

**Early Childhood
Courts:
A Step beyond
Community
Collaboration & a
Trauma-Informed
approach**

Judge Lynn Tepper
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**“Protecting Delaware’s Children
Conference”**

April 26, 2017

Overview

1

The need for change.



2

What does the science tell us about adversity & its impact?



3

An intensified trauma-informed approach.



4

Judicially lead Collaborative Community efforts.



The need:



1 Billion children experience violence annually.

At Least 1 in 7 children experienced **abuse or neglect** in the last year in U.S.



About 9 million American children live with at least one parent dependent on or who abused alcohol or an illicit drug in the prior year

29 states reported nearly 18% of child fatalities were associated with a caregiver who had a risk factor of drug abuse.



Trauma:

A Public Health Issue

Prevalence:

Trauma is common among adults
and children in social service systems.

98%

of **female offenders** have **experienced trauma**, often interpersonal trauma and domestic violence



96%

of **adolescent psychiatric inpatients** have histories of **exposure to trauma**



93%

of **homeless mothers** have a **lifetime history of interpersonal trauma**



90%

of **juvenile justice-involved youth** have experienced trauma, often **multiple traumas from an early age**



75%

of **adults in substance abuse treatment** report histories of trauma



70%

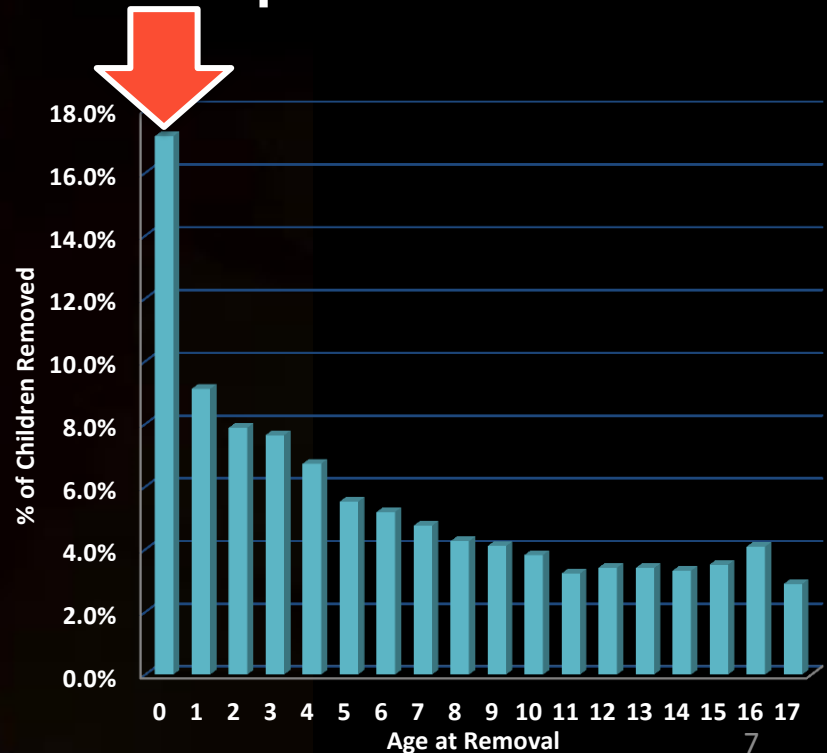
of **children in foster care** have experienced **multiple traumas**



First 1000 Days is most vulnerable time for child maltreatment:

51% abused are ages 0-5

6,480 Infants are Florida's Largest Age Group



Florida: 3,882

Children 0-3 in Out-of-Home Care



Early Childhood Court



State of Florida



Children in Out-of-Home Care: 3 and Under

17,090 children currently in out-of-home care

children in out-of-home care, age 3 and under

3,882

23%

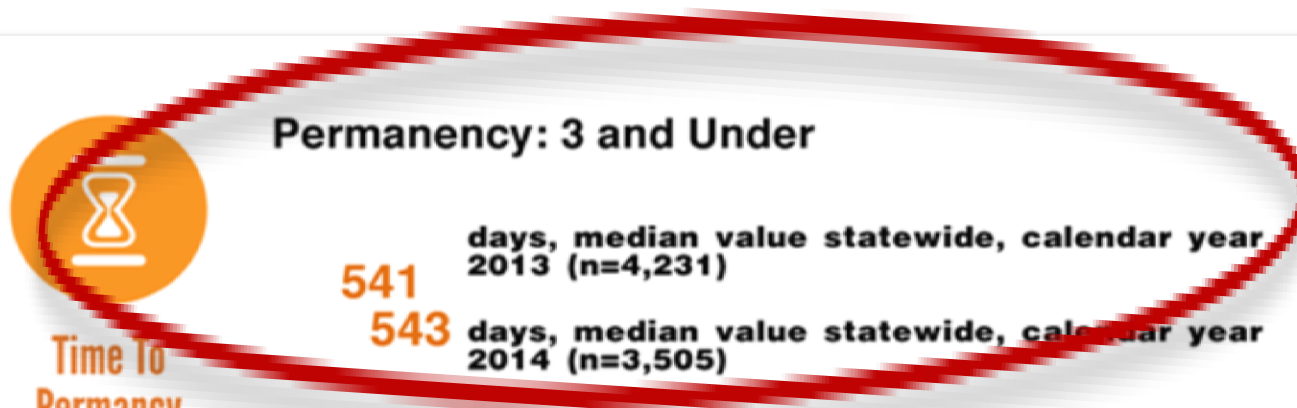
of the children in out-of-home care are age 3 and under

Children
Under 3

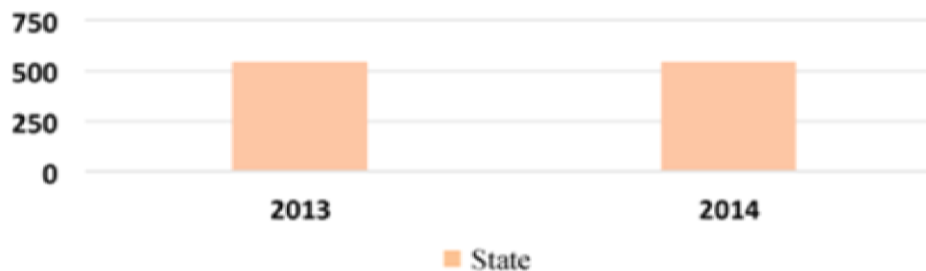
Florida's Children 0-3: 543 median days in care

E Pasco ECC 0-3: 401 days

2014



Median Number of Days to Permanency for Children 3 and Under

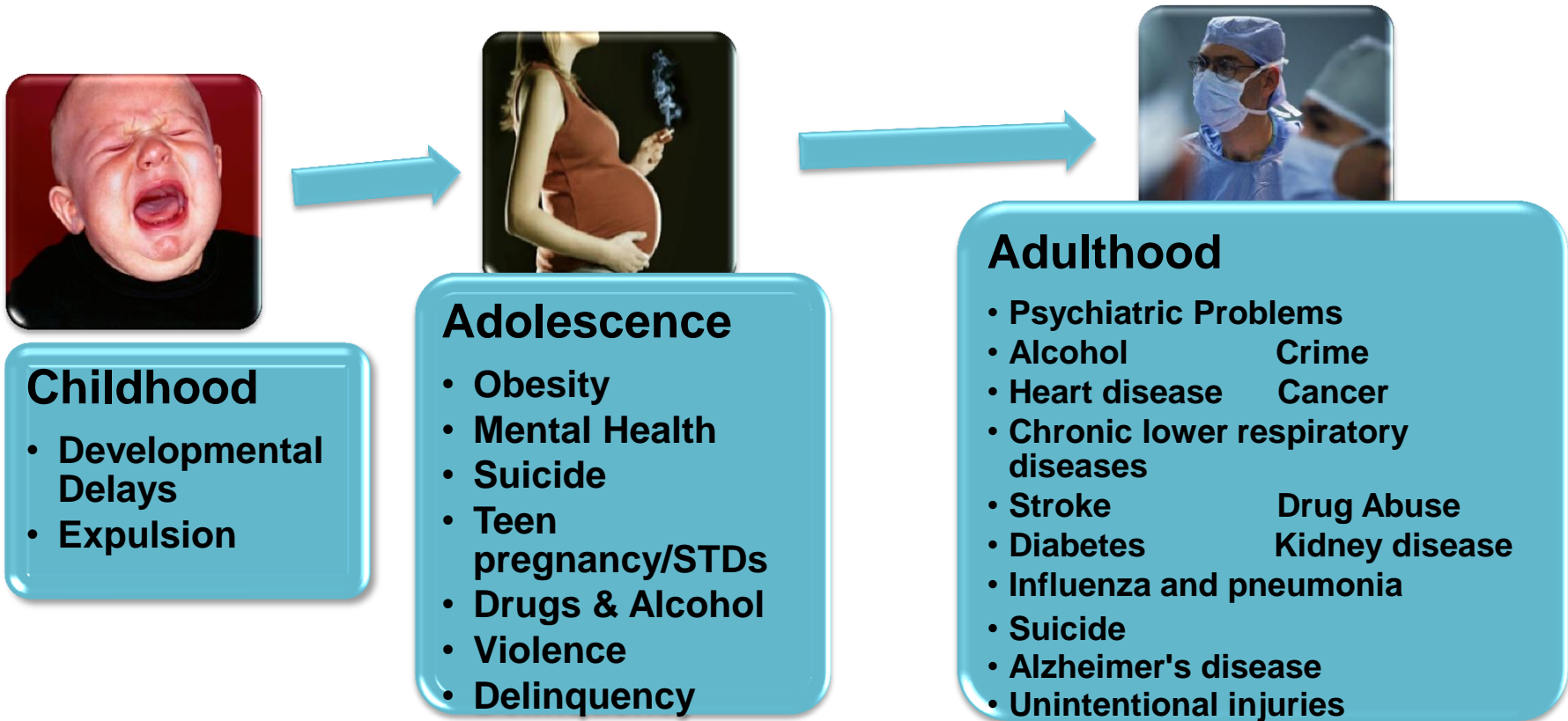


This is the median value from the child's most recent removal date to the case closing event in the calendar year. The median represents the center of the data and is not influenced by outlying measurements. Age is calculated as the child's age at the time of the most recent removal. Closing reasons do not include death or emancipation. Data source: Florida Dependency Court Information System.



2. What Does the Science Tell Us About Adversity & its impact?

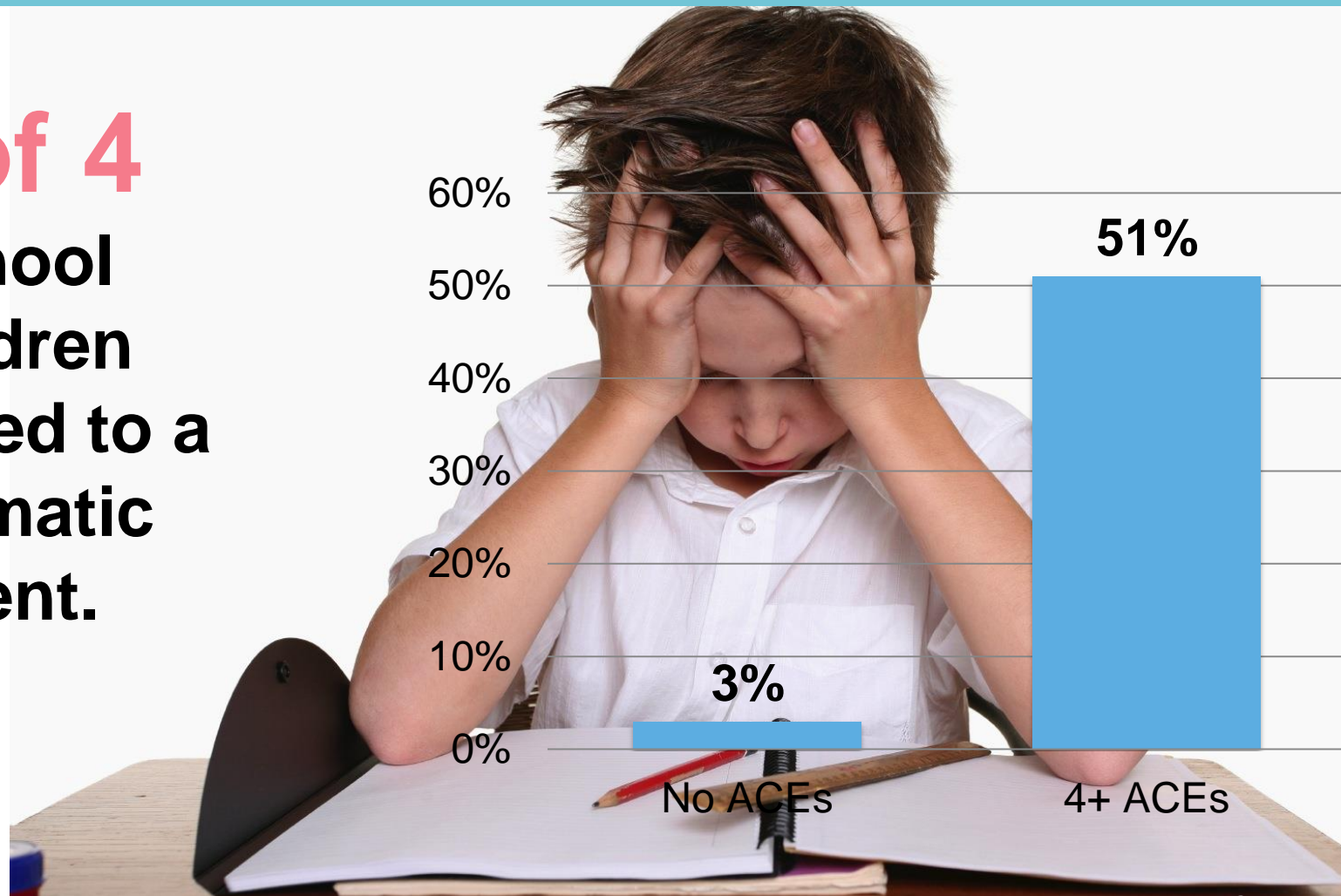
Untreated Adverse Early Childhood Events Exacerbate Over Time

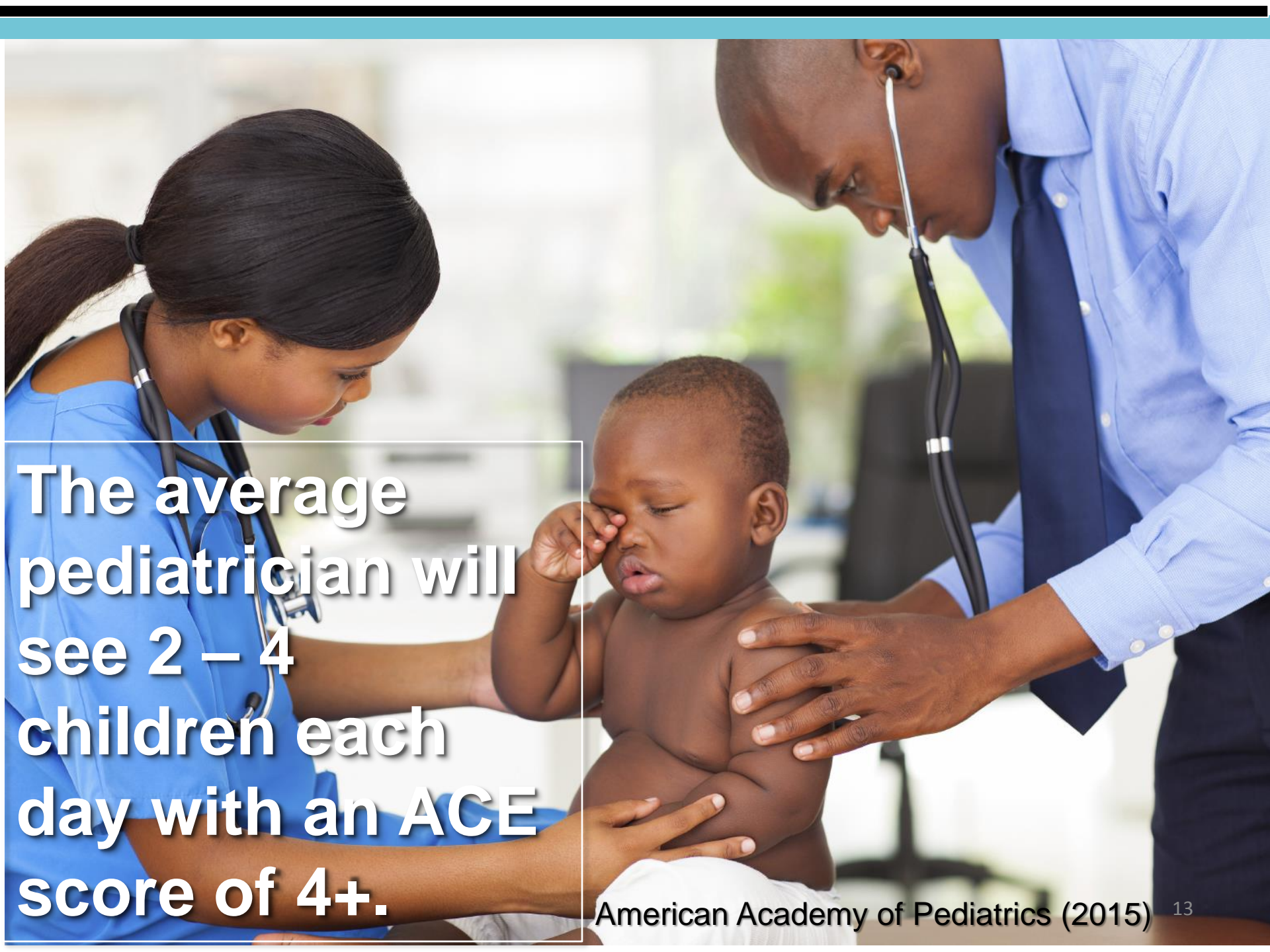


Source: Adverse Childhood Experiences (ACE) Study.
Information available at <http://www.cdc.gov/ace/index.htm>

ACEs Linked to Problems in Learning & Behavior

1 of 4
School children
exposed to a
traumatic
event.





**The average
pediatrician will
see 2 – 4
children each
day with an ACE
score of 4+.**

The Higher the ACE Score the Greater the Risk of..



Substance Abuse



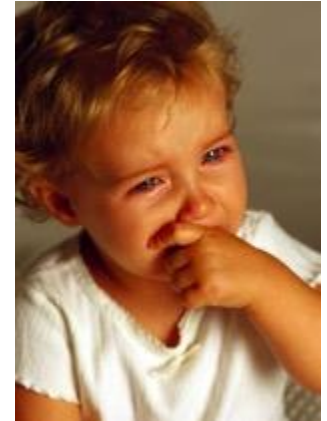
Mental Health



Delinquency



Domestic Violence



Child Welfare



Obesity



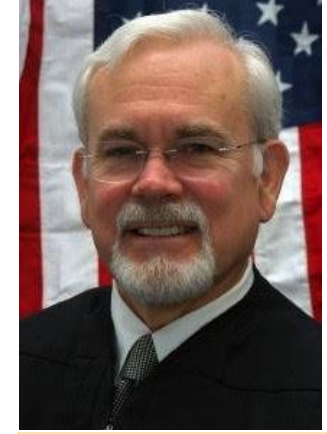
Smoking



Drinking



Poor Health



Court Involvement

Adverse Childhood Experiences (ACEs)

Neglect



Physical



Emotional



Sexual

Abuse



Physical

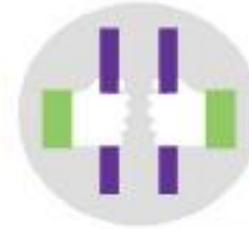


Emotional

Family Challenges



Mental Illness



Incarcerated Relative



Mother treated violently



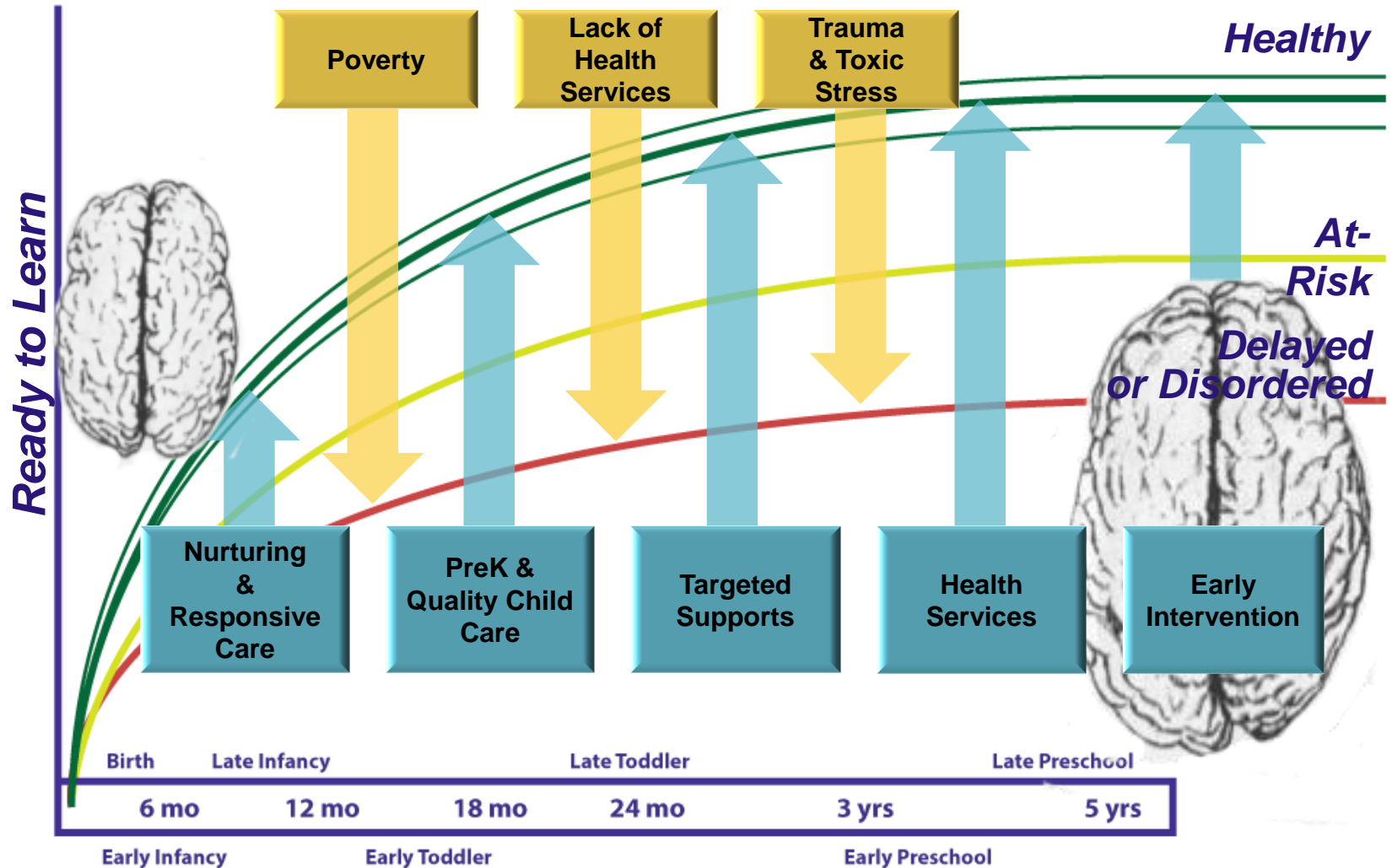
Substance Abuse



Divorce

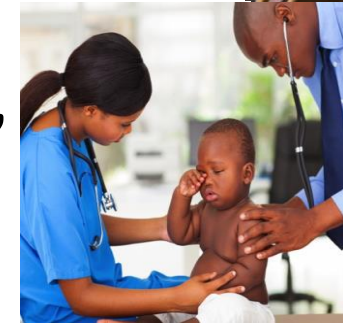
Drivers of Developmental Trajectories

The First 5 Years Hold Most Opportunity & Vulnerability



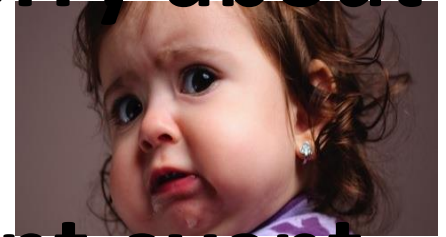
Symptoms of Trauma in Young Children

- Sleep troubles, nightmares, fear of falling asleep
- Loss of appetite, refusal to eat
- Headaches, stomach aches, aches & pains
- Increased aggressive behavior & angry feelings



Symptoms of Trauma.....

- **Hyperactivity** (very high activity level)
- **Hyper vigilance** (constant worry about possible danger)
- **Repetitive play** about a **violent event**
- **Loss of skills learned earlier**
 - toilet training
 - language skills



Different Aged Children React Differently to Trauma



Babies

- From clingy to flat affect with no joy
- Prolonged uncontrollable crying
- Doesn't explore
- No preferred caregiver
- Failure to thrive

Toddlers

- Biting, kicking, tantrums, unprovoked aggression
- Disinterested in toys
- Indiscriminate preferences of caregivers.
- No appetite

Preschool

- Repetitive play about violent event
- Sleep troubles or nightmares
- Hyper vigilance
- Skill regression

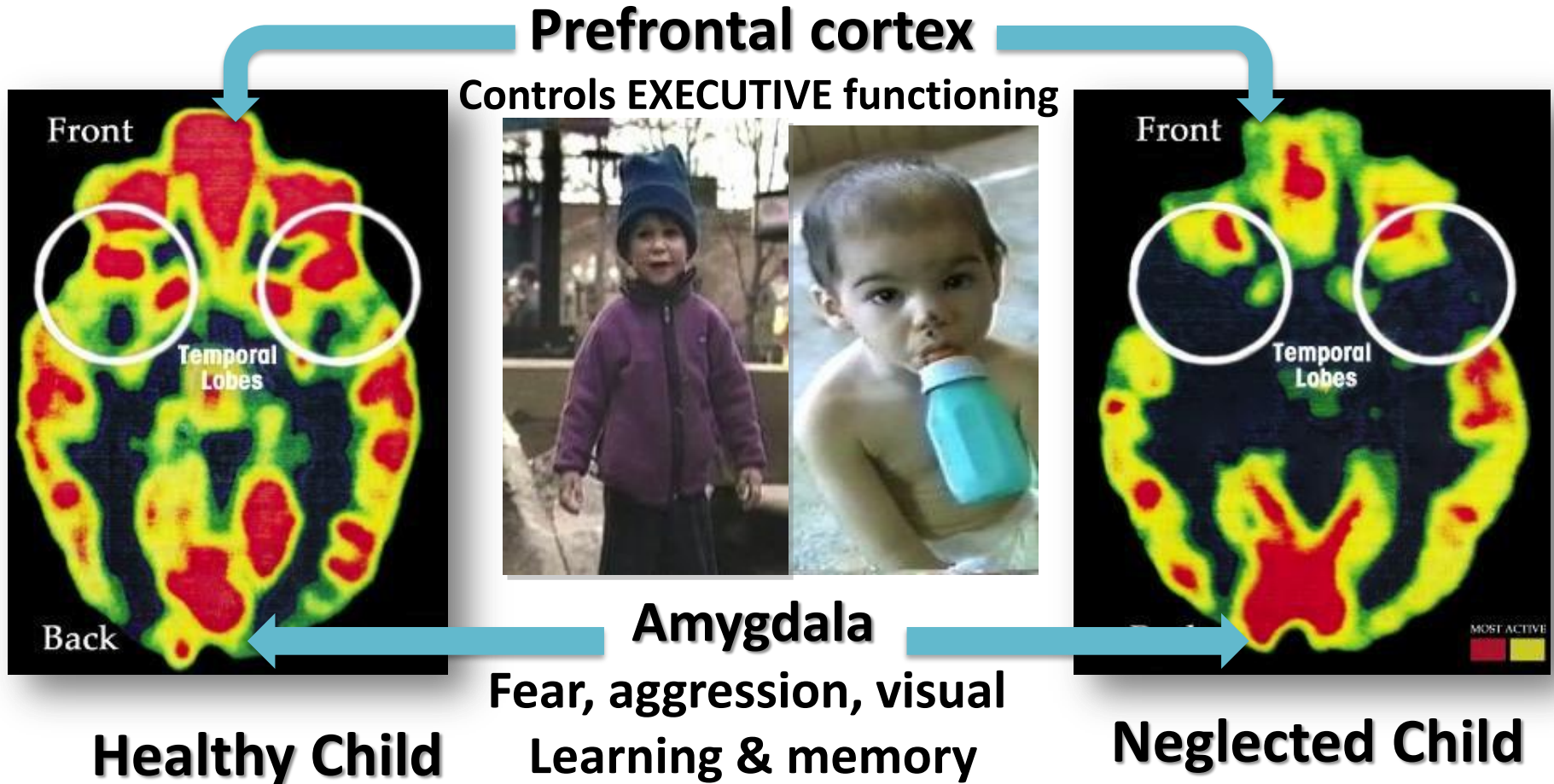


School Age

- Grades drop
- Preoccupied with the trauma
- Poor self-esteem
- Bedwetting or thumb sucking may reappear



Trauma, Toxic Stress & Neglect Interfere With Brain Development





3. An intensified trauma-informed approach.

Well-Being

Well-Being: What it Means for Infants,
Toddlers, and Their Families

Bryan Samuels, Commissioner
Administration on Children, Youth and Families



“There is no doubt that children in harm’s way should be removed from a dangerous situation. However, simply moving a child out of immediate danger does not in itself reverse or eliminate the damage.”

National Scientific Council on the Developing Child (2010). *Persistent Fear and Anxiety Can Affect Young Children’s Learning and Development: Working Paper No. 9*. Retrieved from www.developingchild.harvard.edu (emphasis added).

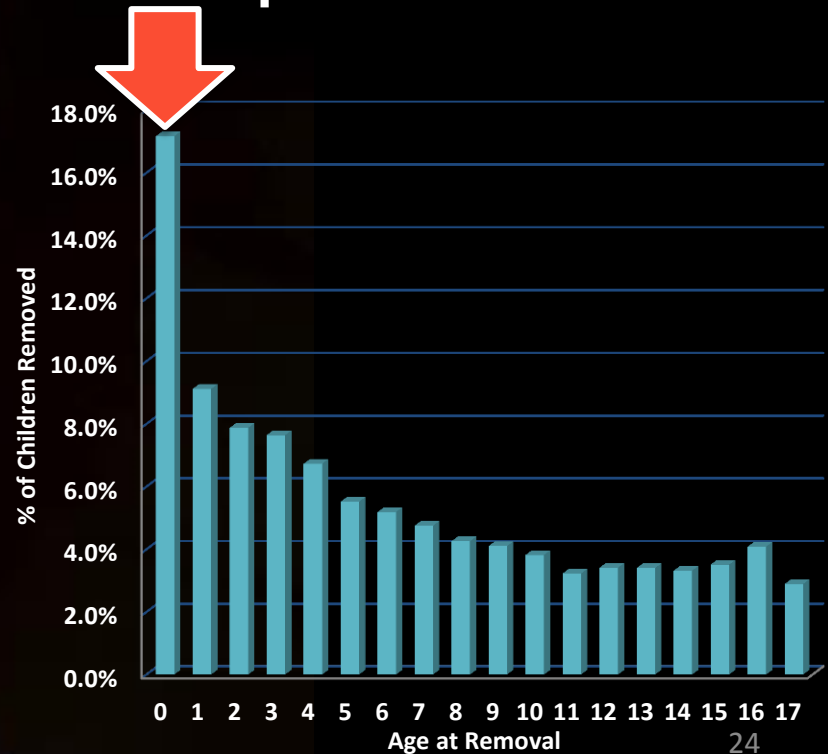
The Best Chance To Turn This Around: *The First 1000 Days*



First 1000 Days is most vulnerable time for child maltreatment:

**51% abused
are ages 0-5**

6,480 Infants are
Florida's Largest Age
Group



Therapeutic Jurisprudence



If we use science and do our jobs well, we can change the tragedy that brings children and families into our courtrooms into an opportunity to heal.

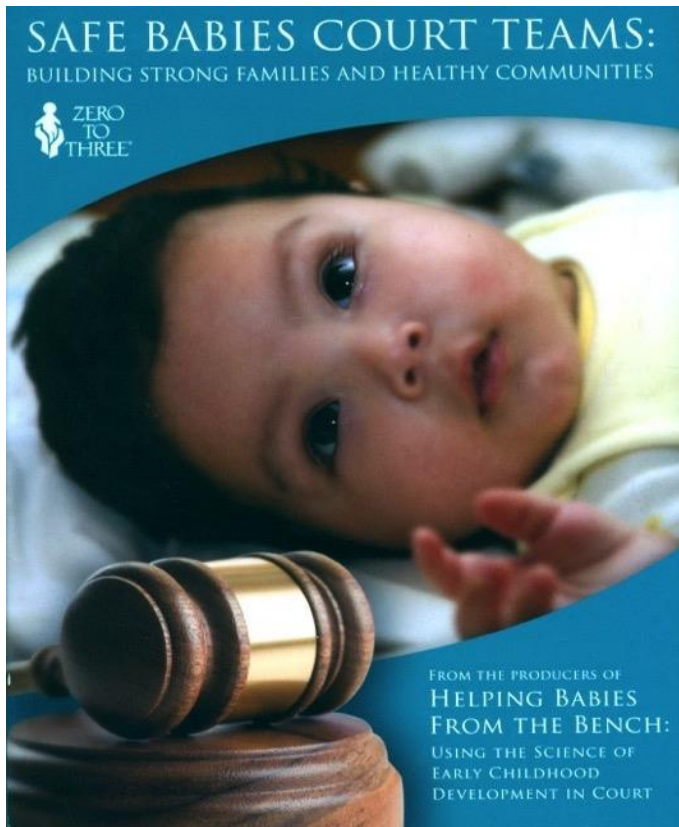
What Baby Court Does

- Brings the *science of child development* into decision-making for infants & toddlers who have been removed from their homes
- Heals *multigenerational* trauma
- *Changes the experience and outcomes* of infants & toddlers in the child welfare system

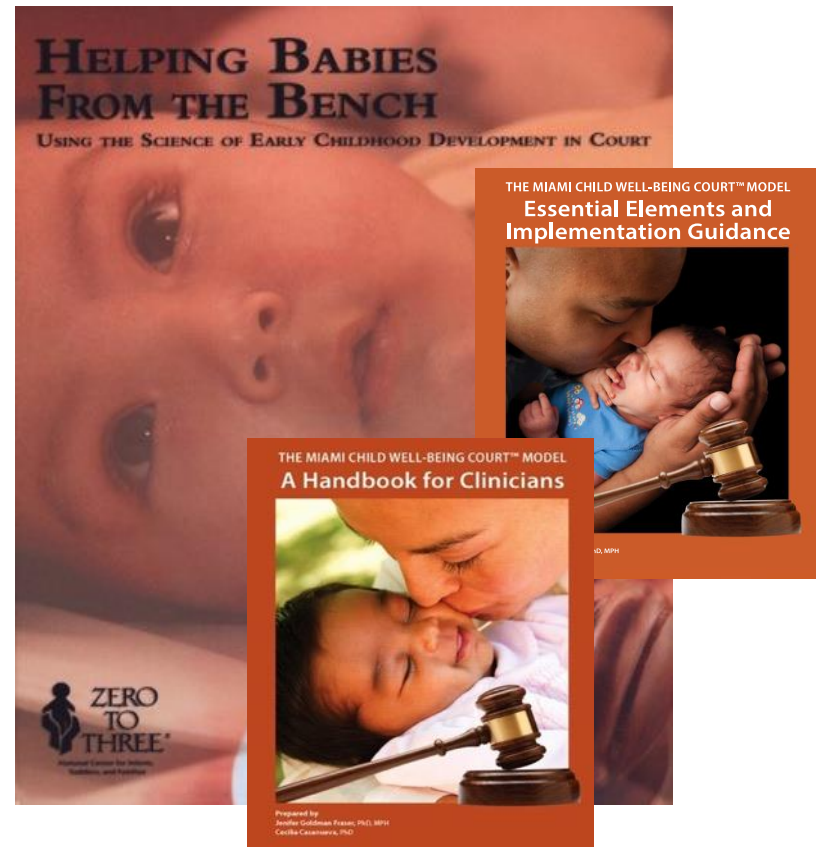


Baby Court Teams: Innovative Approaches to Improving Outcomes

Zero to Three's National Safe Baby Court Teams



Miami's Child Well Being Court Model





Improving outcomes for infants and toddlers in Florida's dependency court

www.cpeip.fsu.edu/CourtFour.cfm

Research Findings

The Zero to Three's Court Team approach promoted better long-term developmental outcomes for maltreated infants and toddlers.



- **99%** protected from further maltreatment compared 8.35% FI
- **97%** received services that met identified needs
- **95%** achieved permanency Compared to 52.7% of Florida's children.

Source: James Bell Associates (2009). National Survey of Child and Adolescent Well-Being (n=511), the children served by the Safe Babies Court Teams across four sites (n=298). 2012 stats FL

State Level Systems Changes to Mitigate Trauma & Toxic Stress

The Systems Change Effort will:

1. Educate on the impact of trauma
2. Increase trauma screenings
3. Expand evidence-based treatments
4. Use trauma lens in service provision



Improving Outcomes in Child Welfare



Judiciary
& Child
Welfare



Infant Mental
Health
Expertise

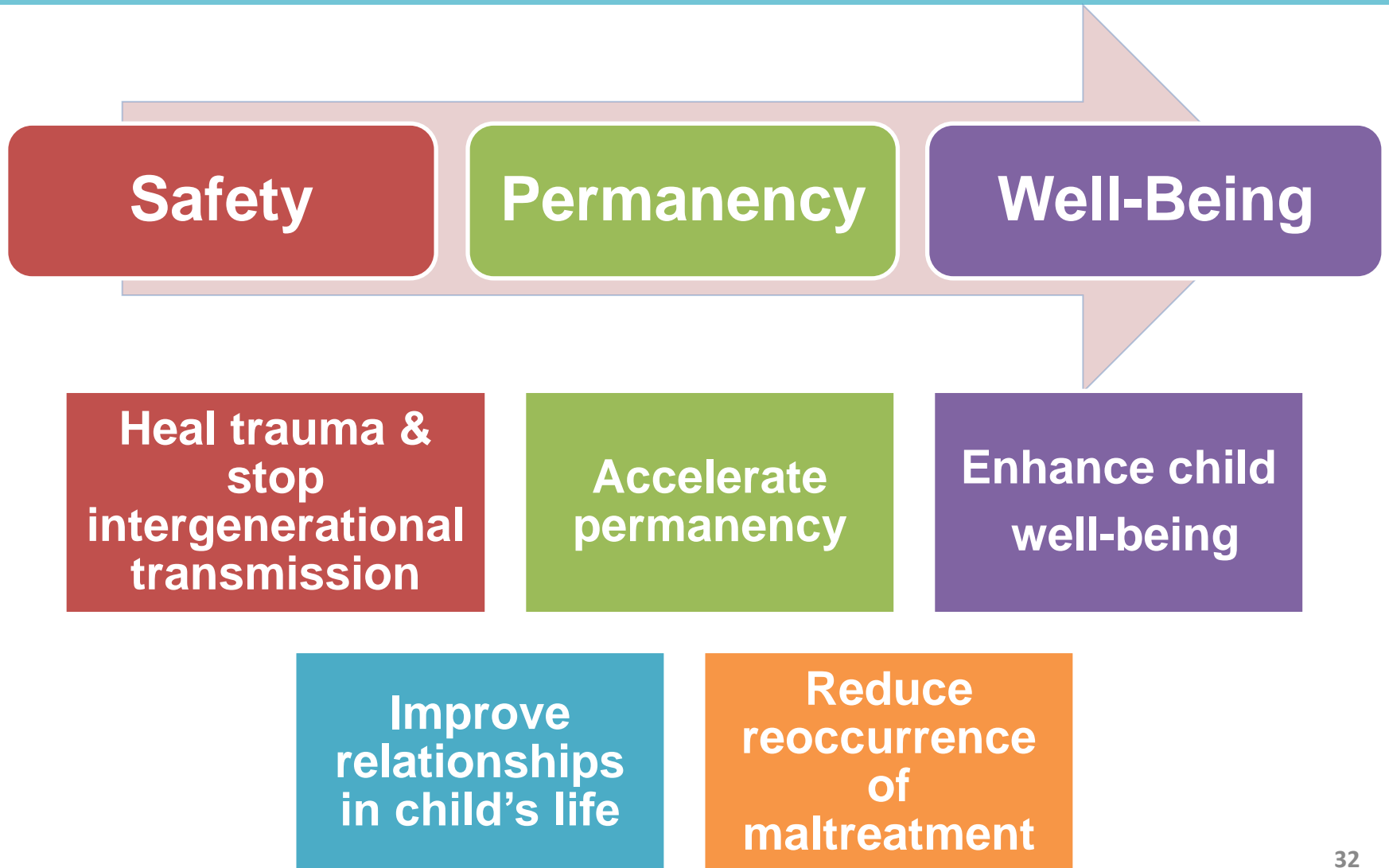


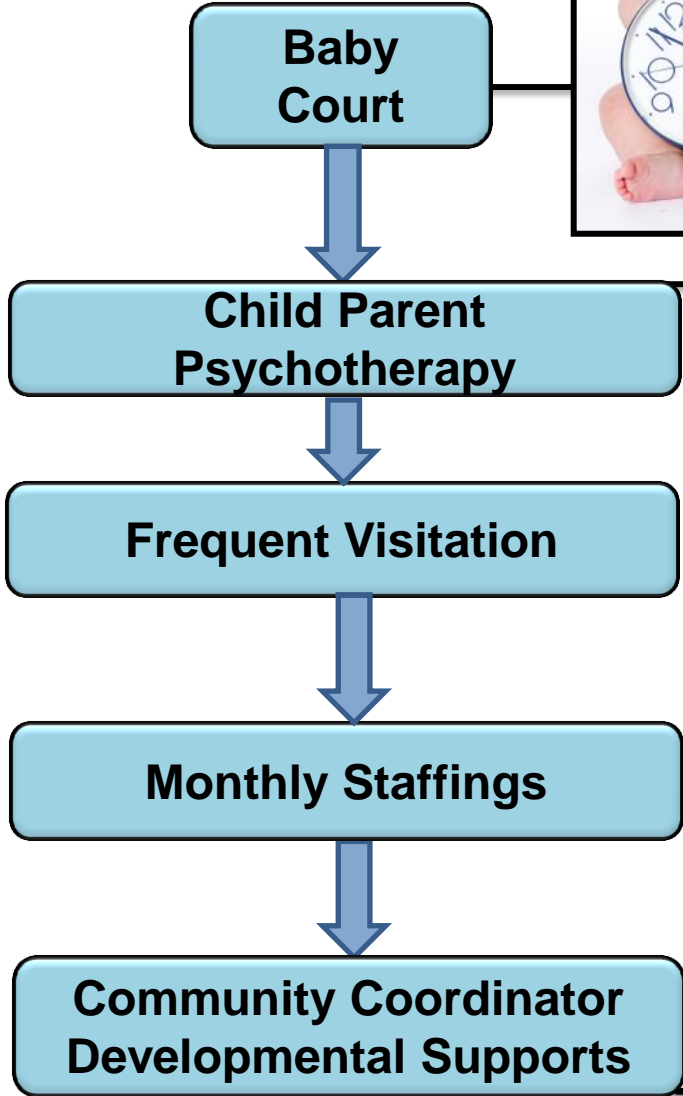
Baby
Court
Teams



Early
Childhood
Systems

Florida Baby Court Desired Outcomes





Heals trauma & promotes parenting capacity

Builds attachment

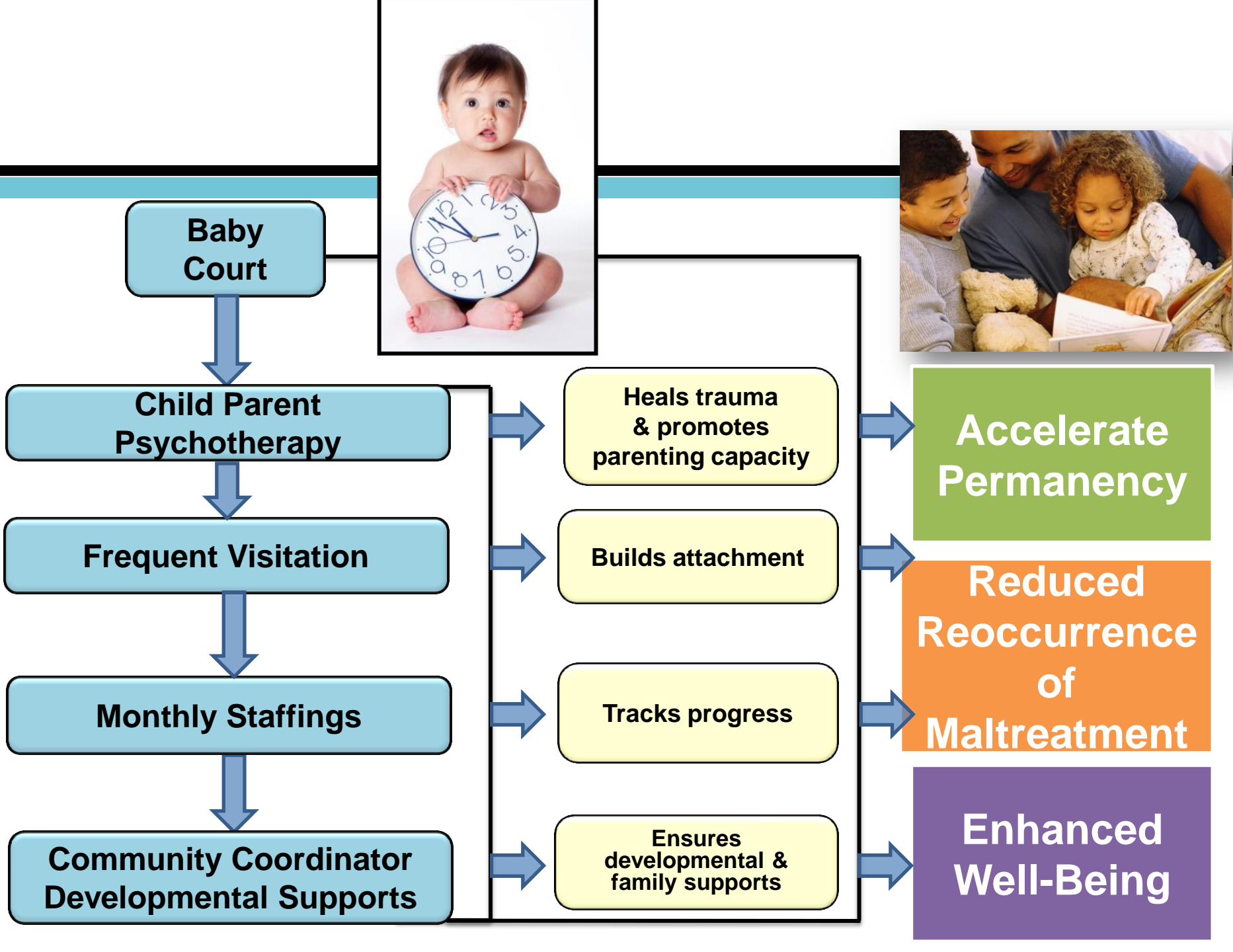
Tracks progress

Ensures developmental & family supports

Accelerate Permanency

Reduced Reoccurrence of Maltreatment

Enhanced Well-Being



Monthly Family Team Meetings



Frequent, open, collaborative communication

- Helps ensure safety
- See problems early
- Get necessary supports & services
- Gets back on track
- Adjusts to changing family dynamics
- Expedites permanency



What is the Role of the Infant Mental Health Specialist?

- Highly skilled licensed therapists
- Trained in interventions specific for children ages 0-5
- Evaluates the child and the parent-child relationship
- Makes recommendations to the court about optimal interventions
- Assesses parental capacity and feasibility of reunification
- Attends court to help inform decisions
- Provides Child-Parent therapy



CPP: Child Parent Psychotherapy

Evidence-Based Intervention for Children 0-5 with Trauma

Child Parent Psychotherapy

- Repairs the child's mental health and developmental progression
- Helps the parent & child heal past trauma
- Focuses on restoring the child parent relationship



Supported by Research Evidence

About This Program

The information in this program outline is provided by the program representative and edited by the CEBC staff. **Child-Parent Psychotherapy (CPP)** has been rated by the CEBC in the areas of: Domestic/Intimate Partner Violence: Services for Victims and their Children, Infant and Toddler Mental Health Programs (Birth to 3) and Trauma Treatment (Child & Adolescent).

Target Population: Children age 0-5, who have experienced a trauma, and their caregivers.

For children/adolescents ages: 0 – 5

For parents/caregivers of children ages: 0 – 5

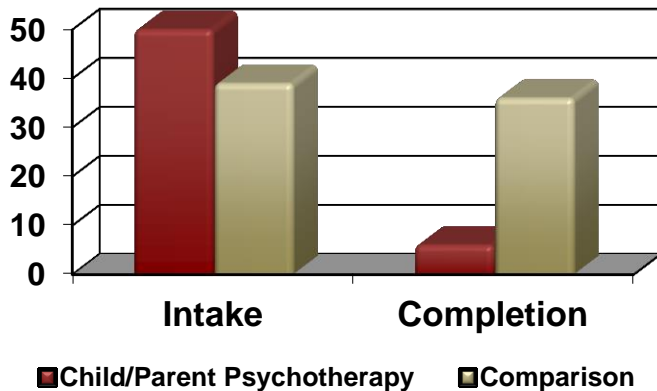
Brief Description

CPP is a treatment for trauma-exposed children aged 0-5. Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers' relational history affect the and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g., culture and socioeconomic and immigration related stressors). Targets of the intervention include caregivers' and children's maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child's mental health. Over the course of treatment, caregiver and child are guided to create a joint narrative of the psychological traumatic event and identify and address traumatic triggers that generate dysregulated behaviors and affect.

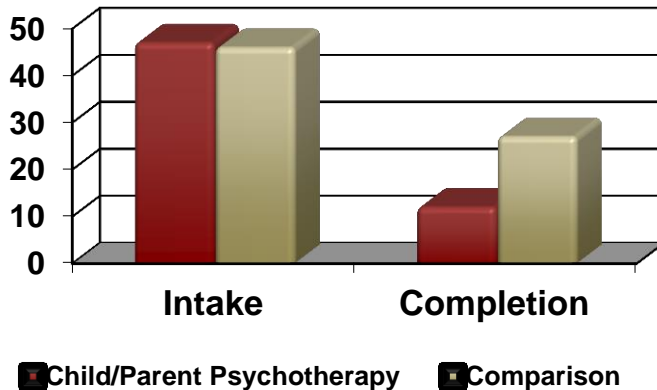


Impressive Results of Child-Parent Psychotherapy

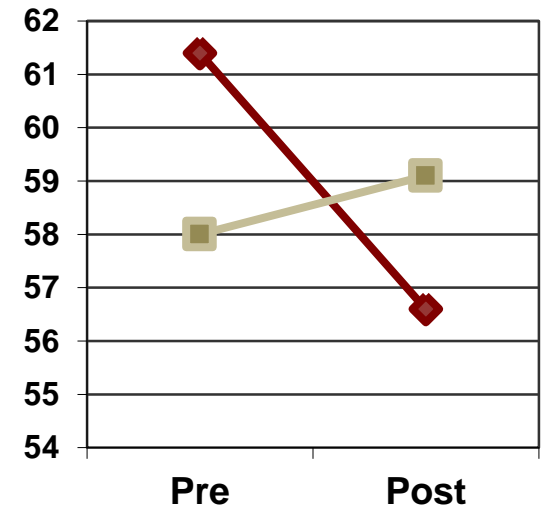
Child PTSD Before/After Treatment



Maternal PTSD Before/After Treatment



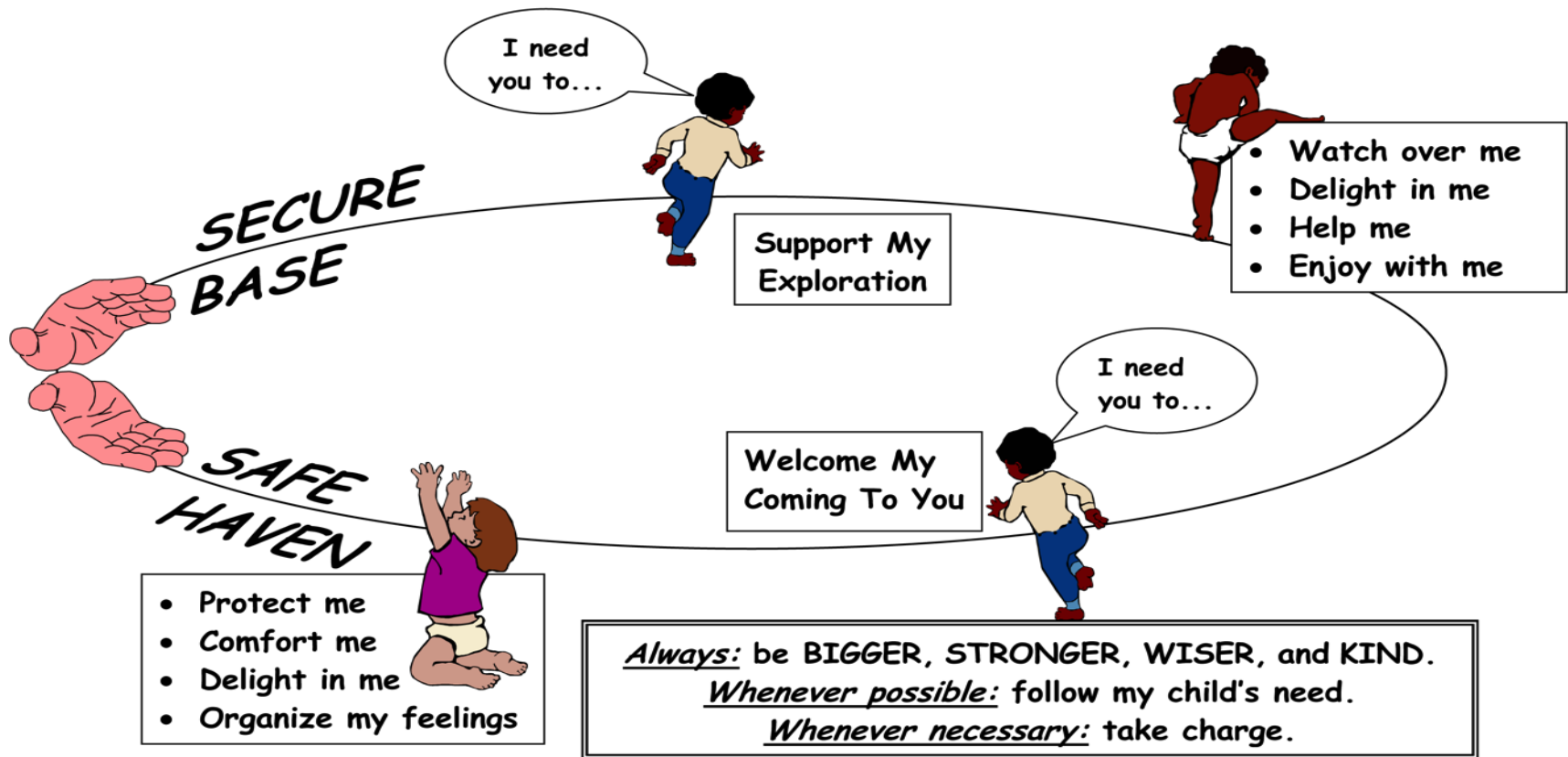
Child Parent Psychotherapy Shows Decrease in Child Behavior Problems (CBCL):



Source: Lieberman, Van Horn, & Ghosh Ippen, 2005

Circle of Security

Evidence-Based Parenting for Each Baby Court Team



Community Coordinator

Linking Courts with Early Childhood Systems



Baby Court Team



**Attachment Based
Parent Training**



In Home Services



**Medical Home &
Health Care**



**Quality Child Care
& School Readiness**

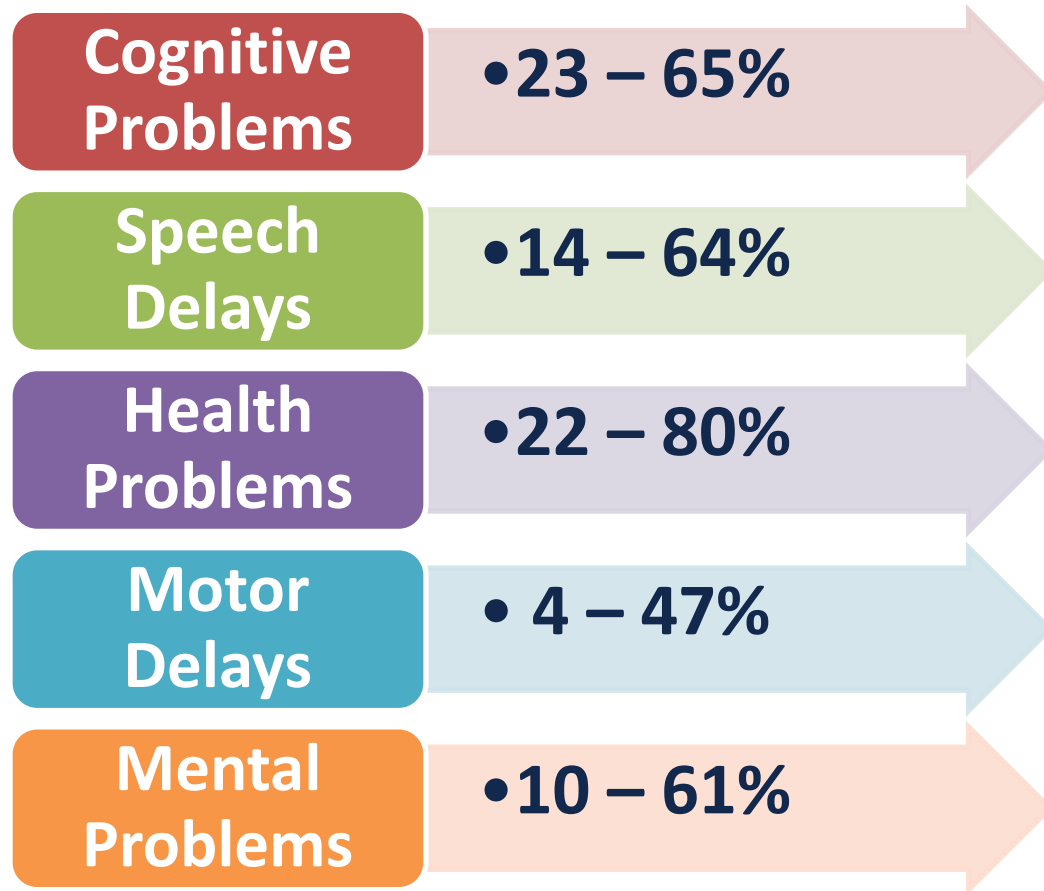


Early Intervention



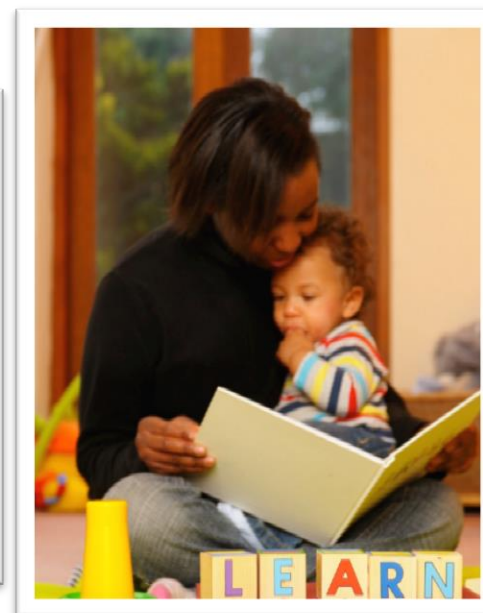
**Infant Mental Health
Interventions**

Most Maltreated Children Have Developmental Problems



High Quality Child Care Can Improve Outcomes for Infants & Toddlers in Child Welfare

- ***Enhance development***
 - Larger vocabularies
 - Better reading skills
 - Higher math competencies
 - Higher IQ and school readiness scores
 - GRIT/Executive functioning
- ***Foster nurturing relationships***
 - Improved social emotional development
 - Reduced behavior challenges
- ***A protective factor for maltreatment***





4. Judicially lead Collaborative Community efforts.

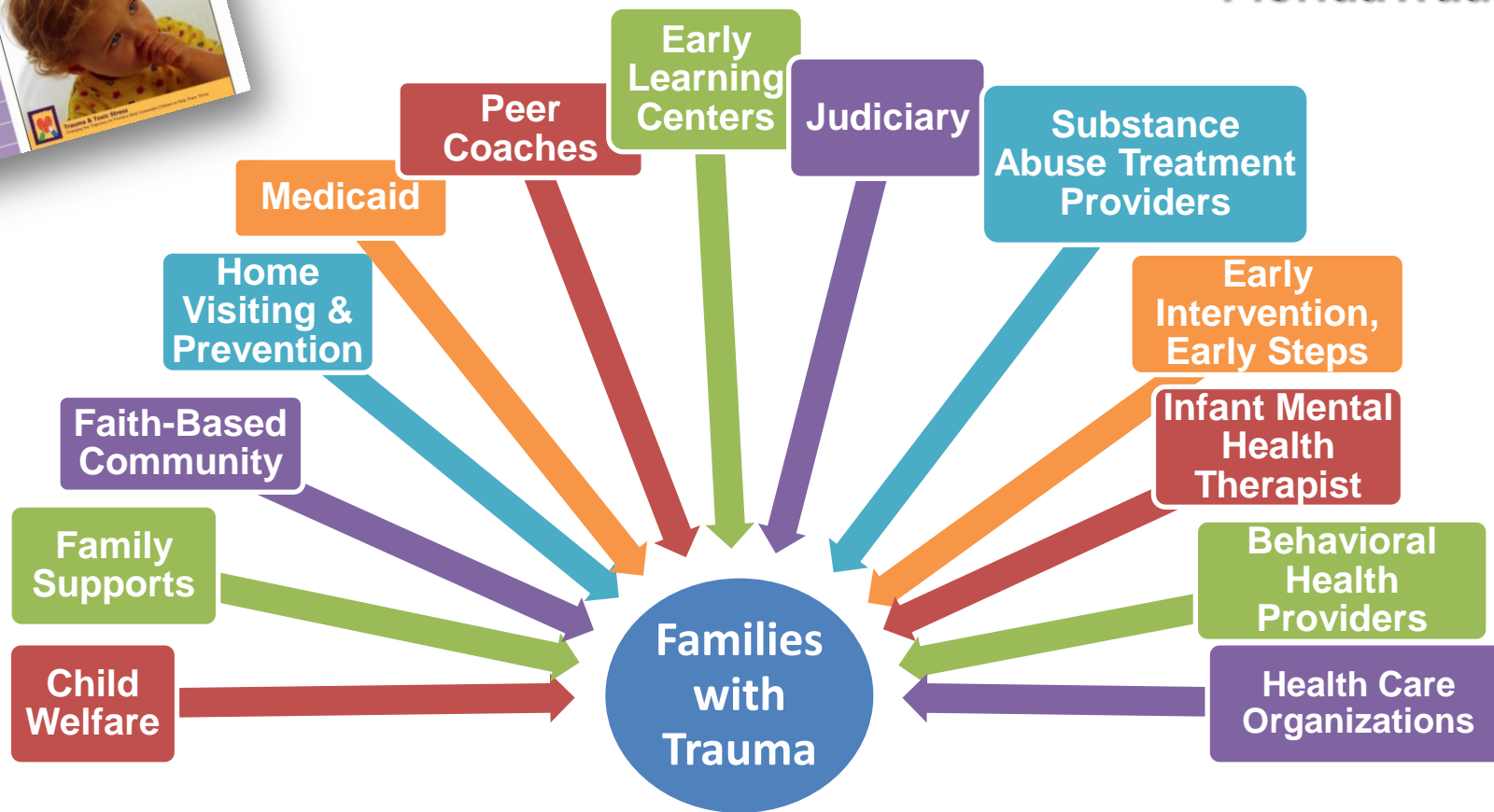
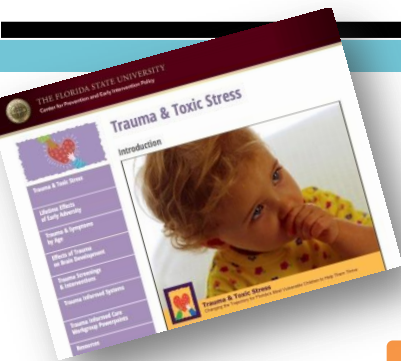
Florida's Early Childhood Court Initiative: Core Components



1. **Judicial leadership**
2. **Trauma lens**
3. **Central role of IMH Specialist & CPP**
4. **Continuum of behavioral health services**
5. **Collaborative court team**
6. **Community coordinator**
7. **Cross agency training**
8. **Developmental supports for the child**
9. **Parent education and support**
10. **Placement & concurrent planning**
11. **Monthly family team meetings**
12. **Parent child contact (family time/visitation)**
13. **Co-parenting**
14. **Evaluation**
15. **Sustainability**

A Step Beyond Community Collaboration: *Trauma-Informed Systems Working Together*

Visit
FloridaTrauma.org



Stakeholder meetings & education

- **Trauma Education**
- **Infant Mental Health and CPP**
- **Early Steps**
- **Early Learning Centers**
- **Residential & non-residential therapy options in our Community**
- **“Raising of America” 5 part series**
- **Health Department Services**



The Big 10

Trauma Toolkit & Website

1

Understand trauma and child development.

2

Presume trauma.

3

Coordinate all cases involving one family.

4

Set an expectation for trauma and child development information.

5

Read the case file with a trauma lens.

6

Order screening, assessment, and treatment.

7

Hold all accountable.

8

Be a convener.

9

Monitor the data.

10

Take care of yourself.

– With thanks to Sandy Neidert, Lead Staff – Dependency Court, OSCA, the Master of the Toolkit

www.flcourts.org/resources-and-services/court-improvement/judicial-toolkits/family-court-toolkit/court-implications.stml

Trauma Lens / Trauma-Informed Judge & System



NCTSN BENCH CARD FOR THE TRAUMA-INFORMED JUDGE

Research has conclusively demonstrated that court-involved children and adolescents present with extremely high rates of traumatic stress caused by their adverse life experiences. In the court setting, we may perceive these youth as inherently disrespectful, defiant, or antisocial, when, in fact, their disruptive behavior may be better understood in the context of traumatic stress disorders. These two Bench Cards provide judges with useful questions and guidelines to help them make decisions based on the emerging scientific findings in the traumatic stress field. These cards are part of a larger packet of materials about child and adolescent trauma available and downloadable from the [NCTSN Trauma-Informed Juvenile Justice System Resource Site](#)* and are best used with reference to those materials.

1. **Asking trauma-informed questions can help judges identify children who need or could benefit from trauma-informed services from a mental health professional. A judge can begin by asking, "Have I considered whether or not trauma has played a role in the child's behavior?" Use the questions listed below to assess whether trauma-informed services are warranted.**

TRAUMA EXPOSURE: Has this child experienced a traumatic event? These are events that involve actual or threatened exposure of the child to death, severe injury, or sexual abuse, and may include domestic violence, community violence, assault, severe bullying or harassment, natural or man-made disasters, such as fires, floods, and explosions, severe accidents, serious or terminal illness, or sudden homelessness.

MULTIPLE OR PROLONGED EXPOSURES: Has the child been exposed to traumatic events on more than one occasion or for a prolonged period? Repeated or prolonged exposure increases the likelihood that the child will be adversely affected.

OUTCOMES OF PREVIOUS SANCTIONS OR INTERVENTIONS: Has a schedule of increasingly restrictive sanctions or higher levels of care proven ineffective in this case? Traumatized children may be operating in "survival mode," trying to cope by behaving in a defiant or superficially indifferent manner. As a result, they might respond poorly to traditional sanctions, treatments, and placements.

CAREGIVERS' ROLES: How are the child's caregivers or other significant people helping this child feel safe or preventing (either intentionally or unintentionally) this child from feeling safe? Has the caregiver been a consistent presence in the child's life? Does the caregiver acknowledge and protect the child? Are caregivers themselves operating in survival mode due to their own history of exposure to trauma?

SAFETY ISSUES FOR THE CHILD: Where, when and with whom does this child feel safest? Where, when and with whom does he or she feel unsafe and distrustful? Is the home chaotic or dangerous? Does a caregiver in the household have a restraining order against another person? Is school a safe or unsafe place? Is the child being bullied at school or does the child believe that he or she is being bullied?

TRAUMA TRIGGERS IN CURRENT PLACEMENT: Is the child currently in a home, out-of-home placement, school, or institution where the child is being re-exposed to danger or being "triggered" by reminders of traumatic experiences?

UNUSUAL COURTROOM BEHAVIORS: Is this child behaving in a highly anxious or hypervigilant manner that suggests an inability to effectively participate in court proceedings? (Such behaviors include inappropriate smiling or laughter, extreme passivity, quickness to anger, and non-responsiveness to simple questions.) Is there anything I, as a judge, can do to lower anxiety, increase trust, and enhance participation?

CONTINUED ON BACK →

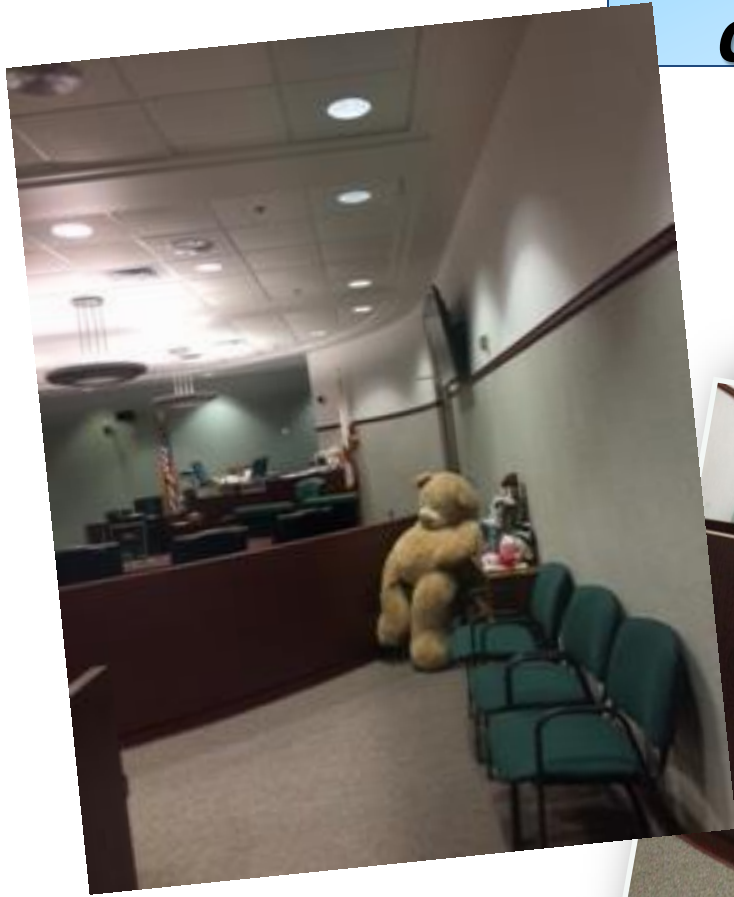
This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

What *happened* to
this parent?
This child?

Have I considered
how trauma played a
role in.... ?

How can trauma-
informed practices
help this family?

A trauma-informed courtroom







Trauma-Informed Communication

What Helps:

Show respect & interact with:

- **Kindness**
- **Patience**
- **Reassurance**
- **Acceptance**

Actively listen



Healing Happens in All Relationships when.....

- **Safety is ensured**
- **Connection happens**
- **Empathy is present**
- **Attunement occurs**
- **New skills are taught & practiced**
- **There is focus on the positive**
- **The helpers remain calm, committed, and
are also cared for**

Vicki Hummer, LCSW, Director of Training and Outreach, Crisis Center of Tampa Bay

Meeting needs builds trust



Relationships matter

- They: Heal
Harm
Nurture
Comfort
- Give a sense of belonging
- Provide Love

Give people what they need the most at a time they seem to deserve it the least

Change takes time. Parents & children may not be “ready” to trust, to open up and heal.

We must balance timeliness with patience & find a way to meet their needs

How does my behavior affect my child?

My behavior shows my daughter that it is **ok to cuss, scream, yell, cry and get into fights** without talking to someone about the issue first. My decisions show my daughter that even though there is a better decision it is **ok to make the wrong decisions in any situation.**

My behaviors and my decisions that she may learn from me **can also affect her adult life by causing her to go to jail, or drop out of school,** as well as hurting others for the wrong reasons. My behaviors **may cause her to become violent, isolated, or scared of others.**

My decisions may cause her to make decisions that are **harmful to herself or others.**

She may have symptoms such as:

- *Become anxious or depressed*
- *Having difficulty sleeping at night*
- *Having nightmares or flashbacks frequently*
- *Being easily startled*
- *Complaining of physical symptoms such as tummy aches*
- *Starting to wet their bed*
- *Having temper tantrums*
- *Behaving as though they are much younger than they are*
- *Having problems with school*
- *Becoming aggressive or they may internalize their distress and withdraw from other people*
- *Having a lowered sense of self-worth*
- *Beginning to play truant or start to use alcohol or drugs*
- *Beginning to self-harm by taking overdoses or cutting themselves*
- *Having an eating disorder*
- *She may also feel angry, guilty, insecure, alone, frightened, powerless or confused in any type of situation*

I am going to stop and think **before I react to negative issues instead of responding with negativity.** I am going to ask for help if I need it because I **want my daughter to know that it is ok to ask for help.** I know that everything I do she watches me and listens to how I speak. **She may use it thinking that it is ok when it truly isn't.**

**“It’s easier to build strong children
than to repair broken men.”**

-Fredrick Douglas



Some Video Sources

- *Helping Babies from the Bench: Using the Science of Early Childhood Development in Court* | Zero to Three | www.zerotothree.org | currently unavailable
- *Toxic Stress Derails Healthy Development* | Center on the Developing Child, Harvard University | <http://developingchild.harvard.edu/> | see Multimedia: Videos: Three Core Concepts in Early Development
- *The Still Face Experiment by Dr. Edward Tronick, Harvard University* | black and white video version unavailable | current versions available on [YouTube](#)
- *Young Children in Brief Separation: John, 17 months, Nine Days in a Residential Nursery* | Child Development Media | www.childdevelopmentmedia.com | \$850.00
- *Broken Child: Case Studies of Child Abuse* | HBO Documentary | www.trainingabc.com | currently unavailable
- *The ACE Study I: Childhood Trauma and Adult Health* | Cavalcade Productions, Inc. | www.cavalcadeproductions.com | \$125.00
- *Healing Neen* | www.healingneen.com | available on iTunes \$15.99

RESOURCES

Harvard University's Center on the Developing Child

Centers for Disease Control and Prevention's ACE Study Site

National Council of Juvenile and Family Court Judges

<http://www.flcourts.org/resources-and-services/court-improvement/judicial-toolkits/legal-toolkit/>

**Florida State University's Center for
Prevention and Early Intervention Policy**

Aces Too High

**CASA, The Judges' Page Newsletter, Trauma
Edition**

**National Technical Assistance Center for
Children's Mental Health, Georgetown
University Center for Child and Human
Development**

Want to Know *Even More*?

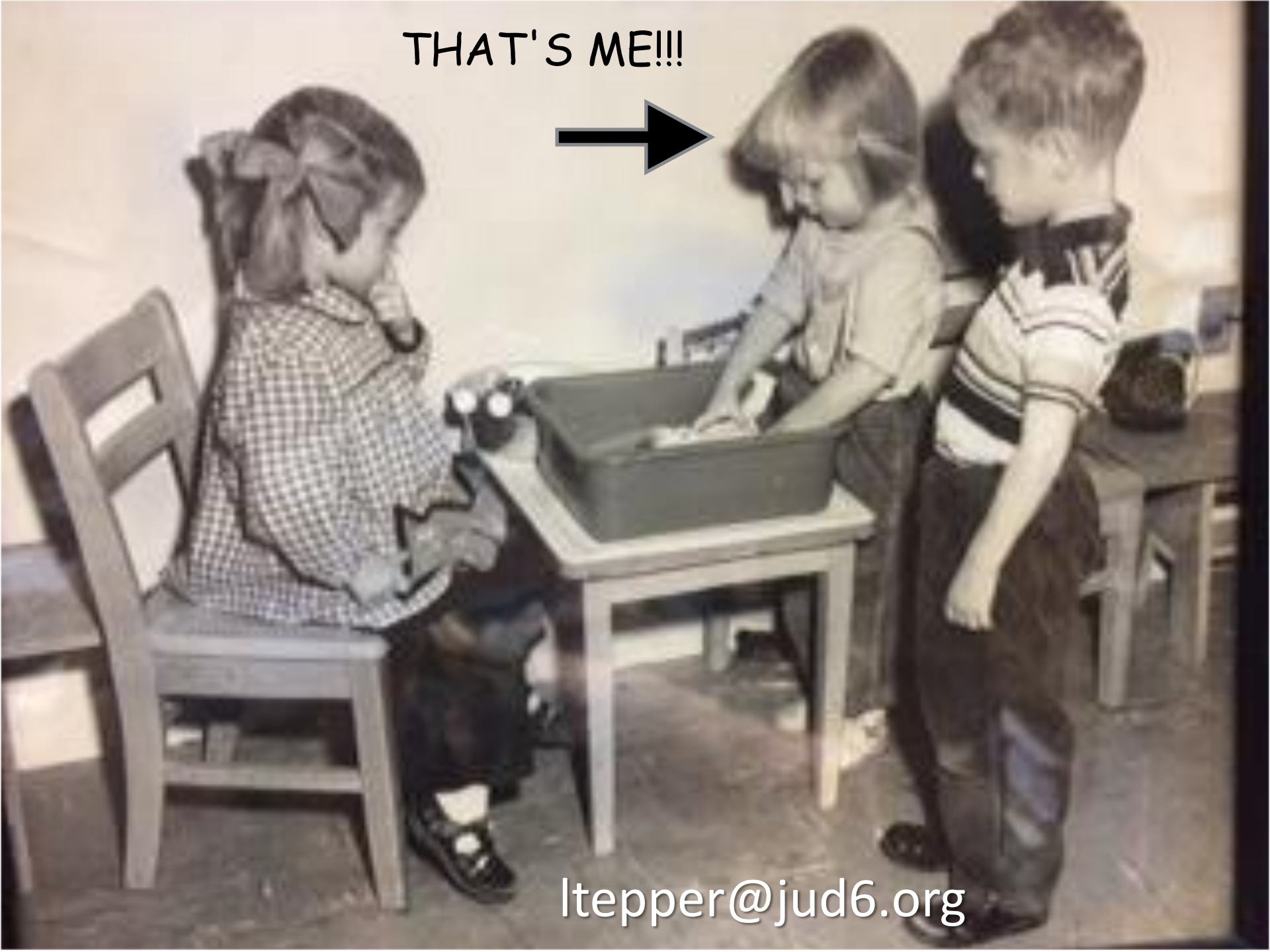
[Tackling Toxic Stress](#)," a multi-part series of journalistic articles planned and **commissioned by the Harvard Center on the Developing Child**. Topics include:

- [Pediatricians Take On Toxic Stress](#)
- [Listening to a Baby's Brain: Changing the Pediatric Checkup to Reduce Toxic Stress](#)
- [Innovating in Early Head Start: Can Reducing Toxic Stress Improve Outcomes for Young Children?](#)
- [Using Science to Drive New Approaches to Child Welfare](#)
- [Pushing Toward Breakthroughs: Using Innovative Practice to Address Toxic Stress](#)

Questions?

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THAT'S ME!!!



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