Introduction
Many children on your caseload are affected by parental substance abuse. How often, if ever, are they screened for developmental problems? Research shows a strong and consistent relationship between parental substance abuse and poor parenting skills, resulting in a decrease in parental ability to provide children with stable, consistent, and nurturing environments. Detecting developmental delays early is critical to ensure adequate early intervention services that prevent long-term developmental problems. Until recently, legal and social service systems have not routinely addressed developmental issues in this population.

This article describes the results of a pilot project for developmental screening of infants and toddlers ages zero-to-three whose parents were voluntarily enrolled in the Dependency Drug Court in Miami-Dade County, Florida. The context for the study as well as practice recommendations are provided. The project’s goal was to determine potential rates of developmental delays for this population, thereby making a case for referrals for developmental screenings. The Miami-Dade County Dependency Drug Court is a model court program established as part of the larger national Family Drug Court Initiative.

Context
Substance abuse, maltreatment and developmental outcomes
Parents who abuse drugs and alcohol are at high risk for maltreating their children. As a group, they tend to be less supportive, less nurturing, more intrusive and unresponsive, and demonstrate a lack of consistent discipline and monitoring towards their children. Moreover, parental substance abuse tends to be related to environmental conditions that negatively impact children’s development such as poverty, parental psychopathology, homelessness, custody changes, low parental education, inadequate nutrition, poor prenatal care and low parental education. The cumulative effect of these risk factors leads to problematic and generally inadequate caregiving that negatively affects children’s development.

Response of the legal and child welfare system
Removal from the home is a common response after abuse or neglect is substantiated. Studies of children in foster care show that approximately 55% of these children display a wide range of developmental, mental health, and behavioral problems. The attachment interruption resulting from removal from the primary caregivers may add to the effects of maltreatment.

A majority of child welfare cases involve families affected by substance abuse. These families have unique issues that have been insufficiently addressed in the traditional court process. Historically, most dependency courts tended to be adult-centered and punitive, operating under a theoretical criminal court framework. Until recently, dependency case service plans offered to families with substance abuse issues focused on the needs of the parents, with few services offered to children under the age of three. Additionally, most jurisdictions lacked a mechanism to determine whether young children in the affected families met the eligibility criteria for early childhood intervention services, even though young...
Screening of children in dependency court in Miami
Since 1998, Dependency Drug Court in Miami-Dade County has recognized the need to screen young children of substance-abusing parents to facilitate appropriate service referrals to reduce chronic developmental, educational, emotional, and behavioral problems. Children of kindergarten age and older are evaluated and provided services through the school system. Infants and preschool-age children, however, do not typically benefit from systemic services. Even though a full evaluation of cognitive, language, and behavioral issues was known to be a crucial first step in properly planning interventions and services, it was too costly for the court to evaluate all children.

These concerns resulted in a pilot screening program for infants and toddlers of parents in Dependency Drug Court developed in collaboration with the Linda Ray Center at the University of Miami. The Linda Ray Center is an early intervention program for substance-exposed children. Initially, the Dependency Drug Court program was funded through the Florida Legislature and the Department of Children and Families. Additionally, a small noncompetitive grant was awarded to the Linda Ray Center by the Department of Health and Human Services, Center for Substance Abuse Treatment (CSAT) allowing for the screening of children aged zero-to-three whose parents were participating in Drug Court. The purpose of the grant was to determine the local incidence rate of developmental delay of the children at the screening level.

The Study
The Screening Tool
All children whose parents were participating in Dependency Drug Court were screened using the Ages and Stages Questionnaires (ASQ). The ASQ was chosen because state-funded early intervention programs were adopting it as a screening tool to determine a child’s eligibility for Part C services under the Individuals with Disabilities Education Act (IDEA) (1997) (see further discussion below). The ASQ consist of 19 different questionnaires that can be used with children between 4 and 60 months of age. The questionnaires can be completed by the parents or primary caregivers and are divided into five areas: communication, gross motor, fine motor, problem solving, and personal-social, plus a section covering inclusive information about the child’s development. Each of the five main areas contain six developmental questions with a three-point rating scale where the primary caregiver can answer “yes,” “sometimes,” or “not yet.” The questions are written at a fourth-to-sixth grade reading level and many include illustrations to help parents interpret the task for that item.

The ASQ is a valid and reliable first-level screening tool that is easy to administer, cost effective, and suitable for diverse populations. Once the ASQ is administered, the child receives a score in each of the five developmental domains. A child whose score falls below two standard deviations from the mean is considered “at-risk” for developmental delays. Children falling below this cut-off point are referred for further in-depth assessment to determine eligibility and the need for early intervention services. In addition, the ASQ ensures monitoring by recommending testing of children at frequent intervals since delays can arise at any time during development.

A sample of 130 children ranging from 4 to 60 months were included in the Miami pilot screening project; the majority of these children (94) were identified through the Dependency Drug Court and were referred due to parental substance abuse. In addition, 36 infants and toddlers enrolled at the Linda Ray Center who were identified as substance-exposed and involved in the court system were also included in the project.

The screenings were conducted by trained early childhood

<table>
<thead>
<tr>
<th>Domain</th>
<th>Percentage of children scoring below the cut-off point</th>
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<tbody>
<tr>
<td>Delays in one developmental domain</td>
<td>19.2 %</td>
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<tr>
<td>Delays in two developmental domains</td>
<td>16.9 %</td>
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<tr>
<td>Delays in three developmental domains</td>
<td>12.3 %</td>
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<tr>
<td>Delays in four developmental domains</td>
<td>18.5 %</td>
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<tr>
<td>Delays in five developmental domains</td>
<td>9.2 %</td>
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specialists during home visits with the child and the primary caregiver. The caregivers and the early childhood specialists collaborated to observe the child’s behavior and complete the questionnaires accurately. The early childhood specialist brought materials, such as age-appropriate toys, to facilitate play in the developmental areas of the screening process.

**Results**

The ASQ screening identified delays appearing across all developmental domains. Results of the performance of the children are presented in Table 1. The results show that 76.2% of the children scored below the cut-off point in at least one domain. Specifically, data showed that 19.2% of the children presented delays in one area, 16.9% presented delays in two areas, 12.3% presented delays in three areas, 18.5% presented delays in four areas, and 9.2% displayed delays in all ASQ domains.

Table 2 presents the children’s results for each developmental domain. Communication was the developmental domain with the highest percentage of children presenting a delay. In fact, 50% of the children screened scored below the cut-off point in this domain. In terms of the problem-solving domain, which measures cognitive abilities, 47.7% of the children scored below the cut-off point. Regarding fine motor development, which measures the children’s use of their small muscle groups, 46.9% of the children scored below the cut-off point. In the personal-social development domain, 40% of children had scores below the cut-off point. Finally, in the gross motor domain, which measures children’s use of their large muscle groups, 25.4% of children scored below the cut-off point. As a point of comparison, the expected rate of delay in a typical population would be 2%. In this case, the percentage of children scoring below the cut-off point ranged from 26% in the gross-motor area to 51.9% in the communication area.

**What the Research Shows**

The results of the Miami Dependency Drug Court pilot screening project strongly supports early screening of children entering the dependency system as a result of their parents’ substance abuse. The data show that more than three quarters of the children screened presented with a developmental delay in at least one developmental domain, many more than expected for the general population. The study strongly suggests that establishing an early detection system for developmental delays is critical, particularly with high-risk children, whose development could be compromised without appropriate early interventions.

To be effective, evidence of screening delays must be followed by comprehensive assessments and services. Creating a provider network to intervene with these children is a challenge for most communities. Nonetheless, children in the dependency system are mandated by the Child Abuse Prevention and Treatment Act (CAPTA) to be referred by child welfare agencies and juvenile court judges for screening, assessment, and potential services. This should be accomplished through the Early Intervention Program for Infants and Toddlers under Part C of the Individuals with Disabilities Education Act (IDEA). In June 2003, The Keeping Children and Families Safe Act of 2003 (PL108-36), reauthorized CAPTA. The CAPTA reauthorization required states to develop “provisions and procedures” for referring all children under the age of three, involved in substantiated cases of abuse and neglect, to early intervention programs for screening and assessment. The purpose of the assessment is to determine eligibility (section 106(b)(2)(A)(xxi)) for services under Part C of the IDEA. Accordingly, communities should work to identify service providers to supply these services.

Ultimately this screening pilot project strengthened the collaboration between the Dependency Division of the Juvenile Court system in Miami, the University of Miami’s Linda Ray Center, and the Early Intervention/Early Steps Program. The project helped establish a clear rationale to support the need to link children ages zero-to-three entering the dependency system with Part C services.

**Practice Tips**

CAPTA mandates screenings by early childhood specialists for all infants and toddlers in the child...
welfare system. Further investigation is necessary to determine to what extent using the ASQ should be incorporated into this process. Furthermore, any and all participants working with this population, including child protective workers, guardians ad litem, and other service providers, will need to be trained on the specific characteristics, developmental needs, and potential solutions for this target population of young children and the available entitlements through Part C.

The pilot study provides preliminary evidence supporting the importance of screening children ages zero-to-three who are entering the dependency system to identify developmental delays. Accessing screenings, assessments, and quality programs and services for children ages zero-to-three can prevent later difficulties leading to school failure and disruptions in placements. Kathleen McNaught includes the following recommendations in her publication “Learning Curves Education Advocacy for Children in Foster Care (2004): 17

- A child’s attorney should seek appropriate services (by court order if necessary) to access entitlements, to protect the child’s interests and to implement a service plan, including educational services.

- In the case of infants and toddlers coming from homes where there is parental substance abuse, the child’s attorney should advocate for appropriate developmental screenings to assure that if eligible, the child will receive appropriate services to address possible physical, mental or developmental disabilities, which may include special education and related services.

Additional recommendations for lawyers and judges:

- Refer to the “Questions Every Judge and Lawyer Should Ask about Infants and Toddlers in the Child Welfare System” developed by Joy Ososky, Ph.D., Candice Maze, J.D., Judge Cindy Lederman, Justice Martha Grace, and Sheryl Dicker, J.D. (http://www.zerotothree.org/policy/QuestionsaboutInfantandToddlers.pdf.) This document provides a useful questionnaire for obtaining vital information about children coming into care; this document is particularly helpful in the case of children coming into the system because of parental substance abuse and neglect.

- Learn the milestones of healthy child development. It’s important to ask the right questions of caregivers, case managers, and medical practitioners to assure the child’s developmental needs are appropriately addressed throughout custody and placement changes.

- Advocate for quality care and education for young children with an emphasis on inclusion programs that bring together normally developing children and those with special needs, and programs where ongoing assessments take place and services are individualized.

- Review IDEA Part C statutes to determine eligibility criteria for young children to understand how the relevant jurisdiction defines ‘developmental delay’ and the ‘at risk’ for delays category. States differ in how these categories are described, what is considered to be “at risk,” and whether or not prenatal exposure to substances is a qualifier for services. Therefore, development and access to a systematic screening procedure for infants and toddlers entering the system will ensure identification and referral for Part C services. Be sure that a referral process for screenings and assessments has been established in your community. If no referral process exists, then participants in the child welfare system should collaborate to bring the appropriate parties together to create the infrastructure.

Lynne F. Katz, Ed.D. is the Director of the University of Miami’s Linda Ray Intervention Center, serving children from newborn to age three; Nurit Sheinberg, Ed.D. is a post-doctoral fellow at the University of Miami’s Linda Ray Intervention Center and an Adjunct Professor in the School of Education; Angelika H. Claussen, Ph.D. is a Research Psychologist with the Child Development Studies Team, Division of Human Development and Disabilities, National Center on Birth Defects and Developmental Disabilities, at the Centers for Disease Control and Prevention; Judge Jeri Cohen, who recently returned to the dependency bench after a three-year tenure in the civil division of the Circuit Court. Judge Cohen founded the Dependency Drug Court in Dade County, Florida; Allison Baker recently graduated from the University of Miami with a B.S. in biology.

Endnotes


3 Chaffin, Kelleher & Hollenberg, 1996, 191-203; Murphy et al., 1991, 197-211.
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National Crime Victim Bar Association
Sixth Annual National Conference
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May 12 & 13, 2006
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