

Right to Family For All Children:

International Human Rights Law and Findings from Research & Experience

Webinar 30 April, 2019



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Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association

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Consensus Statement Position

- 1) Group settings should not be used as living arrangements, because of their inherently detrimental effects on the healthy development of children, regardless of age.**
- 2) Group care should be used only when it is the least detrimental alternative, when necessary therapeutic [mental] health services cannot be delivered in a less restrictive setting.**
- 3) Children *and adolescents* have the need and right to grow up in a family with at least one committed, stable, and loving adult caregiver.**

Consensus Statement Position

Group settings should not be used as living arrangements, because of their inherently detrimental effects on the healthy development of children, regardless of age.

Detrimental Effects of Institutional Care: Bucharest Early Intervention Project

Nelson, Zeanah, and colleagues

- **Largest longitudinal study of institutionalized children less than 2 years old ever conducted**
- **First randomized controlled trial of foster care as an intervention for institutionalization in abandoned infants and toddlers in Bucharest, Romania**
- **Children randomized to foster care showed improvements**

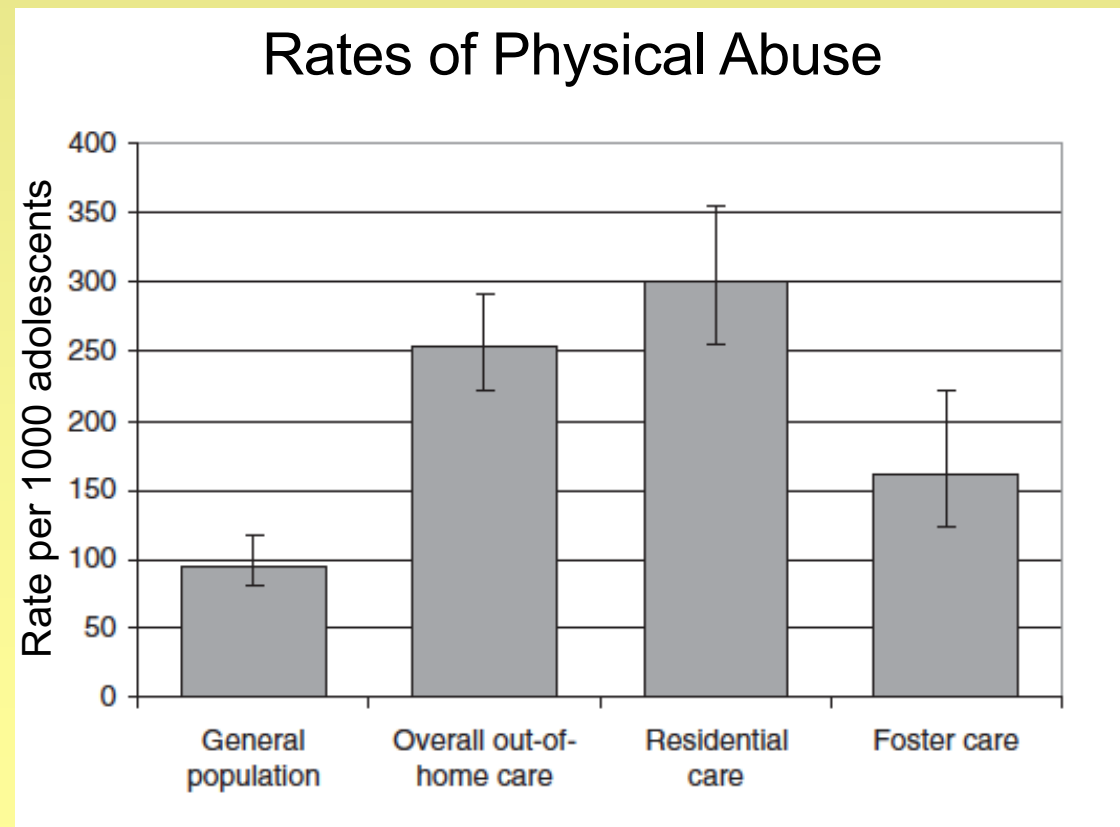
across a wide-range of outcomes when compared to children who remained in the institution.

- **The greater amount of time children spend in institutional care, the more detrimental the effects.**



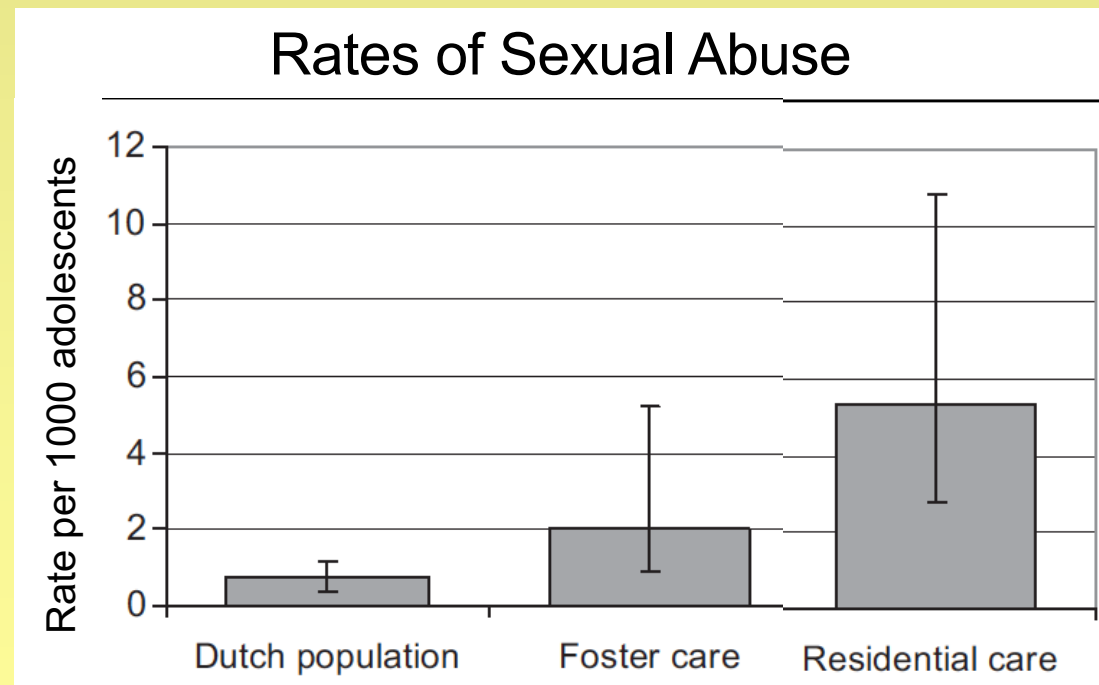
Detrimental Effects of Residential Care: Risk for Physical Abuse

- Dutch youth 12-17
- Experiences of abuse rated for past year while in placement
- Rate of physical abuse for youth in residential care 2 x rate of youth in foster care and ~ 3 x the rate of youth in the general population



Detrimental Effects of Residential Care: Risk for Sexual Abuse

- **Dutch youth 12-17**
- **Experiences of abuse rated for past year while in placement**
- **Rate of sexual abuse for youth in residential care 2.5 x rate of youth in foster care and ~ 9 x the rate of youth in the general population**



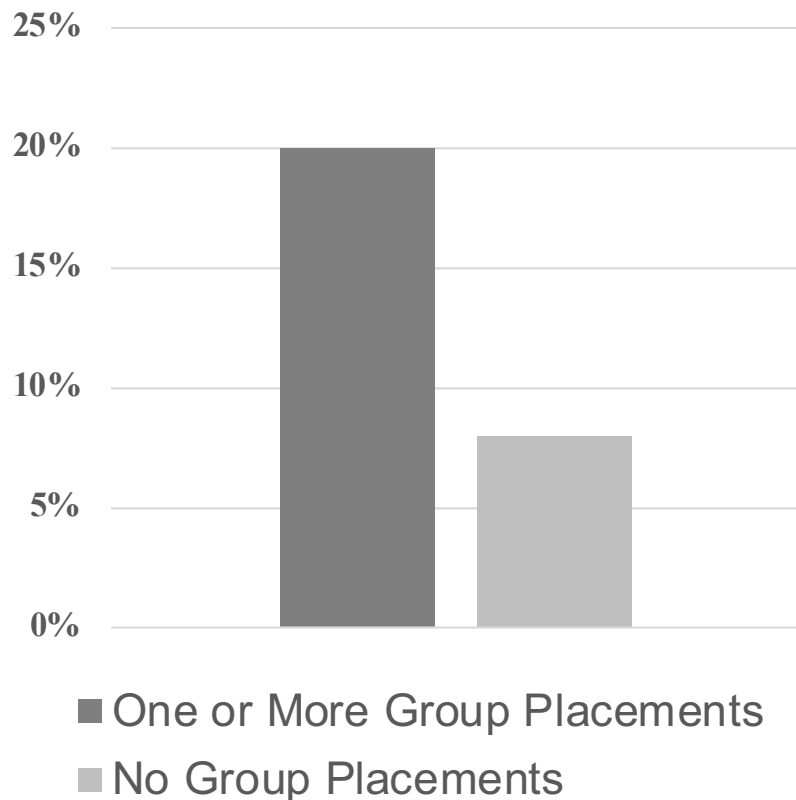
Euser, van Ijzendoorn et al., 2013

Detrimental Effects of Group Care: Increased Risk for Delinquency/Arrests

Ryan et al., 2008

- **N=8227 7-16 years old in out-of-home placements in the United States due to abuse or neglect**
- **Propensity matched sample**
Sample Matched on: Age at first placement; Race; Gender; Total number of placement changes; Placement changes related to AWOL; Placement changes related to child behavioral problems; Physical abuse as the primary reason for placement
- **After accounting for all the above factors – group care increases the risk for delinquency 2.5 fold**

Rates of Delinquency/Arrests



Consensus Statement Position

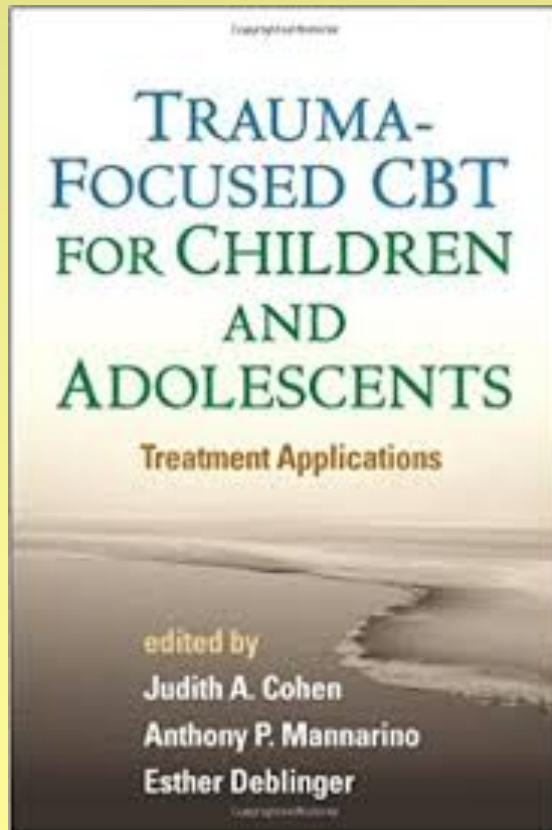
Group care should be used only when it is the least detrimental alternative, when necessary therapeutic [mental] health services cannot be delivered in a less restrictive setting.

Common Clinical Problems of Youth in Congregate Care Settings



- **Post-Traumatic Stress Disorder (PTSD)**
- **Sexual Acting-out Behaviors**
- **Delinquency**
- **Self-Injury (e.g., cutting behavior)**
- **Youth Alcohol and Substance Use Disorders**
- **Parental Substance Use Disorders**

Trauma-Focused Cognitive Behavior Therapy (TF-CBT)

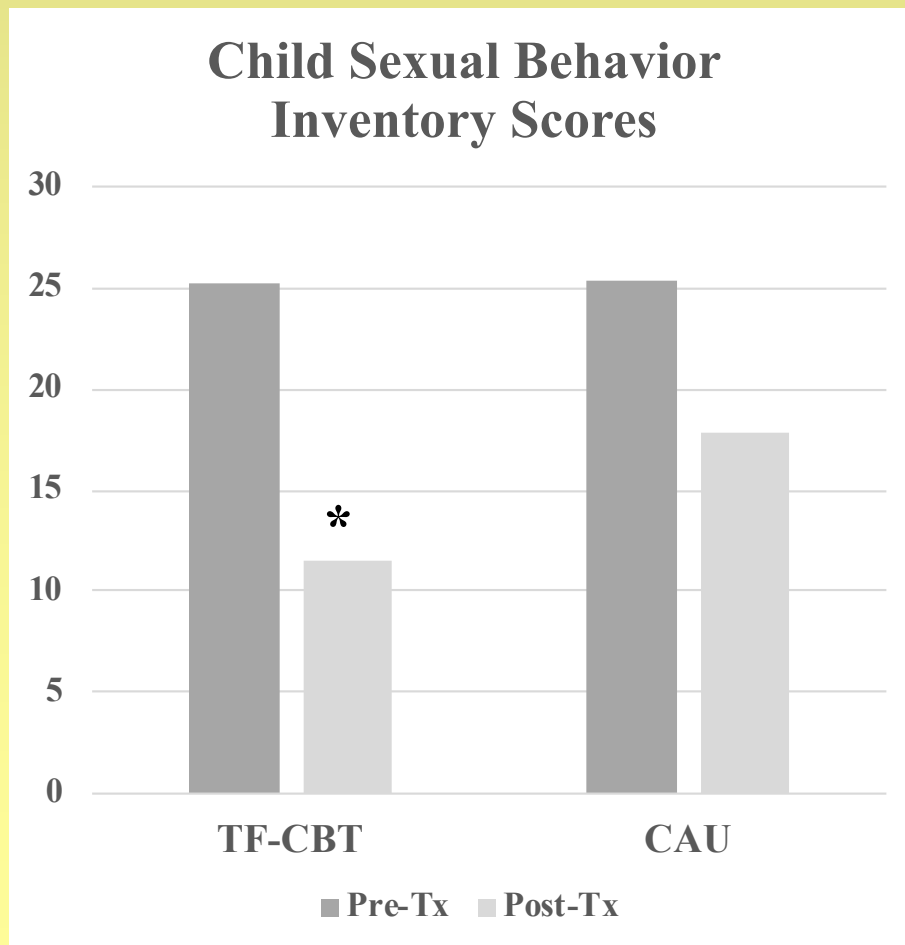


- In 12 randomized controlled clinical trials, TF-CBT was associated with significantly greater improvement in PTSD and emotional problems than Care As Usual (CAU)
- In trial with children in foster care: youth who received TF-CBT 1/2 as likely to experience placement disruption and 1/10 as likely to run away

<https://tfcbt.org/members/>

Data presented by J. Cohen 10/28/10

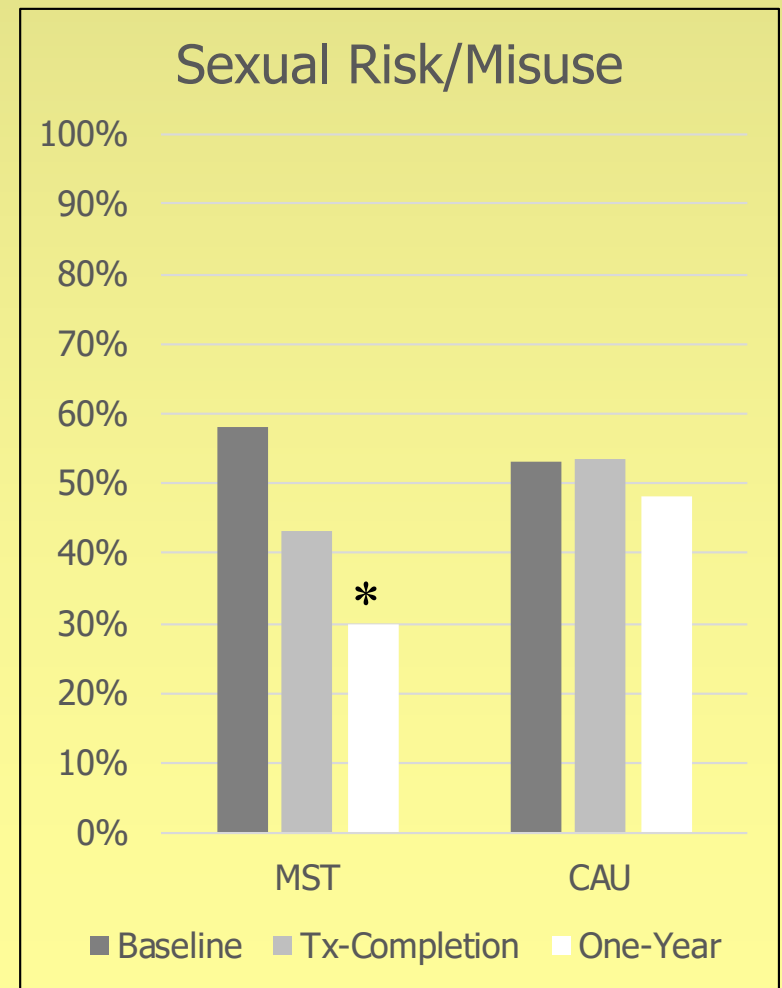
TF-CBT also Effectively Targets Sexual Acting-out Behaviors



- TF-CBT effective tx for children with sexual abuse histories and sexual acting out behaviors
- 18% of the children in Care as Usual (CAU) group were removed from study due to persistent sexually inappropriate touching of other vs 0% of the children in TF-CBT

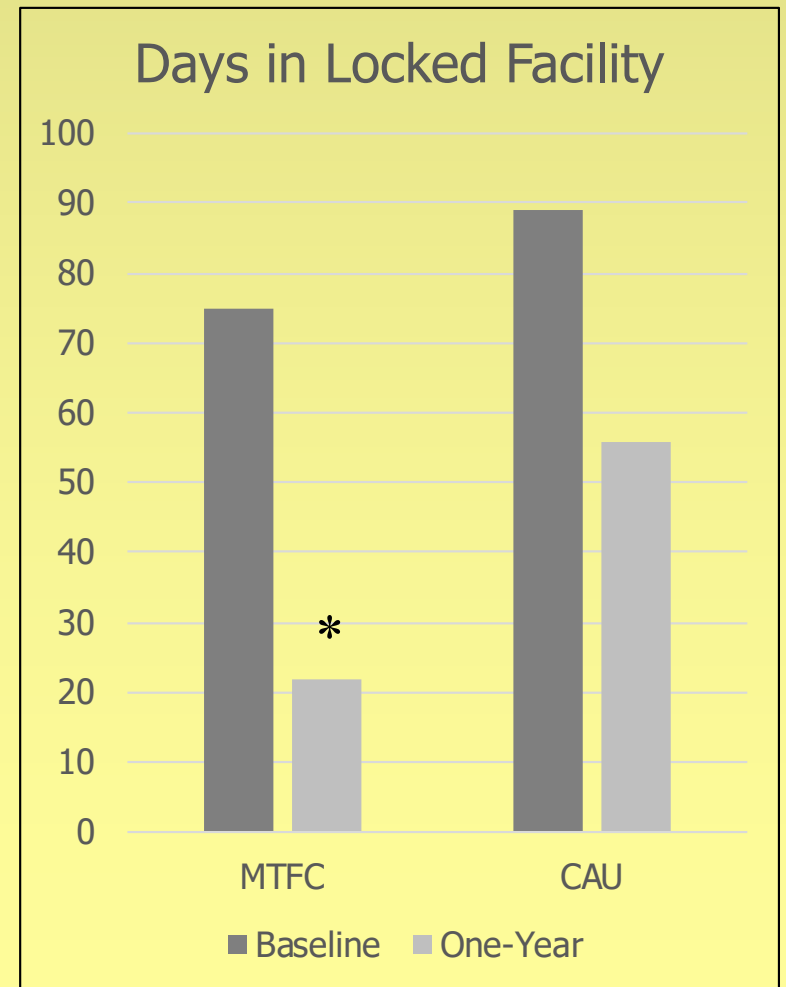
Multisystemic Therapy (MST) for Juvenile Sex Offenders and Other Delinquent Youth

- **MST home-based model that targets individual, family, peer, school, and neighborhood factors that increase risk for criminal behavior**
- **Effective with juvenile sex offenders and youth with a broad range of delinquent behaviors, including alcohol and substance misuse**
- **Associated with decreased rates of criminal behavior in the parents and siblings of youth treated with MST**



Multidimensional Treatment Foster Care (MTFC) for Delinquent Youth

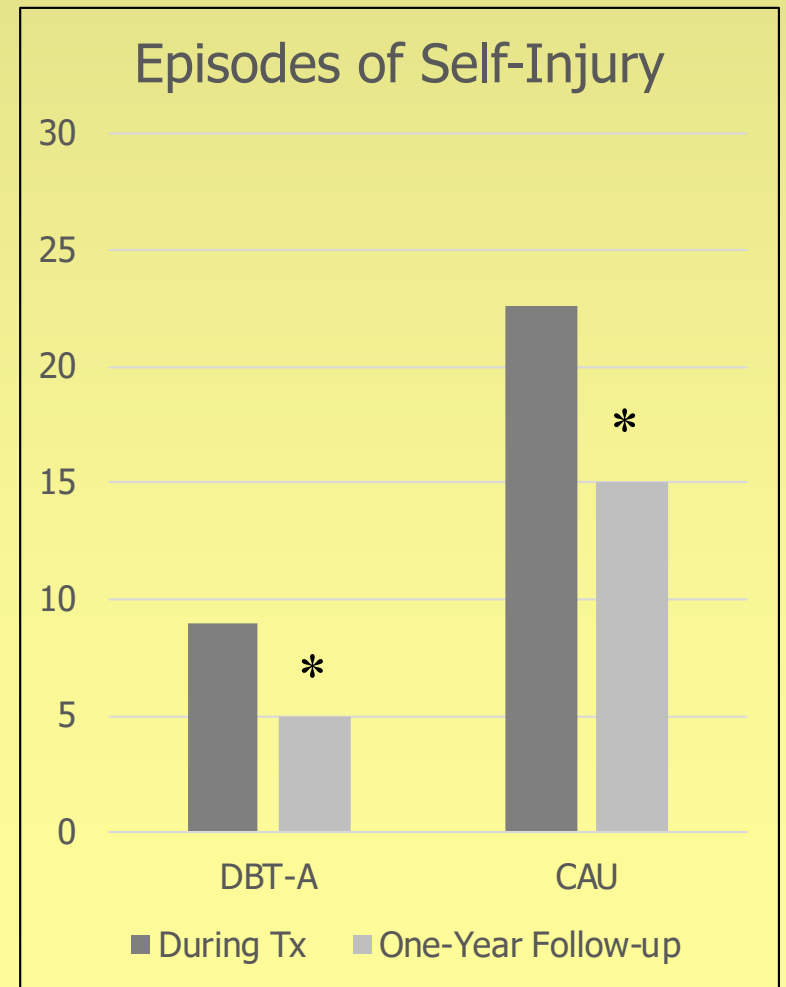
- Family-based intervention for delinquent youth with foster parents trained to implement behavioral reinforcements
- MTFC effective with a range of delinquent behaviors – MTFC vs Group Care associated with lower rates of recidivism, and fewer subsequent days in detention centers
- In long-term follow-up MTFC associated with lower rates of drug use and fewer pregnancies among female participants




Leslie et al., *J Consult Clin Psychol.* 2005

Dialectical Behavior Therapy (DBT) for Adolescents with Self-Injurious Behaviors

- Treatment for youth ages 12-18 who have a history of chronic suicidality and self-injurious behaviors (e.g., cutting)
- Mindfulness, emotion regulation and other core skills taught in DBT
- Ideal for youth with complex trauma histories who may be engaging in tension reduction behaviors such as self-injurious behaviors, substance abuse, high-risk sexual behaviors, or elopement



Multiple Effective Outpatient Treatments for Adolescent Substance Misuse



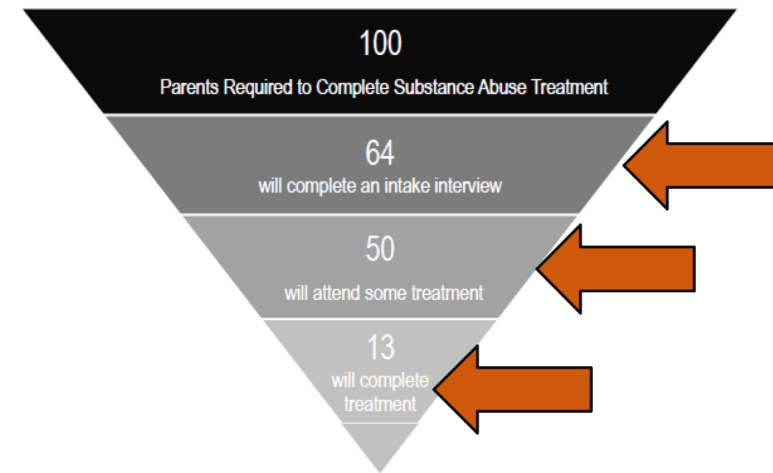
- **Motivational Interviewing** (with other interventions)
- **Cognitive Behavioral Interventions**
- **Family System Interventions**
- **12-Step Facilitation Programs**
- **DBT-S for youth with self-injurious and other high risk behaviors and substance misuse**

**Treatments can effectively be provided in
outpatient and day treatment settings**

Building Stronger Families (BSF): Parental Substance Use

Swenson, Henggler, Panzarella et al., 2009
Schaeffer, Swenson, et al., 2013

- Home-based model that integrates MST-CAN and evidence-based substance tx
- PTSD interventions for parents
- 24/7 on call clinician - ~ 6-month intervention
- Frequent urine drug testing in home – 3 times per week
- Family safety plans developed with parent, CPS, and natural supports
- 87% of parents referred - engage in tx (N=54)
- 93% of parents who initiate treatment - complete treatment
- Majority of BSF cases retained home (75%) - at discharge, 86% with family
- Propensity Matched Sample Study – BSF versus CAU – BSF associated with lower rates of substantiated re-abuse at 2-year follow-up and improved parent and child well-being – Results of randomized controlled trial pending



MST-CAN FAMILY OUTCOMES (Swenson et al., CWLA Conference 2019)

Country	Number Teams	Start	Families Served	Tx Complete	No New Reports	Live at Home
England	7	2009	175 CALD=Culturally & Linguistically Diverse	87%	69%	90%
Switzerland Basel	1	2014	57 CALD	92%	98%	93%
Netherlands	5	2012	215 CALD	88%	72%	96%
Norway	1	2016	29 65% IMMIGRANTS	89%	82%	86%
Australia NSW	6	2017	55 46% ABORIGINAL	86%	84%	91%
USA – CT (BSF)	7	2005	245 CALD	92%	87%	94%
USA NYC	8	2014	389 FROM 5 CONTINENTS	87%	72%	92%

COST SAVINGS USA: U.S. \$3.31 RETURN / \$1

4 STUDIES UK: £1.59 RETURN/ £1

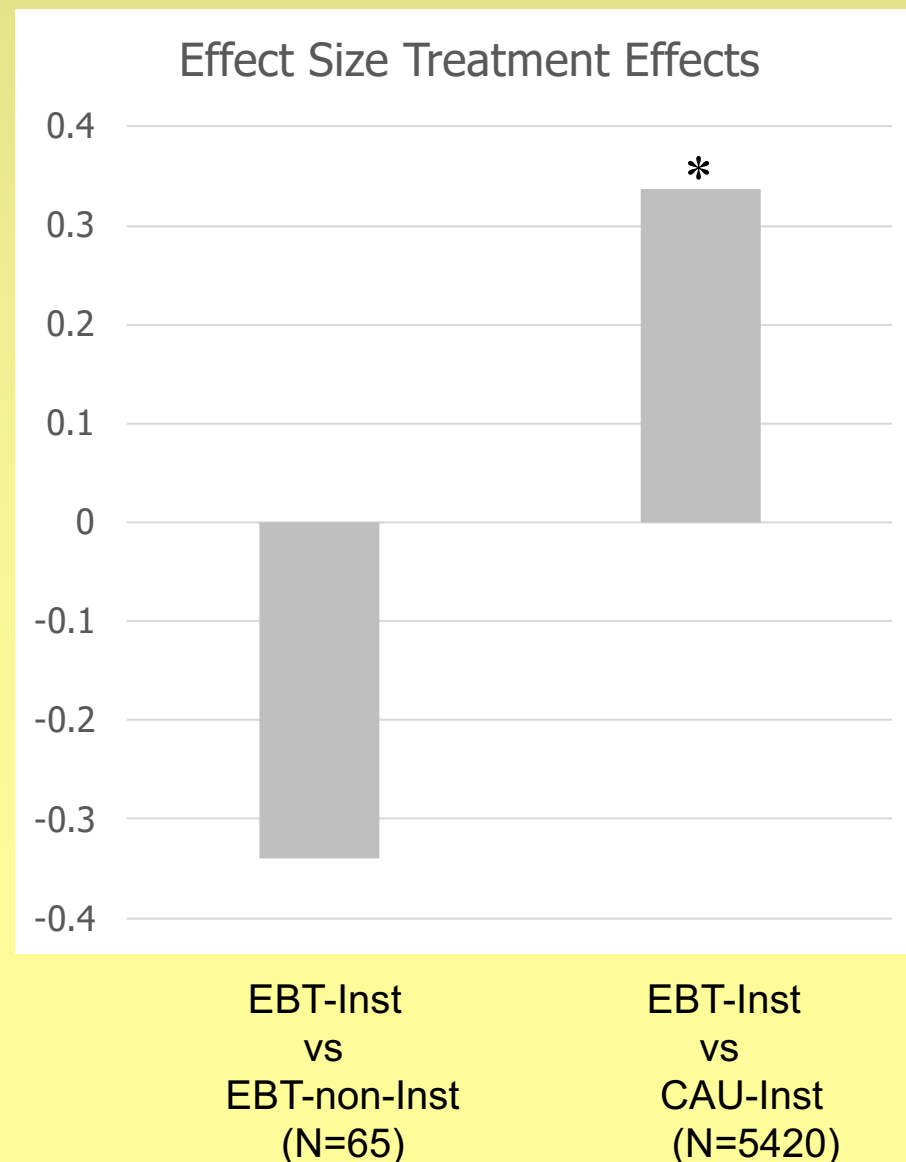
UK: £6.20 RETURN/ £1

SWITZERLAND: COSTS 16–50% LOWER THAN CONTINGENCY

The effectiveness of institutional youth care over the past three decades: A meta-analysis

J.J.W. De Swart ^{a,*}, H. Van den Broek ^b, G.J.J.M. Stams ^b, J.J. Asscher ^b, P.H. Van der Laan ^c,
G.A. Holsbrink-Engels ^a, G.H.P. Van der Helm ^d Children and Youth Services Review 34 (2012) 1818–1824

- **Meta-analyses 27 controlled studies (N=17,038)**
- **Youth in institutional settings that provide Evidence-Based Treatment (EBT) have significantly better outcomes than youth in institutions with Care As Usual (CAU)**
- **No benefit in providing EBTs in institutions instead of in the community in non-institutional settings**



Consensus Statement Position



Children *and adolescents* have the need and right to grow up in a family with at least one committed, stable, and loving adult caregiver.

Permanence: Definition



- **Permanent – life long- relationships with committed and caring adults**
- **Permanence can be achieved by:**
 - 1 – Providing remediation services for birth parents so they can care for their children**
 - 2 - Giving relative caregivers custody**
 - 3 - Finalizing adoptions by non-relatives**

Outcomes of Youth Who Age Out of the Child Welfare System without Permanence

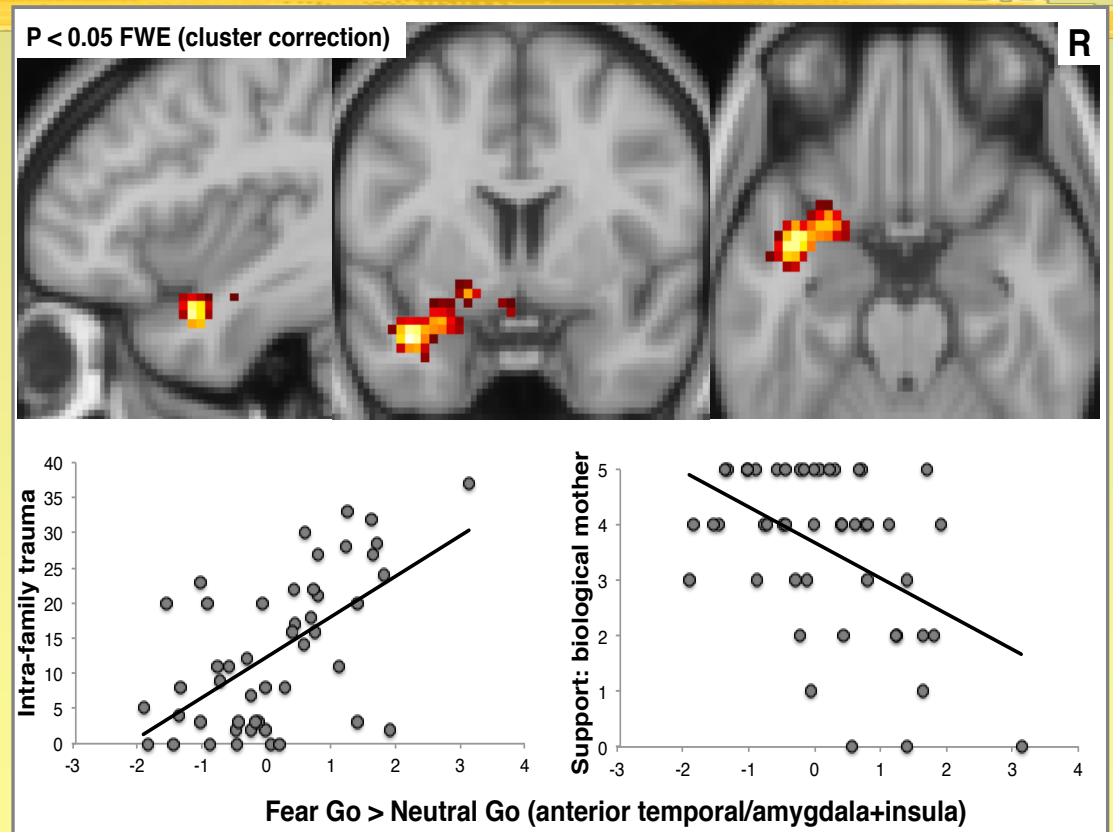
Within 1-2 Years of Emancipation:

- 14% were homeless
- 39% experienced housing instability
- 30% had no health insurance
- 22% did not complete HS
- 38% of women pregnant
- High rates of psychiatric, substance abuse, and medical health problems



From our research and the work of others, among maltreated children, the availability of positive stable adult supports is associated with:

- **Decreased risk for depression**
- **Reduced risk for HPA stress axis changes**
- **Reduced liability associated with genes that confer risk for psychiatric illness**
- **Reduced impact of trauma experiences on brain systems involved with emotion processing and implicated in mood and anxiety disorders**
- ***Positive supports* is the MOST important factor in *enhancing resilience and recovery***



Which Children are Placed in Group and Residential Care?



Children with Disabilities



Abused Children



Children with Mental Health Problems



Abandoned and Orphaned Children

Therapeutic Foster Care (TFC) for Medically Fragile Children



Foster Family-based Treatment Association

**BEST PRACTICES
IN TREATMENT
FOSTER CARE
FOR CHILDREN
AND YOUTH WITH
MEDICALLY FRAGILE
CONDITIONS**

© 2013, Foster Family-based Treatment Association and Therapeutic Foster Care at the Kennedy Krieger Institute.

- **10% foster care children medically complex or fragile (AAP)**
- **TFC requires interdisciplinary team – SW, RN, foster parents**
- **Comprehensive training**
- **24/7 emergency support**
- **Respite Care**
- **Home accommodations**
- **Permanency Planning**

**LEVI SYMPOSIUM 2019:
WHERE CAN THEY LIVE?
THE ETHICAL CHALLENGES
OF GAPS IN COMMUNITY
SUPPORTS, SERVICES, AND
PLACEMENT OPTIONS FOR
CHILDREN WITH MEDICAL
COMPLEXITY**

Schedule of Events

Background Materials

Participant Bios

Logistics

Levi Symposium 2019: Where can they live? The Ethical Challenges of Gaps in Community Supports, Services, and Placement Options for Children with Medical Complexity

Where Can They Live?

The Ethical Challenges of Gaps in Community Supports, Services, and Placement Options for Children with Medical Complexity

FEB. 4-5, 2019

Symposium organized by **Renee Boss, MD, MHS**, an Associate Professor of Neonatology and Palliative Care at Johns Hopkins University School of Medicine and **Rebecca Seltzer, MD, MHS**, an Assistant Professor of Pediatrics at the Johns Hopkins School of Medicine.





<https://www.cnn.com/2018/10/31/us/girl-incorporates-wheelchair-into-rbg-costume-trnd/index.html>

Julia was born with Microcephaly, a rare condition that affects the size of a child's head, which prevents the brain from reaching its normal size. Julia is "substantially and profoundly disabled. She can't walk, talk or eat." But, her mother reports, this disability is not stopping Julia from living her best life. She loves the fact that her wheelchair can make her costumes that much more epic, and people just go gaga over her.

Meet

Alexandra

Diagnoses

Spina Bifate

Arnold Chiari Malformation

Technology dependent

Tracheostomy

Ventilator

Gastrostomy tube

Wheel chair

Speech device w eye gaze control

Accomplishments

Lives at home with birth family

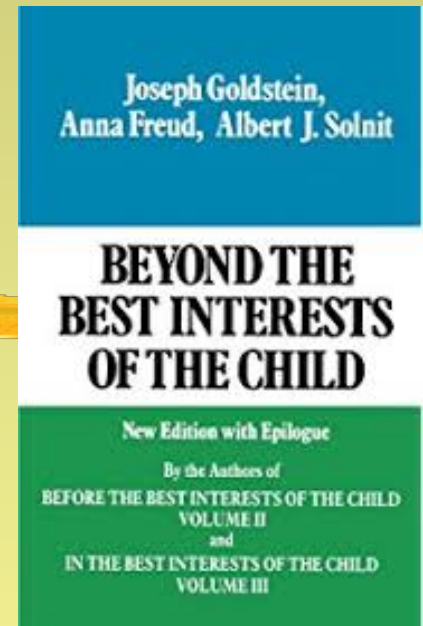
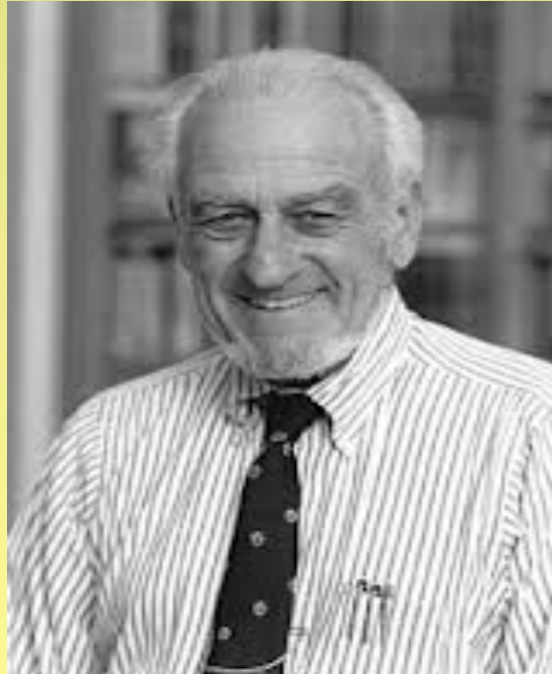
Graduating high school May '19

Sous chef

Loves music

Participates in dance

Albert Solnit, MD



“ ... All the best professionals, does not one good parent make ... ”