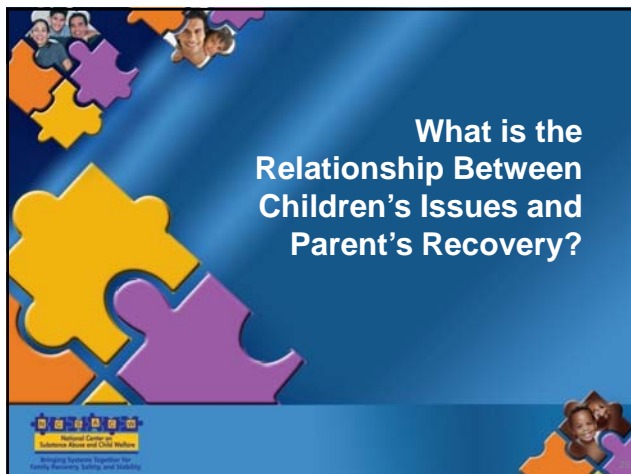
Attachment and Relationships

Children who experience disrupted relationships and a lack of attachment to parents/primary caregivers:

- Are at increased risk for psychological, developmental and physical problems;
- May be uninterested in adults, unable to play
- May be withdrawn, sad, aggressive, fearful, lack of trust and sense of protection

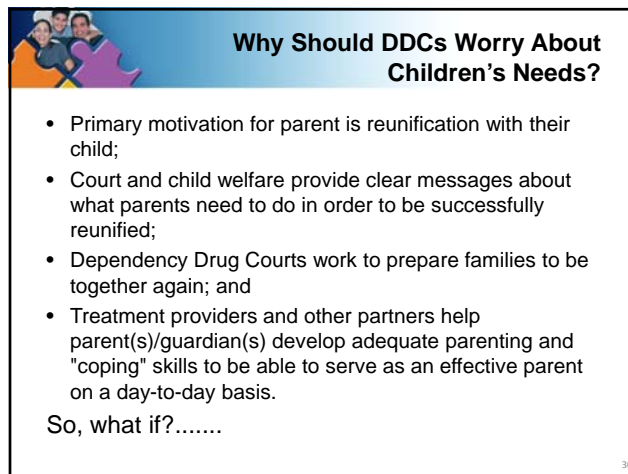
Shapiro, Shapiro & Paret, 2001

28



What is the Relationship Between Children's Issues and Parent's Recovery?

National Center on Substance Abuse and Child Welfare
Promoting Evidence-Based Approaches for Family Reunification, Stability, and Well-Being

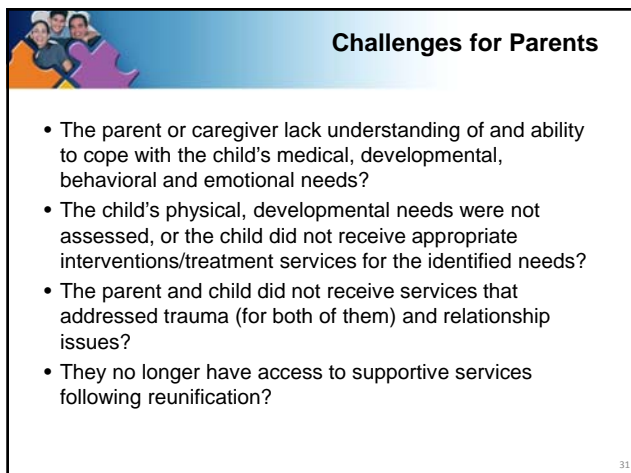


Why Should DDCs Worry About Children's Needs?

- Primary motivation for parent is reunification with their child;
- Court and child welfare provide clear messages about what parents need to do in order to be successfully reunified;
- Dependency Drug Courts work to prepare families to be together again; and
- Treatment providers and other partners help parent(s)/guardian(s) develop adequate parenting and "coping" skills to be able to serve as an effective parent on a day-to-day basis.

So, what if?.....

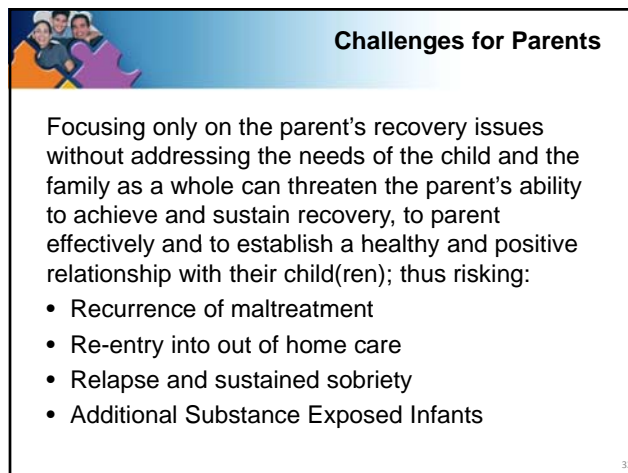
30



Challenges for Parents

- The parent or caregiver lack understanding of and ability to cope with the child's medical, developmental, behavioral and emotional needs?
- The child's physical, developmental needs were not assessed, or the child did not receive appropriate interventions/treatment services for the identified needs?
- The parent and child did not receive services that addressed trauma (for both of them) and relationship issues?
- They no longer have access to supportive services following reunification?

31




Challenges for Parents

Focusing only on the parent's recovery issues without addressing the needs of the child and the family as a whole can threaten the parent's ability to achieve and sustain recovery, to parent effectively and to establish a healthy and positive relationship with their child(ren); thus risking:

- Recurrence of maltreatment
- Re-entry into out of home care
- Relapse and sustained sobriety
- Additional Substance Exposed Infants

32



What happens to children whose own needs are not addressed?

- They are the children who arrive at kindergarten not ready for school.
- They are in special education caseloads.
- They are disproportionately in foster care and are less likely to return home.
- They are in juvenile justice caseloads.
- They are in residential treatment programs.

33



How Can Courts Address the Needs of the Children?



National Center on
Substance Abuse and Child Welfare
A National Institute of Mental Health
Program



What Can All DDC Judges/Officers Do?

Understand that the court's decisions have an impact on the child as well as the parent, even if you never see the child in your court.

Using visitation as a sanction:

- Can further traumatize child;
- Impact the parent/child relationship, which
- Ultimately, impacts reunification

Infants and very young children need increased time with parents—not less.

35



What Can All DDC Judges/Officers Do?

Ask if:

- The child has received appropriate screenings, assessments, intervention and treatment services, *Don't Assume*;
- The parent understands the results of such assessments and is getting the help they need to effectively parent the child ;
- There has been a CAPTA referral for any substance exposed infant or any child under the age of three with a substantiated abuse/neglect case.
- Ask about all transitions. Unplanned transitions can further traumatize a child.

36

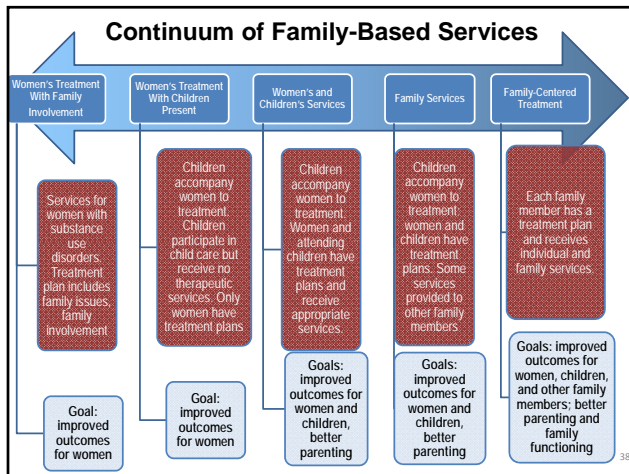
What Can All DDC Judges/Officers Do?

Ensure that:

- Parenting classes are evidence-based for parents with substance abuse and co-occurring mental health issues;
- The parent has an opportunity to express any concerns, fears, ambivalence about parenting a child with delays or problems—without repercussion;
- Advocate for family-based treatment services.

Permanency decisions made without adequate changes in the home environment to which infant returns increases potential for reinvolvement in child welfare system (Kemp & Bodonyi, 2000)

37



Discussion


- Which model does your court follow?
- Does your court address children's needs?
 - If yes, how?
 - If no, why?
- If you see children in court, is your court child friendly?

39

Resources

- FDC Learning Academy, Services to Children: <http://www.cffutures.org/webinars/early-implementation-community-special-topic-services-children>
- Ensuring the Healthy Development of Foster Children; New York State Permanent: http://www.courts.state.ny.us/ip/justice_for_children/PDF/ensuring_healthy_development.pdf

40



Resources

- **Questions Every Judge and Lawyer Should Ask About Infants and Toddler in the Child Welfare System;** Joy D. Osofsky, Candice L. Maze, Judge Cindy S. Lederman, Chief Justice Martha Grace, and Sheryl Dicker

41



Questions?



National Center on
Substance Abuse and Child Welfare
Promoting Systems' Responses for
Family Recovery, Safety, and Stability



Contact Information

<p>Linda Carpenter Program Director In-Depth Technical Assistance National Center on Substance Abuse And Child Welfare, Children and Family Futures Phone: 1-866-493-2758 E-mail: lcarpenter@cffutures.org</p>	<p>Sharon Boles, Ph.D. Director, Research and Evaluation Children and Family Futures Phone: 1-866-493-2758 E-mail: sboles@cffutures.org</p>
---	--

43