Working with DCFS-Involved Young Children and Their Families: Challenges & Possibilities

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Introductions and Agenda

- Who we are
- An overview of DCFS-involved children and families and their experiences and needs
- An empathic appreciation of the stories and experiences that DCFS-involved children and families might come with
- Identifying and responding to trauma and risk
- Engaging DCFS-involved families and the system

What comes to mind for you when you think of a young child and their family who is dealing with trauma?

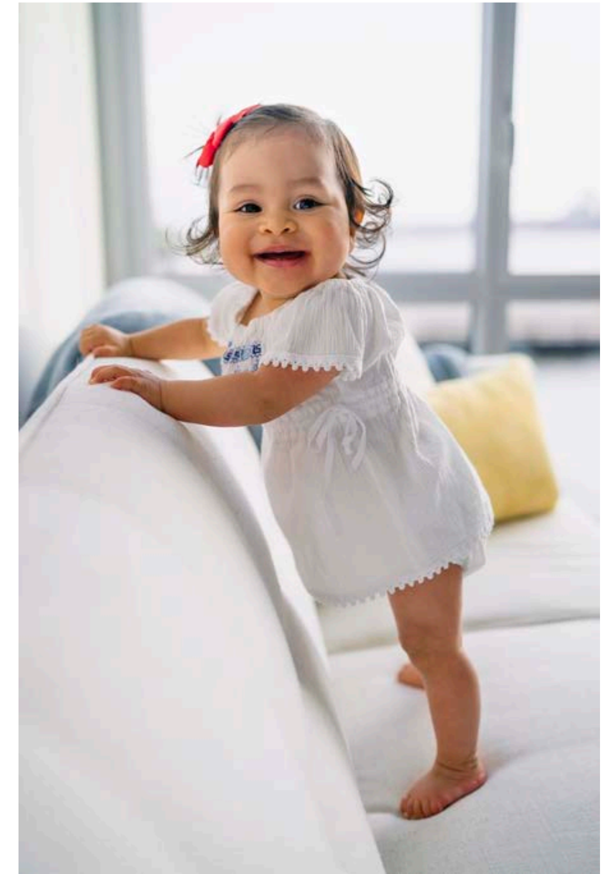
- What comes to mind for you when you think of a young child and their family who is involved with DCFS?

History of Child Welfare and Early Interventions' working relationship

- Keeping Families Safe Act of 2003, under CAPTA
- required states to create “provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to EI services funded under Part C of the Individuals with Disabilities Education Improvement Act (IDEA)”
- The next year, similar language was mirrored in the IDEA reauthorization of 2004 that specified that all lead EI agencies in the state must include a description of the policies and procedures that require the referral for system involved children and those born exposed to substances and/or displaying withdrawal symptoms after substance exposure

(42 U.S.C. § 106(b)(2)(A)(xxi)) & 20 U.S.C. § 637(a)(6)

- Both legislative efforts dovetailed to catalyze a more integrated system of service provision for **children 0-3, who comprise 50% of the child welfare population** (Fang, 2017, p. 115) and for whom **developmental delay is approximately three to five times higher than in the general population** (Child Welfare Information Gateway, 2018; Shannon & Tappan, 2011; Bricker, et al., 2013; Scarboro & McCrae, 2008).



Who are our DCFS clients?
Children and Families who contend with...

- Caregivers who have been indicated for abuse and neglect:
  - Have higher degrees of risk i.e. alcohol/drug abuse, severe mental health issues, poor parenting skills, history of domestic violence, and history of childhood abuse, low social support, poverty, and racial and economic disparities

Children who experience abuse and neglect

- "**hinders the neurological activities** such that the brain does not develop along a normal healthy trajectory towards full potential"
- "**chronic or extreme stress** [in] children who experience abuse and neglect have abnormally high levels of cortisol" and "such continuously high levels cortisol adversely affect stress responsiveness, emotion, and memory"
- Researchers have shown that these early experiences have **far reaching implications for** the overall health and **well-being** of children across the lifespan

Chamberland, et al., 2015; Feletti et al., 1998; Harden, Buhler, & Parra, 2016; NSCDC, 2005

National Survey of Child and Adolescent Well-Being (NSCAW I, II, & III)

"first probability sample of children investigated for maltreatment" (Casanueva, Cross, & Ringeisen, 2008, p. 246)

- examine **rates and prevalence of developmental delay** in the CWS as compared to the general population
- ascertain **how child welfare systems engage children** during childhood and adolescence
- if their **developmental needs are being sufficiently addressed**
- comparison of outcomes based on **Substantiation Status**

Rates of developmental delay:

- General population = **15-17%**
- CWS population = **35-65%** based on a number of combined risk factors i.e., race, nativity, substantiation status.

More than 50% of children with foreign-born caregivers scored 1.5 SD below the mean in cognitive and language functioning. This subset of the sample with Spanish speaking caregivers also had significantly lower odds of receiving a referral to Part C services.

 (Johnson-Motoyama, et al., 2016)

Some solutions?

Focus on such aspects as standardized practice around CAPTA referrals to Part C/EI services, **leveraging relationships** in child welfare systems to facilitate participation in Part C services, updating tracking systems, parental consent that is applicable across multiple systems, and the development of competencies of CWS workers in servicing children with high special health needs...to name a few.

(Stahmer et al., 2008)

Empathic Appreciation

- DCFS involved families are each unique:
  - Some are chronically struggling on all levels
  - Many are actively working to stabilize and move forward
  - Feelings about parents who are abusive or neglectful
  - What underlies parenting behaviors and functioning
  - Shifting from "What's wrong with you?" to "What happened to you?"
  - You may get little or no information regarding a parent’s background. Like the tip of an iceberg, we know there’s always much more to their story below the surface.

Empathic Appreciation: Meet Jade and Makayla

Jade

- 19 years old
- Childhood history of attachment disruption
- Traumatic experiences
- Mental health
- Actively engaged in services

Makayla

- 33 years old
- Childhood history of domestic violence, substance abuse, and neglect in home
- Dropped out of school, drug use
- Adult victim of domestic violence
- Ongoing DCFS involvement
- Other children removed from her care
- Housing instability
- New baby, struggling to engage in services

Identifying and Responding to Risk

What trauma can look like in young children

Children whose families and homes do not provide consistent safety, comfort, and protection may develop ways of coping that allow them to survive and function day to day. Some trauma signs and symptoms in children 0-3:

- Disturbances in sleep and eating habits
- Somatic complaints
- Clingy/separation anxiety
- Difficult to soothe
- Constricted play, exploration, emotional expression
- Repetitive post-traumatic play
- Developmental regression
- Generalized fear or new fears
- Hyper-aroused Nervous System/Easily startled
- Language delay
- Aggressive behavior
- Sexualized behavior
- Reactions to trauma reminders/triggers

Parts of Development Affected by Trauma:

- Relationships – May feel confused about who to "identify with" and turn to for safety. (ex – DV) Since the traumas are often of an interpersonal nature, even mildly stressful interactions with others may serve as trauma reminders and trigger unexpected responses.
- Body and Brain – Nervous system may over-react or shut down in response to *perceived* stress or sensory stimuli, hold stress in body but can't regulate
- Emotions – Difficulty expressing and managing emotions, limited language for feeling states.
- Behavior – Self regulation and impulse control; likely lack adequate co-regulation experiences
- Cognition – Problems thinking clearly, reasoning, or problem solving. When children grow up under conditions of constant threat, all their internal resources go toward survival. They may find it hard to acquire new skills or take in new information.
- Self Concept – Abused and neglected children often internalize blame for what happened to them and may see themselves as "bad" and unworthy

Engagement: Barriers

"The factors that serve as barriers to the engagement in the Early Intervention system by CWS constituencies span a cross-section of individual, familial, and systemic factors affecting a child's life when they "pass through multiple agencies as their cases are processed and they receive services"

(Institute of Medicine & National Research Council, 2014, p. 387)

Engagement: The Reality of Systems

- Timeline realities vs. family realities
- How parent “refusal” or foster caregiver “resistance” combine with system requirements
- Waitlists
- Parents’ feelings about DCFS affecting how they see any service provider
- Families in remote areas or where there is community violence
- Case managers over-taxed

Engagement with case managers

- The importance of creating relationships with case managers
  - They are keepers of information about what is going on and how to contact the family, like if they have moved or have a new phone number
  - They can help support the parent/caregiver’s connection
  - Child and Family Team Meetings (CFTMs)

- Understanding the case manager’s perspective and having empathy with the fact that they are on the front line
  - Communication is not always easy because they are continually dealing with and attending to high risk situations
  - Case managers are also dealing with the pressures of the system they work in

Engagement with the family

- Grounding as you meet with family
    - Check in with your own thoughts and feelings
    - Meet the family where they are
    - Parent as integral to process

- Family's perspective
    - How Intact families and foster caregivers see the "system" or "helpers"
    - Trauma and trust
    - Previous experiences with developmental interventions/special education
    - Focusing on building the relationship

- Deficit vs. Strength based language
    - Taking the parent/foster caregiver’s perspective

What the EC Project does to facilitate referrals?

- Build relationships with CFCs!
- Reach out to the CFCs to find out if the family got connected
- Finding out the name and contact information of the service coordinator to follow up again to see if evaluations happened and services were put in place
- Troubleshoot issues in connection between CFCs and families by linking case managers and service coordinators or sharing updated information
- Facilitating when there are changes in CFC Region because of child moves

How do you engage families - what do you do that works? What would you like to try as a result of thinking about what we’ve been talking about?

https://padlet.com/matticks1/DCFSreflections

What are some ideas and reactions you are taking away from this presentation?