



The newsletter of *The Judges' Page* website – February 2006

The National CASA Association and the National Council of Juvenile and Family Court Judges are committed to providing judges and advocates the tools they need to be effective in dependency cases. This issue of the *Judges' Page* highlights the importance of identifying mental health issues facing the children, teens and parents who are involved in the dependency system to ensure that appropriate services are available to the family. —*Judge J. Dean Lewis, Editor*

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Editor's Page— Mental Health Issues and the Dependency Court



J. Dean Lewis, Judge (retired), Member, National CASA Association Board of Directors and Past President, National Council of Juvenile and Family Court Judges

Summary

A disproportionate number of children and youth in foster care suffer from some form of mental illness. Judges and other adults involved in these children's lives need to be sure that assessments take place and that all stakeholders collaborate on mitigating this challenge.

In this issue of *The Judges' Page*, we take a look at mental health issues which impact our decisions in dependency cases. As judges, we must be the ones to ask the critical questions about the child's health, safety and welfare while affording all legal protections to the parents. Whether the permanency goal ultimately becomes reunification, termination or any of the other permissible dispositional options, we need to focus early on the factors that led to the abuse or neglect of the child.

Assessment Is Critical

From the first intervention, social service workers must assess the parents' capacity to parent appropriately, determine what it would take for reunification to be achieved and review the availability of effective services to safely implement the permanency goal. Social service workers must also secure an in-depth analysis of the child's physical, mental, emotional and educational situation and begin providing community-based rehabilitative services as recommended by professionals as soon as possible.

Collaboration Among Stakeholders

In order to be effective, communities must have collaboration among all stakeholders: social service workers; mental health and substance abuse providers; educators; the health care community; attorneys; child advocates such as CASA/GAL volunteers; the courts; and the community at large.

In this issue, the authors offer their expertise and experiences in working with children and families in the dependency system who have mental health issues:

- [Judge Leonard Edwards](#) offers information on the Office of Child Development and Mental Health, a nonprofit organization that offers pro bono psychiatric consultation services to judges who have questions or concerns related to issues of mental health.
- [Elizabeth Peterson-Vita, MD](#) discusses the unique situation of children with "dual diagnoses": having both a psychiatric/behavioral disorder and a developmental disability.

- [Judge Douglas Johnson](#) questions when it may be appropriate to terminate “reasonable efforts” services to parents who have complex mental health issues and provides an example of a recent court decision in which such services were terminated.
- [Judge Gerald Rouse](#) offers important information on children diagnosed with ADD and ADHD as well as their families.
- [Judge Louis Trosch, Jr.](#) of the Mecklenburg Juvenile Court details how his jurisdiction brought all community stakeholders to the table to improve collaboration on court cases involving mental health issues.
- [Dr. Ken Lewis](#) shares why a child custody evaluator may offer useful tools for judges handling dependency cases involving mental health issues.
- [Carol Weisheit](#) gives advice to judges, social workers, attorneys and CASA/GAL volunteers handling dependency cases of infants and toddlers, reminding us to be mindful of the child’s sense of time and the potential for damage to the child when cases are not conducted appropriately.
- Staff from [National CASA](#) describe the role of CASA volunteers in working with abused and neglected children with mental health challenges. They introduce two resources, one from CASA of Los Angeles, providing more detail.
- [Dr. David Arredondo](#) offers three habits of highly effective judges when working with psychological assessments.
- [Eva Klain, JD](#) of the ABA Center on Children and the Law provides significant insight into federal confidentiality laws that may limit access to records of children and parents in dependency cases.
- Staff from [the National Council of Juvenile and Family Court Judges](#) summarize an article by Dr. Lisa Melanie Boesky, who explains the important role of all who work in the courts to identify symptoms of mental illness that may be shown by youth.
- [Joey Binard](#) of NCJFCJ shares a wealth of online resources dealing with mental health issues and, in particular, their interaction with the juvenile justice system. So many teens involved in the dependency system are also charged as delinquents, and this information will be particularly useful in working with those cases.

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Pro Bono Help Offered to Judicial Officers by the Office of Child Development and Mental Health

Judge Leonard Edwards, Supervising Judge, Juvenile Dependency Court, Santa Clara County, CA; Past President, National Council of Juvenile and Family Court Judges

Summary

Psychiatric consultation services, training and unbiased “second opinions” are available to judicial officers pro bono through the Office of Child Development and Mental Health.

Juvenile and family court judges and other professionals working with high-risk children and families often encounter clients with mental health problems. Statistics indicate that over 50% of youth entering the juvenile justice system have mental health issues. In addition, nearly all of the children whose cases are heard in the child protection court suffer from mental trauma. Also, many of the parents of these children have serious mental health problems.

Most communities do not have adequate mental health expertise in either the assessment or treatment of these mental disorders.

Help is available through the Office of Child Development and Mental Health (OCDMH). The OCDMH is an independent, nonprofit affiliate of the National Council of Juvenile and Family Court Judges. It was established by David Arredondo, MD to provide consultation, technical assistance and trainings to juvenile and family court judicial officers and other professionals working with high-risk families.

The primary focus of the OCDMH is to provide knowledge related to child development, developmental traumatology, neuropsychiatry (brain disorders) and mental health to judicial officers in the field.

Thanks to a sustaining grant from the Michelson Foundation, the OCDMH is able to conduct research reviews on a broad range of topics and provides consultation and technical assistance to programs and professionals nationally.

Areas of OCDMH Expertise

Following are topics which the OCDMH can be helpful in understanding:

- Assessments of the effectiveness of treatment interventions
- Screening large populations of high-risk youth
- Abuse-reactive juvenile offenders
- Requirements of adequate mental health assessments for children and their families
- Allocation of limited mental health treatment resources
- Differentiation of *bona fide* mental disorders from “willful wrongdoing”
- Effective treatments at the programmatic and individual level
- Effective rehabilitation strategies
- Limitations of the current knowledge base
- Problems in communication that are “trans-system” (e.g., among mental health, social services and juvenile probation)
- The appropriate uses of psychotropic medications

Specific Services Offered to Judicial Officials

Consultations to Juvenile/Family Court Judges

The OCDMH provides pro bono psychiatric consultation services to juvenile and family court judges who have questions or concerns related to issues of mental health involving wards of the court or children and families at high-risk. Initial queries are usually followed up by phone, fax or email. At times, more information will be requested before providing a response. All information is kept in strictest confidence and is considered privileged. It is required that all names be omitted from conversations and communications. This service is not to be construed as a substitute for psychiatric evaluation or psychological testing. Opinions obtained are for the use of the judge only and are not admissible in a forensic context.

Reviews of Psychological Testing and Psychiatric Evaluations

Sometimes it is useful to the court to have a dispassionate "second opinion" about the adequacy, relevance or accuracy of psychological testing or psychiatric evaluations. At other times, the validity of the tests or methods used is at question. The issue of bias or cultural appropriateness may also arise. As a friend of the court, the OCDMH provides unbiased second opinions for use by the family or juvenile judge in both dependency and delinquency cases. These opinions are never to be used in lieu of proper evaluations. Names must be omitted to protect the privacy of those involved. Reports are usually faxed or emailed, but surface mail is sometimes used when time permits. Response occurs in 48 hours or less, often much sooner and usually by phone or email.

Lectures, Workshops and Training Presentations

The OCDMH provides lectures, workshops, trainings and presentations nationwide. Areas of special emphasis are mental, emotional and neurodevelopmental vulnerabilities in high-risk children and their parents. Another area of particular interest is juvenile mental health courts. Presentations are designed for audiences of 75-800 persons from varied disciplines.

For More Information

To request assistance or submit a topic for a lecture, workshop or training presentation, see the website of the Office of Child Development and Mental Health (childrensprogram.org) and click on the tab labeled "Requests."

And see these NCJFCJ publications:

- "Pro Bono Technical Assistance and Mental Health Consultations Available," (nationalcasa.org/download/Judges_Page/0602_pro_bono_ta_and_mental_health_consultations_available_0036.pdf) *TODAY* magazine, Fall 2003.
- "The Importance of Mental Illness Education," (nationalcasa.org/download/Judges_Page/0602_the_importance_of_mental_illness_education_0036.pdf) by Angela Vickers, JD, *Juvenile and Family Court Journal*, Fall 2001.

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Courts Must Accommodate Children with Dual Diagnoses

Elizabeth Peterson-Vita, MD, Clinical Director, Mecklenburg County Area Mental Health Authority

Summary

To ensure better outcomes for youth with both a psychiatric/behavioral disorder and a developmental disability (“dual diagnoses”), all professionals working with these children and their families should be knowledgeable about appropriate interventions.

Anyone working in our court systems can appreciate the special considerations needed for children and youth with severe and complex mental health issues when they present to the legal system. Multiply those concerns tenfold, and you have the situation posed by “dually-diagnosed” children and youth.

These are young people who actually have two types of disability: a psychiatric/behavioral disorder and a developmental disability. The added presence of a developmental disability can make a dramatic difference in the youth’s cognitive, emotional and social skills. The term “developmental disability” is an umbrella designation for numerous diagnoses and disorders and refers to the fact that the child’s natural and expected course of development has not progressed along typical lines.

Developmental Disabilities

Developmental disabilities can be due to a genetic disorder, exposure to toxins while in the womb, physical (including brain) trauma at or shortly after birth or profound abuse or neglect. The most common category of developmental disability is mental retardation, in which the child’s cognitive development is not on par with his or her peers, and there are also significant delays or compromised adaptive functioning such as social skills or self-care.

Determination of the child’s intellectual capacity contributes to the diagnosis of mild, moderate, severe or profound mental retardation. There are other forms of neurologically based developmental disability in which the child’s intellectual capacity may be intact, but there are major impairments in the capacity to relate to others, to develop and use functional language and to adapt to the environment; these are core features seen in the range of autistic disorders.

New Knowledge Explains Dual Diagnoses

At one time, it was thought that a child (or adult) could not have a psychiatric disorder and a developmental disability simultaneously; however, we now know that this does occur, with significant consequences.

Children and youth with dual diagnoses are best served in programs that have an understanding of their unique needs. For example, these children may have a difficult time understanding the cause-and-effect of their behavior or that of other people. Their thinking is often concrete and rigid. They do not generalize across experiences and often need things repeated or demonstrated for them on a repetitive basis. They also tend to be impulsive and reactive, and their behavior will be similar to that of a much younger child (for example, a twelve-year-old who responds more like a seven-year-old).

Psychiatric Symptoms in Addition to Delayed Development

These children may have impairments in short-term memory as well, with difficulty in remembering and following a complex set of instructions. Such children have their psychiatric symptoms (such as mood swings, episodic aggression or hearing voices) superimposed on their atypical development. It is not surprising that they have diminished coping resources and may be prone to act out, sometimes repetitively, bringing them to the attention of the legal system. These children need careful evaluation and treatment specially tailored to their needs and delivered in settings where they are with children like themselves.

When afforded appropriate interventions to diminish maladaptive behaviors and develop these children's strengths, they can achieve psychiatric stability and lead happy and productive lives.

For More Information

To find resources useful in helping dually diagnosed children see, "[Online Resources: Mental Health](#)" by Joey Binard in this issue of the *Judges' Page*. If you are interested in reading about how one jurisdiction tackled the difficulties in coordination among the court and mental health systems, see "[Effective Collaboration Between the Juvenile Court and Mental Health Systems.](#)" by Judge Louis Trosch, Jr., also in this issue.

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Reunification Efforts for Parents with Mental Health Problems: When Is it Reasonable to Stop Reasonable Efforts?



Judge Douglas F. Johnson, Separate Juvenile Court, Douglas County, Omaha, NE; Secretary, National Council of Juvenile and Family Court Judges

Summary

What issues impact the decisions of judges trying to balance the rights of parents with complex mental health issues and the needs of children awaiting permanency?

A difficult issue for juvenile court judges in abuse and neglect cases is deciding when to cease reunification efforts for parents with ongoing mental health problems. The judge recognizes that these parents have special needs that probably will not be resolved within Adoption and Safe Families Act (ASFA) timelines. At the same time, these parents' children should not languish in foster care awaiting uncertain permanency. One recent case illustrates this issue: *Maria T. v. Superior Court*, 2005 WL 1806685 (Cal. App. 4 Dist. 2005).

In February 2004, a 19-year-old mother admitted at a pretrial hearing to a serious physical abuse allegation. Her 2-month-old infant was admitted to the hospital with a non-accidental spiral fracture of the femur. The court took jurisdiction and entered a disposition order with reunification services and a six-month status review hearing.

At the review hearing, the Department of Children's Services (DCS) recommended, and the judge granted, six more months of services. The mother was attending parenting classes fairly regularly and tried to consistently visit her infant. However, she missed a number of visits because of her own health problems, medical appointments and hospitalizations related to insulin-dependent diabetes and several pregnancies since DCS involvement in October 2003. The mother interacted appropriately with the baby during visits, and she and her child appeared to be bonded.

The mother underwent a psychological evaluation and was diagnosed with borderline mental retardation and adjustment disorder with mixed anxiety and depression. The psychologist recommended individual therapy and joint therapy with the infant's father. The psychologist stated that reunification was appropriate only if the mother could address psychological issues that affected her ability to function effectively.

The mother told the social worker that she had attended special education classes in high school and could not hold a job because she was unable to learn the job. The social worker referred the mother to the Inland Regional Center (IRC) for additional services for people with developmental disabilities. Those services were designed to assist in developing skills for daily living and to meet other needs related to developmental disability.

Termination of Reunification Services Recommended

At the 12-month status review hearing, in February 2005, DCS recommended termination of reunification services and a hearing to consider termination of parental rights and a permanent plan for adoption for these reasons:

- Missed therapy appointments
- Poor visitation (attended only 7 of 21 total visits that were scheduled between August 2004 and February 2005)

- Failure to communicate with social worker to reschedule missed visits and update the worker regarding mother's physical and mental health issues
- Failure to schedule any appointments with Inland Regional Center

In March 2005, DCS filed an addendum report noting that the mother would begin attending a parenting course later that month, had reinitiated joint counseling sessions but had not attended any individual counseling sessions.

In April 2005, the juvenile judge terminated reunification services and set a hearing to consider termination of parental rights and a permanency plan of adoption. The mother petitioned for extraordinary writ and an additional six months of reunification services. The superior court affirmed the juvenile judge's ruling with the following findings:

- The social worker provided sufficient assistance to the mother to contact IRC for specialized services.
- Services were tailored to the mother's cognitive abilities and special mental health circumstances.
- The mother's special needs were complicated by her diabetes and pregnancies.
- No further reasonable efforts or time extension should be granted where the mother shows a pattern of noncompliance with reasonable efforts services, difficulty in dealing with her own health problems and no indication that those problems would resolve or that she would be an effective parent within the next six months.

No Simple Answers Available

Another juvenile judge may have ruled that, due to the mother's complex mental health problems, an exception to ASFA guidelines should be made and further time granted. When is it unreasonable to continue to offer reunification services? Each of us will have to carefully weigh the evidence in making a just determination. While feeling empathy for parents with complex mental health problems, how do we also rule fairly for children in foster care awaiting permanency? Should mental health cases be treated differently than any others? I don't know of any simple answers.

You will find other cases on this topic with varying outcomes. Also, be sure to check your state statute. Finally, I encourage you to read a thought-provoking law review article by Theresa Glennon, "Walking With Them: Advocating for Parents With Mental Illnesses in the Child Welfare System," 12 *Temple Political & Civil Rights Law Review* 273 (Spring 2003).

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Children and Youth with ADD and ADHD in Juvenile and Family Courts

Hon. Gerald E. Rouse, 5th Judicial District, Seward, NE; Past President, National Council of Juvenile and Family Court Judges

Summary

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactive Disorder (ADHD) are frequent diagnoses for children and youth involved in the juvenile and family courts, both in the delinquency and dependency systems. These children need to have appropriate mental health assessments, and judges, attorneys, parents and foster parents need the skills that are necessary to respond.

Addressing Special Needs Presented by Children with ADD and ADHD

Juvenile justice professionals, educators and child disability advocates have long demanded that, in compliance with the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA), the needs of youth with cognitive or behavioral disabilities in the juvenile justice system be addressed. Many teens are involved in both the dependency and delinquency systems simultaneously.

As stated in *Addressing Invisible Barriers: Improving Outcomes for Youth with Disabilities in the Juvenile Justice System* (David Osher, Jerry Rouse, Mary Quinn, Kimberly Kandiziora, & Darren Woodruff): "Individuals with ADHD, who come into the juvenile justice systems, can go further, faster into the system than children without ADHD." (See the National Center on Education, Disability and Juvenile Justice - edjj.org/Publications/monographs)

Parents and Foster Parents Can Help Court

Parents who are active and aware of the child's needs can be very helpful to the court. Informed parents can indicate what plans are already in place to address the child's disability, particularly within the educational setting. Unfortunately, many parents of children with ADHD or other mental health problems may not be aware of their child's disability and may be using inappropriate disciplinary sanctions.

Adjudication Hearing/Trial

Because the federal government considers ADHD a disability if the disorder limits a major life activity, individuals appropriately diagnosed with ADHD are entitled to reasonable accommodations in the courtroom, just as they are in the classroom or workplace (see *Aviles v. Bowen*, 715 F. Supp. 509 1989).

Attorneys Representing an ADHD Child

To be an effective advocate, an attorney representing children or parents in a proceeding in the dependency court must have training in mental health disabilities. The court should give latitude to attorneys representing such parties to represent them not only in court but also in hearings within school systems. Parents of children in need of an Individualized Education Plan (IEP) may be unable to assist the school in developing a plan that meets the child's needs without the assistance of counsel. They may also need an attorney to effectively contest an IEP (see *Schaeffer et al. v. Montgomery County Public Schools, et al.*, 546 US 2005).

Post-Adjudication Evaluations

The court should, either by statute or by court order, have the authority to conduct medical and psychological testing either at parental or government expense. Such evaluations should only be

performed by trained professionals who are familiar with mental health issues of children and parents. The National Council of Juvenile and Family Court Judges provides an excellent reference guide entitled *Child Development (1993)*. Order from the NCJFCJ online store. (www.ncjfcj.org/store/product_info.php?cPath=21_31&products_id=83) Chapter 2 gives 10 questions for judges to ask regarding psychological reports.

Dispositions

When a child or a parent has been properly diagnosed with ADHD or other mental health disabilities, any plan developed by the court must include specific practices that will help the parent or child deal with the disability if it was one of the factors that caused the child to come to the system's attention. This is especially important for parents who may not be aware of their child's special needs.

Resources for Parents/Foster Parents of ADHD Children

An excellent book for parents and foster parents of children diagnosed with ADHD is *Maybe You Know My Teen: A Parent's Guide to Helping Your Adolescent with Attention Deficit Hyperactivity Disorder*, by Mary Fowler, published by Broadway, Random House, (2001). The book and other information useful to families who are coping with ADHD teens can be found at her website. (maryfowler.com)

Another resource is the organization Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). (chadd.org) CHADD provides information and training as well as support groups in every state for parents and foster parents dealing with ADHD family issues.

Also see "ADHD: Separating Fact from Fiction" (nationalcasa.org/download/Judges_Page/0602_separating_fact_from_fiction_0036.pdf) by J. Marlene Snyder, PhD, *Juvenile and Family Court Journal*, Fall 2001.

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Effective Collaboration Between the Juvenile Court and Mental Health Systems

Hon. Louis Trosch, Jr., Mecklenburg County Juvenile Court, Charlotte, NC

Summary

How a Model Court of the National Council of Juvenile and Family Court Judges (NCJFCJ) successfully created and implemented a multidiscipline approach to addressing the mental health treatment needs of children and families involved in dependency court.

Juvenile court and mental health systems are intricately intertwined. Statistics dramatically underscore this connection. For example:

- 50-75% of youth involved in the juvenile justice system suffer from mental health problems, but only 1/3 of these juveniles have received appropriate diagnosis or treatment (Coalition for Juvenile Justice [2000], *Handle With Care: Serving the Mental Health Needs of Young Offenders*, Washington).
- 50% of the children entering foster care experience developmental delays—a rate 4 to 5 times that found in the general population. (Judge J Dean Lewis, "Child Development Issues and the Dependency Court," *the Judges' Page*, October 2005, National CASA Association, Seattle, WA).

Clearly, the children and families that appear in juvenile court frequently have unmet mental health treatment needs. Also, research consistently demonstrates that inaccurate evaluations or improper treatment actually worsen underlying mental health issues (Coalition for Juvenile Justice). Judges, social workers and mental health professionals acknowledge the critical need for well crafted mental health assessments and appropriate treatment modalities for each child and caretaker appearing in juvenile court. The systems can agree on this basic principle, but, all too often, they cannot agree on anything else.

Judges order evaluations that psychologists cannot decipher. Doctors submit reports that do not answer the questions judges thought they clearly asked. Social workers, CASA volunteers and mental health case managers disagree vehemently about treatment options. Treatment facilities create their own treatment plans without consulting anyone outside the four walls of their facility. Therapists receive misinformation about the treatment needs of their clients and must rely on self-reporting. The list of dysfunctional examples could go on and on, but they emphasize a basic failure to communicate between systems. This lack of meaningful communication divides treatment teams, delays court proceedings and wastes limited community resources. Most tragically, it further damages the children and families desperately needing appropriate treatment.

Forging New Collaborative Relationships

In Mecklenburg County, these problems were endemic to the juvenile court system. Matters culminated in 1999, when one of the juvenile court judges found the Area Mental Health Authority (AMHA) and the Department of Social Services (DSS) in contempt for their lack of communication, refusal to cooperate and resulting failure to implement court orders. In the aftermath of this ruling, the director of AMHA, the director of Youth and Family Services and the chief district court judge met and resolved to improve communication between the child welfare, juvenile court, and mental health systems. Their leadership was the critical first step to forging a new collaborative relationship between the systems.

Without open communication, any meaningful collaboration is impossible. The left hand has to know what the right hand is doing before the two can work together. To foster better communication, AMHA representatives recommitted to participate in local Model Court Committee meetings. Supported by the NCJFCJ, the Model Court Committee is a monthly forum for court-related agencies to discuss issues and problems arising in dependency court. Representatives from mental health providers had been nominal members, but they rarely attended or participated. Once AMHA's director made participation in the Model Court Committee mandatory, other mental health providers also began attending. Likewise, a juvenile court judge agreed to fully participate in the Mecklenburg Community Collaborative (MCC), a committee established to tackle mental health needs from a community perspective. With the reciprocal participation on these committees, lines of communication finally opened.

Judges and Mental Health Professionals Speak Different Languages

Meaningful dialogue between the systems remained difficult, however, despite the new commitment to communication. Mental health professionals and judges simply speak different languages. Misinterpretations caused many of the misunderstandings between the systems. In addition, the practices and procedures of a mental health agency are foreign to court personnel and vice versa. The systems needed a translator who understood the languages and procedures of both systems. In January 2000, AMHA agreed to employ that person in the form of a juvenile court liaison. This liaison has an office in the courthouse and serves as an emissary between the two systems. No single step has been more important to improving communication. The liaison has become the front-line connector between the two systems—putting out fires, consulting with caseworkers, cajoling providers, explaining processes, cutting through red tape, training, educating and basically greasing the wheels between the systems.

In spite of the juvenile court liaison's best efforts, one area of constant misunderstandings remained: court ordered evaluations. Evaluators complained that court orders were unclear and unwieldy, while judges thought that evaluations took too long and frequently failed to answer the court's questions. Rather than have the liaison attempt to resolve these misinterpretations on a case-by-case basis, the Model Court Committee endeavored to create a better overall system for obtaining evaluations. A subcommittee composed of evaluators, mental health professionals, court personnel and agency representatives spent a year creating a "form order" for court evaluations.

Form Order Includes Seven Types of Evaluations

This form order lists seven types of evaluations: full psychological, parenting capacity, custody, delinquency, competency, family system assessment and child sexual abuse. It also defines each type in clear language, specifies the questions the evaluator would answer and provides space for additional questions. After much debate and revisions, the Model Court Committee adopted and began utilizing the form orders in the fall of 2000. These orders continue to be utilized today, though they are periodically reviewed and modified. Simultaneously, AMHA and the juvenile court negotiated a memorandum of understanding regarding court-ordered evaluations. This agreement, formally adopted in 2002, defines roles and responsibilities, establishes a methodology for monitoring evaluations and, most importantly, creates recommended time frames for each type of evaluation. The judge now knows, for example, who is responsible for gathering records and how long it should take to receive a completed parenting capacity evaluation.

Together, the form orders and memorandum of agreement created a uniform system for obtaining evaluations of children and families in juvenile court. This removed the biggest source of miscommunication between juvenile court and mental health agencies and enabled the mental health and court liaison to adequately address any specific problems that still arise. Furthermore, the Model Court Committee and Mecklenburg Community Collaborative now serve as forums where mental health representatives and court personnel continue to discuss communication issues from a system-wide perspective.

Open communication has become the expected norm in our community, which has allowed us to begin collaborating in ways we only dreamed about a mere five years ago.

For More Information

See “Enhancing the Mental Health and Well-Being of Infants, Children, and Youth in the Juvenile and Family Courts: A Judicial Challenge,” nationalcasa.org/download/Judges_Page/0602_a_judicial_challenge_0036.pdf edited by Joey Binard, *Juvenile and Family Court Journal*, Fall 2000.

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Child Custody Evaluations in Dependency Cases



Ken Lewis, PhD, Director, Child Custody Evaluation Services of Philadelphia, Inc.

Summary

An experienced custody evaluator may be a useful resource in a dependency case where there is a mental health issue with the parent or the child.

It has long been recognized that custody evaluators can play an important role in divorce cases by gathering information and advancing expert opinions about the best interests of the child. This article outlines how a custody evaluator may also be a resource in dependency cases.

While “best interests of the child” is the polar star in both child custody and dependency cases, there is a major jurisdictional difference. Jurisdiction in custody law can be acquired by mere residency, but jurisdiction in dependency law is usually acquired because of parental conduct.

Mental health issues in custody cases require the evaluator to assess the effect on the child and to recommend a parenting plan focused on the child’s needs. But in dependency cases, the procedure and the questions are often much more invasive:

- Should the child be removed from constitutionally protected parental control? *If so*, under what conditions? And for *how long*?
- What reunification efforts should be attempted?

The Adoption Assistance and Child Welfare Act of 1980 required that “reasonable efforts” be made in termination of parental rights (TPR) cases to prevent or eliminate the need for the removal of a dependent, neglected or abused child from the child’s home and to reunify the family if the child is removed (Herring, 1992). But the 1998 amendments to the Adoption and Safe Families Act allowed states flexibility in determining whether reunification efforts would serve that goal in termination cases and announced “health and safety of the child” as the dominant public policy (Bean, 2005). Thus “best interests” is paramount in both custody and dependency law.

Differences Between Custody and Dependency Cases

- Dependency proceedings are ongoing. Various hearings within the dependency process have different standards and purposes, but they are part of the overall process of the case.
- Each stage of dependency has a temporal factor. A later stage may be evaluated by conditions at a former stage.
- Infant bonding is crucial. Serious cases of maltreated infants and toddlers require specialized expertise in bonding evaluations (see Malik et al., 2002, regarding Miami’s PREVENT program).
- Safety preempts preference. In cases of abuse or neglect, following the preferences of children (even older children) is frequently unwise.
- Evidentiary differences are clear. “Preponderance” appears to lean in one direction over the other, while “clear and convincing” leaves no substantial doubt.

Similarities Between Custody and Dependency Cases

Because the paramount goal in both custody and dependency cases is to serve the best interests of the child, custody evaluators experienced in high-conflict cases might be well suited to conduct evaluations in dependency cases where there are mental health issues for the parent(s) or child.

What ingredients of a comprehensive custody evaluation might be beneficial to the court in a dependency case when there is a mental health issue?

- In-depth interviews with parent(s) focused on clinically detectable aberrations from norms in behavior, attitude and mental functioning
- Non-invasive interactive session(s) with the child—and possible testing
- Psychological assessment generated from issue-focused instruments
- In-home inspection of child's social, emotional and environmental conditions with an eye toward identifying aversive stimuli that may or may not be altered
- Assessment of social and familial connections, such as school guidance counselor and extended family relationship
- Development of a theme that identifies the major conditions and events that initiated the court's intervention
- A prognosis of specific therapeutic interventions, if any, that might be warranted
- An estimated timeline for intervention and for reevaluation
- In a TPR case, a bonding study that asks:
 1. Is there a current parent and child relationship? If yes, describe the relationship.
 2. If the first answer is yes, does the child have a substantial, positive emotional attachment to the parent such that the child would be greatly harmed if this parent/child relationship were terminated?
 3. If the second answer is yes, would continuing this parent and child relationship promote the child's well-being to such a degree as to outweigh the well-being that the child would gain in a permanent home with adoptive parents? (In re Autumn H., 24 Cal. App. 4th 567, 1994)
- Recommendation of a plan that currently serves the child's best interests

Whether individually or as a member of a team of professionals, an experienced custody evaluator may be a valuable resource in some dependency cases.

For More Information

Websites

NCJFCJ Juvenile Delinquency Guidelines
www.ncjfcj.org/content/view/411

National Association of Drug Court Professionals
nadcp.org

National Center for Adoption Law & Policy
adoptionlawsite.org

Glossary for the Child Dependency System (the League of Women Voters of California Education Fund)
ca.lwv.org/jjds/glossary.html

Publications

Bean, Kathleen S., "What State Courts Think," 36 *U. of Toledo Law Rev.*, 321 (2005).

Herring, David J., "Inclusion of the Reasonable Efforts Requirement in Termination of Parental Rights Statutes: Punishing the Child for the Failures of the State Child Welfare System," 54 *U. of Pittsburg Law Rev.*, 139 (1992).

Malik, N.M., Lederman, CS, Crowson, MM, and Osofsky, JD, "Evaluating Maltreated Infants, Toddlers, and Preschoolers in Dependency Court," 23 *Infant Mental Health Journal*, 576-592 (2002).

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The Dependency System and the Mental Health of Infants and Toddlers

Carol Weisheit, Early Childhood Resource Specialist, Illinois STARnet

Summary

First suggested about 25 years ago, the important issue of infant mental health has now received considerable attention. Infants and young children who are part of the child welfare system need attention to ensure healthy social and emotional development.

First suggested about 25 years ago,¹ the important issue of infant mental health has now received considerable attention. A secure attachment is believed to be *the* most important developmental milestone in a young child's life and sets the stage for future mental health. This developmental task begins with the bonding process at birth. John Bowlby, a well known child development theorist, noted four important attachment categories before the age of 2:

1. Pre-Attachment Phase (Birth to 6 Weeks)

Infants exhibit specific behaviors that attract adults—grasping fingers, smiling, crying and gazing. Soon, a mother's scent and voice can be recognized by the baby.

2. The “Attachment in the Making” Phase (6 Weeks to 6-8 months)

Infants begin to distinguish between familiar adults and strangers. They begin to realize that their behavior impacts those around them (when they cry, an adult will provide comfort). This realization develops a sense of trust in the environment and sets the stage for the ability to develop positive relationships with others.

3. “Clear Cut” Attachment Phase (6-8 Months to 18-24 Months)

Infants and toddlers now know when a familiar caregiver leaves and may exhibit separation anxiety and become upset. During this time, toddlers who have a secure base (a consistent adult they feel attached to) are more likely to explore their environment in play, take risks and return quickly for emotional support.

4. Reciprocal Relationship (18-24 Months and Beyond)

Toddlers begin to understand that important people in their life may leave but always come back. Due to increases in their language capabilities and cognitive abilities, their separation concerns decline, and they trust their surroundings.

Considerations for Abused and Neglected Infants and Toddlers

What happens to attachment when an infant/toddler is abused or neglected? Children who do not have their needs met and cannot rely on a consistent caregiver will experience a negative impact on their ability to attach. Children who develop an insecure attachment will have a difficult time coping with stress, regulating their behavior and forming nurturing and loving relationships with important people in their lives. As a result:

- Children who have unmet emotional needs often exhibit anger and resentment toward their caregivers.²
- Children with problems regulating their emotions are at risk for future behavior difficulties.³
- Children who have been abused and neglected exhibit more aggression and fewer prosocial behaviors due to the negative modeling of their caregivers.^{4, 5, 6}

Infants and toddlers seen in the child welfare system are at risk for developing social and emotional difficulties. Judges, social workers, attorneys and CASA/GAL volunteers play a critical role in helping the most vulnerable children reach permanency quickly. It is advised to:

- Be sensitive to a child's sense of time—6 months is half of a toddler's life!
- Understand the importance of the early years and attachment as well as the effects of social and emotional well-being on the long-term success of relationship-building.

Use the following guidelines to help lessen possible long-term, negative effects on an infant/toddler's mental health:

- Avoid continuances in court proceedings.
- Strictly adhere to the ASFA timelines of 12 months to permanency.
- Limit the number of placements an infant/toddler experiences.

To Conclude

"The field of clinical research, albeit new, highlights what has become increasingly evident: infants and young children have rich emotional/psychological lives and can suffer in ways that heretofore had never been realized."

—*From Neurons to Neighborhoods*⁷

¹ Weatherston, D. (2000), "The Infant Mental Health Specialist," *Zero to Three*, 21 (2), 3-10.

² Zeanah, C.H. & Scheeringa, M. (1996), "Evaluation of Posttraumatic Symptomology in Infants and Young Children Exposed to Violence," in J.D. Osofsky & E. Fenichel (eds.), *Islands of Safety: Assessing and Treating Victims of Violence* (pp. 9-14). Washington, DC: Zero to Three Publication.

³ Moroz, K.J. (1993), *Supporting Adoptive Families with Special Needs Children: A Handbook for Mental Health Professionals*, Waterbury: the Vermont Adoptions Project.

⁴ Barnett, D. (1977), "The Effects of Early Intervention on Maltreating Parents and Their Children," in M.J. Guralnick (ed.), *The Effectiveness of Early Intervention* (pp. 147-170). Baltimore: Paul H. Brooks Publishing Co.

⁵ Cooney, J. (1991), "Counseling and Child Abuse: A Developmental Perspective," in J. Carlson & J. Lewis (eds.), *Family Counseling Strategies and Issues* (pp. 225-242). Denver, CO: Love Publishing.

⁶ Youngblade, L.M., & Belsky, J. (1989), "Child Maltreatment, Infant-Parent Attachment Security, and Dysfunctional Peer Relationships in Toddlerhood," *Topics in Early Childhood Special Education*, 9(2), 1-15.

⁷ National Research Council Institute of Medicine (2000), *From Neurons to Neighborhoods*, (p. 231). Washington, DC: National Academy Press.

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The Role of the CASA/GAL Volunteer in Helping Youth With Mental Illnesses

Staff, National Court Appointed Special Advocate Association

Summary

Mental health problems seriously affect foster children and youth. These young people benefit from their relationship with a caring CASA/GAL volunteer.

The Court Appointed Special Advocate (CASA) or volunteer guardian ad litem (GAL) has four important duties in a dependency case:

- Fact finding and reporting to the court
- Advocating for the child's best interests
- Facilitating appropriate resolutions between stakeholders
- Monitoring the child's safety and compliance with court orders

"Anywhere from 40 to 85% of kids in foster care have mental health disorders, depending on which report you read," says Stephen Hornberger, director of behavioral health for the Child Welfare League of America. Research shows that the CASA/GAL volunteer spends considerable time in direct contact with the child. Research also shows that when a CASA volunteer is appointed in dependency proceedings, the children and families receive more services.

While diagnosing mental health disorders is the job of professionals, the CASA volunteer is in a unique position to observe the child's behavior and to secure information from social workers, teachers, foster parents, parents and extended family members that indicates the need for a mental health assessment of the child or parent.

The CASA volunteer is a partner in the collaborative efforts of the stakeholders and can facilitate referrals to appropriate services by developing consensus. Their reports filed with the court at every hearing make recommendations for the child's best interests. The court report is an excellent vehicle to bring the child's or parent's "red flag" behaviors to the attention of the court with a recommendation to require a mental health or substance abuse evaluation in the event consensus for referrals cannot be developed.

See "Mental Health Needs of Youth in Foster Care: Challenges and Strategies" ([casanet.org/library/foster-care/mental-health-\[connection-04\].pdf](http://casanet.org/library/foster-care/mental-health-[connection-04].pdf)) from the Winter 2004 edition of the National Court Appointed Special Advocate Association's *Connection* magazine.

Also see "CASA's Specialized Advocacy Unit Committed to Mentally Ill and Developmentally Delayed Children" (nationalcasa.org/download/Judges_Page/0602_mentally_iii_and_developmentally_delayed_children_0036.pdf) from the Fall 2005 edition of *Partners*, the Los Angeles County Juvenile Court newsletter.

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Psychological Assessment: Three Habits of Highly Effective Judges

*David Arredondo, MD, Director, Office of Child Development and Mental Health;
Affiliate of the National Council of Juvenile and Family Court Judges*

Summary

A question faced by many judges and their designees is how to use psychological assessment reports. Learn three good habits to use when working with psychological assessments to minimize confusion and to help obtain valid, clear and useful reports.

Clinical psychologists use hundreds of different testing tools and methods for different purposes under different circumstances to assess individuals. Sooner or later, almost every juvenile or family court judge is faced with the frustration of reading an assessment report that seems not only irrelevant but also unintelligible. The causes of this are multifaceted and include issues of training across disciplines, professional orientation, mutually unintelligible jargon and mismatched goals such as obtaining clinical versus forensic results.

There are ways to minimize the frequency of miscommunication across professional disciplines. The purpose of this article is to instill three good habits for judges and their designees to use when working with psychological assessments to minimize confusion and to help obtain valid, clear and useful reports.

Habit One

Be absolutely clear and specific about which questions you want answered. If you aren't absolutely clear how to ask a question, seek consultation. Vague questions get vague answers which are often not helpful.

- Do you want a diagnosis, or do you want a treatment strategy?
- Do you want a prediction about future behavior?
- Are you concerned about assessing for developmental delays?
- Are you worried about the effects of domestic violence on a child's school performance?
- Do you want to help design an intervention?

Each of these questions requires a very different approach by your assessment professional. The question you ask will lead to the answer you get. If you are not specific, the psychologist is left guessing. Because of their clinical orientation, the guess is sometimes not helpful to the non-clinical decision maker.

Be as specific as possible about what question(s) you want answered.

Habit Two

Let the psychologist decide how to best answer your specific question. There are many different types of psychological, psychiatric, medical and educational assessments. The tools range from unstructured interviews to rigorous and highly systematized tests which have been validated on large populations. Ask your question clearly, but let your professional decide the best way to answer the question given the time and resources allotted. Also, remember that the psychologist in this role is not a decision maker or a client service provider. The psychologist cannot ethically recommend a particular judicial decision or make a referral to a particular program.

Let the psychologist decide how to answer your specific question.

Habit Three

If the report or summary is not helpful, discuss it with the psychologist. This is the cardinal rule. Most problems that occur during interactions between judges and psychologists stem from poor communication. Although barriers of professional culture can seem insurmountable, they usually can be bridged. The key is more communication. If you are unhappy, there is probably a good reason. The author has yet to meet a psychologist who did not want to be helpful. Communicate your dissatisfaction while being as non-judgmental as possible. Most of the time you will get more useful reports in the future.

Discuss reports with your assessment professionals.

For More Information

A Guide to Psychology and its Practice (guidetopsychology.com/testing.htm) is Dr. Raymond Lloyd Richmond's user-friendly website describing types of tests and their uses.

For comprehensive lists of various types of tests, see Educational Testing Service (ets.org) and Buros Institute of Mental Measurements (buros.unl.edu/buros/jsp/lists.jsp).

For consultation on drafting effective assessment questions, contact David Arredondo MD at the Office of Child Development and Mental Health (childrensprogram.org). Assistance is pro bono, and response time is usually within 24 hours.

<p>Editor's Note: Judges should consult the canons of judicial ethics for guidance in determining how communication between the judge and psychologist can appropriately occur.</p>
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Federal Confidentiality Laws and Dependency Courts: Managing Competing Interests

Eva Klain, JD, American Bar Association Center on Children and the Law

Summary

A thorough understanding of federal confidentiality laws is necessary for those seeking access to mental health and substance abuse records in dependency cases.

By their nature, child welfare cases involve sensitive and confidential information. While providing important privacy protections for individuals, limitations on sharing confidential information among child welfare agencies, dependency courts, the parties' attorneys and Court Appointed Special Advocate (CASA) or guardian ad litem (GAL) volunteers may at times challenge efficient and comprehensive case handling. Courts and CASA volunteers often have difficulty getting complete records and information quickly enough to inform their work on a case, especially when seeking mental health and substance abuse treatment records for children and their parents.

The need for information-sharing is clear. Child welfare agencies need complete information when investigating a case and to develop effective case plans for families. The court needs vital and often protected information to decide whether a child is endangered and should be placed in foster care. Both entities need timely access to full background information to decide whether reunification services are needed and what types of services to provide.

Child welfare agencies also need to share information with other professionals involved in the case. For example, mental health and substance abuse evaluators can provide better diagnosis and treatment when they have medical histories. At the same time, all professionals involved in dependency cases must ensure compliance with federal confidentiality requirements (including limits on re-disclosure) as well as any additional state laws.

One of the issues that makes sharing of information difficult stems from the conflicting goals of agencies that are involved with families. For example, substance abuse treatment providers focus on their client's needs—and that client is most often the parent. Many resist providing information to protect their relationship and efforts with that parent. These competing interests can sometimes be addressed through improved communication and an understanding of the laws, both federal and state, that govern the disclosure of confidential health information.

Improved Information-Sharing

Some potential ways to overcome legal barriers to information-sharing include establishing appropriate procedures to ensure that all involved entities receive the information they need to perform their duties in abuse and neglect cases. These include good interagency communication and information-sharing protocols, early compliance with federal confidentiality requirements and proposed changes to state laws to eliminate inappropriate confidentiality requirements.

For instance, a jurisdiction can establish a standard procedure and accompanying forms that require and enable caseworkers to get complete records at the beginning of each case and to share them with the parties. Such procedures can include early efforts to obtain the necessary consents and authorizations from parents and children's representatives. In the absence of voluntary consents, procedures may include motions to obtain records through court orders, including educational, medical, criminal, mental health and substance abuse treatment records.

For More Information

Improved Information-Sharing and Related Statutory/Regulatory Language

See *Privacy and Information Sharing in Child Abuse and Neglect Cases* (abanet.org/child/rclji/privacy_canc.pdf) by Mark Hardin of the National Child Welfare Resource Center on Legal and Judicial Issues.

Alcohol and Drug Abuse Treatment

The Confidentiality of Alcohol and Drug Abuse Patient Records Regulation and the HIPAA Privacy Rule: Implications for Alcohol and Substance Abuse Programs (hipaa.samhsa.gov/Part2ComparisonCleared.htm) provides guidance on how the Health Insurance Portability and Accountability Act (HIPAA) privacy rule prevents disclosures of information by alcohol and drug abuse treatment programs.

HIPAA in Various States

- California
www.ohi.ca.gov/state/calohi/ohiHome.jsp (click on 'HIPPA Rules' in the side navigation bar)
- District of Columbia
cfsa.dc.gov/cfsa/cwp/view,a,3,q,519914,cfsaNav,|31321|.asp
- Illinois
illinois.gov/hipaa
- Texas
www.dshs.state.tx.us/hipaa/default.shtm
- Wisconsin
dhfs.state.wi.us/HIPAA

For School Personnel

To help school personnel make appropriate decisions regarding disclosure of student health information and help them establish policies and procedures for ensuring that confidential student health information is protected, see *Guidelines for Protecting Confidential Student Health Information*, available for a fee from the American School Health Association (ashaweb.org/store/products/1) (reviewed by the US Departments of Education and Health and Human Services).

Editor's Note: For an expanded article by Eva Klain on this topic, see "Confidentiality and Dependency Courts: An Overview of HIPAA and Other Federal Confidentiality Provisions" nationalcasa.org/download/Judges_Page/0602_overview_of_hipaa_and_other_federal_confidentiality_provisions_0036.pdf in this issue of the *Judges' Page*.

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Helping Youth Who Are Mentally Ill

Staff, National Council of Juvenile and Family Court Judges

Summary

When juvenile and family justice personnel can correctly identify youth with mental health disorders, sound and fair decisions can be made and appropriate treatment sought for the youth.

Lisa Melanie Boesky, PhD notes that court personnel such as judges, attorneys, CASA volunteers, probation staff and law enforcement officers are in key positions to refer youth to mental health professionals when mental illness is suspected. If you have worked with a child and observed behavior that is out of the ordinary or noticed a change in the behavior of a youth, you may be instrumental in seeking evaluation of and successful intervention for that child.

When juvenile and family justice personnel can correctly identify youth with mental health disorders, sound and fair decisions can be made and appropriate treatment sought for the youth. See Boesky's article "Mentally Ill Youths and the Juvenile Justice System: A Primer on Mental Health Disorders" (nationalcasa.org/download/Judges_Page/0602_mentally_iii_youths_0036.pdf) (NCJFCJ *Juvenile Justice Today*, Winter 2003).

Boesky's article is a primer on various mental health disorders, providing brief descriptions of some common conditions seen among youth involved with the juvenile justice system. Additionally, this article can be used as a tool for in-service training with court staff and volunteers. It could also be a starting point for a discussion with court teams and mental health professionals to assess availability of local community resources to address the mental health needs of youth.

This article can also assist those working with "dual jacketed" youth who are simultaneously involved in both the delinquency and dependency systems.

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Online Resources: Mental Health



Joey Binard, Manager of Technical Assistance at the National Council of Juvenile and Family Court Judges and Editor of Brevity, a weekly e-newsletter

Summary

Joey Binard of NCJFCJ highlights web resources related to mental health issues, particularly for children and families involved with the juvenile justice system.

Mental Health Resources for Juvenile Justice Professionals

California Institute for Mental Health (CiMH)

cimh.org/research/child_cimh_juvenile_guide.cfm

Resources here include the Juvenile Justice Mental Health Guide Series, Juvenile Justice Mental Health Regional Training Materials and Evidence Based Practices in Mental Health Services for Foster Youth.

Center for the Promotion of Mental Health in Juvenile Justice

promotementalhealth.org

From Columbia University's Division of Child Psychiatry, this web page provides expert guidance regarding best practices for psychiatric assessment and referral for youth in juvenile justice settings. It offers a range of training and technical assistance, including onsite training in the administration and interpretation of the Voice-DISC assessment.

Connect for Kids

connectforkids.org/node/3071

Connect for Kids reports on Texas programs that the National Mental Health Association has recognized to "incorporate promising practices to address the mental health, substance abuse and co-occurring needs of youth involved in the juvenile justice system." The programs address the needs of the family as well as the youth themselves. The Connect for Kids website also pulls together Resources on Mental Health Needs of Juvenile Justice Youth (connectforkids.org/node/2979), a resource section about young people in the juvenile justice system with serious mental health problems. There are four pages of links here.

National Center on Education, Disability and Juvenile Justice

edjj.org/aboutedjj/who.html

A collaborative project involving partners from the University of Maryland, Arizona State University, the American Institutes for Research in Washington, DC and the PACER parent advocacy center in Minneapolis.

National Center for Mental Health and Juvenile Justice (NCMHJJ)

ncmhjj.com

OJJDP and the John D. and Catherine T. MacArthur Foundation sponsor this organization/website and its Initiative on Mental Health and Juvenile Justice.

National GAINS Center for Co-Occurring Disorders in the Justice System
gainsctr.com/curriculum/juvenile/index.htm

Working Together for Change: Co-Occurring Mental Health and Substance Use Disorders Among Youth Involved in the Juvenile Justice System is an online tutorial for juvenile justice, mental health, and substance abuse treatment professionals.

National Institute of Corrections
nicic.org/Library/020088

Mental Health Treatment for Youth in the Juvenile Justice System: A Compendium of Promising Practices lays out what are currently known to be effective or promising practices and includes a section on what doesn't work: transferring juveniles to adult prisons, youth curfew laws and juvenile boot camps.

PACER Center Juvenile Justice Program
pacer.org/jj

The purpose of PACER's Juvenile Justice Program is to synthesize current research on youth violence, the relationship of criminality to youth with disabilities, implications of special education mandates, the impact of a disability as it relates to juvenile court and promising strategies in working with families and the corrections system. Includes a lengthy set of resource websites. PACER has a useful paperback available for purchase: *Unique Challenges, Hopeful Responses: A Handbook for Professionals Working with Youth in the Juvenile Justice System*.

SOLOMON – A Special Mental Health Resource for Juvenile & Family Courts
childrensprogram.org/solomon

SOLOMON is part of the Office of Child Development and Mental Health, a nonprofit organization established to provide pro bono psychiatric consultation to the juvenile and family court judiciary and technical assistance and training to the juvenile justice and child welfare systems. SOLOMON is the brain child of Dr. David Arredondo, a psychiatrist in Northern California, one of the principals involved in the establishment of the nation's first juvenile mental health court in San Jose, CA.

Juvenile Mental Health Courts

Bureau of Justice Assistance Mental Health Courts
consensusproject.org/mhcourts

BJA's Mental Health Courts Program funds projects that seek to implement collaborative efforts involving courts to improve the response to offenders with mental illnesses. At the program's site, you will find links to two downloadable publications: *A Guide to Mental Health Court Design and Implementation* (100+ pages) and *A Guide to Collecting Mental Health Court Outcome Data* (20 pages).

National Center for Mental Health and Juvenile Justice
ncmhjj.com/resource_kit/pdfs/Diversion/Readings/JuvenileMentalHealthCourts.pdf

Their 14-page report *Juvenile Mental Health Courts—Program Descriptions: Processes and Procedures* describes the juvenile mental health courts in the country as of August 2005. Includes contact persons for each court.

The Role of Specialty Mental Health Courts in Meeting the Needs of Juvenile Offenders
bazelon.org/issues/criminalization/publications/mentalhealthcourts/juvenilemhcourts.htm

This article aims to inform an ongoing debate about the wisdom of specialty courts for youth. Juvenile mental health courts raise many of the same concerns posed by similar adult courts but prompt additional questions because of the nature of the juvenile justice system and the young people who are subject to its jurisdiction.

Screening and Assessment

Assessing the Mental Health Status of Youth in Juvenile Justice Settings
ncjrs.org/pdffiles1/ojdp/202713.pdf

This Juvenile Justice Bulletin reports on the use of the Voice DISC-IV assessment in juvenile justice settings and how it was received by youths and their parents as well as the agency/institutional staff who administered it (8-page PDF).

Best Practices for Screening and Assessing Youth in the Juvenile Justice System
promotementalhealth.org/practices.htm

A set of six recommendations targeted for use by administrators and directors of juvenile justice facilities and their clinical staff. From the Center for the Promotion of Mental Health in Juvenile Justice.

Classification Tools
www.jrsa.org/jjec/resources/classification-tools.html

The Juvenile Justice Evaluation Center Online reports on classification tools used to group youths according to certain characteristics to help in decision-making. Includes a resource center and web links. Covers risks, needs and detention assessment.

The MAYSI-2
umassmed.edu/nysap

The University of Massachusetts National Youth Screening Assistance Project (NYSAP) provides information about the use of the MAYSI-2, a brief screening instrument designed to identify potential mental health needs of youth as they make contact with the juvenile justice system. At this site you can find out more about it, how to get it, how to get permission to use it and a variety of other useful information about this tool. This site offers information, technical assistance and research services to juvenile justice entities that use the MAYSI-2.

Risk and Assessment Instruments
www.nhtsa.dot.gov/people/injury/alcohol/juvenile/apac.html

From the National Highway Traffic Safety Administration *Implementation Guide for Juvenile Holdover Programs*, an appendix that provides links to specific instruments and protocols as well as a list of additional instruments.

Additional Resources

BrainWonders: Helping Babies and Toddlers Grow & Develop
zerotothree.org/brainwonders/index.html

This website is presented by Zero to Three and features pages about how the brain develops from conception through three years of age within the context of relationships.

Children's Mental Health Fact Sheets

bazelon.org/issues/children/factsheets/index.htm

The Bazelon Center for Mental Health Law offers key facts and statistics on children's mental health issues in a series of fact sheets available in PDF and HTML formats.

- *Facts on Children's Mental Health*
- *Facts on Co-Occurring Mental Illness and Substance Abuse Disorders in Children and Adolescents*
- *Facts on Transitional Services for Youth with Mental Illnesses*
- *Fast Facts on Insurance Coverage and Access to Service for Children with Serious Mental Health Needs*

Clinical Evaluations for Juveniles' Competence to Stand Trial: A Guide for Legal Professionals

prpress.com/books/ejl.html

This publication is the end result of the MacArthur Foundation Juvenile Competence to Stand Trial study. It was written by Thomas Grisso, PhD and developed with the assistance of judges and attorneys throughout the country. This little book (56 pages) offers the best advice on the topic currently available. It is the first guide to assist legal professionals on how evaluations can be performed by forensic mental health professionals so that they can provide relevant information for judicial decisions. Available from the Professional Resource Press at \$18.95 per copy.

Compendium of Promising Practices in Mental Health Treatment for Youth in the Juvenile Justice System

nmha.org/children/JJCompendiumofBestPractices.pdf

According to the National Mental Health Association:

- From one-quarter to one-third of incarcerated youth have anxiety or mood disorder diagnoses.
- Nearly half of incarcerated girls meet criteria for post-traumatic stress disorder (PTSD).
- Up to 19% of incarcerated youth may be suicidal.

The compendium reports on best programs and examines special populations in the juvenile justice system—youth with co-occurring disorders, adolescent girls and youth of color. The report provides descriptions of exemplary service providers that incorporate promising practices and lists measures that are widely used but have been shown to be ineffective in reducing recidivism or addressing the root causes of juvenile crime (21-page PDF).

Cultural Competence in Serving Children and Adolescents With Mental Health Problems

mentalhealth.org/publications/allpubs/CA-0015/default.asp

Fact sheet from the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Mental Health Information Center (3 pages).

Improving Services for Youth with Mental Health and Co-occurring Substance Use Disorders Involved with the Juvenile Justice System Resource Kit

ncmhj.com/resource_kit/Default.htm

The National Center for Mental Health and Juvenile Justice's resource kit of readings, resources and references. Check the links to the kit under the heading "This Resource Kit contains information under the following headings."

National Center for PTSD
ncptsd.org/topics/children.html

This website from the US Department of Veterans Affairs offers all sorts of information and assistance in dealing with the variety of ways in which posttraumatic stress disorder (PTSD) manifests. Their fact sheet on PTSD in Children and Adolescents (ncptsd.org/facts/specific/fs_children.html) states that studies indicate that 15 to 43% of girls and 14 to 43% of boys have experienced at least one traumatic event in their lifetime.

National Council of Juvenile and Family Court Judges
www.ncjfcj.org

In the fall of 2001, the NCJFCJ published a Mental Health Issue of the *Juvenile and Family Court Journal* (Order a reprint for \$10 - www.ncjfcj.org/content/blogcategory/352/421). Two downloadable publications of the Permanency Planning for Children Department of the National Council examine issues relating to the mental health needs of the juvenile and family courts' youngest clients—infants and children under three years of age:

- *Juvenile and Family Court Journal: Infants and Toddlers in Court Issue*, Spring 2004. Download the PDF. (www.ncjfcj.org/images/stories/dept/ppcd/pdf/JOURNALSpring2004/infantstoddlersincourtjournal.pdf)
- *Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System*, December 2002. Download the PDF. (www.ncjfcj.org/images/stories/dept/ppcd/pdf/57190p18.pdf)

Navigating the Mental Health Maze: A Guide for Court Practitioners
consensusproject.org/mhcourts/Navigating-MHC-Maze.pdf

This guide from the Bureau of Justice Assistance provides non-mental health professionals with a basic overview of mental illnesses, diagnosis and treatment. It is divided into two parts:

- Part I discusses the mental health system and the shift from large institutions to a community-based system of care. Explains the relationship between the decrease in state hospital populations and the corresponding increase in people with mental illnesses in the criminal justice system.
- Part II explains the current understanding of mental illnesses as genuine neurobiological diseases of the brain that can be managed effectively. Provides information on mental illnesses and their symptoms.

Overview of the Mental Health Service System for Criminal Justice Professionals
gainscenter.samhsa.gov/pdfs/jail_diversion/Massaroll.pdf

Provides criminal justice professionals with basic information about the adult mental health service system and highlights some of the common challenges for the mental health and criminal justice systems in meeting the needs of adults with mental illness. Has relevance to the juvenile system too. (44-page PDF).

The Police Pocket Guide to Responding to Youths With Mental Health Needs
ppal.net/downloads/PPG_6-10-2002.doc

The pocket guide was written by mothers of youths with mental health disorders in Massachusetts. The contents cover briefly, clearly and succinctly mental health disorders, assessment on the scene, clinical recommendations and points to remember. Includes a glossary of terms and a list of Massachusetts resources (22-page MS Word file).

Report of the Surgeon General's Conference on Children's Mental Health
surgeongeneral.gov/cmh/childreport.htm

Provides a framework for addressing children's mental health in the US. The report identifies both goals and action steps to achieve those goals. The complete text of the report is downloadable at the Surgeon General's site (60 pages).

Understanding the Effects of Maltreatment on Early Brain Development
nccanch.acf.hhs.gov/pubs/focus/earlybrain/earlybraina.cfm

The scientific evidence of altered brain functioning as a result of early abuse and neglect. Also contains some very clear graphics and nice informational sidebars. From the National Clearinghouse on Child Abuse and Neglect Information (13-page PDF available at this link).

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