

## Behavioral and Developmental Problems, Mental Health and Special Education Service Use among Very Young Children in the Child Welfare System

Heather Ringeisen  
Theodore Cross  
RTI International, Inc.



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## Presentation Overview

- Use NSCAW to describe behavioral and developmental characteristics of children who entered the child welfare system (or CWS) as infants (0-12 months of age)
- Discuss special risks as these children age to between 5 and 6 years
- Examine mental health and special education service use at age 5-6
- Examine predictors of mental health and special education service use at age 5-6



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## What's unique about infants entering CWS?

- Infancy represents a unique and extremely vulnerable developmental period for child welfare involvement.
- Compared to children of other ages, infants are more likely to be victimized by child maltreatment, more likely to experience fatal maltreatment, and their maltreatment cases are more likely to be substantiated.
- Maltreated infants are more likely to be placed in foster care and to experience longer durations of foster care than children of other ages.
- Infants involved in CWS also have lower reunification rates with their biological families and higher adoption rates than other children.



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## Behavioral health issues: From infancy to 5-6 years of age

- Children involved with CWS  $\leq$  6 years may be at higher risk for developmental and behavioral problems than those never involved with CWS. This is especially true for children placed out-of-home.
- This age is a particularly vulnerable one—represents school entry and the age of onset for emotional/behavior problems (particularly disruptive behaviors).
- School entry is important for MH service access. Schools are the most frequent provider of mental health services. School identification sometimes acts as a gateway to other needed services.



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## NSCAW: Infants at Baseline (n=1196)

- At baseline, the average age was 7 months. At 56-72 month follow-up (Wave 5), the average age was 69 months (or 5.75 years).
- Slightly more than half are male (50.4%).
- 43% Caucasian, 30% Black and 21% Hispanic.
- Their most serious type of maltreatment was most often neglect—either due to a failure to provide for basic needs (35%) or failure to supervise (30%). Most serious abuse type was physical abuse in 19% of cases and sexual abuse in only 1.7% of cases.



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## Infant Sample: Status at 5-6 years (56-72 month follow-up, or Wave 5)

- 73% are in Kindergarten; 18% are in 1<sup>st</sup> Grade.
- 62% are living at-home with biological parents. 15% are living in kinship care or at-home with another caregiver.
- About a fifth of children are adopted. The median time between placement and finalized adoption was almost 2 years.
- 6% are currently living out-of-home.
- Over the course of 5-6 years, 1/3 children had been placed outside the home. 24% had been in 2+ placements and 27% had 3+ placements.



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### NSCAW Measures

- **Caregiver**
  - Child Behavior Checklist (CBCL)
  - Vineland Adaptive Behavior Scale (VABS), Daily Living Skills domain
  - Child and Adolescent Services Assessment (CASA, adapted for NSCAW)
  - IEP Service receipt (single item)
- **Child**
  - Kaufman Brief Intelligence Test (K-BIT)
  - Preschool Language Scales (PLS)
- **Teacher**
  - Teacher Report Form (TRF)
  - IEP Receipt/IEP Classification code/Type of IEP services received



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### Risk for Behavioral and Developmental Problems (by 5-6 years)

- 28.9% (SE=2.6) reported to have significant behavior problems by caregivers or teachers on the CBCL and/or TRF. Externalizing behaviors more common than internalizing behaviors
- 13.0% (SE=2.1) show risk for cognitive delay on the Kaufman Brief Intelligence Test (K-BIT) or Preschool Language Scale (PLS).
- 23% (SE=2.2) reported by caregivers to have "low" daily living skills on the Vineland Adaptive Behavior Scale.
- No gender or race differences.



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### Mental Health Service Utilization (Wave 5)

- 16.7% (SE=2.1) reported to have used outpatient mental health services since the 36-month follow-up.
  - 12% (SE=1.9) specialty MH services
  - 7.0% (SE=1.3) primary care physician
  - 10.8% (SE=3.2) school-based MH services
- 6.4% (SE=1.1) reported to have used psychotropic medications.
- No gender differences.
- Race differences only on use of primary care services for an emotional or behavioral problem (White > Hispanic;  $p < .01$ ).



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### Mental Health Services (Wave 5): Variation by Adoption and Out-of-home Placement

- **Outpatient Mental Health Services**
  - Out-of-home > in-home adoptive and biological parents ( $p < .05$ )
  - In-home adoptive parents > in-home biological parents ( $p < .05$ )
- **Specialty Mental Health Services**
  - Out-of-home > in-home adoptive ( $p < .05$ ), in-home biological ( $p < .01$ ) and in-home other caregiver ( $p < .05$ )
- **Psychotropic medication use**
  - In-home adoptive parents > in-home biological parents ( $p < .01$ )



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### Outpatient Mental Health Service Utilization by Need (Wave 5)

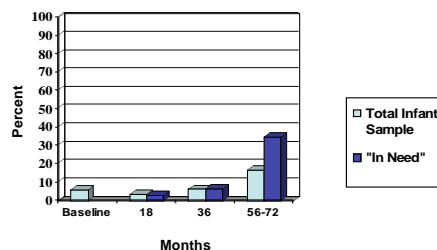
		MH Service Need	
		Yes	No
Outpatient MH service Use	Yes	34.9% (4.9)	9.5% (1.4)
	No	65.1% (4.9)	90.5% (1.4)



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### Outpatient Mental Health Service Utilization Over Time



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### Special Education Services (Wave 5)

- 22.6% (SE=2.8) reported to have received an IEP since the 36-month follow-up.
- Significant gender differences
  - Males more likely to receive an IEP than females ( $p < .05$ )
- No race or setting differences.
- Most students receiving an IEP were classified as speech impaired (65%).
- Most commonly received non-instructional IEP service was speech pathology.



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### IEP Receipt by Need for Special Education Services (Wave 5)

		Special Ed Service Need	
		Yes	No
IEP Receipt	Yes	37.2% (5.0)	8.4% (2.2)
	No	62.8% (5.0)	91.6% (2.2)



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### Predictors of MH Utilization (Wave 5)

	OR [CI]	p
Gender: Male (ref)	--	--
Female	.53 [.29-.96]	.05
Race/Ethnicity	--	ns
Setting: In-home bio parent (ref)	--	--
In-home adoptive parent	2.93 [1.47-5.83]	.01
In-home other caregiver	1.88 [.77-4.63]	ns
Out-of-home	3.56 [1.03-12.29]	.05
Behavior Problem: yes (ref)	--	--
No	.19 [.11-.32]	.001
Cog/Language Delay: yes (ref)	--	--
No	1.21 [.59-2.47]	ns
"Low" VABS	--	ns



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### Predictors of IEP at 5-6 years

	OR [CI]	p
Gender: Male (ref)	--	--
Female	.41 [.23-.74]	.01
Race/Ethnicity	--	ns
Setting: In-home bio parent (ref)	--	--
In-home adoptive parent	2.55 [1.26-5.14]	.01
In-home other caregiver	2.13 [.96-4.75]	ns
Out-of-home	.50 [.07-3.36]	ns
Behavior Problem: yes (ref)	--	--
No	.41 [.22-.80]	.01
Cognitive/Language Delay: yes (ref)	--	--
No	.11 [.04-.26]	.001
"Low" VABS	--	ns



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### Findings: Summary

- Children entering CWS as infants show high rates of behavioral and developmental problems.
  - These rates comparable to those found for similarly aged children in other NSCAW studies (e.g., Burns et al., 1999; Stahmer et al., 2005).
  - These rates are higher than those noted for all U.S. children.
- Despite their young age, they already show rates of mental health services (17%) that exceed national estimates for similarly aged children (Kataoka et al., 2002), but are comparable to other similarly aged children involved in CWS (Stahmer et al., 2005).
- Despite just being in Kindergarten or First Grade, almost a quarter are receiving special education services
  - Compare this to the 5% of all 3- to 5-year-olds and 9% of all 6- to 21-year-olds (U.S. Department of Education, 2005).



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### Findings: Summary

- Rates of unmet service needs are still high
  - 65% of those determined to be in need of mental health services, did not received even 1 service since 36-month follow-up.
  - 63% of those determined to be in need of a Special Education referral, were not reported to be receiving an IEP.
- Consistent with previous research, setting (especially living out-of-home) was a strong, positive predictor of outpatient mental health service use.
- Children living at home with adoptive parents were 3 times as likely to receive outpatient MH services and 2½ times as likely to receive an IEP as children living at home with biological parents.
- These setting findings were significant even when controlling for the influence of gender, race, cognitive and behavioral needs.



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### Future Directions

- The NSCAW infant sample and 56-72 month follow-up data offer unique opportunities for future research
  - High percentage of adopted children
    - Why are adopted children using more MH and special education services despite similar levels of need? Is this due to a greater past amount of CWS involvement (e.g., 2 year time period from out-of-home placement to adoption)?
  - High teacher survey response rate
    - What types of IEP services do young children receive and how often? Does early IFSP related to later IEP classification?
  - Opportunity to look at “first service” cohort
    - What factors predict first involvement with the mental health delivery system? What is the relationship between service need presentation and first service onset?



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