

How Pediatricians Can Work With the Courts
Susan Chinitz, Psy.D

1. Important facts about very young children known to the courts
 - a. Largest cohort of children who enter the child welfare system, nationally and locally
 - b. In 2015, 3,227 children under 3 became known to the NYC Family Courts
 - c. Very young children stay in foster care longer than older children and are more vulnerable to repeat maltreatment, both in foster care and within their families
 - d. 25 to 30% of infants who are returned to their birth families re-enter foster care
 - e. More than 50% experience 2 or more moves in care (repeated attachment disruptions)
 - f. In a study of infants followed in the National Survey of Child and Adolescent Well Being, 38% of children known to the child welfare system have accrued four or more adverse childhood experiences by the time they are 2 years old
 - g. 80% of fatalities involve very young children

2. Characteristics of young children who are court involved
 - a. prenatal exposure to alcohol and/or drugs
 - b. lack of or limited prenatal care/poor intrauterine nutrition
 - c. High rates of prematurity and/or low birth weight
 - d. Genetic predispositions to cognitive and mental health problems
 - e. Intergenerational attachment patterns/problems
 - f. Neglect, abuse, exposure to violence
 - g. Attachment disruptions
 - h. Toxic stress

3. Complex issues for birth parents
 - a. Histories of foster care or of neglect/abuse
 - b. High number of ACEs
 - c. Disrupted educations
 - d. Few social supports
 - e. Mental health problems
 - f. Substance abuse problems
 - g. Cognitive limitations
 - h. High degree of stress in households
 - i. Victims of violence and violence exposure (intimate partner, family, community)
 - j. Criminal involvement/incarcerations
 - k. Housing insecurity or homelessness
 - l. Financial stress/poverty

3. Challenge of dealing with medical, developmental and mental health issues within a legal system
4. Systems constraints
 - a. Informants (for past medical or developmental history) often lacking
 - b. Consent for medical needs, developmental evaluation, developmental or educational services often difficult to get
 - c. Frequent moves often results in change of pediatrician and/or loss of services
 - d. Foster family burdens – number and special needs of children in the home
 - e. Access to Early Intervention is through ASQ given to foster parent to complete (may not know child well; may not have good skills for this kind of assessment)
5. Efforts in NYC to include multi-disciplinary clinicians in court training and court practice
 - a. **Babies Can't Wait** – Judicial Training program for Family Court Judges and other Court personnel
 Could/should be replicated
 Included pediatricians (health, medical, developmental needs of children)
 Child Development – brain development, social emotional development
 Early Intervention
 Health Development checklist for judges
 - b. **Strong Starts Court Initiative**
 Operating in the Bronx and Queens Family Courts
 Dedicated judge
 Full time child development/infant mental health specialist partners with judge
 Children receive comprehensive developmental, mental health and relational assessment
 Partnerships with providers of high quality services for child, parent and family
 Use of evidence based interventions, including home visiting programs and Early Head Start
 Focus on parent-child relationship, relationship repair and trauma treatment for child and parent
 Training for legal and judicial practitioners
 Steering committee (multidisciplinary, cross agency)

6. What judges want and need input about
 - a. Any medical problem that is significant for planning for a child (need for treatment/intervention, implications for caregiving)
 - b. Information on developmental delays/disabilities (need for treatment/intervention, implications for caregiving; where/how to get services if child is not eligible for EI)
 - c. Guidance on the use of psychotropic medication (benefits, drawbacks)
 - d. Help teasing out if behavioral symptoms result from trauma or attachment disruption, or if they represent a separate disorder
 - e. FTT, GI issues, seizures, neurological evaluations (when requested in context of behavioral problems), autism

7. Communicating with the court
 - a. Judges would like to have reports that come directly from the pediatrician rather than summarized and conveyed by case planner
 - b. Access through case planner, or child's attorney (In NYC, child's attorney can be identified through Legal Aid within the borough)
 - c. Most foster agencies have a pediatrician on staff who should be a point of contact for any issues that are complex or serious