Supporting Children Following a Parent’s Arrest

Development of a Collaborative Model for Law Enforcement, Mental Health, and Child Welfare

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Presented at the 26th Children’s Mental Health Research & Policy Conference
Tampa, Florida
March 5, 2013
Overview

• Background

• Model Development
  – REACT: Responding to Children of Arrested Caregivers Together

• Cross-System Collaboration

• Training Curriculum Development
  – Recommendations

• Preliminary Results
Learning Objectives

• Describe methods used to develop and pilot a collaborative model

• Describe lessons learned for enhancing collaboration across child-serving sectors

• Describe recommendations for model development and practice and policy changes
Background

- Ongoing statewide initiative to improve services for children of incarcerated parents
  - Led by Institute for Municipal and Regional Policy at Central Connecticut State University

- Focus on prevention/early intervention: intervening at the moment of arrest
  - A hidden population – rarely mental health follow-up

- 3 year grant to develop and pilot a trauma-informed model for supporting children after a parent’s arrest
REACT Timeline

- **2011**
  - Model Development

- **2012**
  - Ongoing Consultation & Technical Assistance
  - Introductory Regional Trainings

- **2013**
  - PD Pilot #1

- **2014**
  - PD Pilot #2

Legend:
- Model Development
- Introductory Regional Training
- Full REACT Implementation
REACT Model Development

A Collaborative Model for Law Enforcement, Mental Health, and Child Welfare
Goals of REACT

- **Minimize traumatic stress** and distress to children after a caregiver’s arrest

- **Provide training/resources for law enforcement** when a child’s parent is arrested

- **Improve collaboration across law enforcement, mental health, & child welfare** to serve children and families

- **Early identification** of high-risk children and **prevent** the need for more significant and costly interventions
Model Development

- Consultation
- Statewide Advisory Board
- Promising Practices
- Community Focus Group
- Literature Review
- Provider Surveys

REACT
Research on Children of Arrested Parents

- Arrest of a family member associated with more internalizing/externalizing behaviors (varied with age) (Roberts et al., 2013)

- Children witnessing arrest of family member were 57% more likely to have elevated PTS symptoms (Phillips & Zhao, 2010)
  - 73% more likely when a parent arrest witnessed & another family member arrested

- From 20-83% of children witness the arrest*
  
Prevalence

• No data collected by PDs

• No prevalence rates reported

• Developed rough estimates based upon national data on adult arrests and birth rates
## Prevalence

### Table 1: Annual Incidence of a Child Experiencing a Parental Arrest

<table>
<thead>
<tr>
<th></th>
<th>Number of adult arrests in 2010</th>
<th>Estimated number of times a child experienced a parental arrest</th>
<th>Estimated number of times a child was present for a parental arrest$^b$</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>13,120,947$^a$</td>
<td>6,368,709</td>
<td>1,273,741 – 5,286,028</td>
</tr>
<tr>
<td>Connecticut</td>
<td>128,670$^a$</td>
<td>62,454</td>
<td>12,491 – 51,836</td>
</tr>
</tbody>
</table>

Note: these estimates are unique incidents of arrest, and do not represent numbers of arrestees or children

$^a$Uniform Crime Reports, 2010

$^b$Based on estimates from 20-83% in Dallaire & Wilson, 2010; Johnston, 1991; Harm & Phillips, 1998
Model Development

- Literature Review
  - Children of arrested parents
  - Children of incarcerated parents
  - Child traumatic stress/toxic stress
  - Evidence-based / informed models
  - Developmental differences
    - More than 50% of children of arrested parents are <7 years old
Risks to Children

- Traumatic stress/PTSD
- Physical safety
- Loss/grief
- Behavioral problems
- School problems
- Poverty/financial strain
- Residential instability
- Negative view/perception of self and parent
- Sense of safety is taken away (physical & emotional)

- Problems with relationships
- Attachment disruption
- Posttraumatic Stress
- Depression/Anxiety
- Substance abuse
- Future incarceration
- Justification for negative behavior
- Drugs & theft related to financial instability
- Shame & Stigma
Intergenerational Risk of Criminal Justice System Involvement

- In a metanalysis of 40 studies on children of incarcerated parents, these children were more likely to have delinquent/antisocial behaviors (Murray, Farrington, & Sekol, 2012)
- Children who experienced the incarceration of a parent by age 6 were more than twice as likely to be convicted of a criminal offense by age 30 (Herman-Stahl, 2008)
- Of boys who experienced incarceration of their parent before age ten, 48% were convicted themselves as adults (Hairston, 2007, p. 23)
Model Development

• Promising Practices & Policies/Consultation
  – Child Development Community Policing (New Haven)
  – San Francisco Children of Incarcerated Parents Partnership (SFCIPP)
  – Los Angeles City & County, CA
  – San Jose/Santa Clara County, CA
  – New Mexico
  – Allegheny County & Pittsburgh, PA
  – National Alliance for Drug Endangered Children (DEC)

• Summary
  – Common themes for training law enforcement
  – Virtually all focus on law enforcement & child welfare
  – Mental health system is often missing/periphery
  – Address only the highest-risk children
Model Development

- Survey of law enforcement officers ($n = 75$)
  - Annual statewide CIT conference

- **95% believe that it is “moderately” to “very” important to address the needs of children** when their caregiver/close-family member is arrested

- **64% reported that they don’t typically ask an arrestee** if they are caring for a child under 18

- **69% reported that their department does not have a written protocol** about how officers should respond when a child is present at the time of his/her caregiver’s arrest
  - Those that did focus on child welfare involvement only
Model Development

- Survey of EMPS children’s mobile crisis clinicians ($n = 79$)
- 75% of EMPS clinicians do not typically inquire about whether a family member has been arrested or incarcerated
- 71% have not responded to a child following a parent’s arrest
- Most have never responded to a call from police (83%) or DCF (73%) for a child because of a recent arrest of the child’s family member
Model Development

- Survey of child welfare staff \((n = 131)\)

- 41% reported that **most or all** of the children on their caseload have had a caregiver arrested

- 42% reported they are **not at all to a little knowledgeable** on the impact a caregiver’s arrest or incarceration has on a child

- 38% reported that they rarely or infrequently facilitate **visitation** between the child and incarcerated caregiver (e.g., help schedule, arrange transportation)
Model Development

- Statewide Advisory Board
  - Comprised of law enforcement, child welfare, EMPS, family members, corrections
  - Engage key stakeholders
  - Identify current practices in Connecticut
  - Ensure diverse input
  - Synthesize research, best practices, CT resources
  - Feedback on model and training development
Model Development

- Community focus group \((n = 12)\)
- Highly charged/emotional topic
- Respect the arrested caregiver’s knowledge of and relationship with child
- Training/practice issues for law enforcement
- Involvement of community members
Practice Recommendations
REACT Recommendations

• Policy and Procedure
  – Educate key stakeholders
  – Enhance collaboration
  – Modify existing policies and procedures
  – Modify arrest protocol
  – Develop a reporting mechanism
  – Provide information to remaining caregivers & children

• Training
  – Cross-training curriculum
  – Review of potential effects on children
  – Child mental health information for law enforcement
  – Address unique needs for children of arrested caregivers
  – Highlight developmental differences
  – Emphasize culturally competent and sensitive practices
REACT Recommendations

**System Collaboration**
- Increase family involvement
- Increase collaboration across systems
- Enhance agency wide support
- Collaborate with existing programs
- Build a relationship with Department of Corrections
- Monitor dissemination via quality improvement

**Research and Data Collection**
- Develop prevalence estimates
- Create a comprehensive research agenda
- Evaluate direct service programs
Cross-System Collaboration
Cross-System Collaboration

• Siloed Practices
  - Act independently; ‘parallel work’
  - Lack communication; unaware of what the other is doing
  - Inefficient and duplicative services
  - Wasted resources
  - Burden on professionals that may not have appropriate training
  - **Children & families miss opportunities to access services**

• Benefits of Cross-System Collaboration
  - Improve outcomes and access to services
  - Integrate care
  - Increase awareness, understanding, communication
  - Minimize strain on professionals
  - Blende resources & **utilize existing resources**
EMPS Mobile Crisis Clinicians

- **Availability**
  - Urgent care to children birth to age 18, and families
- **Crisis intervention services**
  - Mobile response
  - Telephone counseling and referral information
  - Follow-up with family up to 45 days
- **Respond to multiple settings**
  - School, home, community, ED
- **Access to care**
  - No charge to families
  - Anybody can call EMPS
- **Statewide call center screens and triages crisis calls**
  - Standardized assessment and treatment
EMPS Providers

Connecticut Center for Effective Practice

DCF CONNECTICUT

Child Health and Development Institute of Connecticut, Inc.
Department of Children and Families

- Primary state agency for:
  - Child protective services
  - Behavioral and mental health
  - Juvenile justice
  - Substance abuse
  - Early childhood services

- Fully integrated child welfare agency
- Differential Response
CIT & CIT-Y

- **CABLE**: Connecticut Alliance to Benefit Law Enforcement
  - Manages Connecticut’s Crisis Intervention Team (CIT) and roll out of CIT-Y

- **CIT**: Crisis Intervention Team
  - Best-practice model
  - 40 hour training program for law enforcement
  - Fully funded by DMHAS
  - Training curriculum
    - Mental illness and substance abuse
    - De-escalation techniques
    - Suicide by cop
    - Suicide assessment and prevention
    - Mental health and the law

- **CIT-Y**: Crisis Intervention Team – Youth
  - Expands upon CIT training
  - Focuses on child mental health issues
Standard Practice

Child & Family

Law Enforcement

Department of Corrections

Community Services

DCF

EMPS
REACT Cross-System Collaboration

Child & Family

Law Enforcement

EMPS

Department of Corrections

DCF

Community Services
REACT Training Curriculum
REACT Training

• Methods
  – Based on adult learning principles
  – Multiple modalities (e.g., card sort, video, group discussion, application to scenarios)

• Content
  – Collaboration
  – Background on children of arrested parents
  – Practice recommendations
  – Emphasis on culturally responsive practices
  – Application to scenarios
Two Versions of REACT Training

**REACT & CIT-Y**
- 1½ day training
- CIT officers
- EMPS & DCF
- Regionally based
- Cross-training

**Full REACT (PD)**
- 12 months of TA
- Entire force
- Follow-up trainings
- Policy changes
- Piloted in 2 cities
REACT Training

• Law enforcement
  - Child development and mental illness (CIT-Y curriculum)
  - Awareness of environment indicating children present
  - Minimize negative effects on children
  - Respect caregiver’s relationship with child
  - Connect law enforcement to EMPS

• EMPS clinicians to support/stabilize child
  - Unique needs related to arrest of a caregiver
  - Support child if/when caregiver remains incarcerated
  - Evidence-based & evidence-supported interventions
  - Connecting community resources
  - Maintain connection and communication with LE and DCF (if applicable)
  - Navigating systems and services

• Training for DCF investigators (when they are on scene)
  - Background checks for LE when making placement decisions
  - Activating EMPS response
  - Establishing connection with DOC
## Regional Training Data

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant to my work</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>Increased knowledge on impact caregiver arrest has on children</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>Provided me with new techniques and strategies for supporting children and families when a caregiver is arrested</td>
<td>0%</td>
<td>0%</td>
<td>11%</td>
<td>51%</td>
<td>38%</td>
</tr>
<tr>
<td>Increased knowledge of other systems and resources to support children and families when a caregiver is arrested</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
<td>53%</td>
<td>42%</td>
</tr>
</tbody>
</table>

3 Regional Trainings: # of L.E. = 43; EMPS = 30; DCF = 13
<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant to my work</td>
<td>1%</td>
<td>1%</td>
<td>11%</td>
<td>56%</td>
<td>31%</td>
</tr>
<tr>
<td>Provided me with new strategies for supporting children and families when a caregiver is arrested.</td>
<td>2%</td>
<td>2%</td>
<td><strong>16%</strong></td>
<td>52%</td>
<td>29%</td>
</tr>
<tr>
<td>The arrest of a caregiver is a distressing event for a child.</td>
<td>&lt;1%</td>
<td>--</td>
<td>5%</td>
<td><strong>47%</strong></td>
<td><strong>48%</strong></td>
</tr>
<tr>
<td>Children have significant needs for support following a caregiver’s arrest</td>
<td>&lt;1%</td>
<td>--</td>
<td>9%</td>
<td><strong>53%</strong></td>
<td><strong>37%</strong></td>
</tr>
<tr>
<td>Connecting a child to EMPS services immediately following a caregiver’s arrest can prevent more serious problems later</td>
<td>--</td>
<td>4%</td>
<td>18%</td>
<td><strong>50%</strong></td>
<td><strong>28%</strong></td>
</tr>
<tr>
<td>Law enforcement has a role in ensuring children and remaining caregivers are supported following a caregiver's arrest.</td>
<td>2%</td>
<td>3%</td>
<td><strong>17%</strong></td>
<td>52%</td>
<td>25%</td>
</tr>
</tbody>
</table>

12 PD Trainings: # of L.E. = 233
Challenges

• Volunteering of time
• Participation requires coverage of shifts
• Crisis work of both EMPS and law enforcement
• Frequent administrative changes
• Buy-in from police departments / administration
• Competing demands for training
Recommendations

• Take time for planning

• Identify and engage key stakeholders from the beginning

• Develop/utilize a forum for discussing cross-system collaboration at a higher level

• Identify champions

Cross training
Acknowledgements

- **IMRP**: Institute for Municipal and Regional Policy
- **DCF**: Department of Children and Families Investigators
- **EMPS**: Emergency Mobile Psychiatric Services
- **CABLE**: Connecticut Alliance to Benefit Law Enforcement
- **NAMI**: Family Members
- **Police Departments**
Wrap-up

• Q & A

• REACT Resources

THANK YOU!!

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