A Comprehensive Program for Abused/Neglected Infants and Toddlers in Foster Care

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Charge

Evaluate and treat all children less than 48 months old who enter foster foster care and are adjudicated as "in need of care."

Focus on Young Children

- First year of life has higher incidence of maltreatment than any other year in life cycle
- First 5 years of life disproportionately represented
- Highest number of fatalities in early years (77% occur in children less than 4 years)
- Most vulnerable to psychological effects of maltreatment and the disruptions introduced by foster care
- Roots of later psychiatric disturbances in early experiences and maltreatment

Child Maltreatment and Subsequent Risk

- Psychiatric Disorders
- Personality Disorders
- Substance Use Disorders
- Suicide Attempts

Goals

- *Reduce the length of time in care*
- *Reduce maltreatment recidivism rates*
- Improve psychological care to infants and toddlers
- Improve the quality of information provided to courts regarding children, biological parents and relatives and foster parents.
- Assist foster parents in management of young maltreated children.

Legal Context

- Mandated reporting vs. anonymous reporting
- Call leads to investigation, or not...
- Investigation leads to validation, or not...
- Validation leads to removal, or not...
- Court oversight and review

Legal Context

- Judge approves removal via phone call
- 72 hour continuation hearing
- Adjudication hearing
- Dispositional hearing
- Review Hearings
- Adoption and Safe Families Act of 1997

Administrative Context

- Core funding from state office of Child Protective Services
- Supplemental funding from private foundations
- Housed within parish government human services entity
  - mental health
  - substance abuse
  - developmental disabilities

Evaluation Process

- Home visits
- Clinic visits
- Ancillary measures
- Case conference
- Parent conference
- Court letter

Home Visits

- Introduce program and clinicians
- Establish rapport
- Assume the discomfort
- Observations
- Prepare for clinic visits

Clinic Visits

- Intake
- Structured interactional assessments
- Structured interview about child and parent's experience of child
- Ancillary measures

Ancillary Measures

- Parental
  - Background and Demographic Interview
  - Beck Depression Inventory
  - Partner Violence Interview
  - Dissociative Experiences Scale
  - Parenting Stress Inventory
- Child
  - Community Violence Exposure
  - Behavior Problems/Symptomatology
  - Competence

Case Conference

- Attended by entire team, protective services worker and supervisor, attorney, other involved clinicians
- Case presented by primary clinician
- Video vignettes
- Other team members involved
- Discussion debate about problems and plan to ameliorate them

Parent Conference

- Review findings and recommendations
- Allow for questions clarifications
- Consider changes
- Prevent surprises in court

Court Letter

- Forensic document
- Attendance and all records reviewed
- Confidentiality
- Best interest of child
- Summary of Strengths and Concerns
- Specific recommendations

Predictors of Recidivism: Treatment Goals

- Accept responsibility for child(ren)'s maltreatment and need to change their own behavior
- Acknowledge longstanding psychiatric, substance use and/or relationship difficulties
- Place needs of child ahead of their own needs
- Capacity for change and willingness to try different approaches within a reasonable time frame
- Work constructively with involved professionals
- Make use of available community resources

Treatments Employed

- Psychopharmacology
- Individual Psychotherapy
- Couples Psychotherapy
- Family Psychotherapy & Therapeutic Visitation
- Dyadic Psychotherapy
  - Infant-Parent Psychotherapy
  - Interaction Guidance

Treatments Employed (cont.)

- Crisis Intervention
- Substance Abuse Counseling
- Substance Abuse Residential Placement

Interventions Aim to Change Systems

- **Infants and families are embedded within powerful and complex systems of care:**
  - Child Welfare
  - Legal
  - Mental Health, Substance Abuse, Developmental Disabilities
  - Healthcare
  - Education
  - Other Community Resources

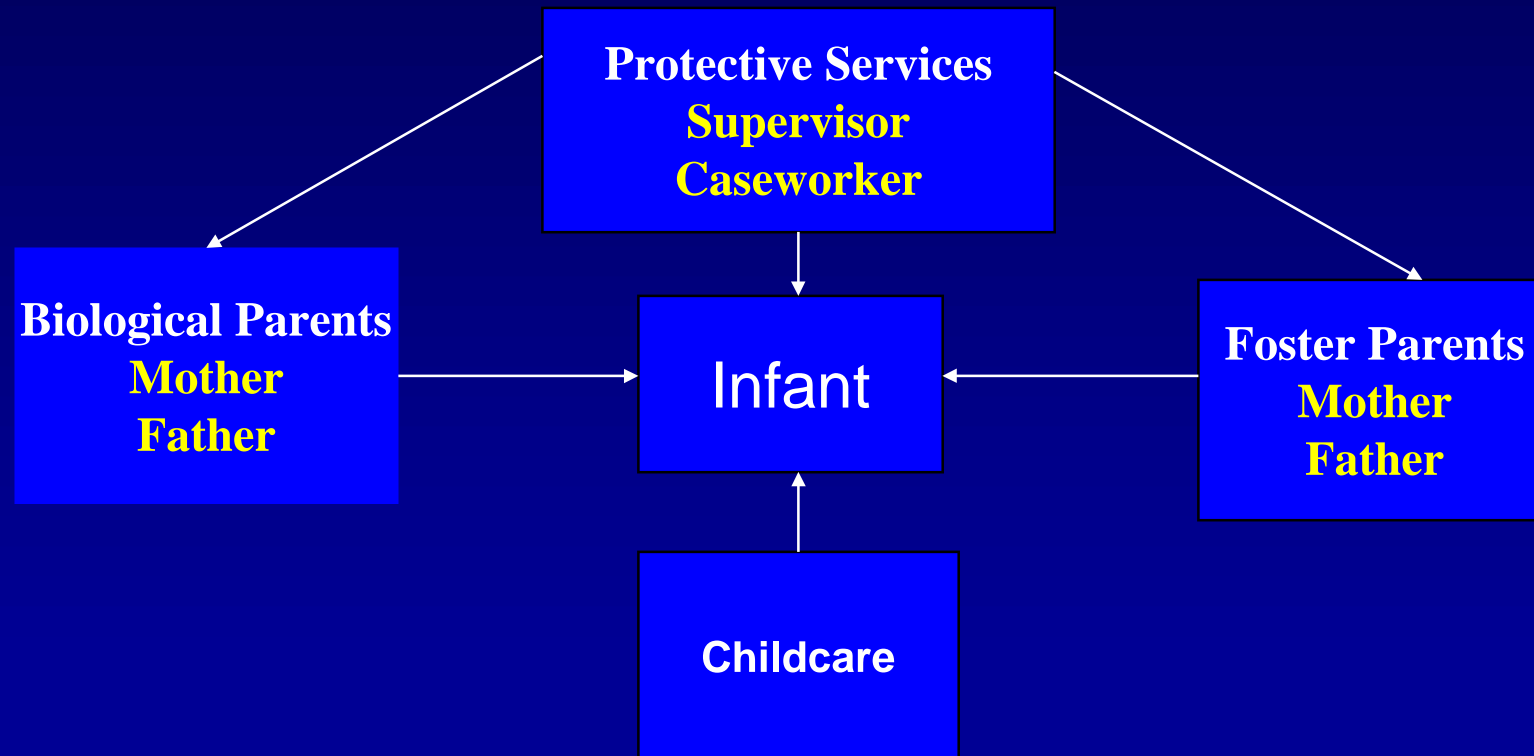
Goals of Systems Intervention

- Change how the system understands and deals with young children
  - developmental differences
  - time frame differences
  - importance of caregiving relationships
- Enhance access to services
- Improve integration and coherence of services

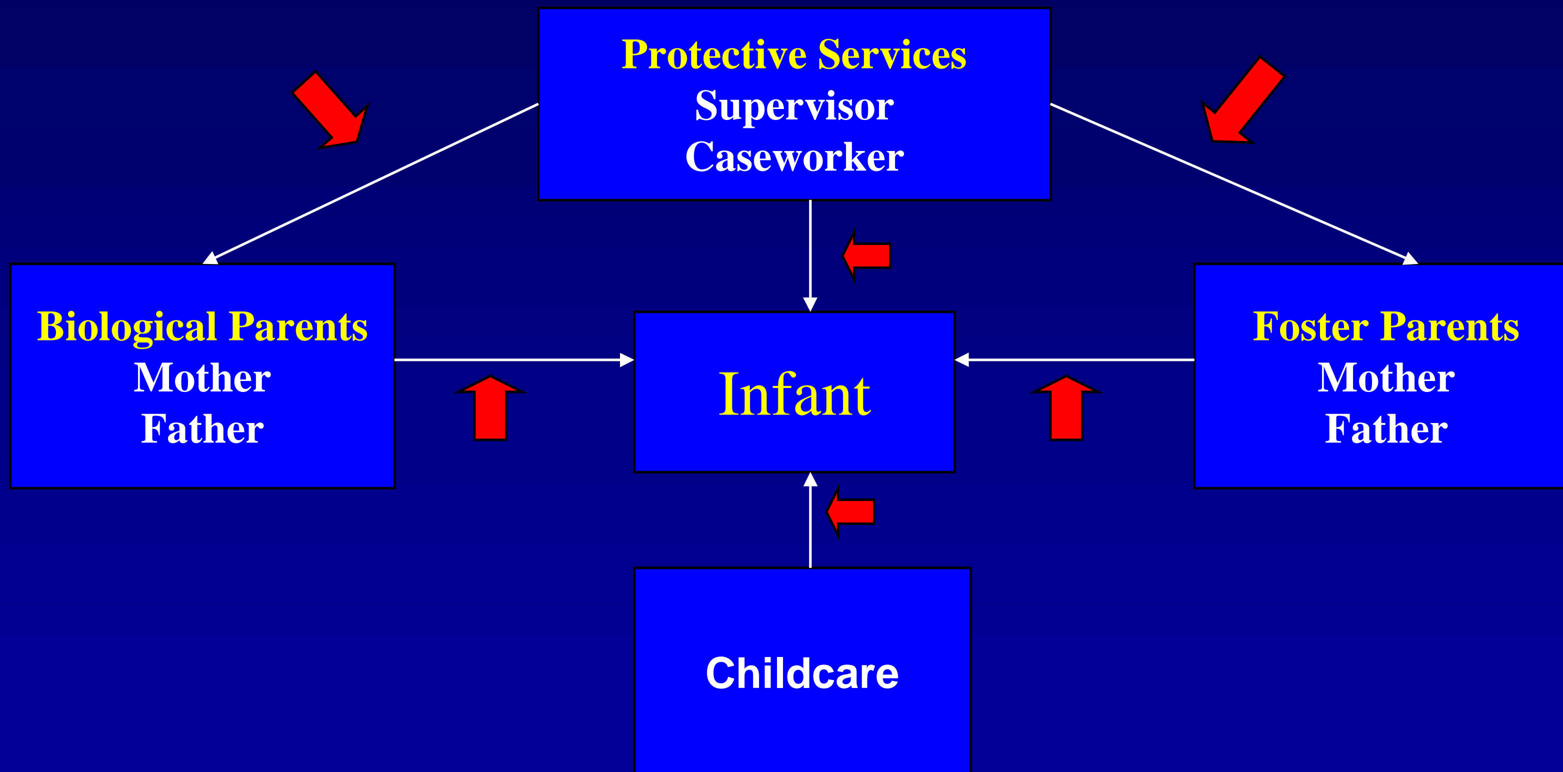
3 Levels of System Intervention

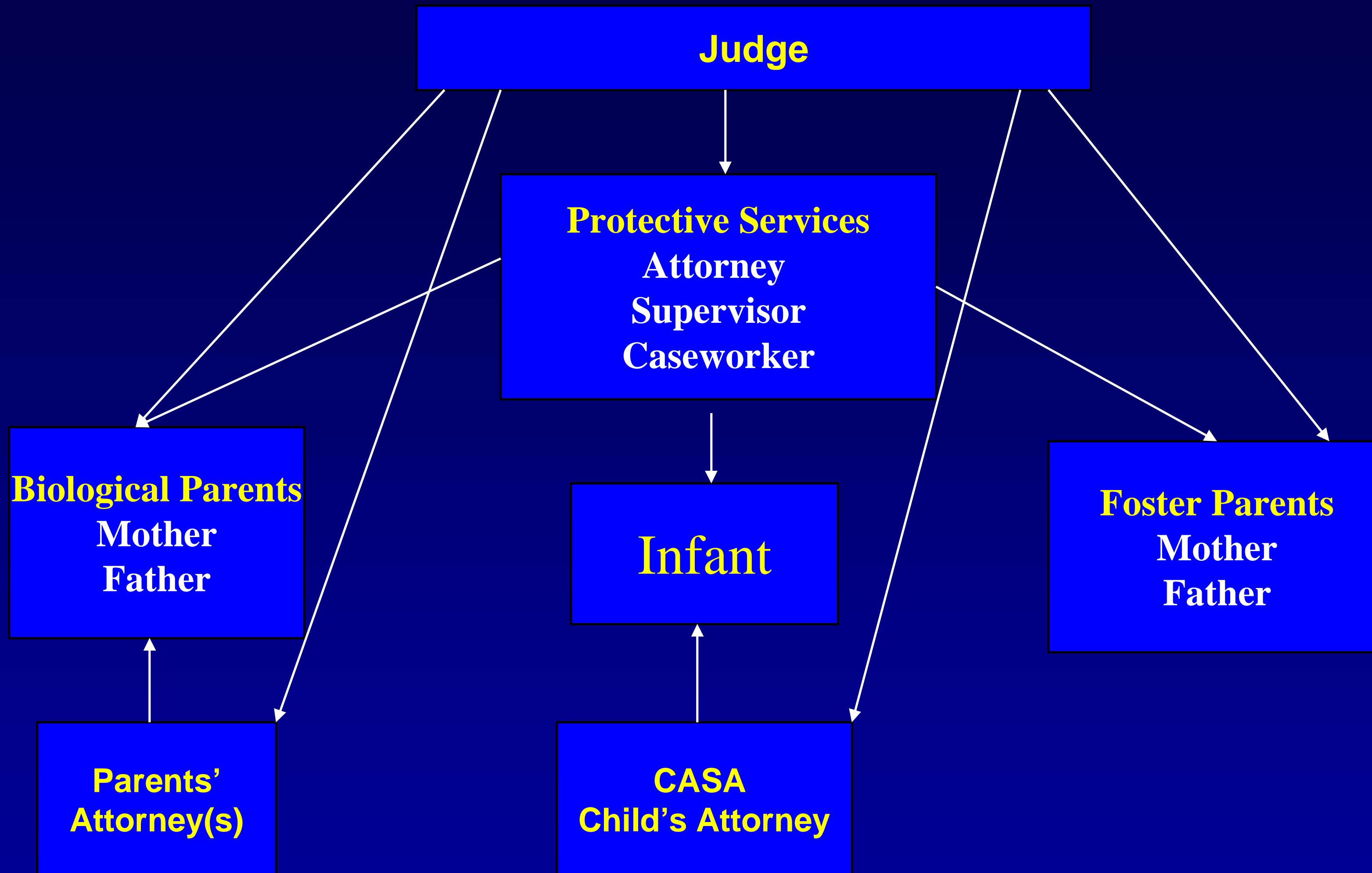
- Proximal, immediate clinical context
  - infant-parent relationship
  - childcare setting
  - child protective services
- Legal system
  - Juvenile court judge
  - Protective services, parent and child attorneys
- Other, larger systems

Proximal System for Intervention



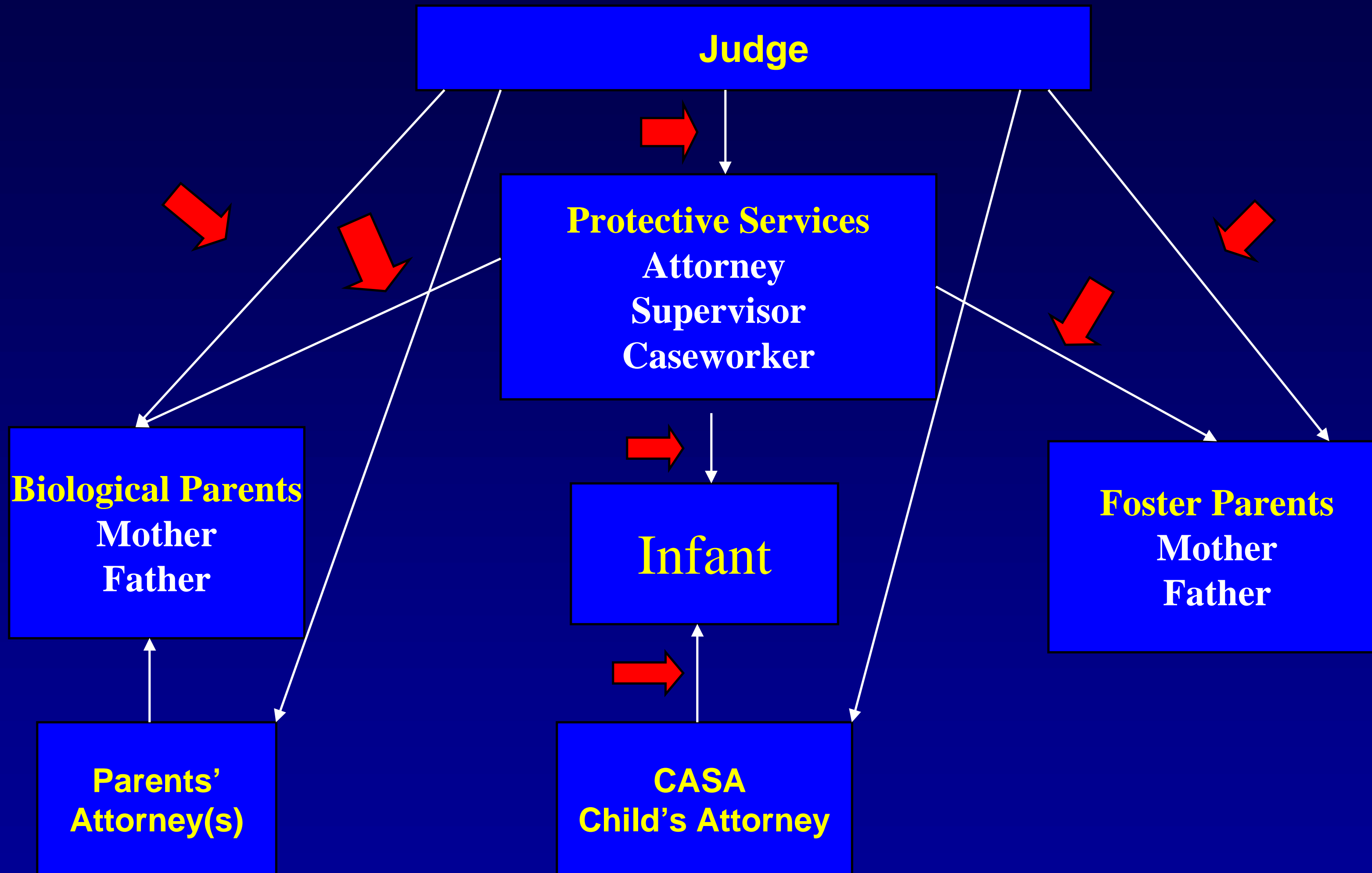
Proximal System for Intervention



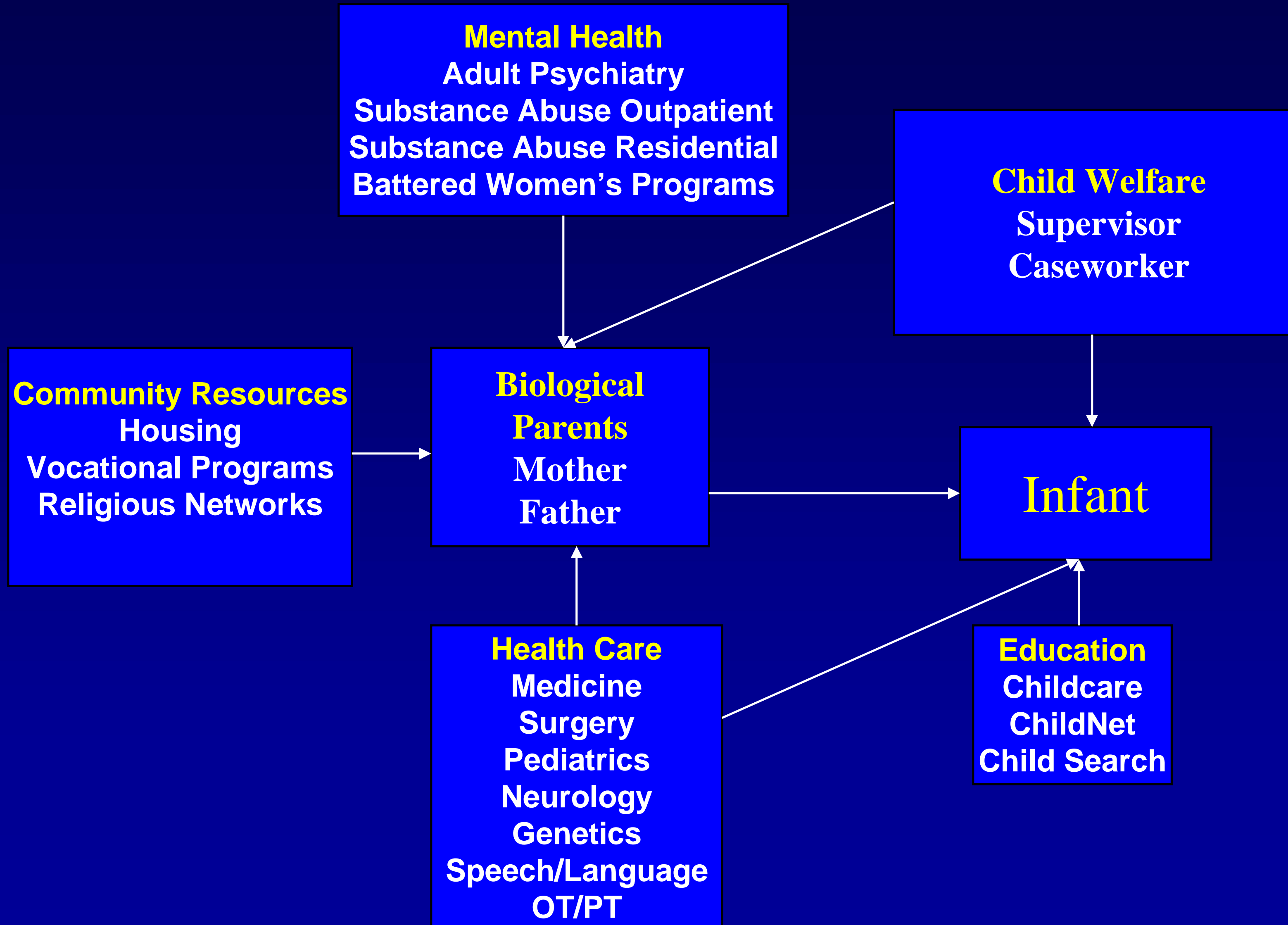


Legal System Impacting Infants
Judge
Protective Services
Attorney
Supervisor
Caseworker
Biological Parents
Mother
Father
Infant
Foster Parents
Mother
Father
Parents'
Attorney(s)
CASA
Child's Attorney

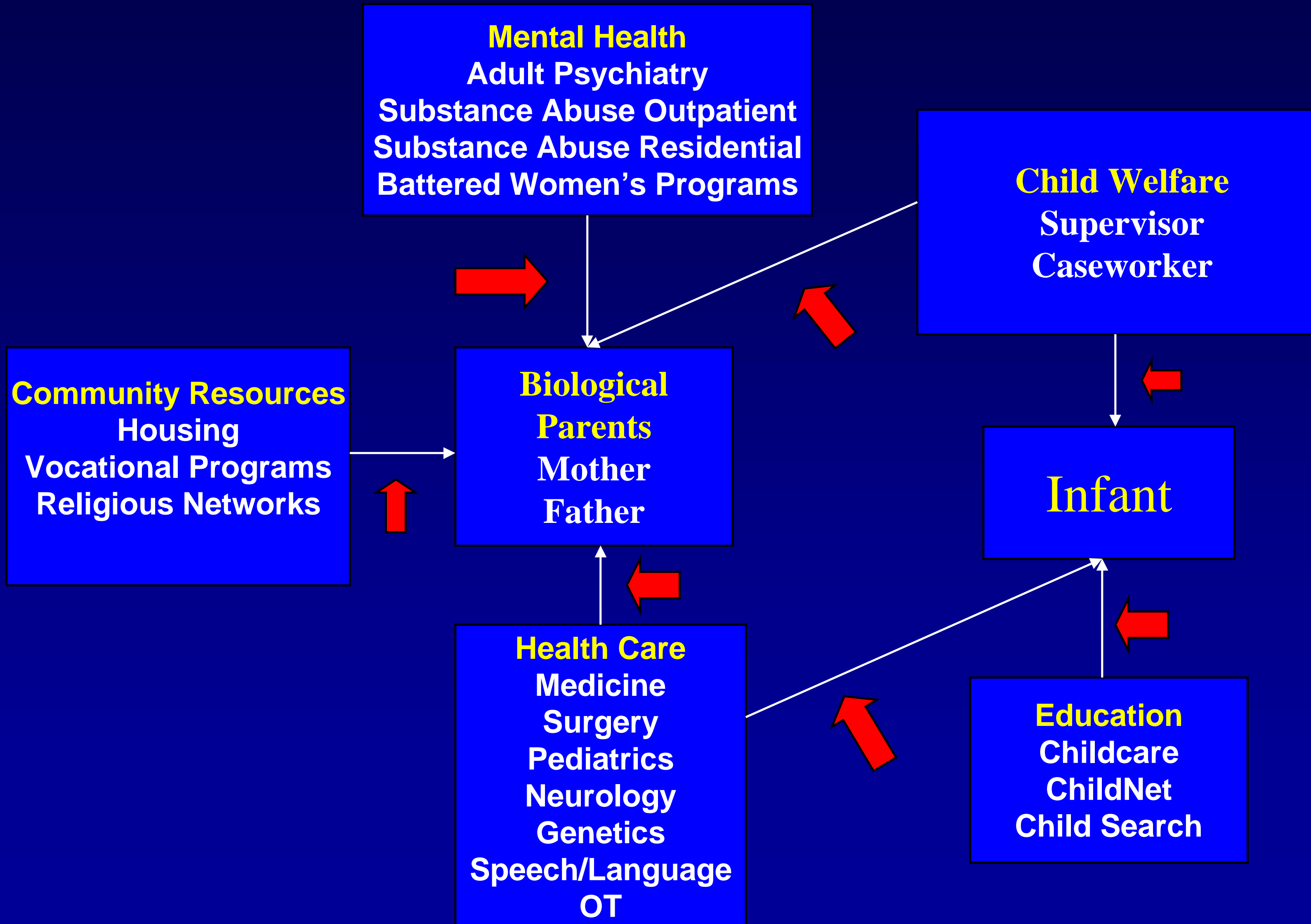
Legal System Impacting Infants



Other Systems Impacting Parents and Infants



Other Systems Impacting Infants and Parents



Special Features I

- Comprehensive, multimodal services
- Integrated treatment plans
- Relational, infant mental health perspective
- Naturalistic and clinic settings and structured and unstructured assessments
- High intensity, low volume case load
- Systems focus
- University/Public sector partnership

Special Features II

THE VAN

Questions

- Did we change type of permanent plan implemented?
- Did we reduce the length of time in foster care?
- Did we reduce maltreatment recidivism rates?

Control Analyses:
Demographics and Outcomes

- No relationship between child age, gender, ethnicity and
  - type of foster care outcome
  - length of time in care
  - rates of recidivism

Permanent Plan Outcomes

	Control (91-94)	IT (95-98)
• Reunification	49.0%	34.7%
• Relative Placement	18.6%	12.6%
• Termination	20.7%	44.2%
• Surrender	11.7%	8.4%

Cumulative Risk Variables

RISK VARIABLE	LOW RISK	HIGH RISK
Substance Abuse	No history	History of alcohol, illegal drug, or prescription drug abuse
Psychiatric History	No history	Maternal psychiatric treatment (inpatient or outpatient)
Arrest History	No history	Arrested (other than abuse)
Education	Graduated H.S. or GED	Not a H.S. graduate

Cumulative Risk Variables

RISK VARIABLE	LOW RISK	HIGH RISK
Adolescent Mother	First child born when mother 19 or less	First child born when mother 20 or greater
Childhood Abuse	No history	Mother abused as child
Depressive Symptoms	Score of 15 or less	Score of 16 or higher
Partner Violence	No history	One or more experiences of serious violence

Number of Risk Factors and Reunification

- 100% (4/4) mothers with 1-2 risk factors were reunified
- 29% (5/17) mothers with 3-5 risk factors were reunified
- 24% (7/29) mothers with 6-7 risk factors were reunified

Number of Risk Factors and Outcomes

	Number of Risk Factors
• Reunification	4.38
• Termination	5.71

Strongest Predictors of Termination of Parental Rights

- History of psychiatric treatment
- History of abuse as a child
- History of substance abuse

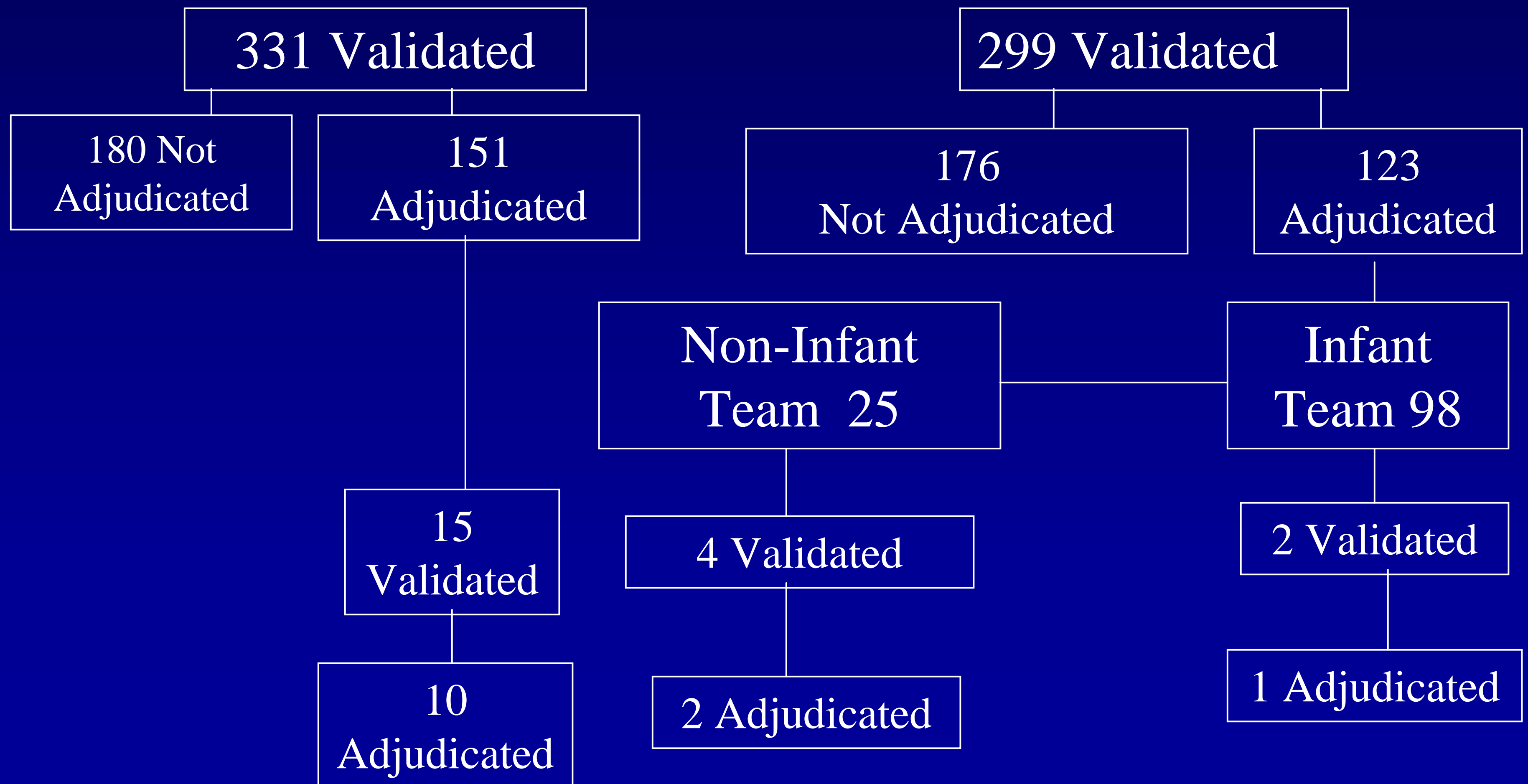
Length of Time in Care

Pre-Infant Team (Control Group) 1991-1994	**18.7 months (range 2-67)**
Infant Team (Intervention Group) 1995-1998	**20.5 months (range 8-45)**

Tracking Recidivism

- 1991 and 1995 4 years
- 1992 and 1996 3 years
- 1993 and 1997 2 years
- 1994 and 1998 1 year

Child Recidivism



Risk Reduction for Child Recidivism (IG vs. CG)

- [Expected Occurrence] - [Observed Occurrence]

  [Expected Occurrence]
- [1991-1994 Recidivism] - [1995-1998 Recidivism]

  [1991 - 1994 Recidivism]
- 67.9% risk reduction for subsequent validation
- 67.0% risk reduction for subsequent adjudication
- *52% risk reduction for subsequent validation*
- *54% risk reduction for subsequent adjudication*

reunified only

Risk Reduction for Child Recidivism (IG vs. NIG)

- 73.8% risk reduction for subsequent validation
- 73.3% risk reduction for subsequent adjudication

Maternal Recidivism

Pre-Infant Team	Non-Infant Team	Infant Team
92 Mothers had Children Adjudicated	23 Mothers had Children Adjudicated	77 Mothers had Children Adjudicated
↓	↓	↓
13 Mothers had Subsequent Children Validated	4 Mothers had Subsequent Children Validated	4 Mothers had Subsequent Children Validated
↓	↓	↓
10 Mothers had Subsequent Children Adjudicated	3 Mothers had Subsequent Children Adjudicated	3 Mothers had Subsequent Children Adjudicated

Risk Reduction for Maternal Recidivism (IG vs. CG)

- 63.1% risk reduction for validation with a subsequent child
- 64.2% risk reduction for adjudication with a subsequent child
- *66.8% risk reduction for subsequent validation with another child*
- *74.7% risk reduction for subsequent adjudication with another child*

terminated only

Risk Reduction for Maternal Recidivism (IG vs. NIG)

- 70.1% risk reduction for validation with a subsequent child
- 70.0% risk reduction for adjudication with a subsequent child

Risk Reduction for Maternal Recidivism

- 72.3% risk reduction for validation with a subsequent child
- 76.1 % risk reduction for adjudication with subsequent child