

The National CASA Association and the National Council of Juvenile and Family Court Judges are committed to providing judges and advocates the tools they need to be effective in dependency cases. This issue of the *Judges' Page* highlights the importance of early identification of the developmental needs of the child, whether an infant or a teen, and timely intervention to make sure appropriate services are in place to meet the need.

—Judge J. Dean Lewis, Editor

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## Editor's Page—Child Development Issues and the Dependency Court



*J. Dean Lewis, Judge (retired), Member of the National CASA Association Board and Past President of NCJFCJ*

### Summary

Over 50% of the children entering foster care experience developmental delays. What can the court do to enhance outcomes for these vulnerable children?

Research tells us that more than 50% of the children entering foster care experience developmental delays—a rate 4 to 5 times that found in the general population. Foster children may have been subjected to domestic violence, parental substance abuse, parental mental illness, inadequate parenting and physical, emotional or sexual abuse in their home of origin. At the very first hearing, the court needs to ask questions and refer the child to experts to promptly determine the following:

- What are the child's physical, medical, dental, developmental and educational needs?
- What are the child's emotional and mental health needs?
- What child-focused treatment and services need to be incorporated into the initial foster care services plan?
- How should foster parents and educators deal with the behavior the child exhibits?
- What visitation with the parents and siblings is appropriate based upon the child's developmental needs?
- If reunification is a viable alternative, are there parental mental health and substance abuse issues?
- What capacity does each parent have to successfully parent this child while assuring the child's health, safety and well-being?

The dependency court must make findings as to whether "reasonable efforts" to prevent removal and reasonable efforts for reunification have occurred. With the implementation of the Adoption and Safe Families Act (ASFA), courts must also make findings as to whether reasonable efforts to achieve permanency for the child have occurred. The focus of reasonable efforts findings has historically been upon whether the child welfare agency offered adequate services to support the needs of the parent—not the needs of the child.

ASFA refocuses us by making the health and safety of the child of paramount concern to the court. In addition, the federally mandated Child and Family Services Reviews require courts to address the medical, educational and mental health needs of children in foster care as set out below:

- **Safety Outcome 1:** Children are first, and foremost, protected from abuse and neglect.
- **Safety Outcome 2:** Children are safely maintained in their homes whenever possible and appropriate.
- **Permanency Outcome 1:** Children have permanency and stability in their living situations.
- **Permanency Outcome 2:** The continuity of family relationships and connections is preserved for children.
- **Child and Family Well-Being Outcome 1:** Families have enhanced capacity to provide for their children's needs.
- **Child and Family Well-Being Outcome 2:** Children receive appropriate services to meet their educational needs.
- **Child and Family Well-Being Outcome 3:** Children receive appropriate services to meet their physical and mental health needs.

This issue of the *Judges' Page* highlights the importance of early identification of the needs of the child, whether an infant or a teen, and timely intervention to make sure appropriate services are in place to meet the need.

When I served as a juvenile and domestic relations court judge in Virginia, I had access to a local organization called the Child Development Center (CDC). This organization was operated by the state health department. I referred every child who came into the foster care system for an evaluation at the CDC in the initial court order. The CDC performed a physical/medical evaluation as well as a psychological, social and educational evaluation.

I also appointed a CASA/GAL volunteer for each child coming into foster care. CASA volunteers play an important role in investigating the child's best interests, reporting the child's needs to the court and making recommendations for assessments, evaluations and services in court reports. The CASA volunteer spends considerable time with the child and is often the first to alert the judge to a problem requiring intervention.

Without the information provided to the court by the CDC and the CASA/GAL volunteer, I could not have made competent decisions about the health, safety and well-being of children in care. As judges, we owe our foster children no less than a thorough investigation of all aspects of their lives. In this way, we can verify that the best interventions to support healthy development will be made while the children are under our jurisdiction.

In this issue, the authors provide insight into court programs and referrals for foster children that can help achieve successful child-focused outcomes.

- [Sheryl Dicker and Elysa Gordon](#) share their experiences with the New York State Permanent Judicial Commission on Justice for Children Project and outline an important role for CASA volunteers in working with the court to promote healthy development and permanency for young children in foster care. They point out that revisions to the Child Abuse Prevention and Treatment Act (CAPTA) and Individuals with Disabilities Education Act (IDEA) require states to have provisions and procedures for the referral of abused or neglected children under age three to early intervention services. This is welcome news because research indicates that children with disabilities are more likely to be maltreated than other children *and* that early intervention can reduce the harm caused by abuse or neglect.
- [Judge Douglas Johnson](#) shares his experiences in developing a family drug treatment court that serves infants through age three and their parents with the needs of the children as the top priority.
- [Dr. Vicky Youcha](#), project director of the court teams for maltreated infants and toddlers at Zero to Three, sets out 10 key facts about healthy development for infants and toddlers, with recommendations to help these children thrive.
- [The National Council of Juvenile and Family Court Judges \(NCJFCJ\)](#) highlights its technical assistance bulletin entitled *Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System*. This is a document that should be with you on the bench as a checklist when hearing such cases.
- [The Trauma Center at Justice Resource Institute](#) provides details regarding a new diagnosis called "complex trauma" involving toddlers and school-aged children, including recommendations for court response.
- [Dr. Joy D. Osofsky](#) identifies the effects of violence on children outlining a number of "red flags." She makes it clear that too frequently people dismiss the negative impact on children of exposure to violence.

- Focusing on the needs of teens in foster care, [Dr. Ruth DeRosa and Dr. David Pelcovitz](#) explain the diagnosis of Post-Traumatic Stress Disorder, detailing the symptoms, potential effects on adolescent behavior and recommendations to the court.
- A program called [Street Law](#) has been around for many years and is generally used as a resource for delinquent youth. However, Alexandra Ashbrook advises that Street Law can also be very valuable for emancipating foster youth and teen parents.
- Good parenting is the key to successful outcomes for children and teens. [Shay Bilchik](#), president and CEO of the Child Welfare League of America, describes their efforts to promote parenting-rich communities.
- Ongoing contributor [Joey Binard](#) of NCJFCJ has compiled an array of websites which will assist you in furthering your knowledge of child development issues. I hope that you will contact Joey to subscribe to her weekly e-mail newsletter, *Brevity*.

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## Promoting the Healthy Development of Young Children in Foster Care

*Sheryl Dicker, JD, Executive Director, and Elysa Gordon, MSW, JD, Senior Policy Analyst, Permanent Judicial Commission on Justice for Children*

### **Summary**

Despite their obvious need, most children who are abused and neglected are not linked to an early intervention program or other early childhood services that would improve their well-being and strengthen their families. CASA or GAL volunteers can play an important role in assuring such interventions.

Brain research confirms that the early years present an unparalleled opportunity to promote a child's healthy development and family stability. It also reveals the grave impact of abuse and neglect on the well-being of young children. The research sounds an alarm as young children enter, remain in and re-enter the child welfare system in unprecedented numbers, with the vast majority having disproportionately high rates of health problems, disability and developmental delay.

Despite their obvious need, most foster children are not linked to an early intervention program (EIP) or other early childhood service that would improve their well-being and strengthen their families. The stress of caring for a child with unmet health and developmental needs strains family stability and can undermine efforts to reunify families and recruit and retain foster and adoptive parents.

### **Fast Facts:**

- Almost one-third of all children entering foster care are under age 3.
- Children under age 3 constitute the largest cohort of victims of substantiated cases of abuse and neglect. Children under age 1 are involved in over one-third of substantiated neglect reports and over half of all substantiated cases of medical neglect.
- Nearly 80% of foster children under 3 were prenatally exposed to maternal substance abuse, and 40% were born low birth-weight or premature—leading risks for developmental delay and disability.
- More than half of foster children under 3 experience developmental delays—4 to 5 times the rate found among children in the general population.

By linking child development research to practice, judges working with CASA or GAL volunteers can promote a steady focus on child well-being as an integral part of permanency planning and decision-making as required by law. The Adoption and Safe Families Act (ASFA) makes clear that a child's health and safety are paramount considerations in child protective proceedings. Its regulations require states to address the medical, educational and mental health needs of children in foster care.

The newly amended and reauthorized Child Abuse Prevention and Treatment Act (CAPTA) and Individuals with Disabilities Education Act (IDEA) now require states to have provisions for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to an early intervention program (EIP) required under Part C of IDEA.

At the earliest point in a case, the judge can appoint a CASA volunteer to gather information about the child's medical, developmental and emotional needs to assist decision-making. CASA volunteers also can monitor compliance with court orders for health services as well as prompt referral to the EIP and child development programs such as Head Start. In New York State, judges routinely appoint CASA volunteers on cases involving young children. These CASA volunteers use the Infant Checklist developed by the Permanent Judicial Commission on Justice for Children as a tool to assist the court.

**Infant Checklist:**

1. What are the medical needs of this infant?
2. What are the developmental needs of this infant?
3. What are the attachment and emotional needs of this infant?
4. What challenges does this caregiver face that would impact his or her capacity to parent?
5. What resources are available to enhance this infant's healthy development and prospects for permanency?

**Editor's Notes:**

For further information, see the website of the New York State Permanent Judicial Commission on Justice for Children. ([www.nycourts.gov/ip/justiceforchildren](http://www.nycourts.gov/ip/justiceforchildren))

For a more extensive article by the authors, see "[Building Bridges for Babies in Foster Care: The Babies Can't Wait Initiative](#)" by Sheryl Dicker and Elysa Gordon published in the National Council of Juvenile and Family Court Judges *Journal*, Spring 2004.

For an article giving further details regarding the CAPTA requirements mentioned in this article, see "Opening the Door to Early Intervention for Abused and Neglected Children: A New CAPTA Requirement" by Sheryl Dicker and Elysa Gordon, published in the American Bar Association's *Child Law Practice*, May 2004. Paid subscribers to *Child Law Practice* can download this article.

([www.abanet.org/child/clp/subscribe.html](http://www.abanet.org/child/clp/subscribe.html))

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## Zero to Three Family Drug Treatment Court



*Douglas F. Johnson, Judge, Separate Juvenile Court of Douglas County, Omaha, Nebraska*

### Summary

The Douglas County Family Drug Treatment Court (FDTC) was established to serve children ages 0 through 3 as the first priority and then to serve their parents.

In the February 2005 *Judges' Page* newsletter, I wrote about "Judicial Ethics and Family Drug Treatment Court," noting my preparations to start such a court. On May 3rd, we began to meet this 2005 Omaha Model Court goal. Across the country, there are numerous FDTCs—so what's special about ours? We serve **babies**. The Douglas County Family Drug Treatment Court serves children ages 0 through 3 and their parents. Let me repeat: we serve babies first, then their parents. This article tells why it is one of the best problem-solving activities a judge can implement.

Infants and toddlers are the fastest-growing population in the juvenile and family court system. One of five foster care placements are infants. Once in, infants remain twice as long as older children. Babies under the age of 1 make up 25% of children in the child welfare system, and 76% of child abuse fatalities occur to children under 4 years old. (Dicker, S.; Gordon, E., Kmitzer, J. [2001] *Improving the Odds for the Healthy Development of Young Children in Foster Care*. New York: National Center for Children in Poverty.)

Nationally, parental substance abuse accounts for approximately 70% of all children in foster care. (Foster, S. [January 29, 2001] *Shoveling Up: The Impact of Substance Abuse on State Budgets*. Presentation by the National Center on Addiction and Substance Abuse at Columbia, the National Press Club, Washington, DC ([www.casacolumbia.org/absolutenm/anviewer.asp?a=239&print=yes](http://www.casacolumbia.org/absolutenm/anviewer.asp?a=239&print=yes)).

Recognizing that babies are the most vulnerable children to enter foster care, why not help the youngest of the young? Why not focus on their right to a timely, permanent, safe home? It made all the sense in the world to start a 0 to 3 family drug treatment court.

How did we get started? First, we unabashedly stole all the best ideas we could from our colleagues in the National Council of Juvenile and Family Court Judges (NCJFCJ) who had started an FDTC. For over one and one-half years, we held judicially convened, collaborative meetings with child well-being providers, the CASA/GAL program, the Zero to Three Institute, our Model Court liaison, the NCJFCJ's Permanency Planning for Children Department, local agency attorneys, our Health and Human Services department and other community stakeholders.

A key lesson was that we could not simply draw down from the adult criminal drug treatment court model. Its focus is primarily on parental sobriety, with jail as the ultimate sanction. The juvenile and family court focus is the baby's timely right to a decent life and a permanent parent.

Post-adjudication, parents are invited to participate in our highly intensive FDTC with heightened oversight from the judiciary, the FDTC team, Child Protective Services and various providers. At the very beginning, parents are warned of a concurrent permanency plan of reunification and adoption. Parents are made aware that the focus of our FDTC is the child's well-being and permanency, not simply parental sobriety. The abuse/neglect docket is not separate from the FDTC docket. Each week, we review total parental progress and child well-being.



Parental skill sets are taught: how to nurture and care for a baby in order to promote bonding and attachment; conflict resolution for couples; budgeting; housing; education; domestic violence; and employment, to name a few. Babies are screened for early childhood developmental delays, and any necessary medical and mental health care is provided. The parents, primarily mothers, must learn to juggle and manage all of their parental responsibilities within 12 to 18 months, or the child may be freed for adoption. The program has five progressive phases leading to commencement.

A key feature promoting bonding and attachment and the regular opportunity to hone parent skill sets is that most parents live safely with their babies. We use licensed relative foster placements, licensed foster parents and residential treatment living centers—all trained specifically for this duty.

Other features common to most FDTCS include regular court appearances; frequent, observed urinalysis; Alcoholics Anonymous/Narcotics Anonymous participation, including the use of sponsors; dual diagnosis treatment; mental health therapy; medications; and relapse prevention programs. Sustained sobriety is part of the larger balancing act to be a responsible parent.

The whole team, including myself as judge, emphasizes affirmation and encouragement of parental progress. Respect and civility are the cornerstones of our program. We have a range of incentives for progress and sanctions for a lack of progress.

Our experience, as brief as it is, is that affirmation garners parental progress. Parents who do not improve may face a termination of parental rights action. In that case, mediation of the permanency issue will be offered. We anticipate that due to our respectful, problem-solving court environment, mediation will result in resolution of the permanency issue by relinquishing parental rights in order to do what's best for the baby. That has been my experience in other cases.

Compared to the standard Adoption Safe Families Act six-month review hearings following an abuse/neglect adjudication and disposition, our FDTC could not give a better therapeutic justice opportunity to babies and their parents who abuse mood-altering substances. FDTC provides the best judicial oversight, care and services—and the least amount of placement disruption. Regardless of what ultimately occurs with the parents in FDTC, these babies will achieve permanency in a timely manner.

Our FDTC is a pilot project. It will adjust and improve with time and experience. Our measurable outcomes will be consistent with the federal Child and Family Service Review benchmarks. Given our positive experience so far, status quo case progression will never again be acceptable. We wonder how we might be able to offer a similar opportunity to all children whose parents abuse substances.

Finally, in my previous article on this topic I reviewed some ethical questions about the role of a judge in FDTC. There are still no ethics advisory opinions available. A key ethical question has to do with the judge's participation in staffing when the parents are not present. This is obviously an *ex parte* communication which might result in bias or prejudice. Given the Conference of Chief Justices' support for such problem-solving courts, and my own Chief Justice's support, we have worked out this potential problem in this way: Parents are made aware of staffing communication and have the choice to consent in writing on advice of counsel. Their attorneys are welcome to attend such staffings but generally have not. Most importantly, I never make a decision in the staffing. It is an informational meeting. If there is a contested matter, it may be set for an evidentiary hearing with notice and appearance of counsel. I do not decide anything until the parent is in court and has an opportunity to be heard. This prevents prejudging the case. Another option used by some of our colleagues is that the judge does not attend the staffing. In that case, the judge is updated about parental progress and child well-being in court at the same time as the parent.

While there are many problem-solving endeavors a juvenile or family court judge can engage in, FDTC focusing on babies merits your consideration.

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## Ten Key Facts About the Healthy Development of Infants and Toddlers and Recommendations to Help Young Foster Children Thrive

*Dr. Vicky Youcha, EdD, Project Director, Court Teams for Maltreated Infants and Toddlers, Zero to Three*

### Summary

Positive intervention during the first years of life is critical to children in the child welfare system.

The positive mental health of infants and toddlers depends on judges becoming familiar with the science of early childhood development. The court can then interpret the information it receives not only from infant mental health specialists but also from caseworkers, case managers, parents and others to the benefit of the child.<sup>1</sup>

### Facts:

1. Between birth and 3 years old, the brain cell connections that govern sight, hearing and language are mapped out. External stimulation (positive and negative) has major influence over everything the brain regulates: among them are memory, emotions and learning.<sup>2</sup>
2. From the first days of life, infants remember what has happened. So-called “perceptual memory” links growing babies to sights and smells that can trigger intense psychological and physiological responses.
3. From smiles to averted gazes and yawns, babies are trying to communicate their needs and feelings to us.<sup>3</sup>
4. It is now possible to identify signs of depression and other psychological disorders in babies as young as 3 months.<sup>4</sup>
5. From birth, babies feel empathy toward other babies in distress.<sup>5</sup>
6. Low birth-weight and prematurity lead to developmental challenges for infants and put them at greater risk for a range of medical problems. Forty percent of babies involved with the foster care system were born low birth-weight, premature or both. More than half of these children suffer from serious health problems, including elevated lead blood-levels and chronic diseases such as asthma.<sup>6</sup>
7. Developmental delays, if not diagnosed early, can compromise the early learning that is required for successful school performance. Half of all foster children (roughly 4½ times the rate in the general population) have developmental delays.<sup>7</sup>
8. Flying below the radar screen is Fetal Alcohol Spectrum Disorder (FASD). It is a physical disability whose primary symptoms (e.g., poor judgment, impulsivity, difficulty learning from experience, slow developmental pace) are often misdiagnosed as oppositional defiant disorder, conduct disorder, attention deficit disorder or emotional disturbance. The brain damage is caused by alcohol and drugs that pass the placental barrier during pregnancy. It cannot be cured. But if correctly diagnosed and treated, accommodations can be made to allow people with FASD to lead productive lives.<sup>8</sup>
9. The single most important predictor of a child’s healthy growth and development is the attachment formed with a consistent, loving caregiver. A secure emotional bond with a loving caregiver gives infants the belief that they are worthwhile and the ability to nurture themselves, care for those around them and develop the motivation to learn about their world.

10. Babies grieve when their caregivers disappear.

### Recommendations:

These ten facts make it abundantly clear that positive intervention during the first years of life is critical to children in the child welfare system. In the process of adjudicating cases, judges have an opportunity to focus on healing for these most vulnerable infants and toddlers.<sup>9</sup> Following is a brief list of recommendations for interventions that will improve the odds for very young children who have been abused or neglected.

1. Prevent multiple placements for infants and toddlers in foster care.
2. Assure developmentally appropriate visitation practices for infants and toddlers in foster care.
3. Use evidence-based models to prevent child abuse and neglect.

Research on model programs reveals that well designed services with explicitly defined goals can be effective in changing parenting practices and influencing parent-child interactions.<sup>10</sup> It is clear, therefore, that prevention is a critical strategy for protecting at-risk babies and their families. High-quality early childhood home visitation is highly effective in preventing child abuse and neglect.<sup>11 12 13</sup>

4. Assure comprehensive, developmentally appropriate health care for infants and toddlers in foster care.
5. Assure access of infants and toddlers referred to child protective services to the early intervention program ("Part C") of the federal Individuals with Disabilities Education Act (IDEA).

A provision of the Keeping Children and Families Safe Act of 2003 that amended the Child Abuse Prevention and Treatment Act (CAPTA) (PL 108-36) requires that each state develop "provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA) (section 106(b)(2)(A)(xxi))."

6. Assure early childhood mental health assessment and treatment services for babies and toddlers in foster care, including consultation with child welfare agencies for more-informed child welfare practice.
7. Ensure that infants and toddlers in foster care have access to quality early care and learning experiences.
8. Assure ongoing post-permanency services and supports for adoptive families and families seeking reunification.
9. Use oversight of the courts to assure the safety and permanency of babies in foster care.

*Editor's Note: For a more extensive article on the subject, see ["Zero to Three: Critical Issues for the Juvenile and Family Court"](#) by Julie Cohen and Victoria Youcha, published in the *National Council of Juvenile and Family Court Judges Journal*, Spring 2004.*

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<sup>1</sup> Lillas, C.M., Langer, L., Drinane, M. "Addressing Infant and Toddler Issues in the Juvenile Court: Challenges for the 21st Century." *NCJFCJ Journal*, 55 (2), 89.

<sup>2</sup> Kotulak, R. *Inside the Brain: Revolutionary Discoveries of How the Mind Works*. Kansas City, MO: 1997, 7-17.

<sup>3</sup> Lillas, op cit, 85-87.

<sup>4</sup> Wingert, P., Brant, M. "Reading Your Baby's Mind: New Research on Infants Finally Begins to Answer the Question: What's Going on in There?" *Newsweek*, CLXVI (7), 35.

<sup>5</sup> Ibid.

<sup>6</sup> Halfon, N.; Mendonca, A.; & Berkowitz, G. (1995) "Health Status of Children in Foster Care: The Experience of the Center for the Vulnerable Child." *Archives of Pediatric and Adolescent Medicine*, 149(4), 386-391.

<sup>7</sup> Osofsky, J.D., Maze, C.L., Lederman, C.S., Grace, M., Dicker, S. "Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System," *NCJFCJ Journal*, 55 (2), 47.

<sup>8</sup> Malbin, D.V. "Fetal Alcohol Spectrum Disorder (FASD) and the Role of Family Court Judges in Improving Outcomes for Children and Families." *NCJFCJ Journal*, 55 (2), 53-63.

<sup>9</sup> Lederman, C., Osofsky, J., & Katz, L. (2001). "When the Bough Breaks the Cradle Will Fall: Promoting the Health and Well-Being of Infants and Toddlers in Juvenile Court." *NCJFCJ Journal*, (52)4, 33-37.

<sup>10</sup> Shonkoff, J., & Phillips, D. (Eds.). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.

<sup>11</sup> "First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation and Firearms Laws," *Morbidity and Mortality Weekly Report (MMWR)*, October 3, 2003, Vol. 52., No. RR-14.

<sup>12</sup> Healthy Families America, (2002). *Healthy Families America Reduces Child Maltreatment*. Fact sheet retrieved January 10, 2004. ([www.healthyfamiliesamerica.org/downloads/hfa\\_fact\\_a.pdf](http://www.healthyfamiliesamerica.org/downloads/hfa_fact_a.pdf))

<sup>13</sup> Ibid.

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## Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System

*On behalf of NCJFCJ: Joy D. Osofsky, PhD, Professor of Pediatrics and Psychiatry, Louisiana State University Health Sciences Center, New Orleans; Candice L. Maze, JD, Director, Dependency Court Intervention Program for Family Violence, Miami, FL; Judge Cindy S. Lederman, 11th Judicial Circuit Court, Miami, FL; Chief Justice Martha P. Grace, Massachusetts Juvenile Court, Boston; and Sheryl Dicker, JD, Executive Director, Permanent Judicial Commission on Justice for Children*

### Summary

Increasing numbers of infants and young children with complicated and serious physical, mental health and developmental problems are being placed in foster care. A checklist has been developed for use by judges, attorneys, child advocates and other child welfare professionals in meeting the needs of this population.

We need to change the culture in our courts. Instead of ignoring the special needs of babies and toddlers, we need to recognize that abused and neglected children are at risk for developing negative sequelae as a result of their maltreatment. The science of early development is unequivocal that early intervention can be effective.

The following questions were developed as a guide for lawyers, judges and child advocates in the child welfare system as a first step toward advocacy and intervention for young children. Armed with the questions, the scientific reasons they need to be asked and the research that provides support, we recommend that these questions be used as a tool and be asked over and over until the needs of maltreated infants and babies are addressed. It is our obligation under the Adoption and Safe Families Act of 1997, and it is our moral responsibility to these young children.

*Editor's Note: Following are important questions to ask in court. See the complete Technical Assistance Brief (2.8 MB PDF) for a full discussion of each question, including the research that led to its inclusion. This brief was published in December 2002 by the NCJFCJ's Permanency Planning for Children Department. ([www.ncjfcj.org/images/stories/dept/ppcd/pdf/57190p18.pdf](http://www.ncjfcj.org/images/stories/dept/ppcd/pdf/57190p18.pdf))*

### Physical Health

- Has the child received a comprehensive health assessment since entering foster care?
- Are the child's immunizations complete and up-to-date for his or her age?
- Has the child received a hearing and vision screen?
- Has the child been screened for lead exposure?
- Has the child received regular dental services?
- Has the child been screened for communicable diseases?
- Does the child have a "medical home" where he or she can receive coordinated, comprehensive, continuous health care?

### Developmental Health

- Has the child received a developmental evaluation by a provider with experience in child development?
- Are the child and his or her family receiving the necessary early intervention services, e.g., speech therapy, occupational therapy, educational interventions, family support?

### Mental Health

- Has the child received a mental health screening, assessment or evaluation?
- Is the child receiving necessary infant mental health services?

### **Educational/Child Care Setting**

- Is the child enrolled in a high quality early childhood program?
- Is the early childhood program knowledgeable about the needs of children in the child welfare system?

### **Placement**

- Is the child placed with caregivers knowledgeable about the social and emotional needs of infants and toddlers in out-of-home placements, especially young children who have been abused, exposed to violence or neglected?
- Are the foster parents able to identify problem behaviors in the child and seek appropriate services?
- Are all efforts being made to keep the child in one consistent placement?

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## Complex Trauma in Toddlers and School-Aged Children

*Janice Stubblefield-Tave, LICSW, Kristine Kinniburgh, LICSW, Marla Zucker, PhD, Elizabeth Hopper, PhD, Sharman Nathanson, LICSW, Daniel Williams, MsEd, and Joseph Spinazzola, PhD, the Trauma Center at Justice Resource Institute*

### Summary

The National Child Traumatic Stress Network's complex trauma workgroup has conducted extensive research on this serious public health problem, developed evidence-based treatment guidelines, proposed a new diagnosis to capture the scope and complexities of complex trauma exposure and established recommendations for court response.

### What Is Complex Trauma?

Multiple or prolonged traumatic events (such as neglect, domestic violence, sexual and physical abuse, separations from family members and inconsistent care due to caregivers' substance abuse or mental illness) affect young children's physiology, development, behavior and learning. The term *complex trauma* describes this dual problem of children's exposure to such events as well as the immediate and long-term impacts on development.

The National Child Traumatic Stress Network's complex trauma workgroup has conducted extensive research on this serious public health problem, developed evidence-based treatment guidelines and proposed a new diagnosis to capture the scope and complexities of complex trauma exposure (see *Psychiatric Annals*, 2005, Volume 35[5], a special issue written by network members dedicated to this topic).

### Common Problems Observed in Young Children Impacted by Complex Trauma

When caregivers soothe distressed children, these children learn to manage emotions and behaviors, negotiate relationships and gain confidence in exploring their place in the world. When children live in fear or chaos, without an adult to provide comfort or a safe, predictable routine, developmental competencies are compromised.

Children living in traumatic conditions devote their energy to defending against the uncertainty of physical or emotional danger and as a consequence are often unable to regulate their physical and emotional states. Even when the environment becomes safe, they remain vigilant, responding to all events as alarming. They may appear hyperactive, impulsive, reckless, defiant, overly compliant, withdrawn, explosive or sexualized. Their moods may be irritable, depressed or giddy and may suddenly swing.

School performance is affected by inattention, low frustration tolerance and impairments in information processing and memory. Self-image tends to be negative, and many of these children cannot imagine a successful future. Many blame themselves for the trauma they endured rather than the adults responsible, whom they often idealize. Some, craving adult attention, gravitate to any adult, including those that are unsafe or inconsistent. Others, believing all adults are unreliable and all relationships are dangerous, appear indifferent or resistant to concerted efforts by caring adults.

### Recommendations for Court Response to Complex Trauma in Children and Families:

1. To understand the impact of traumatic events, judges should ensure that court-involved children and families with a suspected trauma history receive a psychological evaluation by providers with expertise in traumatic stress, and recommendations should be incorporated into the court orders for the family (see the National Child Traumatic Stress Network for local and regional resources [[www.nctsnet.org](http://www.nctsnet.org)]).

2. Mental health providers serving traumatized youth and their families often possess information of benefit to the court. The sense of safety and trust established through an ongoing therapeutic relationship can increase traumatized children's willingness to disclose critical information about their traumatic experiences. Children may withhold information from others with whom they have a more limited relationship. Accordingly, it is recommended that efforts be made to involve mental health providers in the judicial process for traumatized youth and their families.
3. When possible, prioritize children's safety and predictability by maintaining their ties to a consistent source of support, such as a foster home, school, parent or therapist.
4. When placement, custody or visitation is being considered, providers knowledgeable about trauma should carefully assess the nature of the child's attachment. Traumatized children often develop unhealthy attachments to abusive caregivers and express the wish to stay with adults who are abusive or neglectful, although this is often not what is best for the child. Therefore, careful consideration should be used in evaluating traumatized children's wishes regarding placement.
5. Sexually abused children often demonstrate sexualized behaviors such as self-touching, preoccupation with sexual themes or sexualized play with other children. With appropriate treatment, most do not escalate to offender behaviors. Premature labeling of traumatized children as offenders and placement in offender programs may be harmful to their mental health and can precipitate escalation of maladaptive behaviors.
6. When either domestic violence or child abuse is reported, screen for the other. Identified families should be connected to advocates knowledgeable about domestic violence as well as other resources in their communities.
7. Traumatized children cannot be treated in a vacuum. Whenever appropriate, parents or other caregivers should be involved in the child's therapy, with attention paid to the caregiver's attunement to the child's emotional states. Parent-child dyadic intervention (an emerging therapy model that focuses on the relationship between parent and child) may be helpful to increase empathic attunement.
8. The behaviors of traumatized children can be challenging and a source of secondary trauma to those caring for them. Therefore caregivers should be supported by the child's therapist or connected to specialized services. Parents with a personal trauma history may benefit from additional supports including their own therapy to better understand the impact of their personal experiences on their parenting.
9. Opportunities should be created for traumatized children to build personal competencies. Activities such as music and theater can foster children's sense of mastery over their environment and pride in their accomplishments. Traumatized children should be linked to community resources that support these developmental goals.
10. Traumatic experiences often become "locked" in the body, leading children to become withdrawn, to act out impulsively or to have difficulty controlling their emotions. Structured gross motor activities such as sports or dance can help to address these traumatic reactions. Such activities build social connections and personal mastery while helping to develop children's ability to self-regulate.

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## The Effects of Violence Exposure on Children: Looking for Red Flags

*Joy D. Osofsky, PhD, Professor of Pediatrics and Psychiatry, Louisiana State University Health Sciences Center, New Orleans, Louisiana*

### Summary

Judges and other professionals who make decisions about the lives of children exposed to violence need to know that help is available and that interventions and therapeutic approaches can decrease the long-term consequences of early violence exposure.

Each year in the United States, at least three million children are exposed to violence within their homes. These children are the victims of violence, although the scars are often invisible. Another several million children confront violence in their neighborhoods, and most children are exposed to scenes of violence on television or at the movies, on the internet or in the lyrics of popular songs.

It is vitally important that judges and others who see these children in court settings, in addition to mental health professionals who evaluate and provide services for them, understand the impact that exposure to violence has on children during their formative years. Even infants and toddlers are not “too young” to be affected. Indeed, there is fall-out from these early traumatic experiences.

It is also crucial that judges and other professionals who make decisions about these children’s lives know that help is available for those who live in the midst of violence and that interventions and therapeutic approaches can decrease the long-term consequences of early violence exposure.

Some of the “red flags” suggestive of violence exposure for younger children include:

- Aggressive behaviors that lead to problems for the child
- Withdrawn behaviors
- Sleep problems, including nightmares and night terrors
- Regression to earlier, younger patterns of behaviors
- Physical complaints such as stomachaches and headaches
- Anxiety problems such as severe difficulty with separation
- Problems with concentration
- Mood swings

For adolescents, indicators include:

- Very aggressive behaviors toward others
- Problems with concentration
- Mood swings
- School truancy
- Running away from home
- Substance abuse
- Dating violence
- Delinquent activities
- Suicidal thoughts/actions

Unfortunately, many people dismiss the negative impact of violence exposure on children. Others believe the numbers of children who are affected are small. However, scientific evidence about the traumatizing effects of such exposure is indisputable. Even brain development is impacted by traumatic events. Exposure to violence can determine how children process the experiences of their lives, how they behave in various circumstances and how they respond to provocation.

Children who endure chronic exposure to community violence or domestic violence are at increased risk of becoming violent themselves, in part because they have not had an opportunity during their early years of development to learn other ways of coping with the inevitable stresses of life.

Judges can play a key role in the lives of violence-exposed children in court by recognizing that at least some of the problematic behaviors they see may be related to violence exposure. Further, judges need to recognize the interconnection between dependency and future delinquency and the role judges can play in prevention.

Indeed, an important red flag for future delinquency may be prior dependency or child welfare involvement. Why may this be so? The child who is learning delayed may be living in a neglectful environment and never have a loving adult talk to her. An adolescent who continually runs from his home may be doing so because of abuse in the home. A child who is truant may have to stay home to take care of a younger child while a parent works.

Judges can play a crucial role for these children. In fact, they may be the very first people who listen to the child. By ordering evaluation or treatment services, judges may be giving children their first chance to have their problems identified and dealt with by caring adults. Judges can also alert others in the child's environment to protect them from violence exposure and trauma. In this way, judges can play a key role in prevention and intervention to reduce the risk of long-term negative consequences for violence-exposed children.

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## Traumatized Teens and Post-Traumatic Stress Disorder

*Ruth R. DeRosa, PhD, Family Therapy Institute of Suffolk, Smithtown, NY and David Pelcovitz, PhD, Chief Child and Adolescent Psychologist at North Shore University Hospital/NYU School of Medicine*

### Summary

What is Post-Traumatic Stress Disorder (PTSD), and what should judges do to accommodate teens suffering from PTSD in the courtroom setting?

### What Is Post-Traumatic Stress Disorder (PTSD)?

PTSD is an anxiety disorder that can develop after experiencing or witnessing a traumatic event such as disaster, combat, life-threatening illness or accident, tragic death of a loved one, family and community violence and child abuse or neglect. The primary features of PTSD include:

- Re-experiencing of the trauma
- Avoidance and numbing
- Hyper-arousal

Individuals repeatedly relive their experience in the form of nightmares, flashbacks or terrifying thoughts about what happened. In an effort to cope, individuals will avoid any reminders that might trigger memories, thoughts or feelings about the trauma and, consequently, become alienated and emotionally disconnected from others.

PTSD affects biological as well as psychological responses. Individuals with PTSD commonly become hyper-alert, on guard or irritable and have significant problems with concentration, memory and outbursts of anger. It is estimated that more than one in eight 17-year-olds meets lifetime diagnostic criteria for PTSD, with adolescent girls at particular risk.<sup>1</sup> Approximately half of juvenile offenders meet criteria for PTSD,<sup>2,3</sup> and rates of PTSD among foster care youth are twice as high as for US war veterans.<sup>4</sup>

Emerging neurobiological research suggests that brain development is still underway in adolescence. Many scientists argue that compared to adults, adolescent differences in brain structure and functioning significantly affect decision-making and impulse control, particularly when teens are under stress.<sup>5,6</sup> Thus, in the courtroom, many traumatized teens living with Post-Traumatic Stress Disorder face multiple challenges with the demands of court proceedings. The chart below highlights PTSD symptoms, potential effects on adolescent behavior and recommendations.

PTSD Symptoms	Behavior in Court	Recommendations
<b>Re-experiencing</b>		
<ul style="list-style-type: none"> <li>• Intrusive upsetting thoughts/memories and dreams about the trauma</li> <li>• Intense reaction to any reminders of what happened</li> <li>• Acting or feeling like the trauma is happening now</li> <li>• Physical reaction to reminders of the trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden, intense reactions to the offender, court officials, direct questions as well as to less obvious triggers and reminders such as a smell</li> <li>• Spacing out, which may appear as though s/he is indifferent, bored</li> <li>• Many physical complaints, e.g., jumpy, nauseated, sweaty</li> </ul>	<ul style="list-style-type: none"> <li>• Create comfortable, safe environment for questioning (as one might for a younger child) by trained trauma-informed staff</li> <li>• Allow teens as well as younger children to have support person accompany them</li> <li>• Allow for frequent breaks as needed</li> </ul>

PTSD Symptoms	Behavior in Court	Recommendations
<b>Avoidance</b>		
<ul style="list-style-type: none"> <li>• Tries to avoid any thoughts, feelings, emotions about the trauma</li> <li>• Tries to avoid people, places or activities that are reminders</li> <li>• Has trouble remembering parts of what happened</li> <li>• Expresses or exhibits feeling detached, cut off from others</li> <li>• Shows limited emotional reaction</li> <li>• Is unable to see a future</li> </ul>	<ul style="list-style-type: none"> <li>• Has difficulty answering questions</li> <li>• Has difficulty remembering</li> <li>• Seems evasive</li> <li>• Appears shut-down, indifferent</li> <li>• Gives up, is hopeless</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipate the need for adolescents to protect themselves from painful reminders</li> <li>• Expect some omissions and confusion of details of traumatic memories among survivors of chronic trauma, especially among dissociative teens <sup>7, 8</sup></li> <li>• Be aware of assumptions and interpretations of adolescent's nonverbal communication</li> <li>• Acknowledge pain and wrong-doing committed to reduce shame and facilitate sense of purpose and meaning</li> </ul>
<b>Increased Arousal</b>		
<ul style="list-style-type: none"> <li>• Sleep problems</li> <li>• Poor concentration</li> <li>• Irritability/angry outbursts</li> <li>• On guard</li> <li>• Easily startled</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in concrete thinking with trouble responding to questions in age-appropriate manner</li> <li>• Overreacts to inquiries; is irritable</li> <li>• Fatigue</li> </ul>	<ul style="list-style-type: none"> <li>• Keep questions simple, concrete</li> <li>• Anticipate needing to repeat, rephrase questions</li> </ul>

### Why focus on teens?

Adolescents are more likely to experience and witness interpersonal violence than any other age group. The *Youth Violence Research Bulletin* reported that 7 out of 10 teens are exposed to violence compared to 4 out of 10 adults.<sup>9</sup> According to the US Department of Justice, the majority of violence is perpetrated by someone the adolescent knows. Research suggests that approximately 60% of adolescent survivors of child maltreatment struggle with the psychological sequelae of trauma.<sup>10</sup>

### How does adolescent trauma put youth at risk?

Exposure to trauma can have profound effects on the adolescent's impulse control, ability to control emotional reactions, attention and concentration, academic and interpersonal functioning and views of the world and the future. It can permanently alter biology and life course. Adolescents are often dealt with no differently than adults. In both the health care and judicial systems, this practice has proven problematic. For example, juveniles tried in adult court often have higher recidivism rates than those in family court.<sup>11</sup> Dr. James Garbarino<sup>12</sup> has said "acts of intentional evil, person against person, undermine a child's basic trust in humanity." Fortunately, just one person or situation has the potential to rekindle hope.<sup>13</sup> The adolescent's experience of the court and the justice system has the power to do just that.

<sup>1</sup> Kilpatrick, D. G., Saunders, B. E., and Smith, D. W. (2003). "Youth Victimization." *Research in Brief*. US Department of Justice: National Institute of Justice.

<sup>2</sup> Cauffman, E., Feldman, S., Waterman, J., and Steiner, H. (1998). "Posttraumatic Stress Disorder Among Female Juvenile Offenders." *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(11), 1209-1216.

<sup>3</sup> McMackin, R. A., Leisen, M. B., Sattler, L., Krinsley, K. E., Riggs, D. S. (2002). "Preliminary Development of Trauma-Focused Treatment for Groups for Incarcerated Juvenile Offenders." *Journal of Aggression, Maltreatment and Trauma*, 6(1), 175-199.

<sup>4</sup> Pecora, P. J. et al. (2005). *Improving Family Foster Care: Findings From the Northwest Foster Care Alumni Study*. (Casey Family Programs technical report, 64p). Seattle, WA.

<sup>5</sup> Kagan, J., Baird, A.A. (2004). "Brain and Behavioral Development During Childhood and Adolescence," in Gazzaniga, M.S. (ed.), *The New Cognitive Neurosciences III*. MIT Press, Cambridge: MA

<sup>6</sup> Luna, B. and Sweeney, J. A. (2004). "The Emergence of Collaborative Brain Function: FMRI Studies of the Development of Response Inhibition." *Annals of the New York Academy of Sciences*, 1021, 296-309.

<sup>7</sup> Eisen, M. L. and Goodman, G. S. (1998). "Trauma, Memory and Suggestibility in Children." *Development and Psychopathology*, 10(4), 717-738.

<sup>8</sup> Freyd, J.J. and DePrince, A.P. (2001). "Perspective on Memory for Trauma and Cognitive Processes Associated with Dissociative Tendencies." *Journal of Aggression, Maltreatment and Trauma*, 4(2), 137-163.

<sup>9</sup> Menard, S. (2002, February). "Short and Long-Term Consequences of Adolescent Victimization." *Youth Violence Research Bulletin*. Office of Juvenile Justice and Delinquency Prevention and the Center for Disease Control.

<sup>10</sup> Kelley, B. T., Thornberry, T. P., and Smith, C. A. (August 1997). "In the Wake of Child Maltreatment." *Juvenile Justice Bulletin*. US Department of Justice: Office of Juvenile Justice and Delinquency Prevention.

<sup>11</sup> Mason, C. and Chang, S. *Re-Arrest Rates Among Youth Sentenced in Adult Court: An Evaluation of the Juvenile Sentencing Advocacy Project*. 2001. Juvenile Sentencing Advocacy Project, Miami-Dade County Public Defender's Office.

<sup>12</sup> Garbarino, J., Kostelny, K., and Dubrow, N. (1991). "What Children Can Tell Us About Living in Danger." *American Psychologist*, 46(4), 376-383.

<sup>13</sup> Zimmerman, M. A., Bingenheimer, J. B., Notaro, P.C. (2002). "Natural Mentors and Adolescent Resiliency: A Study With Urban Youth." *American Journal of Community Psychology*, 30, 221-43.

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## Chief Justice Kathleen A. Blatz of Minnesota Named National CASA's 2005 Judge of the Year



*From the National CASA Association's Connection Magazine, Summer 2005*

### Summary

Chief Justice Kathleen Blatz of Minnesota was named as National CASA's 2005 Judge of the Year at an awards ceremony held in Atlanta, GA in April.

Extraordinary people in the CASA and GAL network help provide hope to abused and neglected children in communities across the country. The Awards of Excellence, presented each year at the National CASA Association annual conference, recognize the exceptional contributions and dedication of child advocates, program directors, judges, board members and CASA programs excelling in diversity efforts. Awards were presented during the conference banquet held April 17, 2005 in Atlanta, GA.

Before becoming Chief Justice of the Minnesota Supreme Court in 1998, Kathleen Blatz had served eight terms in the Minnesota House of Representatives, authoring numerous laws to improve the state's child protection system. At the time of her appointment, more than half of the children involved in the state's child protection proceedings had no one speaking for them. As a former juvenile court judge, Chief Justice Blatz believed the best way to address this problem was through the appointment of a volunteer guardian ad litem for every child who needed an advocate.

As Chief Justice Blatz says, "Whenever people ask me what they can do for children, I tell them to volunteer as a guardian ad litem." Since her appointment as chief justice, she has personally recruited volunteers; promoted the program in the media; worked in the legislature to ensure adequate funding for programs; and created a statewide initiative to improve the child protection system.

In 2001, Blatz spearheaded the Children's Justice Initiative, a joint venture of the judiciary and human services working to improve the processing of child protection cases and outcomes for abused and neglected children. She has presented her blueprint for change to the Pew Commission on Children in Foster Care. Blatz is cited in the 2004 Pew Commission Report *Fostering the Future*, and many of the report's recommendations in the area of strengthening the courts had already been implemented in Minnesota under her leadership.

At the 2002 statewide conference of the Minnesota Association of Guardians ad Litem, Justice Blatz spoke about how guardians ad litem make a difference for children. As a judge when there was no GAL on the case, she said she found it "almost impossible" to have any confidence in her decisions about the child.

*Editor's Note:* You can download the full Summer 2005 issue of *Connection Magazine* (1.7 MB PDF) ([www.casenet.org/download/ncasa\\_publications/connection\\_Summer05.pdf](http://www.casenet.org/download/ncasa_publications/connection_Summer05.pdf)).

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## Street Law: Practical Law for Our Most Vulnerable Families

*Alexandra Ashbrook, Senior Program Director, Street Law*

### Summary

Teen parents, emancipating youth and parents involved in the dependency court can all benefit from Street Law, a program which leads them toward a better understanding of the legal system.

Street Law, Inc. ([www.streetlaw.org](http://www.streetlaw.org)), a national law-related educational organization with 30 years of experience in training and curricula development, is forging partnerships with Model Courts to help at-risk youth by equipping them with practical legal knowledge, respect for the rule of law and skills to successfully transition to adulthood. Street Law defines “at-risk” youth as teen parents, teens involved in juvenile justice proceedings and teens emancipating from foster care.

The organization has developed innovative educational programs aimed at supporting young people through the study of law-related education. Law-related education is a unique blend of substance and strategy. Participants learn substantive information about laws, the legal system and their rights and responsibilities through strategies that promote cooperative learning, critical thinking and positive interaction among young people and community resource people such as judges, lawyers, law students and police officers.

Street Law, Inc. offers three programs—*Youth in Transition*, *Parents and the Law* and *Save Our Streets* (see the web links below)—especially suited for family court public legal education initiatives. These programs can enhance compliance with Model Court guidelines, particularly those linked to improving communication with families and involving the community in the creation of holistic solutions. Implementing Street Law programs benefits the courts by helping families understand their legal rights and responsibilities within the court system and society in general, by teaching practical law to people often marginalized from the legal system or those who see the legal system in a purely negative way and by involving community groups such as law schools, bar associations and family-strengthening community organizations.

*Youth in Transition* ([www.streetlaw.org/content.asp?contentid=240](http://www.streetlaw.org/content.asp?contentid=240))

*Parents and the Law* ([www.streetlaw.org/content.asp?contentid=164](http://www.streetlaw.org/content.asp?contentid=164))

*Save Our Streets* ([www.streetlaw.org/content.asp?contentid=196](http://www.streetlaw.org/content.asp?contentid=196))

Examples of Street Law partnering with courts to implement practical law programs include:

- In Washington, DC, Street Law, Inc. has implemented practical law programs for youth involved in the juvenile justice system since 1995. Currently, law students teach a class on Saturday mornings for youth arrested on weapons and assault charges. Participants are referred by judges.
- In Broomfield, CO, parents in the abuse and neglect system are mandated to participate in parenting classes which include Street Law classes on topics from *Parents and the Law*. Classes are taught by parent educators.
- In Frankfort, KY, probation officers have taught Street Law lessons for more than ten years to teens involved in the juvenile justice system.
- Throughout the nation, Street Law’s Youth Courts curriculum is used in youth courts to educate both participants and volunteers ([www.streetlaw.org/content.asp?contentid=203](http://www.streetlaw.org/content.asp?contentid=203)).

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## Doing Our Part as a Community to Promote Good Parenting

*Shay Bilchik, President and CEO, Child Welfare League of America*

### Summary

The Child Welfare League of America has initiated a program to educate and support parents so they can adequately provide for their children's needs.

If we had just three gifts to give to our children, what would they be? The answers would likely vary across communities and demographics, but I would hazard a guess that they would all relate back to three basic things—love, hope and opportunity for a full, productive life.

One does not have to look far to find one of the most important mechanisms needed to provide these basics for our children—good parenting. And “parents” come in many different forms, from birth and adoptive parents to kinship caregivers and foster parents.

Judges know, perhaps better than anyone else, the importance of good parenting and providing love, hope and opportunities for children. The family court system is where we see many of the worst situations for children play out, including cases of neglect and physical and sexual abuse. Fortunately, judges are in a position to order appropriate treatment and services for families. Through educating the public, they are able to create a richer environment within the community for good parenting to take place.

For years, the Child Welfare League of America (CWLA) has also worked to educate the public about the need for family preservation services, family support services, kinship care and other approaches designed to help families in crisis. We've also stressed parent education programs and the need for affordable child care. Our members have done the same work, holding community forums on effective parenting.

Two years ago, CWLA initiated a new program, sponsored by the Prudential Foundation, called *Creating Parenting-Rich Communities*. The program identifies the work of communities that support parents in countless ways, both big and small. Rather than simply help parents address problems as they arise, this approach sees parenting as a lifelong occupation, one that evolves constantly with the changing needs of the child, family priorities, career concerns and the quality of life within the community. It includes support to new parents when their children are born as well as at key transition points in the lives of their families.

As part of this initiative, we have created a hub for *Positive Parenting Tips* on CWLA's website. All of the resources on this site are worth sharing with the family court community, including CWLA's “1, 2, 3's of positive parenting:” (<http://www.cwla.org/positiveparenting>)

- Appreciate the value of play—it's a child's work.
- Learn how children develop and know your unique child.
- Cherish your child's individuality.
- Talk with and listen to your child.
- Set your household up for success—make it work for the whole family.
- Make time for family activities.
- Teach your child right from wrong.
- Build your child's brain and body.
- Be your child's first source of information.
- Promote positive behavior and self-responsibility in your child.
- Be creative in preventing or responding to unacceptable behavior.
- Take care of yourself.

In addition to CWLA's work to promote parenting-rich communities, many other organizations and websites are doing the same. For example, the website *Strengthening America's Families* (<http://www.strengtheningfamilies.org>), funded by the Office of Juvenile Justice and Delinquency Prevention, contains many examples of successful programs for families as well as literature reviews and



useful links. OJJDP's *Program of Research on the Causes and Correlates of Delinquency* ([www.ncjrs.org/html/ojjdp/203555/jj2.html](http://www.ncjrs.org/html/ojjdp/203555/jj2.html)) has also contributed substantially to understanding delinquent behavior. The study was one of the most comprehensive investigations of the causes and correlates of delinquency ever undertaken and provides some key findings related to the impact of negative parenting on delinquency.

Another useful resource for parents, and for professionals who work with parents, is the national organization *Zero to Three*, which promotes the healthy development of America's babies and young children in the context of the family and community. Zero to Three's website contains a wealth of information for parents and professionals ([www.zerotothree.org](http://www.zerotothree.org)).

And for the parents who are still children themselves, the National Campaign to Prevent Teen Pregnancy's project, *Putting What Works to Work*, provides critical information about teen pregnancy and parenting for a population that typically presents the greatest need ([www.teenpregnancy.org/works/default.asp](http://www.teenpregnancy.org/works/default.asp)).

Except for the cases where parents are truly unable to care for their children and may actually present a danger, we have a responsibility not to give up on families. Those of us who work in the child welfare field, and particularly those who work within the justice system, have the ability to profoundly impact communities. We can disseminate information and resources that can help parents and the workers who serve them. And we can educate the public in every community about the need to support parents so that they can adequately provide for their children's needs. It is an education process that will help yield better parents today, better parents in the future and healthier, happier children who have been given adequate love, hope and opportunities in their lives.

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## Online Resources: Child Development



*Joey Binard, Manager of Technical Assistance at the National Council of Juvenile and Family Court Judges and Editor of Brevity, a weekly e-newsletter*

### Summary

Joey Binard of NCJFCJ highlights web resources related to child development and parenting, including sites rich in research findings.

## General Child Development Resources

### Child Trauma Academy

[www.childtrauma.org/links/default.asp](http://www.childtrauma.org/links/default.asp)

This website's resources include information on **trauma, assessment, loss and grieving, neglect, violence, attachment and bonding, the brain, secondary trauma, children and the law and adoption**. The "Resources on Trauma" section is comprehensive.

### Child Welfare League of America (CWLA)

[www.cwla.org](http://www.cwla.org)

CWLA's website is loaded with **publications, materials, information, research and data**. All are accessible from the home page. The information on this site is primarily for professionals but includes good resources for parents too.

### Miami Safe Start Initiative

[www.miamisafestart.org](http://www.miamisafestart.org)

The purpose of the Safe Start Initiative is to provide **early intervention services for children** from newborn through 6 years old **who have witnessed or been the victims of violence**. Under the leadership of Judge Cindy Lederman and Project Director Dr. Lynne Katz, gaps in services have been identified. The project has expanded linkages for intervention and training of providers on the effects of violence, trauma and maltreatment of young children.

### National Child Traumatic Stress Network

[www.nctsnet.org/nccts/nav.do?pid=hom\\_main](http://www.nctsnet.org/nccts/nav.do?pid=hom_main)

Resources on this huge website include a section for **parents and caregivers**, another on **terrorism and disasters**, one for **school personnel** and a **resource center**. Look at the publications and special initiatives too. Of particular interest:

#### Childhood Traumatic Grief

[www.nctsnet.org/nccts/nav.do?pid=ctr\\_type\\_traumatic](http://www.nctsnet.org/nccts/nav.do?pid=ctr_type_traumatic)

#### Empirically Supported Treatments and Promising Practices

[www.nctsnet.org/nccts/nav.do?pid=ctr\\_tool\\_prom](http://www.nctsnet.org/nccts/nav.do?pid=ctr_tool_prom)

## Permanent Judicial Commission on Justice for Children

[www.nycourts.gov/ip/justiceforchildren](http://www.nycourts.gov/ip/justiceforchildren)

This New York State organization's publications on the healthy **development of foster children** are very useful to judges and other legal professionals. The Commission has also developed tools to focus on the individual needs of children in foster care and a booklet for judges, *Healthy Development for Foster Children: A Guide for Judges* (2.4 MB PDF).

([www.nycourts.gov/ip/justiceforchildren/PDF/ensuringhealthydevelopment.pdf](http://www.nycourts.gov/ip/justiceforchildren/PDF/ensuringhealthydevelopment.pdf))

## Zero to Three: The Nation's Leading Resource on the First Years

[www.zerotothree.org](http://www.zerotothree.org)

Zero to Three **promotes the healthy development of infants and toddlers by supporting and strengthening families, communities and those who work on their behalf.** Zero to Three's site is loaded with information and resources, including the following resources available for download at ([www.zerotothree.org/courtteams.html](http://www.zerotothree.org/courtteams.html)):

- ***Babies, Toddlers, Foster Care, and the Courts***—An NPR interview with Judge Cindy Lederman
- ***Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals***
- ***Court Teams for Maltreated Infants and Toddlers*** (fact sheet)
- ***Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System*** (NCJFCJ technical assistance brief)

## The Science of Early Child Development

The resources below represent the research that provides the underpinnings for programs and initiatives under way across the country.

### The High/Scope Perry Preschool Project

This long-term study examines the lives of 123 **African-Americans born in poverty and at high risk** of failing in school. From 1962-1967, at ages 3 and 4, the subjects were randomly divided into a program group who received **high quality preschool education** based on the High/Scope participatory learning approach and a companion group that received no preschool program. In the study's most recent phase, conducted when the participants were 40 years old, it found that **participants at age 40 who had the preschool program:**

- had **higher earnings**
- were more likely to **hold a job**
- had committed **fewer crimes**
- were more likely to have **graduated from high school**

Download the *High/Scope Perry Preschool Project Juvenile Justice Bulletin* (151 KB PDF).

([www.ncjrs.gov/pdffiles1/ojdp/181725.pdf](http://www.ncjrs.gov/pdffiles1/ojdp/181725.pdf))

View the *High/Scope Educational Research Foundation Perry Preschool Project* reports.

([www.highscope.org/Research/PerryProject/perrymain.htm](http://www.highscope.org/Research/PerryProject/perrymain.htm))

## National Academies Press

[www.nap.edu](http://www.nap.edu)

Both of the following books are available for purchase or to read online at no charge.

- *From Neurons to Neighborhoods: The Science of Early Childhood Development* (2000)—Publication of the Committee on Integrating the Science of Early Childhood Development presents evidence on “**brain wiring,**” **how kids learn to speak, think and regulate their behavior.** It examines the **effect of family, child care and community on the growing child** and addresses the question of how we raise young children. May also be purchased as a PDF book or individual PDF chapters. ([books.nap.edu/catalog/9824.html](http://books.nap.edu/catalog/9824.html))
- *Early Childhood Development and Learning: New Knowledge for Policy* (2001)—Sections on **early childhood development, preschool education, reading difficulties, how people learn, improving student learning** and selected reports on **child development, learning and education.** ([books.nap.edu/catalog/10067.html](http://books.nap.edu/catalog/10067.html))

## National Association for the Education of Young Children (NAEYC)

[www.naeyc.org](http://www.naeyc.org)

NAEYC’s goals are **facilitating professional development and public understanding of early childhood education.** A key report from the NAEYC website:

***Long-Term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest: a 15-year Follow-Up of Low-Income Children in Public Schools*** ([www.naeyc.org/ece/research/intervention.asp](http://www.naeyc.org/ece/research/intervention.asp))—In May 2001, *JAMA (Journal of the American Medical Association)* published a non-randomized longitudinal study of a comprehensive early childhood program in the Chicago public schools. **Key findings** from the study:

- Preschool participants in the Chicago program had a **higher rate of high school completion** and more years of completed education than those who attended less-intensive preschools or no preschool.
- **Fewer preschool participants had been arrested** for juvenile crimes.
- The preschoolers and the school-age participants were **less likely to need special education or to be held back a grade.**

You will find a link to the complete AMA report at the site above (fee required).

## Child Development and Parenting Websites

These websites provide information on **programs, research and practical advice on parenting.**

### Center for the Improvement of Child Caring (CICC)

[www.ciccparenting.org](http://www.ciccparenting.org)

The CICC is a **parenting and parenting education organization.** Its website includes parenting skill-building programs, books, videos, early childhood education for parents and training opportunities for professionals.

### Child Development and Parenting Information

[www.childdevelopmentinfo.com](http://www.childdevelopmentinfo.com)

The website of the Child Development Institute provides a wealth of information on **child development, psychology, parents, learning, health and safety** as well as **childhood disorders such as attention deficit disorder, dyslexia and autism.** Here’s one particularly good section: *Stages of Intellectual Development in Children and Teenagers* ([www.childdevelopmentinfo.com/development/piaget.shtml](http://www.childdevelopmentinfo.com/development/piaget.shtml)).

## Child & Family Web Guide

[www.cfw.tufts.edu](http://www.cfw.tufts.edu)

This is a **directory of sites rated by experts from Tufts University**. It evaluates, describes and provides links to hundreds of sites containing **child development research and practical advice**.

## FPG Child Development Institute

[www.fpg.unc.edu](http://www.fpg.unc.edu)

Located at the University of North Carolina at Chapel Hill, FPG is one of the nation's **oldest multidisciplinary institutes for the study of young children and their families**. Information found here includes the **Carolina Abecedarian Project, the Carolina Fragile X Project** and the **Early Childhood Environment Rating Scales**.

## Gifted Development Center

[www.gifteddevelopment.com/index.htm](http://www.gifteddevelopment.com/index.htm)

This organization serves parents, schools and advocacy groups for gifted children with information about **identification, assessment, counseling, learning styles, programs, presentations and resources for gifted children and adults**.

## Street Law

[www.streetlaw.org](http://www.streetlaw.org)

Here are three representative sections from the extensive Street Law site:

- *The Parents and the Law Program: Teaching Young Parents Practical Law and Life Skills* ([www.streetlaw.org/content.asp?contentid=165](http://www.streetlaw.org/content.asp?contentid=165))
- *Social Service and Health Professionals—Materials, research, curricula, training and professional development resources.* ([www.streetlaw.org/content.asp?ContentId=145](http://www.streetlaw.org/content.asp?ContentId=145))
- *Juvenile Justice Professionals—Training and curricula for use with court-involved youth. Street Law in juvenile justice settings **gives young people essential legal knowledge, helps them expand their cognitive skills, fosters self-reliance and empowers them** as resources in their communities.* ([www.streetlaw.org/content.asp?ContentId=139](http://www.streetlaw.org/content.asp?ContentId=139))

## Department of Justice Publications

### Child Delinquency Bulletins

In 2003, OJJDP published **a series of bulletins** about the **increasing number of very young offenders (between the ages of 7 and 12) who are becoming involved with the juvenile justice system**. Child delinquents have a two- to three-times greater risk of becoming a serious, violent and chronic offender than do those adolescents who become involved in delinquency in their teens. Link to the bulletins here:

- *Prevalence and Development of Child Delinquency* (199 KB PDF) ([www.ncjrs.gov/pdffiles1/ojjdp/193411.pdf](http://www.ncjrs.gov/pdffiles1/ojjdp/193411.pdf))
- *Treatment, Services, and Intervention Programs for Child Delinquents* (411 KB PDF) ([www.ncjrs.gov/pdffiles1/ojjdp/193410.pdf](http://www.ncjrs.gov/pdffiles1/ojjdp/193410.pdf))
- *Risk and Protective Factors of Child Delinquency* (5 MB PDF) ([www.ncjrs.gov/pdffiles1/ojjdp/193409.pdf](http://www.ncjrs.gov/pdffiles1/ojjdp/193409.pdf))

- *Child Delinquency: Early Intervention and Prevention* (624 KB PDF)  
([www.ncjrs.gov/pdffiles1/ojjdp/186162.pdf](http://www.ncjrs.gov/pdffiles1/ojjdp/186162.pdf))

*Helping to Prevent Child Abuse—and Future Criminal Consequences: Hawai'i Healthy Start* (148 KB PDF)  
([www.ncjrs.gov/pdffiles/hawaiihs.pdf](http://www.ncjrs.gov/pdffiles/hawaiihs.pdf))

The Hawai'i Healthy Start program follows the child from **birth** (or before) **to age 5** with a **range of services**, and it **assists and supports other family members**. The program **uses home visitors from the community** to provide services. Its goals are to reduce family stress, improve family functioning, improve parenting skills, enhance child health and development and prevent abuse and neglect.

The Incredible Years Training Series (215 KB PDF)  
([www.ncjrs.gov/pdffiles1/ojjdp/173422.pdf](http://www.ncjrs.gov/pdffiles1/ojjdp/173422.pdf))

The Incredible Years program described in this *Juvenile Justice Bulletin* is designed to **prevent, reduce, and treat conduct problems among children ages 2 to 10** and to **increase their social competence**. The program has been **designated by OJJDP as an exemplary best practices program**. This means it has been subject to a quality evaluation, has shown excellent effectiveness and has attained high overall ratings.

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