

# **BALANCING SAFETY AND ATTACHEMENT ISSUES FOR BABIES**

## **Nebraska Children's Summit**

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### **FACTS UNIQUE TO INFANTS AND TODDLERS IN THE CWS**

Infants are the largest cohort of children entering care (20%) Every **seven minutes** a child under the age of three is removed.

Remain in foster care longer

33% return to placement

81% of childhood fatalities occur in children under 4

Experience developmental delays 4-5 times greater than children in the general population

Nearly 80% suffer from prenatal exposure to drugs

More than 50% suffer from serious physical health problems

More than 50% suffer cognitive delays

More than 50% suffer developmental delays

Lower rate of reunification

### **EARLY EXPERIENCES AND ENVIRONMENTS MATTER**

Pre-natal exposure to alcohol and other drugs

Brain research:

Plasticity allows brain to change / repair

Groundwork is critical in early years

Positive experiences are essential to healthy development

Ability to absorb language peaks at 8 mos

Exposure to violence profoundly disrupts normal developmental process. PTSD impairs academic, social, and developmental progress. These children had higher cortisol levels, lower cerebral volumes, and frontal lobe asymmetry.

## **ROLE OF THE JUDGE**

Independent oversight to assure safety, permanency and well-being

Access and benefit from training

Set the tone for a problem solving atmosphere (after adjudication)

Assure due process, respect for all. How you are is often more important than what you say.

Determine review schedule (not one size fits all)

Convene work groups to enhance and expand services

Help plan and deliver training to community

Timely decision making

Assure timely delivery of services

Evaluate reasonable efforts

Apply state and federal laws to the facts (CAPTA requires states to have provisions and procedures to refer to early intervention services funded by Part C of IDEA and also requires health care providers to notify agency of all infants affected by illegal substance abuse or withdrawal symptoms.)

Require effective case planning (concurrent planning, parenting time, access to entitlements)

Inquire as to the sufficiency of services

Listen with your heart: There is good in the worst of us and bad in the best of us. If I can't find the good, I ask myself, "What have I overlooked?"

## WHAT WORKS

Developmentally Appropriate Parenting Time: Each additional day per week triples the odds of permanent reunification within one year.

Concurrent planning

Kin care support (Fostering Connections)

Evidence-based early interventions (Early Access, Home Visiting, e.g.)

Make first placement the last

Attachment Assessments

Dyadic therapy, Parent-Child Psychotherapy, Parent-Child Interaction Therapy

Evidence-based parenting programs

Court oversight

Problem solving / therapeutic court (after adjudication)

Zealous advocacy

Collaboration with medical, dental, therapeutic, law enforcement, education, and others

Parent Partners

Ensure access to Part C, CAPTA services and compliance

Cross training of community

Safety planning ( I don't need you to be perfect; I need you to be honest.)

Trauma Informed Care (This case is no longer about what happened, but what happened to you that would lead you to make these decisions that endangered yourself and your child.)

Ensure ongoing post-permanency support

Tangibles: Dental Kits, Books

*Florida: 90% were successfully reunified with targeted early interventions compared to 64% in general.*