

Miami Child Well-Being Court™ Model



The **Miami Child Well-Being Court™** model is a pioneering court-initiated systems-integration approach to promote healing and recovery from trauma in maltreated young children and to break the intergenerational transmission of child abuse and neglect. In this model, the dependency court is a platform for increasing the reach and effectiveness of therapeutic evidence based interventions for maltreated children and their caregivers. The model focuses on (1) centering the attention of the court on the developmental, emotional, relational, and mental health needs of the young child in judicial decision-making, case planning, and permanency determination; (2) timely referral to and judicial monitoring of services for adjudicated children and their parents, and (3) cross-disciplinary, sustainable practice change at the case level. The model has generated a groundswell of interest, with communities across the country and internationally seeking technical assistance to explore adoption and assist with implementation of the model. As the original developers of the model, the Miami team has continued on a steady course to build the training resources that will guide effective and sustainable implementation of their complex model.

Training, Planning and Evaluation – Accomplishments to Date:

- Qualitative study of the essential elements in the Miami model, which yielded a set of **replicable core components** comprising professional behavioral changes and implementation practice necessary for effective dissemination of the model.
- Development and piloting of a **cross-systems training and coaching curriculum** focused on behavioral practice change across professionals (judge, attorneys, caseworker, child/parent therapeutic service providers) to support full integration of the therapeutic perspective in the dependency court proceedings and to keep the child as the central focus.
- Development (in progress) of an implementation **manual** and training/coaching **curriculum** that provides step-by-step concrete guidance for jurisdictions seeking to implement the model.
- Development and piloting of fidelity **tools** for evaluating the effectiveness of training and degree of implementation of behavioral changes in newly adopting sites: (1) court observational tool, (2) out-of-court self-assessment tools (by discipline), and (3) child/parent therapeutic service tool to capture adaptations for court.
- **Planning for technical assistance** to sites exploring adoption of the model to support effective implementation, including site readiness, staff selection, performance assessment, and capacity building for evidence-based services.

The **MCWBC Training & Evaluation Team** is led by Judge Cindy Lederman, Miami-Dade Juvenile Court (11th Judicial Circuit, FL), and Dr. Lynne Katz, University of Miami Linda Ray Intervention Center, in collaboration with researchers at RTI International, Dr. Jenifer Goldman Fraser and Dr. Cecilia Casanueva. This effort is currently being funded by a generous grant from the National Center for Injury Prevention and Control at the Centers for Disease Control (No. R18 CE001714). The model began as an innovative collaboration between the judiciary and infant mental health, led by Judge Lederman in partnership with trauma expert, Dr. Joy Osofsky, of the Louisiana State University Health Sciences Center, and Dr. Katz.

Preserving the Legacy



The Miami Child Well-Being Court™ Model

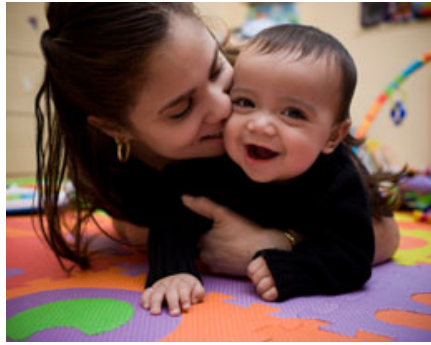
We are at a critical juncture for funding to further develop and test the effectiveness of the training manual, curriculum, and fidelity tools. This next step is urgently needed to move closer to better meeting the needs of maltreated children, their caregivers, and the professionals who represent and support them. The urgency is also driven by the looming reality that the originating judge will not be on the bench forever.

Short-Term Goals (2-3 years) for Training Planning and Evaluation:

- “Seeing is Believing” – Our training experiences to date make clear that observations in the Miami court are a crucial training component, for new sites to observe first-hand how different the Miami court is from traditional court. We are seeking to produce **training DVDs** presenting real and simulated court dependency proceedings demonstrating the behavioral practices inherent to the model, enacted by the judge and other professionals from the Miami team who have been engaged in the model for the past decade.
- To finalize and produce copies of the training manual for distribution.
- To further develop the training curriculum to incorporate multiple case studies, redacted court transcripts, cross-discipline role plays and mock-court exercises to ensure training methods incorporate varied modalities for different adult learning styles.
- To further develop training evaluation tools.
- To test the effectiveness of the training approach in new jurisdiction(s).

Long-Term Goals (3 years +) for Training, Implementation, and Outcomes Research:

- Work with the Children’s Bureau T & TA Network to carve out a national learning collaborative to support effective diffusion of the Miami model and related best practices in court, child welfare, and child mental health. The collaborative will foster shared knowledge and strategies related to funding challenges, organizational barriers and solutions, and discipline-specific leadership.
- Collaborate with the purveyors of relevant evidence-based programs to identify and study adaptations for court-involved young children and their caregivers.
- Conduct rigorous research on implementation.
- Conduct rigorous research on child mental and behavioral health, parent-child relationship, and child resilience outcomes associated with adaptation of an EBP embedded in the Miami practice and systems-change model.



The Miami Child Well-Being Court™ Model **Evidence-Based Therapeutic Intervention adapted for the Court Context**

The field is at a critical juncture. Evidence-based interventions for maltreated infants and young children and their caregivers need to be more widely available and adequately funded to assure intervention fidelity and to expand and concretize the provider's role in working with court-involved families. Without funding, effectiveness research on adaptations of EB approaches for this population cannot be carried out. Without funding, judges who are seeking to implement the MCWBC model cannot expect their partnering agencies to have the resources to pay for out-of-session activities not necessarily covered by existing entitlement funding. Below we list a subset of the 14 additional core activities essential to the treatment providers work within the court settings and across the professionals working on the case::

1. Collection of all referral and eligibility criteria documentation from caseworkers

Collection of all documents to begin the intake process, including, but not limited to: therapeutic treatment's referral form, eligibility form, Verified Petition for Dependency or Shelter Petition (Dependency Petition), Adjudicatory Order; and any other documentation on risk and safety.

2. Child-parent assessment

Completion of all components of the assessment: Individual session(s) with parent, including but not limited to; clinical observation(s) of the child-parent relationship; child's caregiver home visit; parent home visit; child care visit/observation; review with caseworkers of Verified Petition for Dependency; review of risk and safety issues additional to allegation; review of case plan and service provider reports (collateral information from all providers) provided by case worker.

3. Collaboration with other professionals working with the court

Discussions with lawyers and caseworker re: a) gathering of collateral information, including ongoing risk and safety issues, b) child and parent service needs (e.g., substance-abuse treatment, domestic violence services, adult mental health; PT, OT, Speech/Language), c) review of case plan, and d) discussion of therapeutic provider's narrative to be presented at next court hearing and recommendations of services in reference to parent/child needs.

4. Protecting therapeutic relationship with court client: Preparation for hearing

In preparation for hearing a) remind parent that therapists are required to inform the Judge of their client's status in therapeutic treatment; b) Share critical aspects of what is to be reported in court with emphasis on risk and safety issues, and c) Provide opportunities for client to ask questions in order to insure that parent understands the reporting process and implications of what will be reported by therapist.

5. Participation in the dependency court hearings

Provide verbal report of: Status of therapeutic treatment including the quality of the parent-child relationship; Status of insight into the allegations of removal; Parent's degree of compliance; Status of risk factors; Safety issues; Status of child's developmental functioning and extent to which the developmental needs of the child are being met through the referral and support services of the case plan; Information on how developmentally appropriate concurrent planning is being maintained; Recommendations that address current interventions needed.

6. Reflective supervision of court case

Review of assessment instruments and therapeutic progress notes including parent-child quality of the relationship, risks factors, safety, dependency petition, other legal and collateral documents; review court related process and reflect with supervisor about legal implications impacting client progress or therapeutic relationship and clinical meaning of client behavior; reflect on therapist's emotional experience with court process, parallel timeliness and activities in court process and therapy.