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

Judge Lynn Tepper
ltepper@jud6.org

“Protecting Delaware’s Children Conference”
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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.

www.air.org/TICtool American Institutes for Research
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
Florida’s Children 0-3: 543 median days in care

E Pasco ECC 0-3: 401 days
2. What Does the Science Tell Us About Adversity & its impact?
Untreated Adverse Early Childhood Events Exacerbate Over Time

Childhood
- Developmental Delays
- Expulsion

Adolescence
- Obesity
- Mental Health
- Suicide
- Teen pregnancy/STDs
- Drugs & Alcohol
- Violence
- Delinquency

Adulthood
- Psychiatric Problems
- Alcohol Crime
- Heart disease Cancer
- Chronic lower respiratory diseases
- Stroke Drug Abuse
- Diabetes Kidney disease
- Influenza and pneumonia
- Suicide
- Alzheimer’s disease
- Unintentional injuries

ACEs Linked to Problems in Learning & Behavior

1 of 4 School children exposed to a traumatic event.

Source: National Child Traumatic Stress Network
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

Graphic Credit: Robert Wood Johnson Foundation
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

<table>
<thead>
<tr>
<th>Babies</th>
<th>Toddlers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• From <strong>clingy to flat</strong> affect with no joy</td>
<td>• Biting, kicking, tantrums, unprovoked aggression</td>
</tr>
<tr>
<td>• Prolonged <strong>uncontrollable crying</strong></td>
<td>• Disinterested in toys</td>
</tr>
<tr>
<td>• Doesn’t explore</td>
<td>• <strong>Indiscriminate preferences of caregivers.</strong></td>
</tr>
<tr>
<td>• No preferred caregiver</td>
<td>• No appetite</td>
</tr>
<tr>
<td>• Failure to thrive</td>
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</table>

<table>
<thead>
<tr>
<th>Preschool</th>
<th>School Age</th>
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<tbody>
<tr>
<td>• Repetitive play about violent event</td>
<td>• <strong>Grades drop</strong></td>
</tr>
<tr>
<td>• <strong>Sleep troubles or nightmares</strong></td>
<td>• Preoccupied with the trauma</td>
</tr>
<tr>
<td>• Hyper vigilance</td>
<td>• <strong>Poor self-esteem</strong></td>
</tr>
<tr>
<td>• <strong>Skill regression</strong></td>
<td>• Bedwetting or thumb sucking may reappear</td>
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Trauma, Toxic Stress & Neglect Interfere With Brain Development

Prefrontal cortex
Controls EXECUTIVE functioning

Healthy Child
Fear, aggression, visual Learning & memory

Neglected Child

Amygdala
Fear, aggression, visual Learning & memory

Courtesy of Dr. H.T. Chugani, Children’s Hospital of Michigan, Wayne State University
3. An intensified trauma-informed approach.
“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.”


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

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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

Find Resources at http://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 to 8.35% Fl
- **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

Early Childhood Systems

Baby Court Teams
Florida Baby Court Desired Outcomes

- **Safety**
  - Heal trauma & stop intergenerational transmission

- **Permanency**
  - Accelerate permanency

- **Well-Being**
  - Enhance child well-being

- **Relationships**
  - Improve relationships in child’s life

- **Reduction**
  - Reduce reoccurrence of maltreatment
Baby Court

Child Parent Psychotherapy

Frequent Visitation

Monthly Staffings

Community Coordinator Developmental Supports

Heals trauma & promotes parenting capacity

Builds attachment

Tracks progress

Ensures developmental & family supports

Accelerate Permanency

Reduced Reoccurrence of Maltreatment

Enhanced Well-Being

Builds attachment & promotes

Heals trauma

Enhanced Well-Being

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Enhanced Well-Be
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

About This Program
The information in this program outline is provided by the program representatives and edited by the CEBC staff. Child Parent Psychotherapy (CPP) has been rated by the CEBC on the basis of Clinical Utility, Research Base, and Trauma Evidence-Based Programs (BHS 230) and Trauma Evidence-Based (Child & Adolescent) Program.

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

For children/adolescent ages: 0 - 5
For parents/caregivers of children ages: 3 - 5

Brief Description
CPP is a transactive, family-oriented, child-parent training. Typical the child is seen with his or her present caregiver, and the goal is the well-being of the child. CPP essentially is an effort to heal the parent-child relationship and the child’s development. It is essential to understand and address the parent-child relationship as a vehicle for restoring and protecting the child’s mental health. Treatment also focuses on contextual factors that may affect the parent-child relationship, and the child’s development. Therapists use a range of strategies to help parents and children overcome the effects of the trauma and to develop skills that enable them to manage the trauma and its effects. This includes teaching parents and children strategies to cope with the psychological impact of trauma, and to promote healthy functioning and relationships.
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

SECURE BASE
- Protect me
- Comfort me
- Delight in me
- Organize my feelings

SAFE HAVEN
- Support My Exploration
- Welcome My Coming To You

Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child's need.
Whenever necessary: take charge.

© 1998 Cooper, Hoffman, Marvin, & Powell
circleofsecurity.org

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

- **Cognitive Problems**: 23 – 65%
- **Speech Delays**: 14 – 64%
- **Health Problems**: 22 – 80%
- **Motor Delays**: 4 – 47%
- **Mental Problems**: 10 – 61%
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
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.


7. Hold all accountable.

8. Be a convener.

9. Monitor the data.

10. Take care of yourself.

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*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

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
Life is like a photograph, we develop from the negatives.
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


- **The Still Face Experiment by Dr. Edward Tronick, Harvard University** | black and white video version unavailable | current versions available on [YouTube](https://www.youtube.com)

- **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?

Lynn Tepper, Circuit Judge
Sixth Judicial Circuit of Florida
Dade City, Pasco County
ltepper@jud6.org
THAT'S ME!!!

ltepper@jud6.org