

NEBRASKA RESOURCE PROJECT FOR VULNERABLE YOUNG CHILDREN

2017

# Annual Report



CENTER ON CHILDREN,  
FAMILIES, AND THE LAW

## What We Do

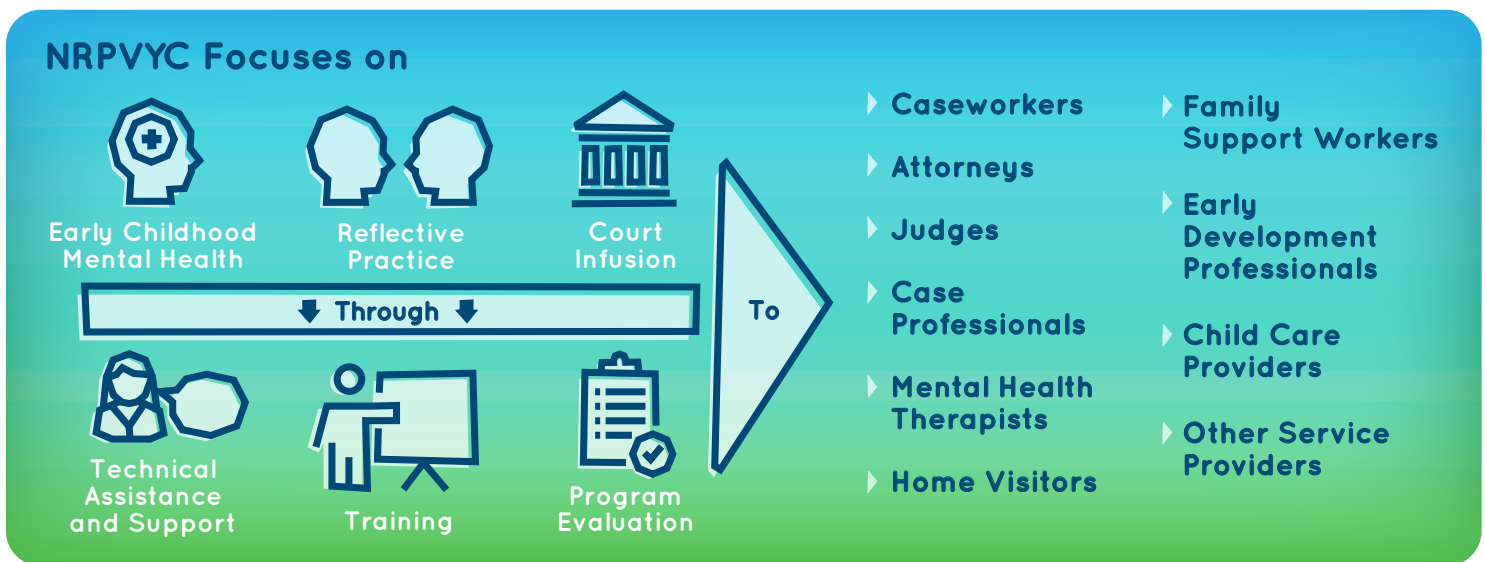
**Mission:** To improve the well-being of maltreated young children in Nebraska

**Who we are:** The Nebraska Resource Project for Vulnerable Young Children (NRPVYC) is part of the UNL Center on Children, Families and the Law (CCFL). The NRPVYC achieves its mission by working with human services and early childhood professionals statewide to build services, improve resources and offer expertise and support.

## How We Help Families

**Goals:**

- To build a sustainable infrastructure for our practices
- To train and provide reflective practice to individuals and organizations in early childhood and the court system (Reflective Practice)
- To support and evaluate therapeutic courts in metro areas and to expand into rural areas (Court Infusion)
- To ensure sustainability of early childhood mental health services such as Child Parent Psychotherapy (Early Childhood Mental Health services)



**Miles Traveled in 2017: 21,796**

## Brochures Produced in 2017:



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## Letter from the NRPVYC Co-Directors

It has been an exciting three years at the Nebraska Resource Project for Vulnerable Young Children. When we branched off from the Nebraska Court Improvement Project into our own stand-alone program in 2015, we could not have imagined where the road would lead us in our work to improve outcomes for maltreated and at-risk young children in Nebraska. Three years on, we have multiple projects that target different topic areas and levels of practice. We have continued to combine our areas of experience and interest – mental health, juvenile law and human behavior – to promote projects that help professionals who help young at-risk children.

The most notable work of 2017 was the establishment of the Nebraska Center on Reflective Practice in the NRPVYC. As practitioners ourselves, we are aware of the impact work with at-risk populations can have on the professionals serving them. Turnover rates and workplace stress are all too high with caseworkers, attorneys, early childhood educators and others working with families. Turnover and burnout impact not only the families and children the professional works with but also the professional's own health, family and home life. The Nebraska Center on Reflective Practice seeks to change that. In this Annual Report, you will learn more about the training program and reflective consultation services we offer to individuals and organizations to provide and receive reflective practice. We see reflective practice not as a “wish list” regular activity but as a must have for professionals working with children and families who are at risk.

The Annual Report also shares information about our other two main focuses: early childhood mental health and court infusion of therapeutic practices. In 2017, the NRPVYC assumed management of the first revenue-based cohort of Child-Parent Psychotherapy (CPP) since CPP training was initiated in Nebraska in 2009. The NRPVYC is building infrastructure to more permanently support CPP and other evidence-based early childhood mental health services in Nebraska. The NRPVYC is also working with juvenile courts to infuse knowledge of early childhood, reflective practice and other principles into regular court practice.

We are thrilled to share more about our 2017 work with you in these Annual Report pages. You can find up-to-date information about our activities at [www.nebraskababies.com](http://www.nebraskababies.com) or on Twitter at [@NebraskaBabies](https://twitter.com/NebraskaBabies). As always, we look forward to our continued work with our partners in improving the lives of young at-risk children in Nebraska.

**Kelli Hauptman, J.D.**  
Co-Director

**Jennie Cole-Mossman, LIMHP**  
Co-Director

## Advisory Board

**Amy Bunnell**  
Co-Director,  
Early Development Network  
Lincoln

**Judge Elizabeth Crnkovich**  
Douglas County

**Samantha Faron**  
Child Psychologist  
Scottsbluff

**Tana Fye**  
Attorney  
Holdrege

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**Judge Roger Heideman**  
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Clinical Director,  
Project Harmony  
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**Doug Kreifels**  
Southeast Service Area  
Administrator, NE DHHS-Division  
of Children & Family Services  
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**Betty Medinger**  
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Integration, Nebraska Children  
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Child Psychologist  
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**Deb VanDyke-Ries**  
Director, NE CIP  
Lincoln

**Karin Walton**  
Attorney  
Lincoln

**Dr. Vicky Weisz**  
Former Nebraska  
CIP Director  
Washington, DC

# Nebraska Children by the numbers in 2017



**498,517**

children lived in Nebraska



**26.6%**  
or  
**132,605**

are children under 5



**26,594**

babies were  
born in Nebraska



**15,665**

children participated  
in public school-based  
preschool programs



**1,619**

children under  
3 participated in  
the Nebraska Early  
Development Network



**19,917**

children participated in the  
WIC (Women, Infants and  
Children) Program

## At Risk Child Population

- 14.2% of Nebraska children live in poverty
- 28.3% of Nebraska children lived with a single parent in 2016
- 15.6% of babies born in 2016 had inadequate prenatal care
- 12% of newborn mothers reported maternal depression
- 20% of Nebraska children had three or more Adverse Childhood Experiences (ACEs) (parental divorce, economic hardship, family mental illness or substance abuse, parental incarceration, domestic violence, etc) in their lifetime
- The child maltreatment rate was 7.9 per 1,000 kids
- 1,551 children under five were found to be maltreated (out of 3,725 kids total)
- 980 children under five entered the juvenile court system (out of 2,748 kids total)
- 2,355 children under five were involved in the juvenile court system
- 913 children under five were involved with the DHHS non-court system
- 55% of children in foster care live with relatives or kin
- The average length of time in foster care for all children is 20.6 months
- Children under five have an average of 1.5 placements



## Training

Training is an important component of implementing systems work. The NRPVYC offers stand-alone trainings, training programs, webinars, on-demand courses and statewide conferences. In each of its primary areas of focus – early childhood mental health, reflective practice, and court infusion – the NRPVYC provides a wide variety of trainings and training topics to support professionals in their implementation of new practices.

### Trainings offered in 2017:

*Child Parent Psychotherapy Training Program*

*Reflective Practice Training Program*

*The Path to Trauma Therapy: Screen. Assess. Treat.*

*It's Complicated: Considerations for Placement Change for Children in Foster Care*

*Icebreaker Meetings*

*Case Law and Legislation Affecting Young Children*

*Understanding and Screening for Trauma: For Case Professionals*

*Implementing Reflective Practice in Nebraska*

*Reflective Practice—Looking at Your Work from the Inside Out*

*An Overview of Reflective Practice*

*Termination of Parental Rights for Guardians ad Litem*

*Official DC:0-5 Comprehensive Training for Advanced Clinicians*

*Self-Care and Compassion Fatigue*

*The Warmest Handoff: Using Child Parent Psychotherapy to Ease Placement Transitions*

*An Overview of Court Infusion*

*An Overview of the Juvenile Court System*

Almost 600 people from a variety of professions attended our trainings in 2017, including early childhood professionals, case professionals, judges, attorneys, mental health professionals, child welfare workers, school personnel and foster parents.

## Early Childhood Mental Health

The early years of a child's life are a critical period for a child's physical, cognitive and social-emotional development. Early experiences - specifically those with primary caregivers - have an enormous impact on brain development and are essential in ensuring a young child's good mental health. Caregiver relationships are the first and most important relationships the child will have. The quality of the parent-child relationship will set the trajectory for the child's life, including her school performance, the relationships she has with other people and her capacity to become a successful adult.

Young child development can be impacted by a number of adverse factors, including parental substance use or mental health, which can lead to toxic stress or chronic long-term stress. Chronic adverse childhood experiences can lead to a number of negative long term outcomes, including depression, anxiety, low cognitive functioning, poor health, and suicide.

Early intervention, and more specifically early childhood mental health (ECMH) services, can mitigate or prevent these lifelong negative effects. Treating young children's mental health problems within the context of their families is essential.

### The specific needs most commonly mentioned by the interviewees were:

- 1 More ECMH providers**  
(41.3% of respondents)
- 2 More funding for services**  
(36.5% of respondents)
- 3 Education and training to complement ECMH treatment**  
(31.7% of respondents)
- 4 Public outreach/increase awareness**  
(22.2% of respondents)
- 5 Coordination of referral sources/more networking**  
(19% of respondents)

## Identifying the Need for ECMH Services

The NRPVYC is continuing its work to expand early childhood mental health services by partnering with Nebraska Children and Families Foundation (NCFF). In Spring 2017, the NRPVYC conducted a survey of 25 ECMH therapists, 19 judges, 18 attorneys and 2 DHHS Service Area Administrators about early childhood mental health needs in their Nebraska communities.

All professionals rated the need for ECMH services to be high (Median Range: 4.9-5.5 out of 6.0 scale) and found ECMH services to be very effective (Median Range: 5-5.5 out of 6.0 scale). However, the ease at finding ECMH therapists was very low (Median Range: 2-3 out of 6.0 scale).

### The following statements are the consensus of the interviewees in this survey:

- Early childhood mental health services are effective
- There is a need for early childhood mental health services for their clients
- It is difficult to find early childhood mental health services in their communities

Expanding the availability of early childhood mental health services in Nebraska is needed and the NRPVYC has taken leadership in that role. The NRPVYC is initially focusing on building a sustainable CPP training program and currently strategic planning with its partners, including NCFF, on expansion into other ECMH services.

## What is CPP?

Child-Parent Psychotherapy is a dyadic intervention for parents and their children five and under who have been exposed to trauma, such as child maltreatment, sudden or traumatic deaths of loved ones, witnessing domestic violence, disrupted attachments with caregivers or multiple changes of placement. The primary goals of CPP are to strengthen or repair the parent-child relationship, to promote the child's social-emotional development and to minimize harmful developmental consequences of the trauma. CPP is typically held weekly for up to 52 weeks.

## CPP Training Program

Before 2009, evidence-based early childhood mental health services were not available in Nebraska. In fact, there was not even a general recognizable need for mental health services for babies and toddlers. In 2009, the predecessor to the NRPVYC – the infant-toddler program of the Nebraska Court Improvement Project – received a SAMHSA grant to train therapists to provide Child-Parent Psychotherapy (CPP) within Family Treatment Drug Courts in Sarpy, Douglas and Lancaster Counties. During that time, the Dr. Joy Osofsky trained over 30 therapists to provide CPP.

The NRPVYC partnered with the three other Nebraska trainers to create the CPP Learning Collaborative in 2015. Seventy five Nebraska therapists participated in its first two cohorts. Thirty CPP therapists were actively participating in CPP training in 2017.

In 2017, the NRPVYC assumed management of CPP trainings in Nebraska. Nineteen therapists for the first training cohort under this model were selected in December 2017. The 18-month training program to become a certified CPP trainer includes an initial three-day training, eighteen months of mentoring with consultation calls and video feedback, and 2 two-day intensive trainings.

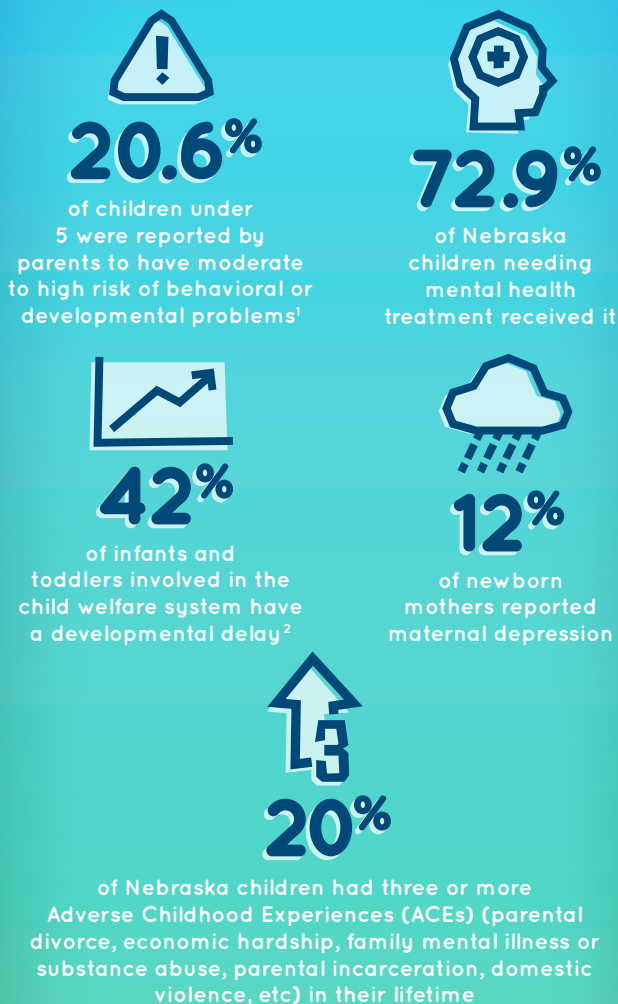
Almost 100 therapists report to be active CPP providers in Nebraska. The NRPVYC manages the statewide certification list for Nebraska.

(<https://www.nebraskababies.com/cpp>)

### The Path to Trauma Therapy

The NRPVYC recognizes the importance of accurate referrals and assessments in getting the families of young children into the right trauma treatment. The NRPVYC utilizes its Path to Trauma Therapy brochure and the NCTSN Trauma Screening tool in training communities on making referrals for early childhood mental health assessments. In 2017, the NRPVYC trained 102 people in Scottsbluff, Hastings, Omaha and Lincoln about how to screen for trauma. The NRPVYC also offered a webinar on how to use the Path to Trauma Therapy brochure and provides individual consultation to caseworkers, attorneys, and teams on how to utilize the trauma screen in their communities and their cases.

## ECMH Key Findings



### Findings from the Lancaster County Family Treatment Drug Court:

- Mothers who participate in CPP are more likely to reunify with their children than mothers who don't participate. ( $r = 0.330$ ,  $p < 0.001$ ,  $n = 143$ )
- Fathers who participate in CPP are more likely to reunify with their children than fathers who don't participate. ( $r = 0.357$ ,  $p < 0.001$ ,  $n = 95$ )

<sup>1</sup>Kids Count Nebraska 2017

<sup>2</sup>Stahmer, A.C., Leslie, L.K., Hurlburt, M., Barth, R.P., Webb, M.B., Landsverk, J., and Zhang, J. (2005) Developmental and Behavioral Needs and Service Use for Young Children in Child Welfare. *Pediatrics*, 116 (4), 891-900. Grove Village, IL: American Academy of Pediatrics.

## Reflective Practice

The Nebraska Center on Reflective Practice (NCRP) was launched by the NRPVYC in 2017 and provides training, mentoring, consultation, and evaluation to individuals and organizations in need of reflective practice. NCRP is affiliated with Erikson Institute of Chicago and utilizes its Facilitating Attuned Interactions (FAN) model of reflective practice. In 2017, the NCRP managed the FAN trainer process for five Nebraska trainers, two of whom are Jennie Cole-Mossman and Jamie Bahm with the NRPVYC. These Nebraska trainers, who are experienced in the early childhood and child welfare fields, now offer reflective practice training to Nebraska professionals.

The NCRP provides two primary services: a reflective practice training program and reflective consultation. The in-depth training program is for organizations wanting to infuse reflective practice into their work. The Reflective Practice Training Program prepares and supports organizations during all stages of the process of implementing reflective practice, and includes:

- Pre-training consultation and implementation planning
- In-depth training
- Post-training mentoring and consultation
- Model fidelity monitoring
- Evaluation

In 2017, 50 professionals, which included early childhood educators, early childhood coaches, lawyers, child welfare caseworkers and judges, went through the reflective practice training program.

Reflective consultation is typically provided to groups on a bi-weekly basis and consists of up to six people per group. Reflective consultation groups can be composed of supervisor/peer teams. Reflective consultation can help complement existing supervision models by helping attendees focus on the emotional content of the work. The NCRP has a network of consultants and staff that provide reflective consultation. In 2017, 12 groups received reflective practice from NCRP consultants, which included groups of attorneys, caseworkers, law students, and judges.

Our reflective practice work was the focus of an article in the November/December 2017 issue of the Nebraska Lawyer magazine, “Lawyering from the Inside Out.”

### What is Reflective Practice?

The human service and early childhood workforce is engaged in work that is both rewarding and taxing. The emotionally intrusive nature of the work often leads to high rates of vicarious trauma, stress and burnout - all of which affect the quality of services provided by an organization. Reflective practice assists in mitigating the effects of the emotionally intrusive nature of the work by helping individuals examine their current and past actions, emotions, experiences, and responses in order to evaluate their work performance and learn to improve in the future. It is a relationship-based practice that relies on using people’s own experiences to help them become more resilient in the face of work stress. Reflective practice also promotes a workplace culture of collaboration and accountability.

### Evaluation

The NCRP is conducting program evaluation to examine, among other things, how reflective practice impacts professionals. Initial evaluation results show that:

- Self-reflective ability—the ability to examine one’s own physical, cognitive, and emotional functioning—trended upwards throughout professionals’ participation in reflective practice.
- Professionals’ use of reflective practice as a coping mechanism continually increased throughout their participation.
- Professionals who relied on reflective practice more often experienced lower levels of depersonalization—having an impersonal response or feelings of cynicism towards one’s work—and lower turnover intentions.
- Stress levels of professionals did not decrease throughout the time participating in reflective practice which, along with the data on increasingly using reflective practice as a coping mechanism, suggests that professionals might be using reflective practice to better help them manage the inevitable stress of their jobs.



## Reflective Practice Data



Between 40% and 85% of “helping professionals” develop vicarious trauma, compassion fatigue and/or high rates of traumatic symptoms<sup>1</sup>



63%: Judges in criminal, family and juvenile courts with symptoms of vicarious trauma<sup>2</sup>



50% of child welfare workers have traumatic stress symptoms in the severe range<sup>3</sup>



34% of public defender attorneys met criteria for secondary traumatic stress and 75% met criteria for functional impairment<sup>4</sup>



The annual turnover rate of Nebraska child welfare caseworkers is 19-32%<sup>5</sup>

<sup>1</sup>Mathieu, Françoise, *Compassion Fatigue Workbook* (2012)

<sup>2</sup>Peter Jaffe, Claire Crooks, Billie Lee Dunford-Jackson, & M. Town, *Vicarious Trauma in Judges: The Personal Challenge of Dispensing Justice*. 54 *Juv. & Fam. Ct. J.* 1-9 (2003)

<sup>3</sup>Conrad, D., & Kellar-Guenther, Y. (2006). *Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers*. *Child Abuse and Neglect*, 30(10), 1071-1080.

<sup>4</sup>Levin, A. P., Albert, L., Besser, A., Smith, D., Zelenski, A., Rosenkranz, S., & Neria, Y. (2011). *Secondary traumatic stress in attorneys and their administrative support staff working with trauma-exposed clients*. *The Journal of Nervous & Mental Disease*, 199, 946-955

<sup>5</sup>Nebraska Department of Health and Human Services

## By the Numbers in 2017

5

Nebraska Trainers

50

People trained to provide reflective practice

900

Person hours of training

8

Number of training days

9

Number of professions represented in trainings

85

Number of people receiving reflective consultation services from the NRPVYC

200

Number of hours providing reflective consultation services

## Court Infusion

The NRPVYC, being part of the Nebraska Court Improvement Project until 2015, originally had its initial focus on juvenile court implementation. In 2009, the NRPVYC's predecessor received a SAMHSA grant to enhance family treatment drug courts in Douglas, Lancaster and Sarpy Counties with early childhood mental health services. Since that time, the NRPVYC's work with juvenile courts has expanded. The NRPVYC now works with juvenile courts across Nebraska on multiple projects.

### Lancaster Family Treatment Drug Court

Judge Roger Heideman established a mandatory Family Treatment Drug Court (FTDC) track to target parents involved in the child welfare system who experience substance dependency. The goals of the FTDC include: establishing a network of service providers who have experience with substance abuse, providing ongoing support to parents and acknowledging progress with praise, monitoring families' progress and providing participants with an active role in assessing their own progress, and providing evidence-based services for children to support their physical, cognitive and social-emotional development.

*"Reflective practice training has been a huge asset to my daily work. It has helped me connect with my staff not only through their teaching practices but also through a personal level. Using the FAN I am able to meet the needs of my staff exactly where they are and relate to them in ways I haven't before. I was able to adapt the techniques I learned in the training to create a positive approach to reflective supervision."*

**Brittany Stansberry,**  
Early Childhood Education Coordinator

The NRPVYC was involved in implementation through its initial SAMHSA grant and now focuses its support on providing program evaluation. The NRPVYC also supports the FTDC by providing reflective practice to caseworkers and select attorneys and by providing program evaluation and technical assistance support to the Alumni/Mentor Support Program.

### Douglas County FIRST Court

In 2016, the NRPVYC conducted a needs assessment and issued an initial report recommending core components of a new therapeutic court to address the needs of families, especially those with young children. On January 1, 2017, FIRST Court (Family Involved Rehabilitation and Services Track) was started by Judge Elizabeth Crnkovich. The core components of FIRST Court are: monthly (at a minimum) Court Team Meetings, assigned attorneys and caseworkers, an appointed CASA volunteer, regular reflective practice for the judge, attorneys and caseworkers, and immediate Family Finding Services. One in every 10 new abuse/neglect cases are assigned to FIRST Court.

The NRPVYC provides reflective practice services for the judge and attorneys, offers troubleshooting and technical assistance and conducts the program evaluation.

### Other Courts

The NRPVYC provides single issue and larger system support to a number of juvenile courts and juvenile professionals across Nebraska. Examples include:

- Training legal professionals in Adams County to screen for trauma and working with a

collaborative group of providers to increase capacity of early childhood mental health services (Child-Parent Psychotherapy and Parent-Child Interaction Therapy)

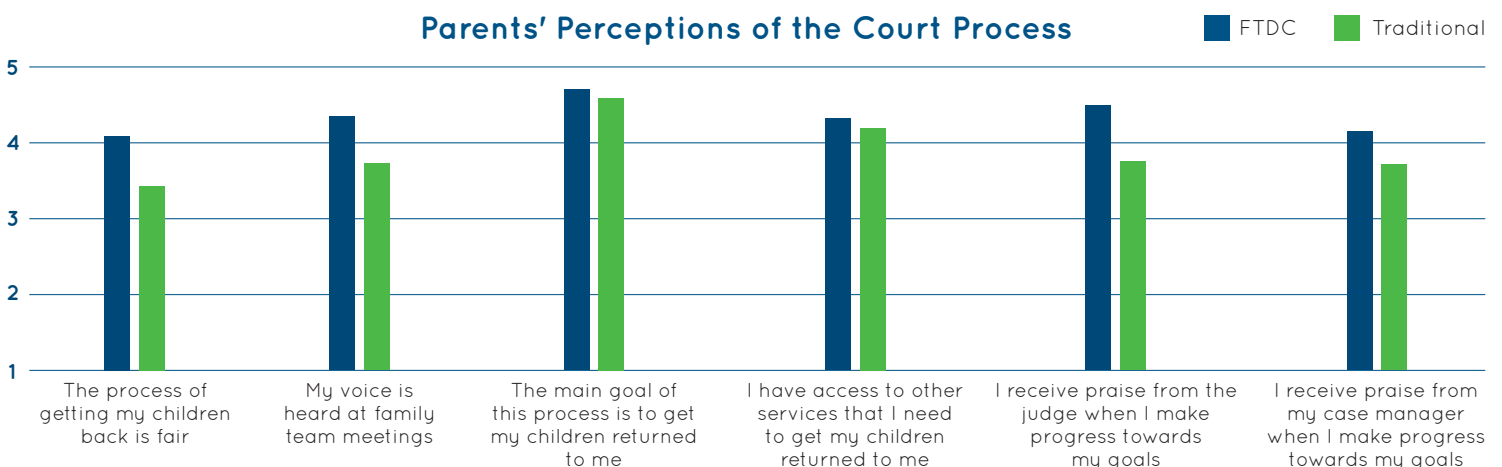
- Developing a plan with the Grand Island court team, with the leadership of a juvenile judge and DHHS Service Area Administrator, on implementing the trauma screen in child welfare court cases
- Securing grant funding for and managing the Icebreaker Meeting service in Lancaster County
- Meeting with new juvenile court and county court judges and providing board books for their use in the courtroom when children attend court hearings
- Providing early childhood and reflective consultation to the UNL College of Law Children's Justice Clinic law students

### Evaluation Work

The NRPVYC provides program evaluation services of the Lancaster FTDC and the Douglas County FIRST Court. The evaluations collect data through interviews, case file reviews and court observation. Both evaluations assess parent experiences, professionals' experiences and case outcome and processing.

#### FTDC

The FTDC evaluation has collected 226 surveys (FTDC = 180, traditional = 46), which establish that FTDC parents have more positive perceptions of the court process than traditional court parents. FTDC parents believed the process was more fair and that their voice was heard more by the judge than traditional court parents.



The FTDC evaluation has conducted 158 case file reviews (FTDC = 129, traditional = 29), which show that FTDC parents reached case closure an average of 48.2 days sooner than traditional court parents.

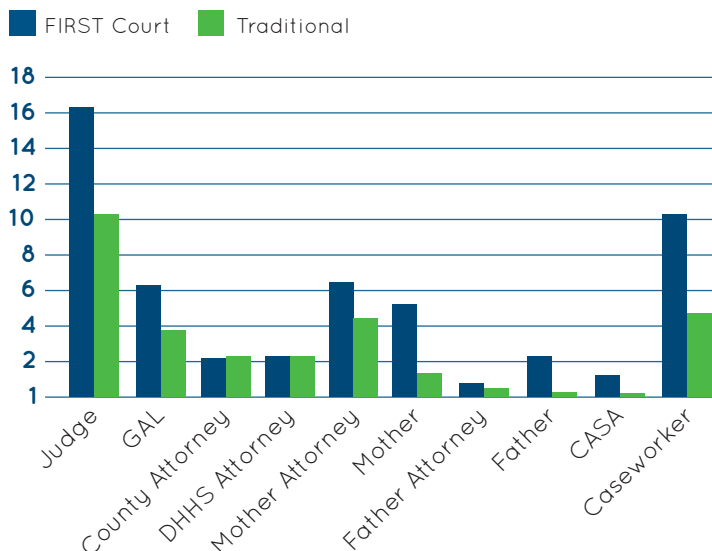


Additionally, more topics are discussed during a FIRST Court court team meeting (7 topics) than a traditional child welfare review hearing (4 topics), suggesting that the team covers a broader range of issues facing the families. FIRST Court attorneys also report one year into FIRST Court improved relationships with other members of the court team and parents, including feeling more trusted and respected and like a member of a team. Additionally, they agree more with the judge's decision-making process and decisions than control group attorneys. FIRST Court caseworkers do not yet show any significant positive trends.

### FIRST Court

Initial FIRST Court data on 13 randomly assigned FIRST Court cases and 72 control cases show that most FIRST Court parties participate more during court team meetings than parties in control cases.

### Participation in Review Hearings



### Our Partners





NEBRASKA RESOURCE PROJECT  
FOR VULNERABLE YOUNG CHILDREN



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