Moving Beyond Guidance:

A Walk Through of the Upcoming National Family Drug Court Standards

Part II

New England
Association of Drug Court Professionals Conference
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Center for Children and Family Futures

Acknowledgement

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NATIONAL FAMILY DRUG COURT TTA Program

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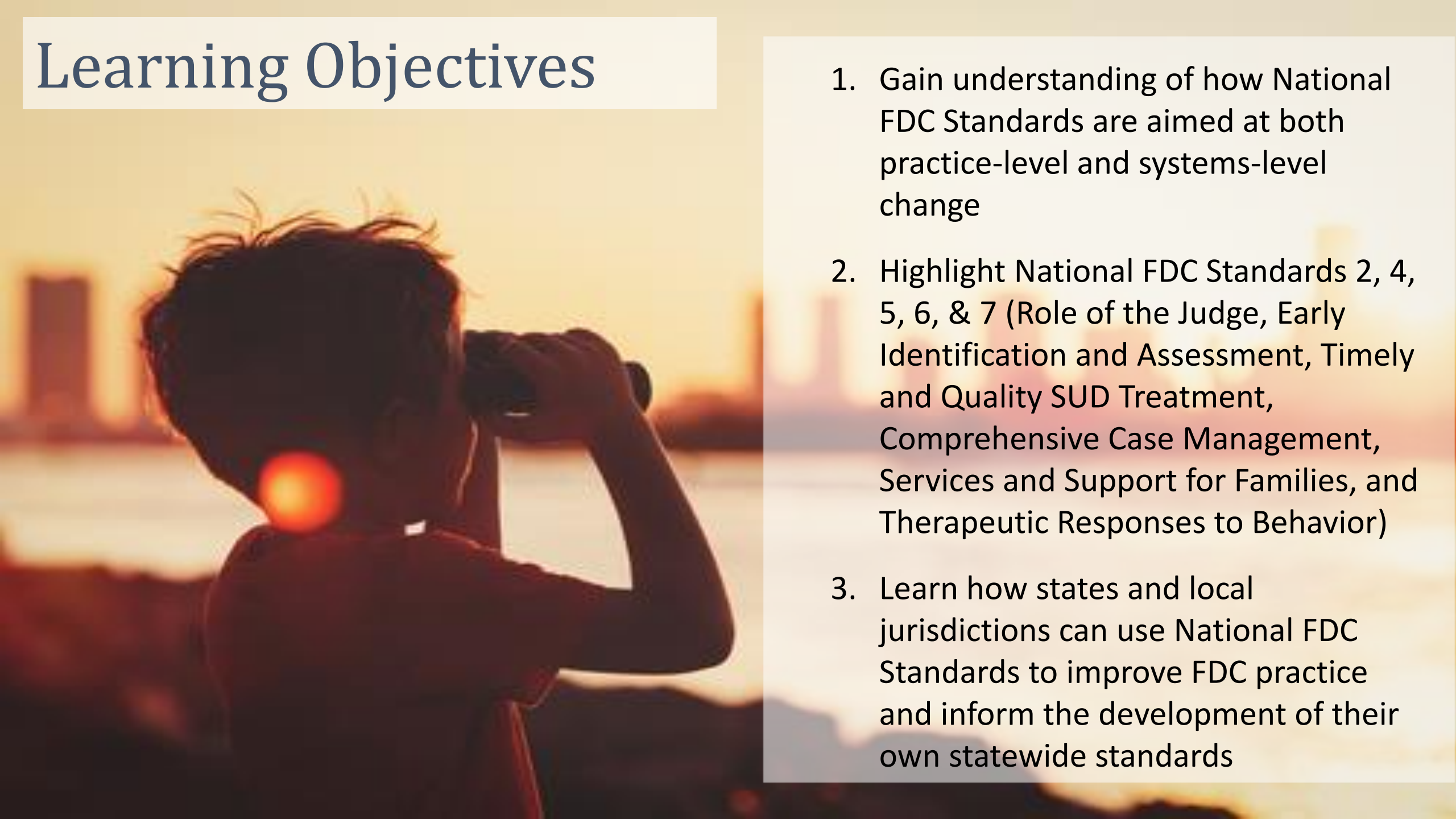
Learning Objectives



1. Gain understanding of how National FDC Standards are aimed at both practice-level and systems-level change
2. Highlight National FDC Standards 2, 4, 5, 6, & 7 (Role of the Judge, Early Identification and Assessment, Timely and Quality SUD Treatment, Comprehensive Case Management, Services and Support for Families, and Therapeutic Responses to Behavior)
3. Learn how states and local jurisdictions can use National FDC Standards to improve FDC practice and inform the development of their own statewide standards

National Family Drug Court Standards (Part II)

1. Organization and Structure
2. **The Role of the Judge**
3. Equity and Inclusion
4. **Early Identification and Assessment**
5. **Timely, Quality and Appropriate Substance Use Disorder Treatment**
6. **Comprehensive Case Management, Services and Supports for Families**
7. **Therapeutic Responses to Behavior**
8. Monitoring and Evaluation

2. The Role of the Judge

Judicial leadership is critical to effective planning, implementation and operation of the family drug court (FDC). The FDC judge has the unique ability to engage leaders of core systems and community partners to participate in the development, implementation, and ongoing operations of the FDC. The judge convenes meetings of these stakeholders to identify shared values, voice concerns, and find common ground. The judge works with agency leaders and partners to establish clear roles and a shared vision and mission. The FDC judge's role of developing a rapport with participants is one of the most important components of the FDC.

2. The Role of the Judge: Draft Provisions

A. Convening Partners

B. Judicial Decision-Making Progress Review Hearings

C. Interaction with Participants

D. Participation in Pre-Court Staffing

E. Professional Training

F. Length of Judicial Assignment to the FDC

Judicial Oversight

- Increased judicial oversight facilitated through **more frequent hearings** and/or **one-on-one interaction between judge and parent**
- Allows judges to reinforce good behavior and deliver consequences in a timely manner
- “Drug Courts where the judge spent an average of **three minutes or greater** per participant during court hearings had 153% greater reductions in recidivism compared with programs where the judge spent less time.” (Carey et al., 2008, 2012)

Traditional Court	Family Recovery Court
Judge calls “balls and strikes”	Judge is educated on substance use disorder; Engages all the parties; and Leads a multi-disciplinary team focusing on addressing parental substance use disorder
Judge seeks evidence of compliance with services and orders of the Court	Judge actively engages parent participants in dialogue; and Uses incentives and interventions to address parent behavior
Judge bases decisions on written reports and evidence presented by counsel	Judge inquires of parents, team, and others regarding parents’ compliance with program requirements
Judge relies on witness testimony offered by the parties	Judge relies on information from participant, the team, and others involved in providing parents a continuum of services

The Judge Effect

- The judge was the single biggest influence on the outcome, with judicial praise, support and other positive attributes translating into fewer crimes and less use of drugs by participants (Rossman et al., 2011)
- Positive supportive comments by judge were correlated with few failed drug tests, while negative comments led to the opposite (Senjo and Leip, 2001)
- The ritual of appearing before a judge and receiving support and accolades, and “tough love” when warranted and reasonable, helped them stick with court-ordered treatment (Farole and Cissner, 2005, see also Satel 1998)

Therapeutic Jurisprudence

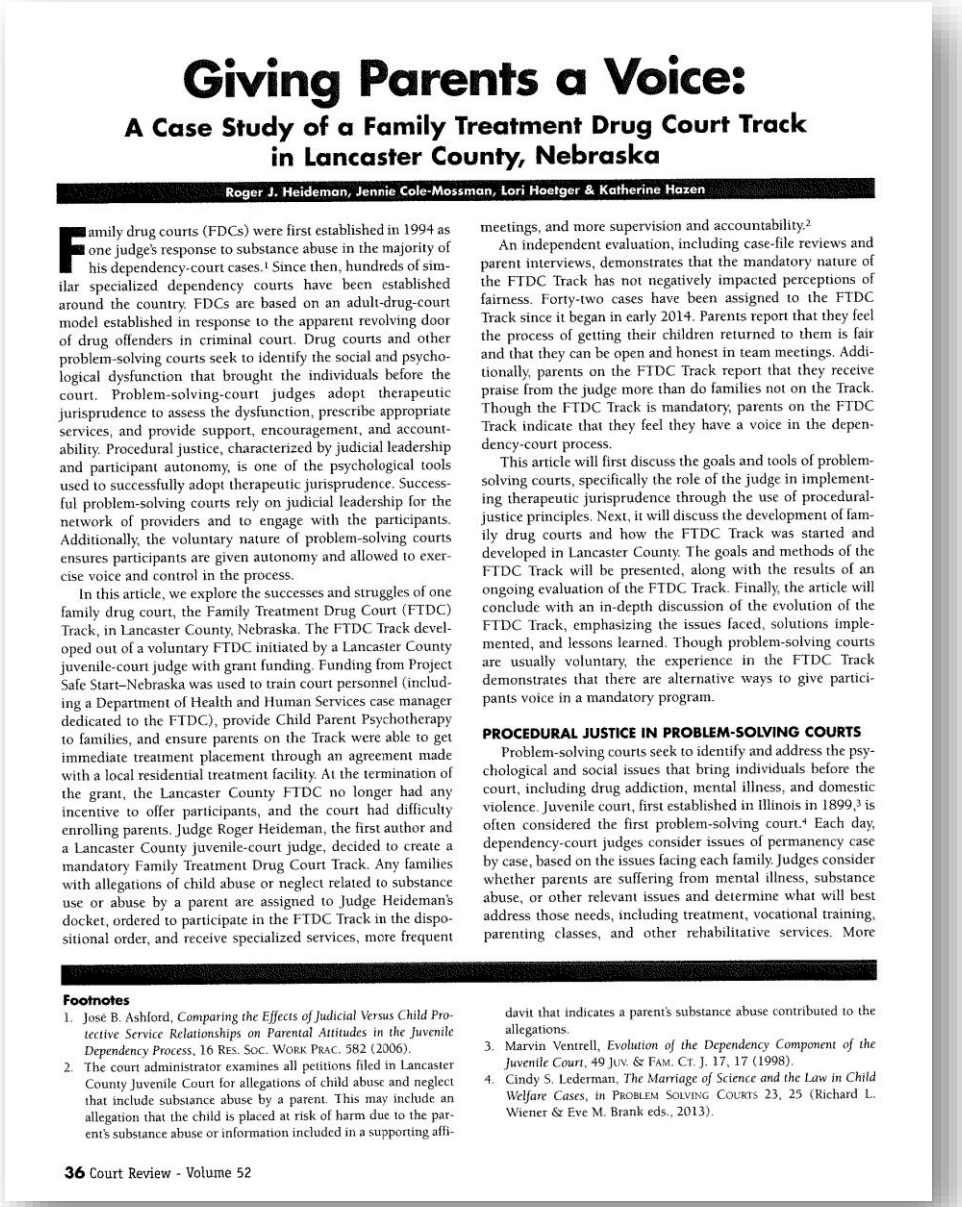
- Engage directly with parents vs. through attorneys
- Create collaborative and respectful environments
- Convene team members and parents together vs. reinforcing adversarial nature of relationship
- Rely on empathy and support (vs. sanctions and threats) to motivate

Lens, V. Against the Grain: Therapeutic Judging in a Traditional Court. Law & Social Inquiry. American Bar Association. 2015.

Practice Innovation: Judicial Oversight

Lancaster, Nebraska:

- Mandatory specialized track for families affected by substance use disorders
- Increased Judicial Oversight for Families with Substance Use Disorders



Giving Parents a Voice:

A Case Study of a Family Treatment Drug Court Track in Lancaster County, Nebraska

Roger J. Heideman, Jennie Cole-Mossman, Lori Hoetger & Katherine Hazen

Family drug courts (FDCs) were first established in 1994 as one judge's response to substance abuse in the majority of his dependency-court cases.[1] Since then, hundreds of similar specialized dependency courts have been established around the country. FDCs are based on an adult-drug-court model established in response to the apparent revolving door of drug offenders in criminal court. Drug courts and other problem-solving courts seek to identify the social and psychological dysfunction that brought the individuals before the court. Problem-solving-court judges adopt therapeutic jurisprudence to assess the dysfunction, prescribe appropriate services, and provide support, encouragement, and accountability. Procedural justice, characterized by judicial leadership and participant autonomy, is one of the psychological tools used to successfully adopt therapeutic jurisprudence. Successful problem-solving courts rely on judicial leadership for the network of providers and to engage with the participants. Additionally, the voluntary nature of problem-solving courts ensures participants are given autonomy and allowed to exercise voice and control in the process.

In this article, we explore the successes and struggles of one family drug court, the Family Treatment Drug Court (FTDC) Track, in Lancaster County, Nebraska. The FTDC Track developed out of a voluntary FTDC initiated by a Lancaster County juvenile-court judge with grant funding. Funding from Project Safe Start–Nebraska was used to train court personnel (including a Department of Health and Human Services case manager dedicated to the FTDC), provide Child Parent Psychotherapy to families, and ensure parents on the Track were able to get immediate treatment placement through an agreement made with a local residential treatment facility. At the termination of the grant, the Lancaster County FTDC no longer had any incentive to offer participants, and the court had difficulty enrolling parents. Judge Roger Heideman, the first author and a Lancaster County juvenile-court judge, decided to create a mandatory Family Treatment Drug Court Track. Any families with allegations of child abuse or neglect related to substance use or abuse by a parent are assigned to Judge Heideman's docket, ordered to participate in the FTDC Track in the dispositional order, and receive specialized services, more frequent meetings, and more supervision and accountability.[2]

An independent evaluation, including case-file reviews and parent interviews, demonstrates that the mandatory nature of the FTDC Track has not negatively impacted perceptions of fairness. Forty-two cases have been assigned to the FTDC Track since it began in early 2014. Parents report that they feel the process of getting their children returned to them is fair and that they can be open and honest in team meetings. Additionally, parents on the FTDC Track report that they receive praise from the judge more than do families not on the Track. Though the FTDC Track is mandatory, parents on the FTDC Track indicate that they feel they have a voice in the dependency-court process.

This article will first discuss the goals and tools of problem-solving courts, specifically the role of the judge in implementing therapeutic jurisprudence through the use of procedural-justice principles. Next, it will discuss the development of family drug courts and how the FTDC Track was started and developed in Lancaster County. The goals and methods of the FTDC Track will be presented, along with the results of an ongoing evaluation of the FTDC Track. Finally, the article will conclude with an in-depth discussion of the evolution of the FTDC Track, emphasizing the issues faced, solutions implemented, and lessons learned. Though problem-solving courts are usually voluntary, the experience in the FTDC Track demonstrates that there are alternative ways to give participants voice in a mandatory program.

PROCEDURAL JUSTICE IN PROBLEM-SOLVING COURTS

Problem-solving courts seek to identify and address the psychological and social issues that bring individuals before the court, including drug addiction, mental illness, and domestic violence. Juvenile court, first established in Illinois in 1899,[3] is often considered the first problem-solving court.[4] Each day, dependency-court judges consider issues of permanency case by case, based on the issues facing each family. Judges consider whether parents are suffering from mental illness, substance abuse, or other relevant issues and determine what will best address those needs, including treatment, vocational training, parenting classes, and other rehabilitative services. More

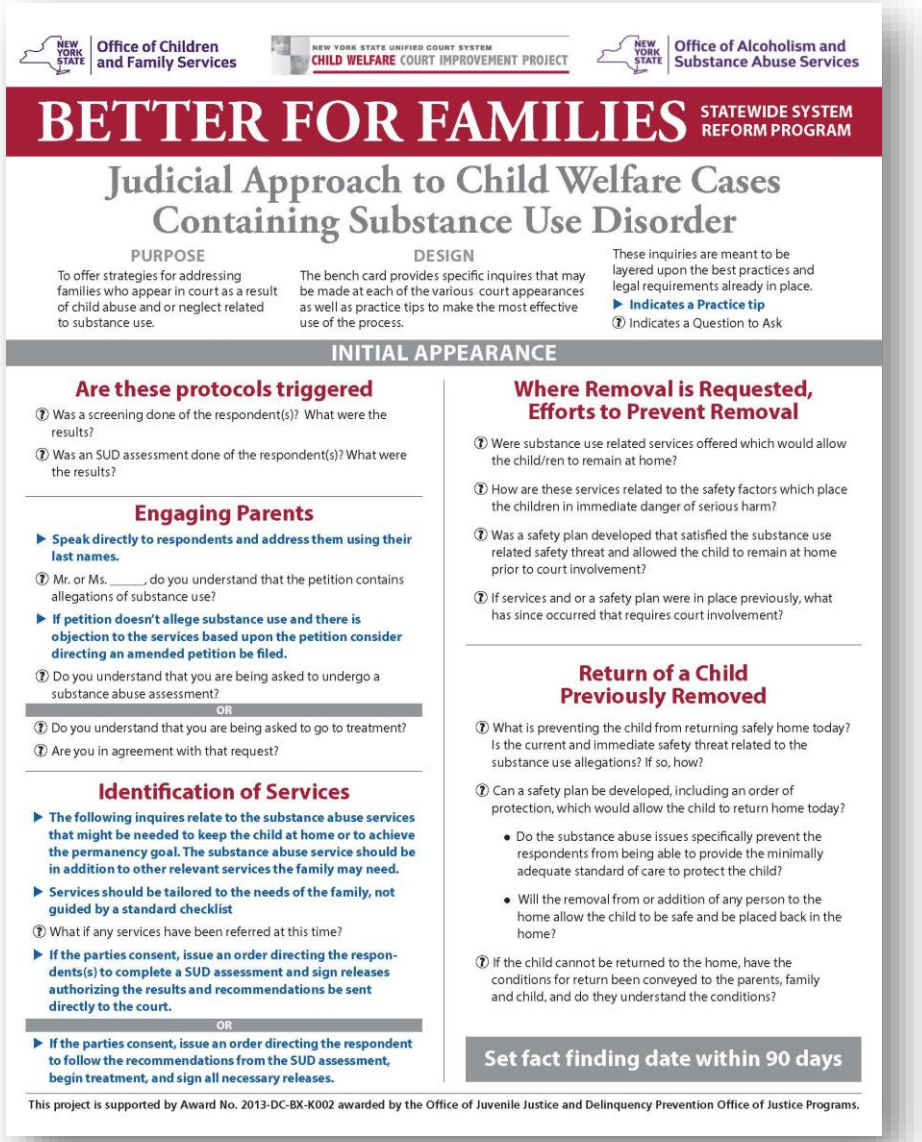
Footnotes

1. José B. Ashford, *Comparing the Effects of Judicial Versus Child Protective Service Relationships on Parental Attitudes in the Juvenile Dependency Process*, 16 Res. Soc. Work Prac. 582 (2006).
2. The court administrator examines all petitions filed in Lancaster County Juvenile Court for allegations of child abuse and neglect that include substance abuse by a parent. This may include an allegation that the child is placed at risk of harm due to the parent's substance abuse or information included in a supporting affidavit that indicates a parent's substance abuse contributed to the allegations.
3. Marvin Ventrell, *Evolution of the Dependency Component of the Juvenile Court*, 49 Juv. & Fam. Ct. J. 17, 17 (1998).
4. Cindy S. Lederman, *The Marriage of Science and the Law in Child Welfare Cases*, *in* Problem Solving Courts 23, 25 (Richard L. Wiener & Eve M. Brank eds., 2013).

Resource: Judicial Benchcard

State of New York:

- Provides strategies for addressing families who appear in court as a result of child abuse and or neglect related to substance use
- Offers examples of specific inquiries that may be made at each of the various court appearances as well as practice tips to make the most effective use of the process
- Includes Practice Tips and sample questions



Office of Children and Family Services | NEW YORK STATE UNIFIED COURT SYSTEM CHILD WELFARE COURT IMPROVEMENT PROJECT | Office of Alcoholism and Substance Abuse Services

BETTER FOR FAMILIES STATEWIDE SYSTEM REFORM PROGRAM

Judicial Approach to Child Welfare Cases Containing Substance Use Disorder

PURPOSE

To offer strategies for addressing families who appear in court as a result of child abuse and or neglect related to substance use.

DESIGN

The bench card provides specific inquires that may be made at each of the various court appearances as well as practice tips to make the most effective use of the process.

These inquiries are meant to be layered upon the best practices and legal requirements already in place.

▶ Indicates a Practice tip

? Indicates a Question to Ask

INITIAL APPEARANCE

Are these protocols triggered

? Was a screening done of the respondent(s)? What were the results?

? Was an SUD assessment done of the respondent(s)? What were the results?

Engaging Parents

▶ Speak directly to respondents and address them using their last names.

? Mr. or Ms. _____, do you understand that the petition contains allegations of substance use?

▶ If petition doesn't allege substance use and there is objection to the services based upon the petition consider directing an amended petition be filed.

? Do you understand that you are being asked to undergo a substance abuse assessment?

OR

? Do you understand that you are being asked to go to treatment?

? Are you in agreement with that request?

Identification of Services

▶ The following inquires relate to the substance abuse services that might be needed to keep the child at home or to achieve the permanency goal. The substance abuse service should be in addition to other relevant services the family may need.

▶ Services should be tailored to the needs of the family, not guided by a standard checklist

? What if any services have been referred at this time?

▶ If the parties consent, issue an order directing the respondents(s) to complete a SUD assessment and sign releases authorizing the results and recommendations be sent directly to the court.

OR

▶ If the parties consent, issue an order directing the respondent to follow the recommendations from the SUD assessment, begin treatment, and sign all necessary releases.

Where Removal is Requested, Efforts to Prevent Removal

? Were substance use related services offered which would allow the child/ren to remain at home?

? How are these services related to the safety factors which place the children in immediate danger of serious harm?

? Was a safety plan developed that satisfied the substance use related safety threat and allowed the child to remain at home prior to court involvement?

? If services and or a safety plan were in place previously, what has since occurred that requires court involvement?

Return of a Child Previously Removed

? What is preventing the child from returning safely home today? Is the current and immediate safety threat related to the substance use allegations? If so, how?

? Can a safety plan be developed, including an order of protection, which would allow the child to return home today?

- Do the substance abuse issues specifically prevent the respondents from being able to provide the minimally adequate standard of care to protect the child?
- Will the removal from or addition of any person to the home allow the child to be safe and be placed back in the home?

? If the child cannot be returned to the home, have the conditions for return been conveyed to the parents, family and child, and do they understand the conditions?

Set fact finding date within 90 days

This project is supported by Award No. 2013-DC-BX-K002 awarded by the Office of Juvenile Justice and Delinquency Prevention Office of Justice Programs.

Best Practice - Knowing Your FDC

- Discuss ASFA with client and make sure they understand that the timelines apply whether or not they participate in the FDC
- Decide whether reunification may happen earlier with FDC
  - Know whether your FDC has a stated goal of reunification or permanency
  - Many programs aim for faster reunification while the parent is part of the treatment court. Other programs focus on permanency and the best interest of the child and may de-emphasize reunification with the parent

4. Early Identification and Assessment

Child Welfare promptly, systematically and universally screens all families entering the child welfare system for parental substance use disorders and referral to the family drug court (FDCs). FDCs assess all families referred to determine eligibility into the FDC program. Eligibility and exclusion criteria for the FDC are based on the best available evidence indicating which families can be treated safely and effectively in FDCs. FDCs confirm eligibility using evidence-based assessment tools and procedures, and they use validated assessment instruments to promptly refer FDC participants for the appropriate level of substance use disorder (SUD) treatment. FDCs continue to conduct validated needs assessments of the needs of the child, parent, and family as well as the barriers to treatment completion and reunification throughout the case. Service referrals match identified needs and connect participants to evidence-based interventions.

4. Early Identification and Assessment: Draft Provisions

A. Target Population, Objective Eligibility and Exclusion Criteria

B. Standardized and Systematic Referral, Screening, and Assessment Process

C. Use of Valid and Reliable Screening and Assessment Instruments

D. Valid, Reliable and Developmentally Appropriate Assessments for Children

E. Identification and Resolution of Barriers to Treatment and Reunification Services

4. Early Identification and Assessment: Draft Provisions

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E. Identification and Resolution of Barriers to Treatment and Reunification Services

ASFA Time Clock

1997 Adoption and Safe Families Act (PL 105-89)

Our Beliefs

Why won't they just stop?

They must love their drug more than their kids.

They need to really want get sober.

They need to hit rock bottom.

Our Response

Here's a referral- let me know when you get into treatment.

They'll get into treatment if they really want it.

Call me on Tuesday.

Don't work harder than the client.

Rethinking Treatment Readiness

Re-thinking "Rock Bottom"

- "Tough love"- in the hopes that they will hit rock bottom and wanting to change their life
- Collective knowledge in the community is to "cut them off, kick them out, or stop talking to them"
- Addiction as a disease of isolation

"Raising the bottom"

- Getting off on an earlier floor
- Has realistic expectations and understands both the neuro-chemical effects on people with substance related and addiction disorders and difficulties and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships

Active Engagement

Let's call the treatment agency together now.

Let's talk about how you are going to get to your intake appointment and what that appointment will be like.

Let me introduce you to your counselor.

I will call you in the morning and check how things are going.

Timely, structured screening and identification of parental substance use in child welfare cases are critical.

- 61% of confirmed drug or alcohol dependence among substantiated abuse or neglect cases are missed by front line CWS social workers (Gibbons, Barth, & Martin, 2005)
- There is no time to lose given the ASFA, recovery, and development time clocks

4 Prong – Screening

- ❑ Tool
- ❑ Signs & symptoms
- ❑ Corroborating reports
- ❑ Drug screen

Yes

to any

Screening: Is substance use a factor in the case?

- Generally results in a “yes” or “no”
- Determines whether a more in-depth assessment is needed
- Standardized set of questions to determine the risk or probability of an issue
- Brief and easy to administer, orally or written
- Can be administered by a broad range of people, including those with little clinical expertise
- Examples: UNCOPE; GAIN; AUDIT; CAGE
- Practice Principle – It’s the team, not the tool

https://www.ncsacw.samhsa.gov/resources/SAFERR.aspx

What Do We Mean by Systematic Approach?

Objective & Systematic

- Clearly defined protocols and procedures, with timelines and communication pathways (who needs to know what and when)
- Eligibility criteria based on clinical and legal assessments
- Match appropriate services to identified needs

Subjective & Informal

- *I refer all my clients to FDC because I know the people there*
- *I only refer clients who really want to participate*
- *Let me know when you get in the program*
- *I prefer to refer clients who are doing well on their CWS case plan*
- *I refer all my clients with a drug history to the FDC*

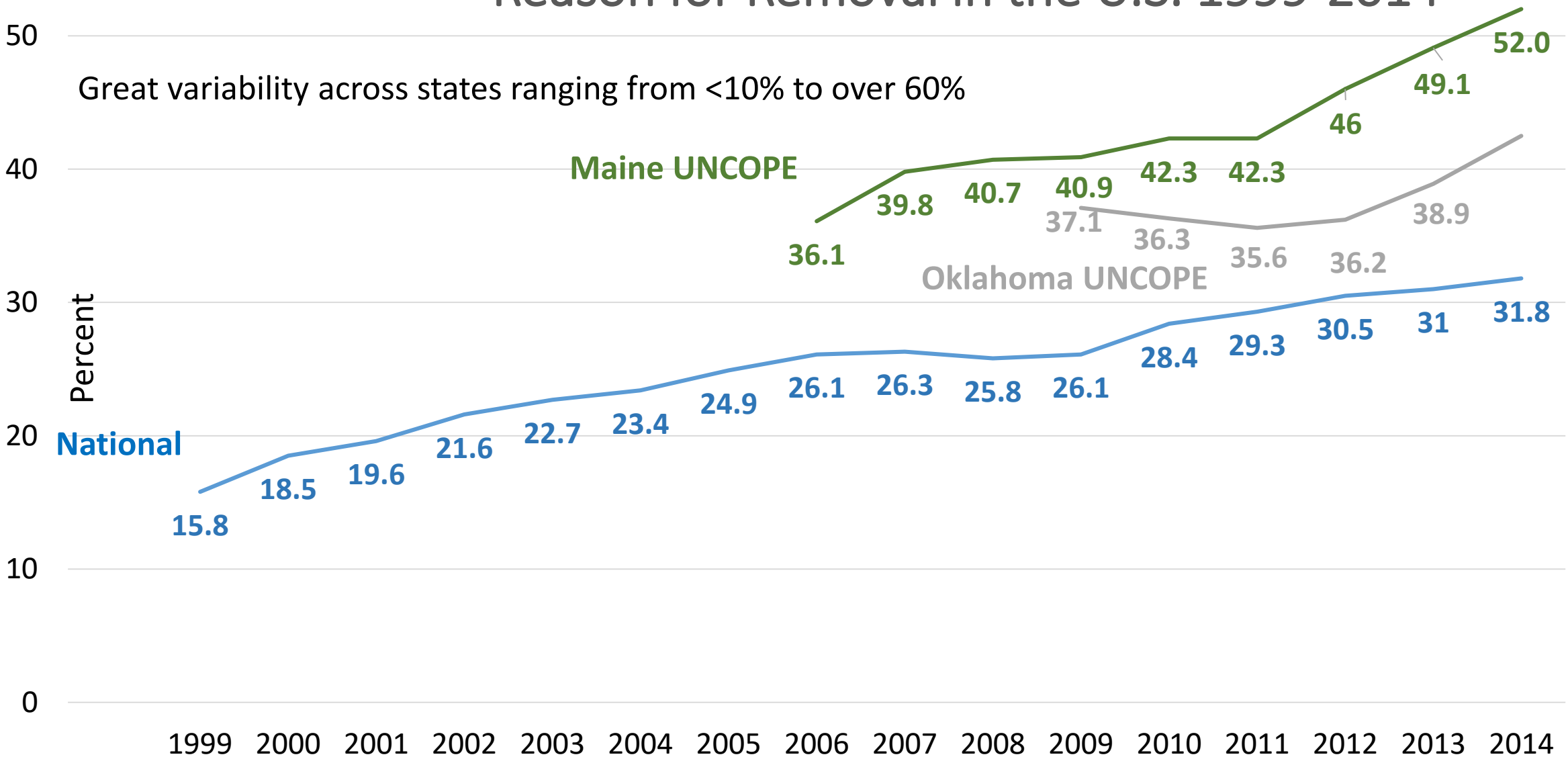
TOOL EXAMPLES

- **GAIN-SS (Global Appraisal of Individual Needs Short Screener)**: Composed of 23 items to be completed by the client or staff and designed to be completed in 5 minutes
- **UNCOPE**: 6-item screen designed to identify alcohol and/or drug substance use and designed to be completed in 2 minutes
- **CAGE**: 4-item screen designed to identify alcohol and/or drug substance use and designed to be completed in 2 minutes

It's Not the Tool, It's the Team!

https://www.ncsacw.samhsa.gov/resources/SAFERR.aspx

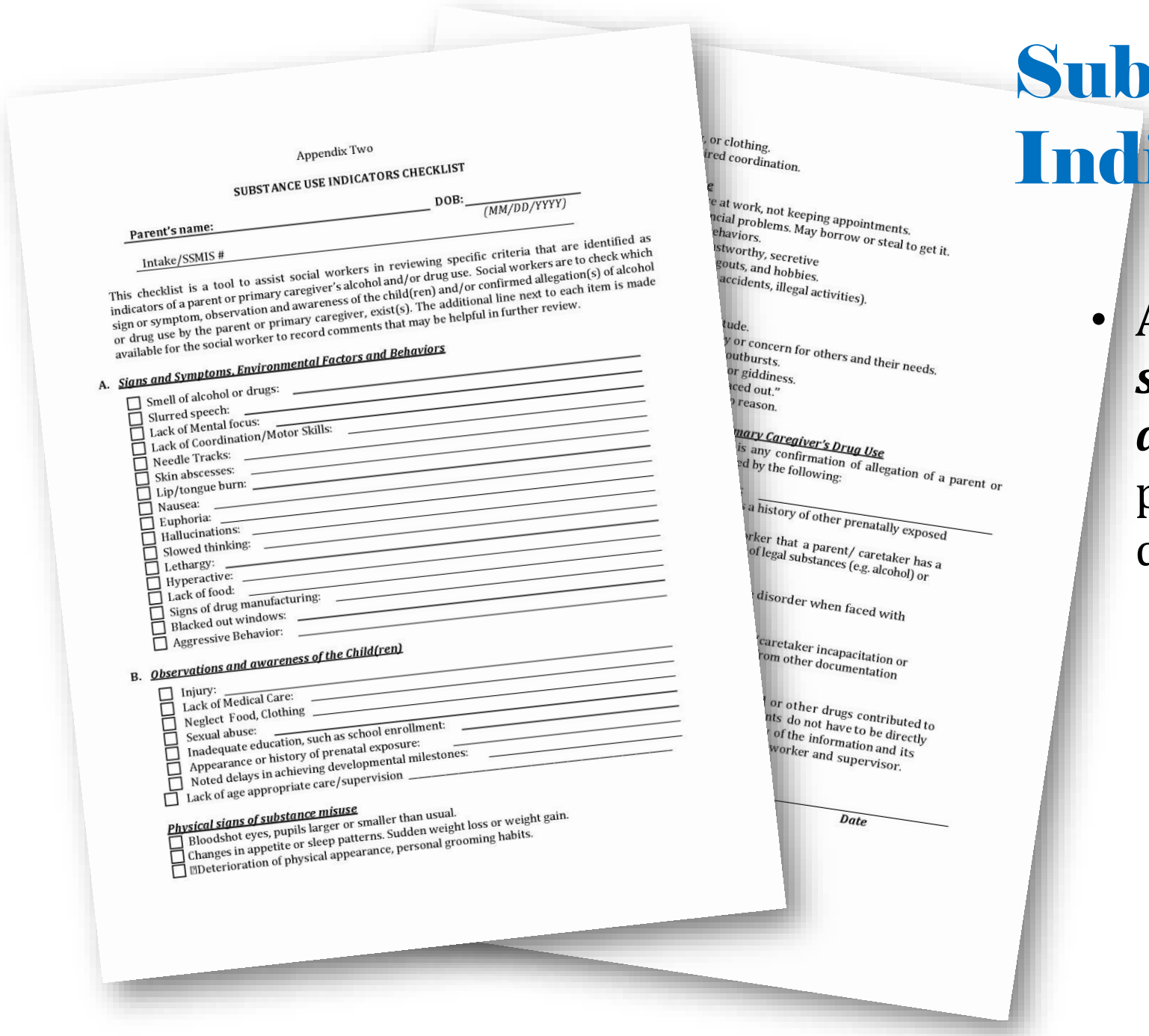
Percent Parental Alcohol or Other Drug Use as a Reason for Removal in the U.S. 1999-2014



Source: AFCARS Data, 1999-2014

Signs & Symptoms

- Physical
- Behavioral
- Psychological



Appendix Two

SUBSTANCE USE INDICATORS CHECKLIST

Parent's name: _____ DOB: _____ (MM/DD/YYYY)

Intake/SSMIS # _____

This checklist is a tool to assist social workers in reviewing specific criteria that are identified as indicators of a parent or primary caregiver's alcohol and/or drug use. Social workers are to check which sign or symptom, observation and awareness of the child(ren) and/or confirmed allegation(s) of alcohol or drug use by the parent or primary caregiver, exist(s). The additional line next to each item is made available for the social worker to record comments that may be helpful in further review.

A. ***Signs and Symptoms, Environmental Factors and Behaviors***

- ☐ Smell of alcohol or drugs: _____
- ☐ Slurred speech: _____
- ☐ Lack of Mental focus: _____
- ☐ Lack of Coordination/Motor Skills: _____
- ☐ Needle Tracks: _____
- ☐ Skin abscesses: _____
- ☐ Lip/tongue burn: _____
- ☐ Nausea: _____
- ☐ Euphoria: _____
- ☐ Hallucinations: _____
- ☐ Slowed thinking: _____
- ☐ Lethargy: _____
- ☐ Hyperactive: _____
- ☐ Lack of food: _____
- ☐ Signs of drug manufacturing: _____
- ☐ Blacked out windows: _____
- ☐ Aggressive Behavior: _____

B. ***Observations and awareness of the Child(ren)***

- ☐ Injury: _____
- ☐ Lack of Medical Care: _____
- ☐ Neglect Food, Clothing _____
- ☐ Sexual abuse: _____
- ☐ Inadequate education, such as school enrollment: _____
- ☐ Appearance or history of prenatal exposure: _____
- ☐ Noted delays in achieving developmental milestones: _____
- ☐ Lack of age appropriate care/supervision _____

Physical signs of substance misuse

- ☐ Bloodshot eyes, pupils larger or smaller than usual.
- ☐ Changes in appetite or sleep patterns. Sudden weight loss or weight gain.
- ☐ ☒Deterioration of physical appearance, personal grooming habits.

, or clothing.
ired coordination.

e at work, not keeping appointments.
ncial problems. May borrow or steal to get it.
ehaviors.
stworthy, secretive
gouts, and hobbies.
accidents, illegal activities).

tude.
y or concern for others and their needs.
outbursts.
or giddiness.
ced out."
reason.

mary Caregiver's Drug Use
is any confirmation of allegation of a parent or
ed by the following:

_____
a history of other prenatally exposed

rker that a parent/ caretaker has a
of legal substances (e.g. alcohol) or

disorder when faced with

caretaker incapacitation or
rom other documentation

or other drugs contributed to
nts do not have to be directly
of the information and its
worker and supervisor.

_____
Date

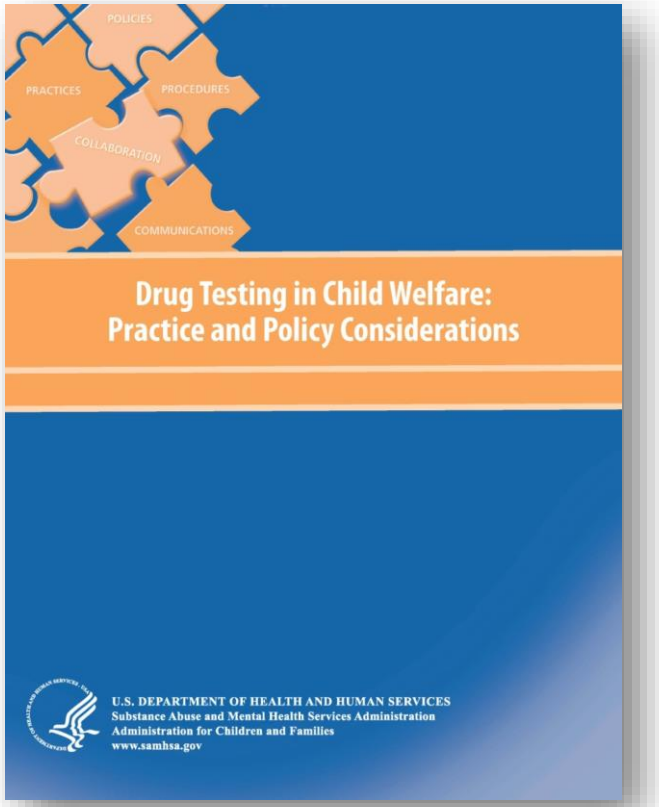
Substance Use Indicators Checklist

- Assist social workers in ***reviewing specific criteria that are identified as indicators*** of a parent or primary caregiver's alcohol and/or drug use:
  - *Environmental factors and behaviors*
  - *Observations and awareness of the child(ren)*
  - *Physical, behavioral and psychological signs of substance misuse*
  - *Other – confirmed allegations of a parent or primary caregiver's drug use*

Corroborating Reports

- Police
- CWS
- Hospital

Drug Testing



- Drug testing is most frequently used indicator for substance use in CWS practice
- Test results may influence decisions on child removal, reunification, and Termination of Parental Rights
- Courts often order drug testing as a standard protocol for parents in the child welfare system
- Lack of standardized recommendations for drug testing in child welfare practice

http://www.ncsacw.samhsa.gov/files/DrugTestinginChildWelfare.pdf

What Questions Can Drug Testing Answer? …& What Can it Not?

- Whether an individual has used a tested substance within a detectable time frame
- A drug test alone cannot determine the existence or absence of a substance use disorder
- The severity of an individual's substance use disorder
- Whether a child is safe
- The parenting capacity and skills of the caregiver

4 Prong – Screening

- ❑ Tool
- ❑ Signs & symptoms
- ❑ Corroborating reports
- ❑ Drug screen

Yes

to any

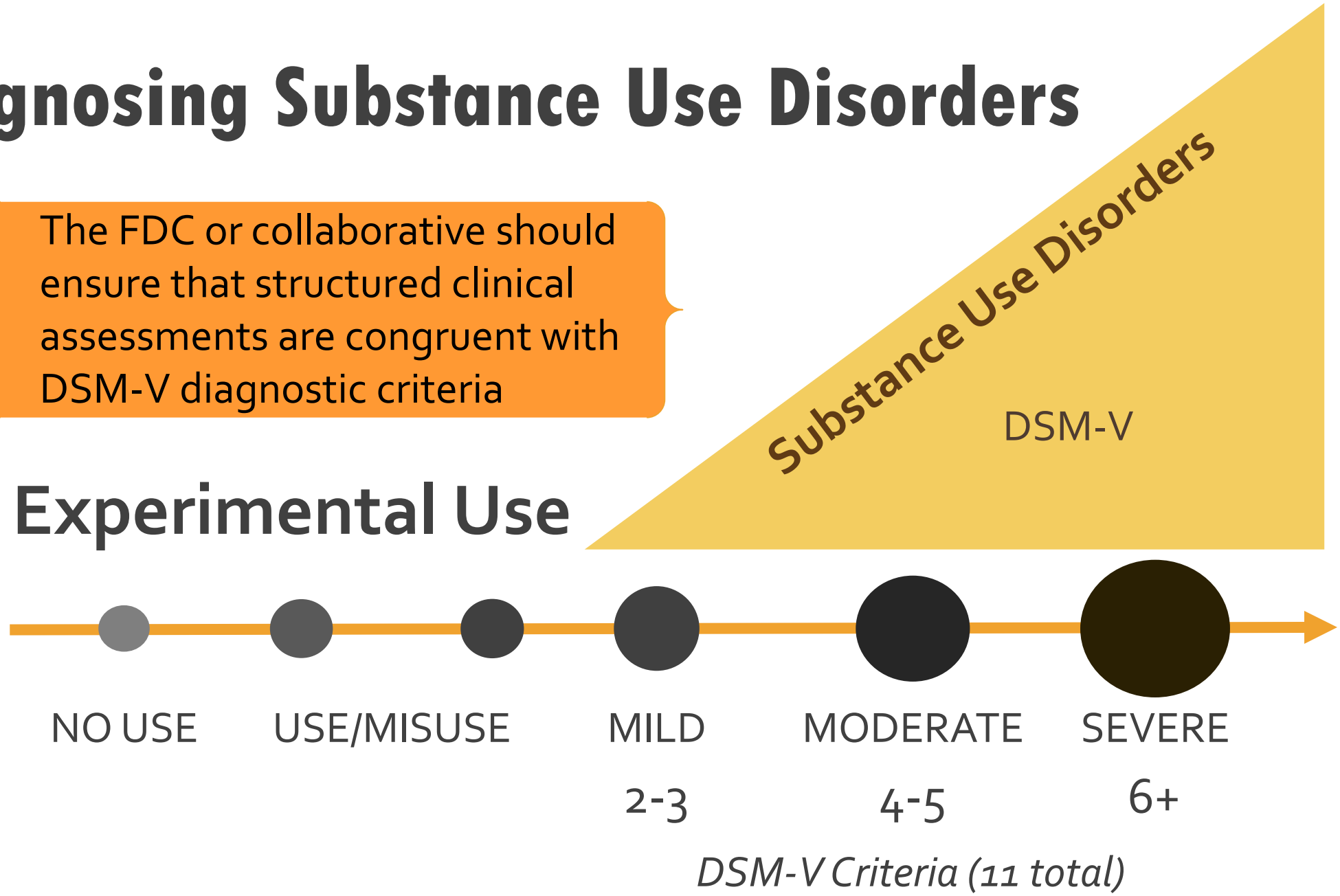
Process	Primary Question | Tools
Screening	*Is substance use a factor? Yes or No?* UNCOPE, CAGE
Assessment	*How severe is the substance use disorder?* DSM-5 Criteria
Treatment	*Does level of treatment match the identified need?* ASAM Continuum of Care

Assessment: What is the nature and extent of the substance use issue?

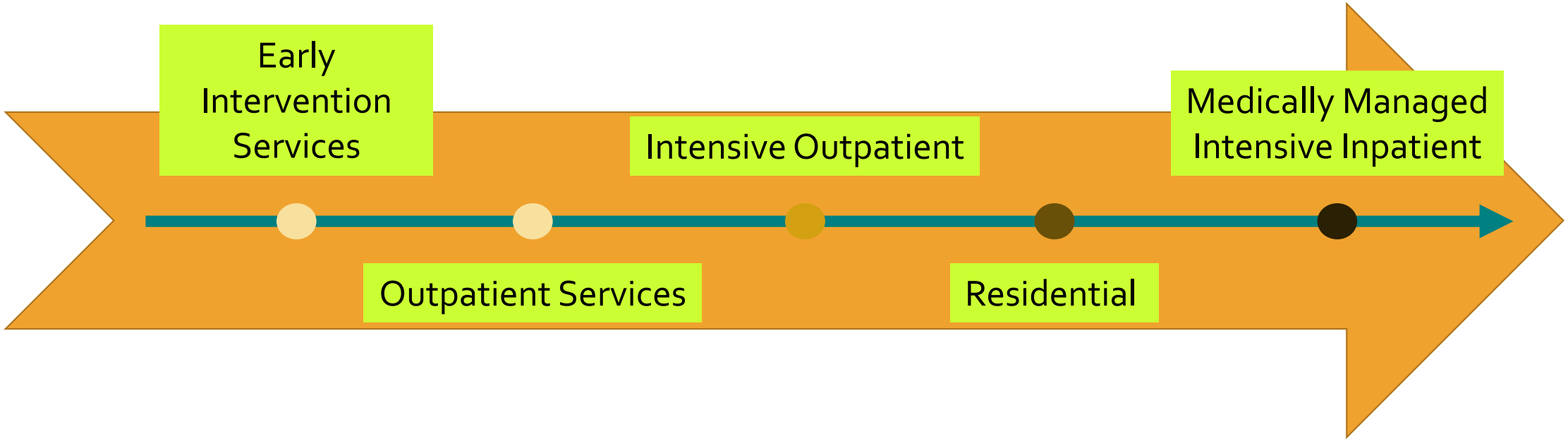
- Process of information gathering to diagnosis and determine treatment needs
- Multidimensional assessment: Standardized set of questions on an individual's functioning, needs, and strengths to determine the level of care and needed services
- Conducted by trained clinicians

Diagnosing Substance Use Disorders

The FDC or collaborative should ensure that structured clinical assessments are congruent with DSM-V diagnostic criteria



Levels of Treatment Services Across a Continuum of Care



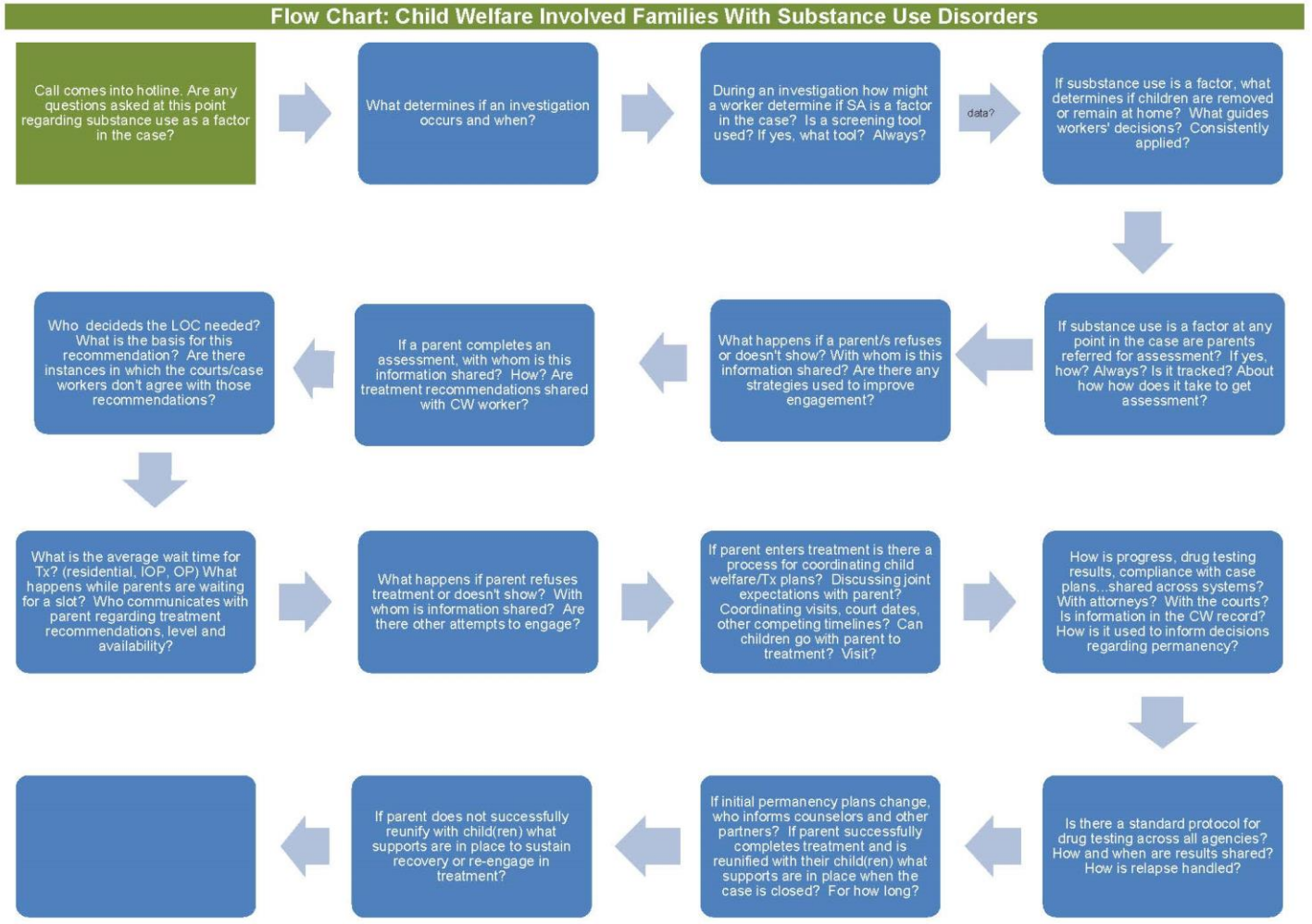
Source: American Society of Addiction Medicine, 2016

Systems Walk-Through

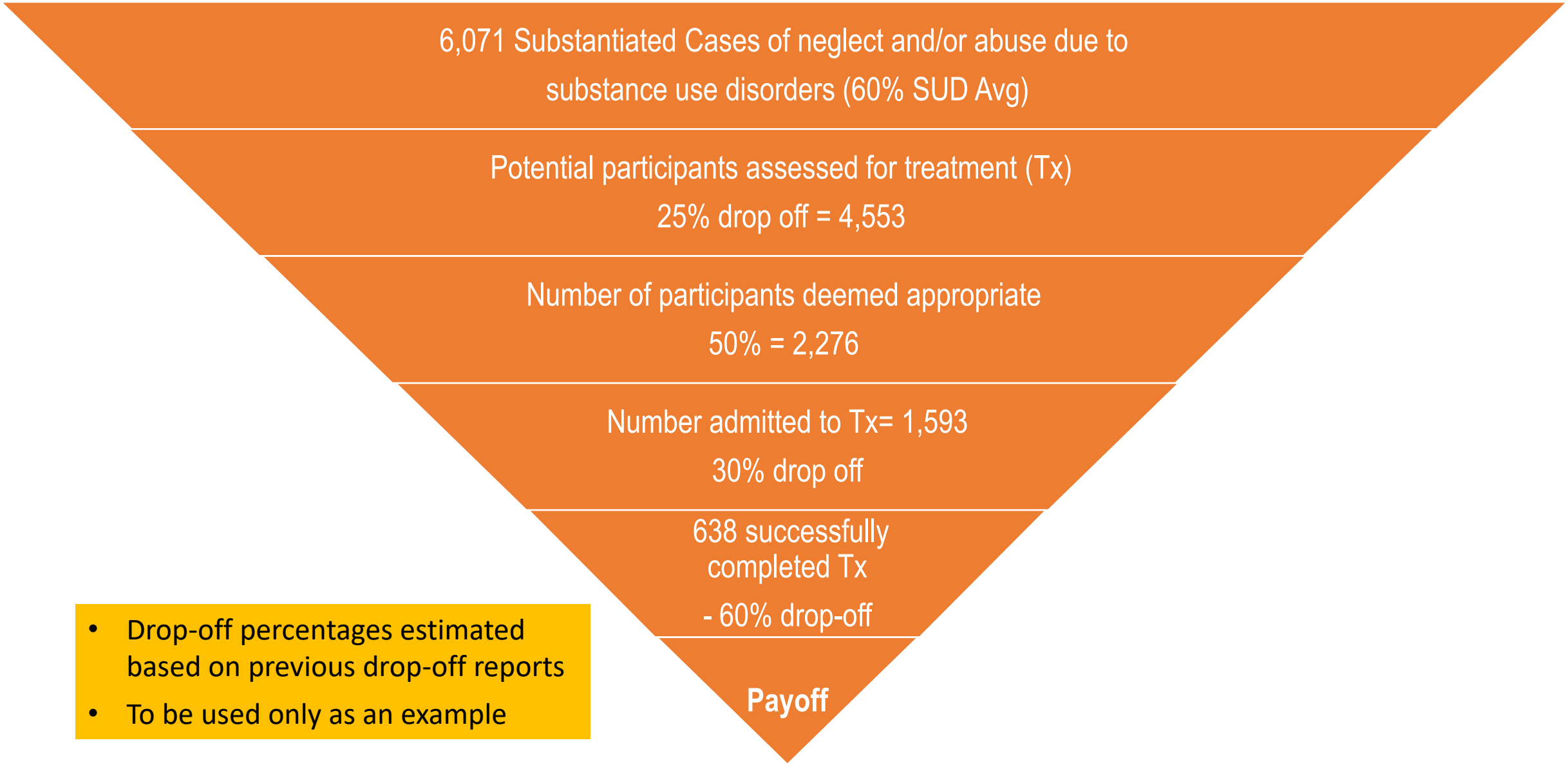
Screening

Assessment

What information is missing?
What gaps are in current system?
What process needs clarification?
What are areas for improvement?



Defining Your Drop-off Points (Example)



- Drop-off percentages estimated based on previous drop-off reports
- To be used only as an example

Practice Innovation: Court Ordered Observation

Pima, AZ:

- Systematic screening
- All eligible families are court-ordered to observe FTC docket
- Peer mentors present to engage families during observation
- Observation survey

5. Timely, Quality, and Appropriate Substance Use Disorder Treatment

Substance use disorder treatment is designed to meet the individual and unique needs of the family drug court participant in the context of their family relationships, particularly the parent-child dyad.

Treatment providers are trained and supervised appropriately to ensure that they deliver a continuum of services that include early identification, screening, and brief intervention; comprehensive standardized assessment; stabilization; timely, appropriate, manualized, evidence-based treatment; and continuing care.

5. Timely, Quality, and Appropriate Substance Use Disorder Treatment: Draft Provisions

A. Timely Access to Appropriate Treatment
B. Evidence-Based Manualized Treatment
C. Treatment Matches Assessed Needs
D. Comprehensive Continuum of Care
E. Medication-Assisted Treatment
F. Integrated Treatment of Substance Use and Co-Occurring Mental Disorders
G. Drug Testing Protocols
H. Family-Centered Treatment
I. Gender-Responsive Treatment
J. Treatment for Pregnant Women
K. Culturally Responsive Treatment
L. Treatment Provider Qualifications

We know more about

Brain Science of Addiction

Diagnosing Substance Use Disorders: DSM-5 Criteria

Severe
6+ Criteria

Moderate
4-5 Criteria

Mild
2-3 Criteria

1. Impaired Control

- Larger amounts or over a longer time than originally intended
- Persistent desire to cut down
- A great deal of time spent obtaining the substance
- Intense craving

2. Social Impairment

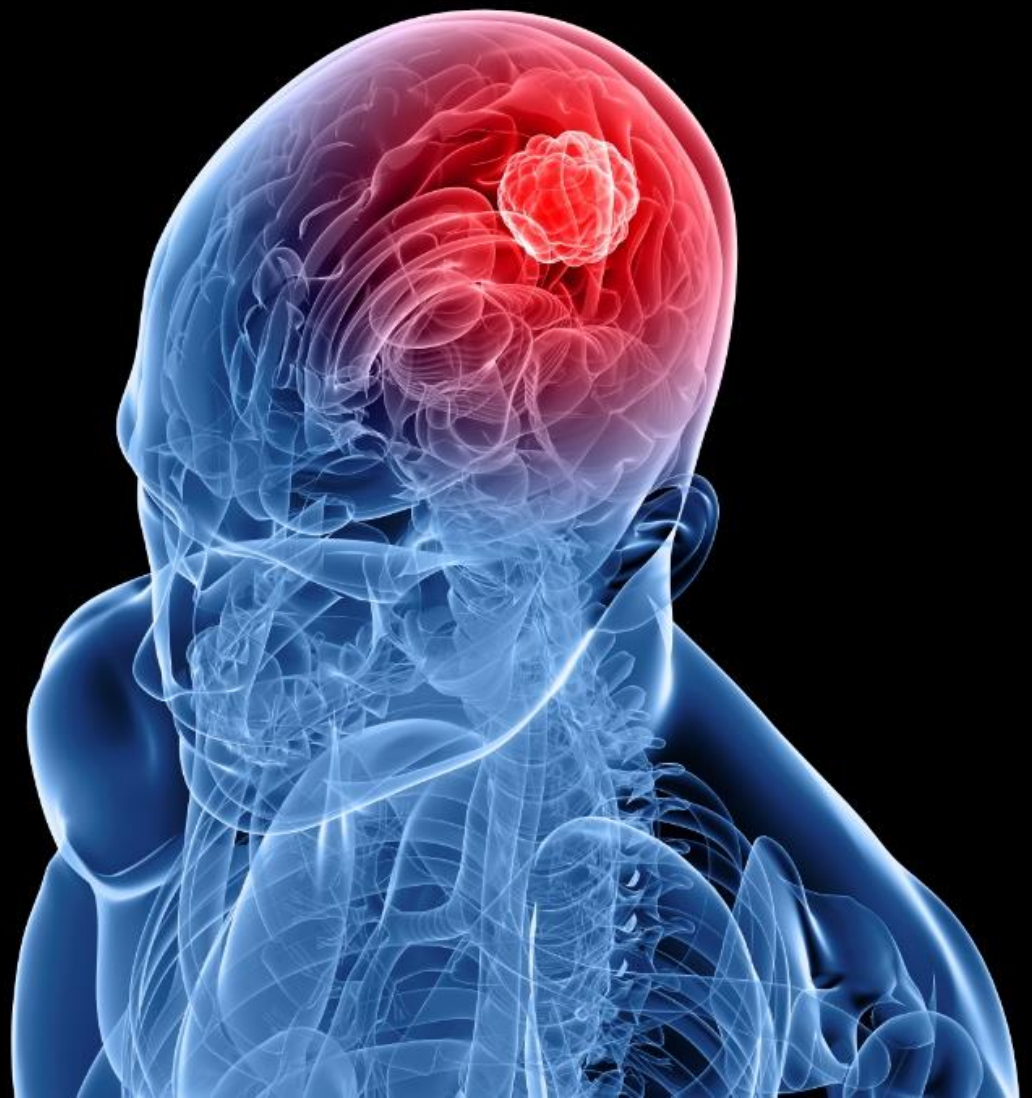
- Failure to fulfill work or school obligations
- Recurrent social or interpersonal problems
- Withdraw from social or recreational activities

3. Risky Use

- Recurrent use in situations physically hazardous
- Continued use despite persistent physical or psychological problem that is likely to have been caused or exacerbated by use

4. Pharmacological Criteria

- Tolerance: Need for markedly increased dose to achieve the desired affect
- Withdrawal: Syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use



ASAM Definition

"Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors."

Adopted by the ASAM Board of Directors 4/12/2011

A Chronic, Relapsing Brain Disease

Brain imaging studies show physical changes in areas of the brain that are critical to:

- Judgment
- Decision-making
- Learning and memory
- Behavior control

These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences.

What Is Recovery?

SAMHSA's Working Definition

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.

Four Major Dimensions

Health

Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being

Home

Maintaining a stable and safe place to live

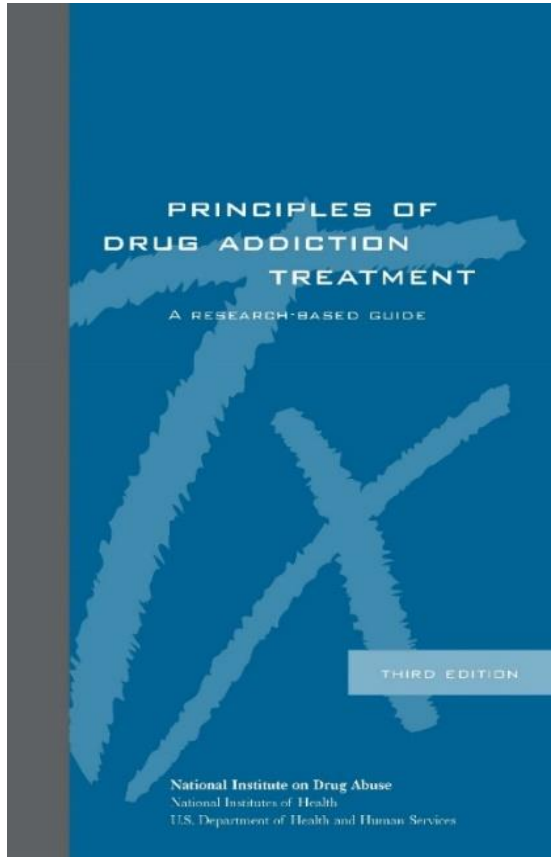
Purpose

Conducting meaningful daily activities, such as a job, school, or volunteerism, and having the independence of income and resources to participate in society

Community

Having relationships and social networks that provide support, friendship, love, and hope

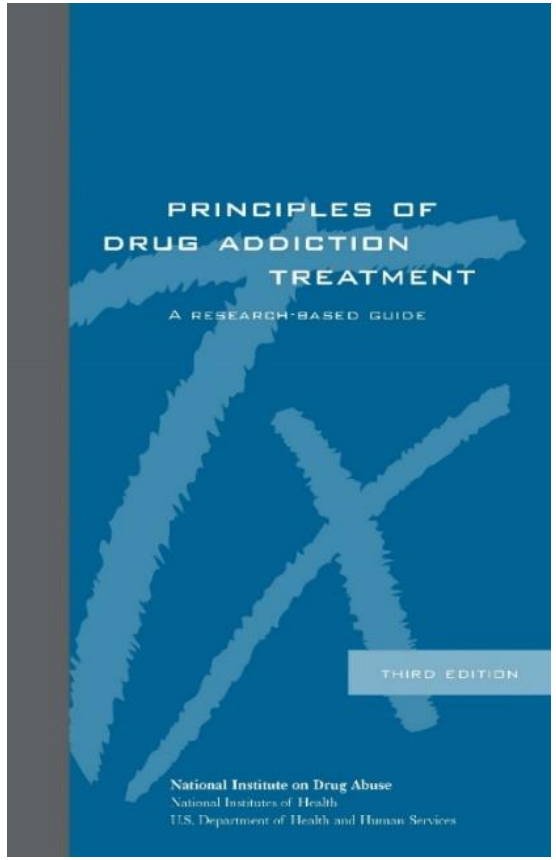
Principles of Effective Drug Addiction Treatment: A Research Based Guide



1. Addiction is a chronic disease that requires long-term management
2. Addiction is a complex but treatable disease that affects brain function and behavior
3. No single treatment is appropriate for everyone
4. Treatment needs to be readily available
5. Effective treatment attends to multiple needs of the individual
6. Remaining in treatment for an adequate period of time is critical
7. Behavioral therapies are the most commonly used forms of substance use treatment

National Institute on Drug Abuse (Revised January 2018). *Principles of Drug Addiction Treatment: A Research-Based Guide. (*Third Edition). Bethesda, MD: National Institutes of Health; U. S. Department of Health and Human Services.

Principles of Effective Drug Addiction Treatment: A Research Based Guide (continue…)



8. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies
9. An individual's treatment and services plan must be continually assessed and modified
10. Many drug-addicted individuals also have other mental disorders
11. Medically assisted detoxification is only the first stage of addiction treatment
12. Treatment does not need to be voluntary to be effective
13. Drug use during treatment must be monitored continuously as lapses do occur
14. Treatment programs should test patients for infectious diseases

National Institute on Drug Abuse (Revised January 2018). *Principles of Drug Addiction Treatment: A Research-Based Guide. (*Third Edition). Bethesda, MD: National Institutes of Health; U. S. Department of Health and Human Services.

Questions to Ask

- **Does the treatment program use a standardized, valid, and reliable substance use assessment tool?**
- **How are clients matched to the appropriate level of care?**
- **How often are clients reassessed to meet their changing treatment plan needs?**

Time To & Time In Treatment Matters

In a longitudinal study of mothers (N=1,911)

Entered substance use disorder treatment faster after their children were placed in substitute care	→ Stayed in treatment longer
Completed at least one course of treatment	→ Significantly more likely to be reunified with their children

Source: Green, Rockhill & Furrer (2007)

Treatment Should Be Evidence-Based

EBPs for trauma survivors:

- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection
- Sanctuary Model
- Seeking Safety
- Trauma, Addictions, Mental Health, and Recovery (TAMAR) Model
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)

Medication-Assisted Treatment (MAT)

A variety of medications are used to complement substance use treatment for different types of substance use disorders including:

- Tobacco
- Alcohol
- Opioids
  - Methadone, Buprenorphine, Naltrexone, Naloxone

Prescribers of medication determine the appropriate type of medication, dosage and duration based on each person's:

- Biological makeup
- Addiction history and severity
- Life circumstances and needs

MAT Cont.

As part of a comprehensive treatment program, MAT has been shown to:

- Increase retention in treatment
- Decrease illicit opiate use
- Decrease criminal activities, re-arrest and re-incarceration
- Decrease drug-related HIV risk behavior
- Decrease pregnancy related complications
- Reduce maternal craving and fetal exposure to illicit drugs

Fullerton, C.A., et al. November 18, 2013. Medication-Assisted Treatment with Methadone: Assessing the Evidence. Psychiatric Services in Advance; doi: 10.1176/appi.ps.201300235

The American College of Obstetricians and Gyneocolgoists. (2012) Committee Opinion No. 524: Opioid Abuse, Dependence, and Addiction in Pregnancy. Obstetrics & Gynecology, 119(5), 1070-1076.

Dolan, K.A., Shearer, J., White, B., Zhou, J., Kaldor, J., & Wodak, A.D. (2005). Four-year follow-up of imprisoned male heroin users and methadone treatment: Mortality, reincarceration and hepatitis C infection. Addiction, 100(6), 820–828.

Gordon, M.S., Kinlock, T.W., Schwartz, R.P., & O'Grady, K.E. (2008). A randomized clinical trial of methadone maintenance for prisoners: Findings at 6 months post-release. Addiction, 103(8), 1333–1342.

Havnes, I., Bukten, A., Gossop, M., Waal, H., Stangeland, P., & Clausen, T. (2012). Reductions in convictions for violent crime during opioid maintenance treatment: A longitudinal national cohort study. Drug and Alcohol Dependence, 124(3), 307–310.

Kinlock, T.W., Gordon, M.S., Schwartz, R.P., & O'Grady, K.E. (2008). A study of methadone maintenance for male prisoners: Three-month post release outcomes. Criminal Justice & Behavior, 35(1), 34–47.

Questions to Ask

- **Are there policies or practices in place that are barriers to accessing MAT?**
- **Is MAT available to an expectant mother? How does your jurisdiction respond to individuals on MAT?**

Principles of Family-Centered Treatment

- Treatment is comprehensive and inclusive of substance use disorder, clinical support services, and community supports for parents and their families
- The caretaker defines "family" and treatment identifies and responds to the effect of substance use disorders on every family member
- Families are dynamic, and thus treatment must be dynamic
- Conflict within families is resolvable, and treatment builds on family strengths to improve management, well-being, and functioning
- Cross-system coordination is necessary to meet complex family needs

Principles of Family-Centered Treatment

- Services must be gender- and culturally responsive
- Family-centered treatment requires an array of professionals and an environment of mutual respect and shared training
- Safety of all family members comes first
- Treatment must support creation of healthy family systems

Family Engagement and Ongoing Support

Ensure family treatment and recovery success by:

- Understanding, changing and measuring the cross-system processes for referrals, engagement and retention in treatment
- Recruiting and training staff who specialize in outreach and motivational (i.e. Motivational Interviewing) approaches and who monitor processes of recovery and aftercare
- Jointly monitoring family progress through a combination of case management, coordinated case planning, information sharing, timely and ongoing communication
- Aftercare, Community and Family Supports, and Alumni Groups

Family-Centered Treatment and Completion

- A study conducted in a residential treatment program for women and their children found that that mothers who participated in the Celebrating Families! Program and received improved integrated case management system showed significant improvements in recovery, including reduced mental health symptoms, reduction in risk behaviors, and longer program retention **(Zweben et al., 2015)**.
- Women who participated in programs that included a **"high" level of family and children's services** and employment/education services were **twice as likely to reunify** with their children as those who participated in programs with a "low" level of these services. (Grella, Hser & Yang, 2006).
- **Retention and completion of treatment** have been found to be the **strongest predictors of reunification** with children for parents with substance use disorders. (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010).

5 Signs of Quality Treatment

1 Accreditation

- The program is licensed or certified
- The program is in good standing
- Staff are qualified and received training

Source: Finding Quality Treatment for Substance Use Disorders

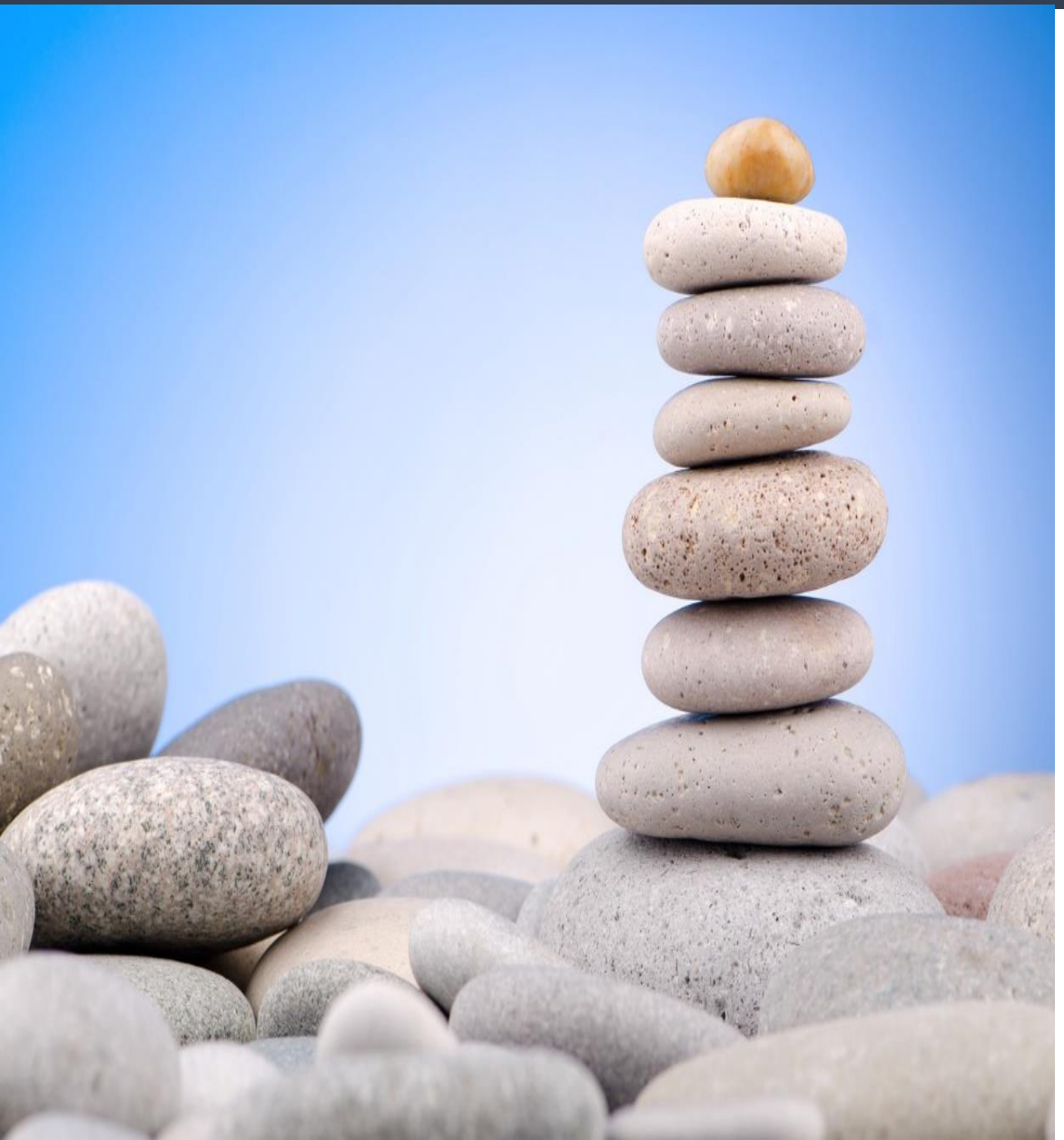
5 Signs of Quality Treatment

2 Medication

The program offers FDA-approved medication or recovery from alcohol and opioid use disorders.

Source: Finding Quality Treatment for Substance Use Disorders

5 Signs of Quality Treatment



3 Evidence-Based Practices

The program offers treatments that are proven to be effective.

Source: Finding Quality Treatment for Substance Use Disorders

5 Signs of Quality Treatment

4 Families

The program includes family members in the treatment process.

Source: Finding Quality Treatment for Substance Use Disorders

5 Signs of Quality Treatment

5 Supports

The program provides ongoing treatment and supports beyond the substance issues.

Source: Finding Quality Treatment for Substance Use Disorders

Questions to Ask

- Does the program conduct satisfaction surveys?
- Does the program offer FDA approved MAT?
- Does the program provide or help obtain medical care for physical health issues?
- Does the program include family members in the treatment process?
- Does the program provide ongoing treatment and supports beyond treatment for SUDs?

6. Comprehensive Case Management, Services and Supports for Families

The family drug court (FDC), in close collaboration with its partner agencies and providers, ensures that children, parents, and families receive comprehensive services that meet their assessed needs and promote sustained family safety, permanency, recovery, and well-being. In addition to high-quality substance use and co-occurring mental health disorder treatment, the FDC's family-centered service array includes clinical treatment and related clinical and community support services. These services are trauma responsive, include families as active participants, and are grounded in cross-systems collaboration and evidence-based or evidence-informed practices.

6. Comprehensive Case Management, Services and Supports for Families: Draft Provisions

A. Family Involvement in Case Planning
B. Enhanced Case Management and Coordinated Case Planning
C. Services to Meet the Individual Needs of Parents and Families
D. Trauma-Specific Services for Parents and Children
E. Parenting and Family Strengthening Programs
F. High-Quality Parenting and Family Time (Visitation)
G. Services to Meet Children's Individual Needs
H. Substance Use Prevention and Early Intervention for Children and Adolescents
I. Early Intervention Services for Infants Affected by Prenatally Exposure to Substances
J. Engagement and Retention by Recovery Support Specialists
K. Reunification and Related Peer Supports

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J. Engagement and Retention by Recovery Support Specialists

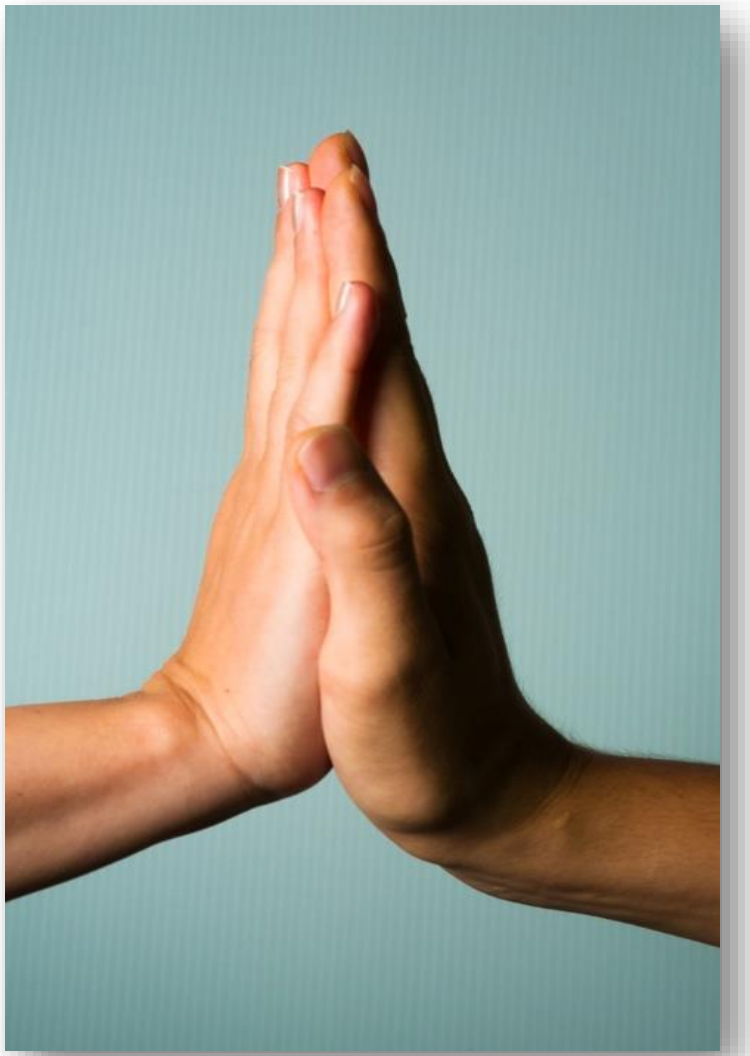
K. Reunification and Related Peer Supports

Best Practice Highlight

For quality implementation

- Recovery Coaches or Recovery Specialists to provide enhanced early recovery support and case management

Functions of Recovery Support



LIASON

- Links participants to ancillary supports; identifies service gaps

TREATMENT BROKER

- Facilitates access to treatment by addressing barriers and identify local resources
- Monitors participant progress and compliance
- Enters case data

ADVISOR

- Educates community; garners local support
- Communicates with FDC team, staff and service providers

Titles and Models

- Peer Mentor
- Peer Specialist
- Peer Providers
- Parent Partner

Experiential Knowledge, Expertise

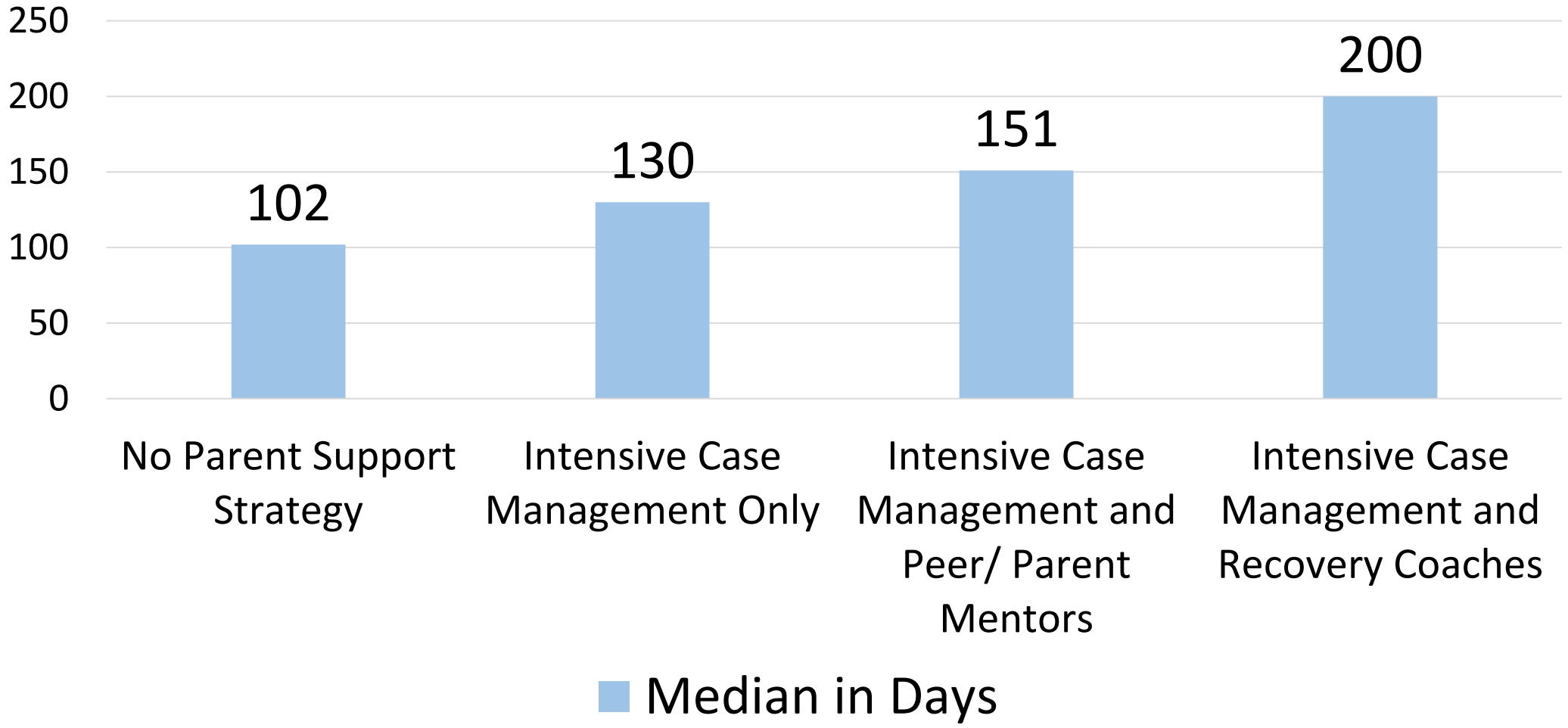
- Recovery Support Specialist
- Substance Abuse Specialist
- Recovery Coach
- Recovery Specialist
- Parent Recovery Specialist

Experiential Knowledge, Expertise + Specialized Trainings

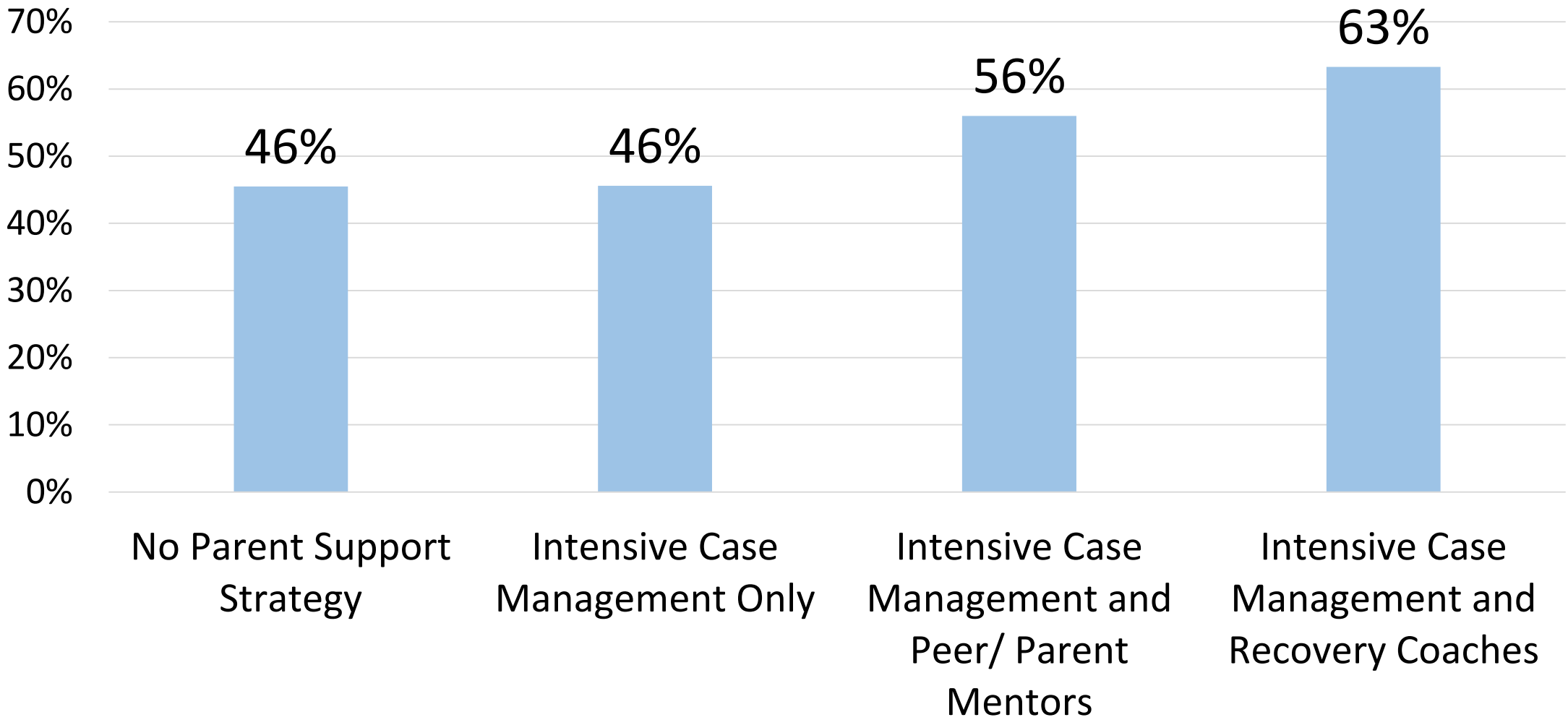
YOU NEED TO ASK:

What does our program and community need?

Median Length of Stay in Most Recent Episode of Substance Use Disorder Treatment After RPG Entry by Grantee Parent Support Strategy Combinations



Substance Use Disorder Treatment Completion Rate by Parent Support Strategies



Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

Timely Comprehensive Assessment

Early access to treatment

Ryan, Perron, Moore, Victor, Park, (2017) "Timing matters: A randomized control trial of recovery coaches in foster care, Journal of Substance Abuse Treatment

Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

Timely Comprehensive Assessment +  **Recovery Coach** = **Early Access to Treatment**

Ryan, Perron, Moore, Victor, Park, (2017) "Timing matters: A randomized control trial of recovery coaches in foster care, Journal of Substance Abuse Treatment

Practice Innovation: Recovery Support

Alameda, CA:

- All petitions reviewed for substance use by specialized trained court clerks
- Recovery Support Specialist attends hearings
- Engagement at the earliest point improves treatment outcomes

Practice Innovation: Reunification Group

- Participation begins during unsupervised/overnight visitations through 3 months post-reunification
- Staffed by an outside treatment provider and recovery support specialist (or other mentor role)
- Focus on supporting parents through reunification process
- Group process provides guidance and encouragement; opportunity to express concerns about parenting without repercussion

Relationships

Child well-being occurs in the context of **relationships.**

Adult recovery should have a **parent-child component.**

FDC Practice Improvements

Approaches to child well-being in FDCs need to change

Parent-Child: Key Service Components

- Developmental & behavioral screenings and assessments
- Quality and frequent visitation
- Parent-child relationship-based interventions
- Trauma
- Early and ongoing peer recovery support
- Evidence-based parenting
- Community and auxiliary support

Best Practice Highlight

For quality implementation

- Implement parent-child services (parenting, therapeutic, attachment-based)
- Ensure frequent and quality parenting time

Considerations for Selecting a Parenting Program

- Have you conducted a **needs assessment**? What do families need? How will it help achieved desired outcomes?
- Have **realistic expectations** of their ability to participate - especially in early recovery?
- Does it have a **parent-child** component?
- Is it evidence-based for this **population**?
- Do you have **staffing and logistical** support for successful implementation?

Parenting Programs Specific to Families Affected by Substance Use Disorders

- **Celebrating Families!** - http://www.celebratingfamilies.net/
- **Strengthening Families** - http://www.strengtheningfamiliesprogram.org/
- **Nurturing Program for Families in Substance Abuse Treatment and Recovery** - http://www.healthrecovery.org/publications/detail.php?p=28
- **Please visit:**
  California Evidence-Based Clearing House - www.cebc4cw.org
  National Registry of Evidence-Based Programs and Practices - www.nrepp.samhsa.gov

Facilitating Quality Parenting or Family Time

- Parenting time or Family time (vs. visitation)
- Visitations as a right and need (vs. reward, incentive)
- Frequency and duration guided by the needs of the child and family (vs. capacity of CWS, logistics)
- Concrete feedback on interaction (vs. observation, surveillance)
- Permanency as the goal – (vs. good visits) – Is the visitation plan moving family closer to achieving reunification? Are real-life parenting and reasons for removal being addressed?
- Collaboration and communication with family, treatment providers, service providers, and foster parents

Better Outcomes for Children and Families:

- Provide **parenting classes** that teach participants effective child caretaking, supervision, and disciplinary skills (Carey et al., 2012)
- Provide **specialized services** for families affected by methamphetamine, including neuropsychological testing and individualized educational plans for children, in-home support services for parents, and parent-child interaction therapy (Kissick et al., 2015)
- Administer evidence-based family counseling

The Costs of Focusing on Parent Recovery Only - What Happens to Children?

7. Therapeutic Responses to Behavior

The family drug court (FDC) uses evidence-based behavior modification principles in response to participant behaviors to support parents and children and to improve individual and family functioning. The FDC recognizes the biopsychosocial and behavioral complexities of supporting participants through behavior change to achieve stable, long-term recovery and reunification. When responding to participant behavior, the FDC team considers the underlying cause of the behavior, the effect of the response on the participant's children, and the participant's engagement in treatment and supportive services.

7. Therapeutic Responses to Behavior: Draft Provisions

A. Child and Family Focus
B. Child Safety Interventions
C. Treatment Adjustments
D. Certainty
E. Advance Notice
F. Complementary Service Modifications
G. FDC Phases
H. Incentives and Sanctions to Promote Engagement
I. Equivalent Responses
J. Addictive or Intoxicating Substances
K. Timely Response Delivery
L. Opportunity for Participants to Be Heard
M. Professional Demeanor
N. FDC Discharge Decisions

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N. FDC Discharge Decisions

The Adoption and Safe Families Act

ASFA Time Clock

(PL 105-89)

Responses aim to enhance likelihood that family can be reunited before ASFA clock requires an alternative permanent plan for the child.

Key Principles for FDCs

Safety

- A protective response if a parent's behavior puts the child at risk

Therapeutic

- A response designed to achieve a specific clinical result for parent in treatment

Motivational

- Designed to teach the parent how to engage in desirable behavior and achieve a stable lifestyle

Timing is Everything

- Delay is the enemy
- Proximal vs. Distal responses
- Intervening behaviors may mix up the message
- Brain research supports behavioral observation; dopamine reward system responds better to immediacy

Advance Notice

Upon admission, parents are given a handbook and signs a voluntary agreement to participate

- Parent's responsibilities
- Parent's due process rights that are being waived, if any, by participating
- Range of responses for compliance and non-compliance
- Necessary steps for graduation and criteria for termination from the program

Key Considerations

- Establishing a graduated systems of incentives to reward good behavior and sanctions for violations of FRC rules, such as missing or failing a urinalysis
- Incarceration/detention is no longer recommended
- Withholding the right for visits with children is never appropriate
- Phasing back is not recommended
- Termination from the program only after repeat positive drug screens or other serious acts of noncompliance

Range of Incentives

Low

- Verbal Praise
- Small Tangible Rewards
- Recognition in Court
- Symbolic Rewards
- Posted Accomplishments
- Written Commendations

Medium

- Reduced Supervision Requirements
- Reduced Community Restrictions
- Enhanced Milieu Status
- Moderate Tangible Rewards
- Fishbowl Drawings
- Self-Improvement Services

High

- Supervised Day Trips
- Travel Privileges
- Large Tangible Rewards
- Point Systems
- Ambassadorships
- Commencement Ceremony

Range of Sanctions

Low

- Verbal Admonishments
- Letters of Apology
- Essay Assignments
- Daily Activity Logs
- Journaling
- Life Skills Assignments
- “Jury Box” Observation

Medium

- Increased Supervision Requirements
- Phase demotion
- Useful Community Service
- Monetary Fines and Fees
- Holding Cell
- Warning Tours

High

- Day Reporting
- Electronic Surveillance
- Home Detention
- Flash Jail Sanctions
- Termination from program

Jail as a Sanction

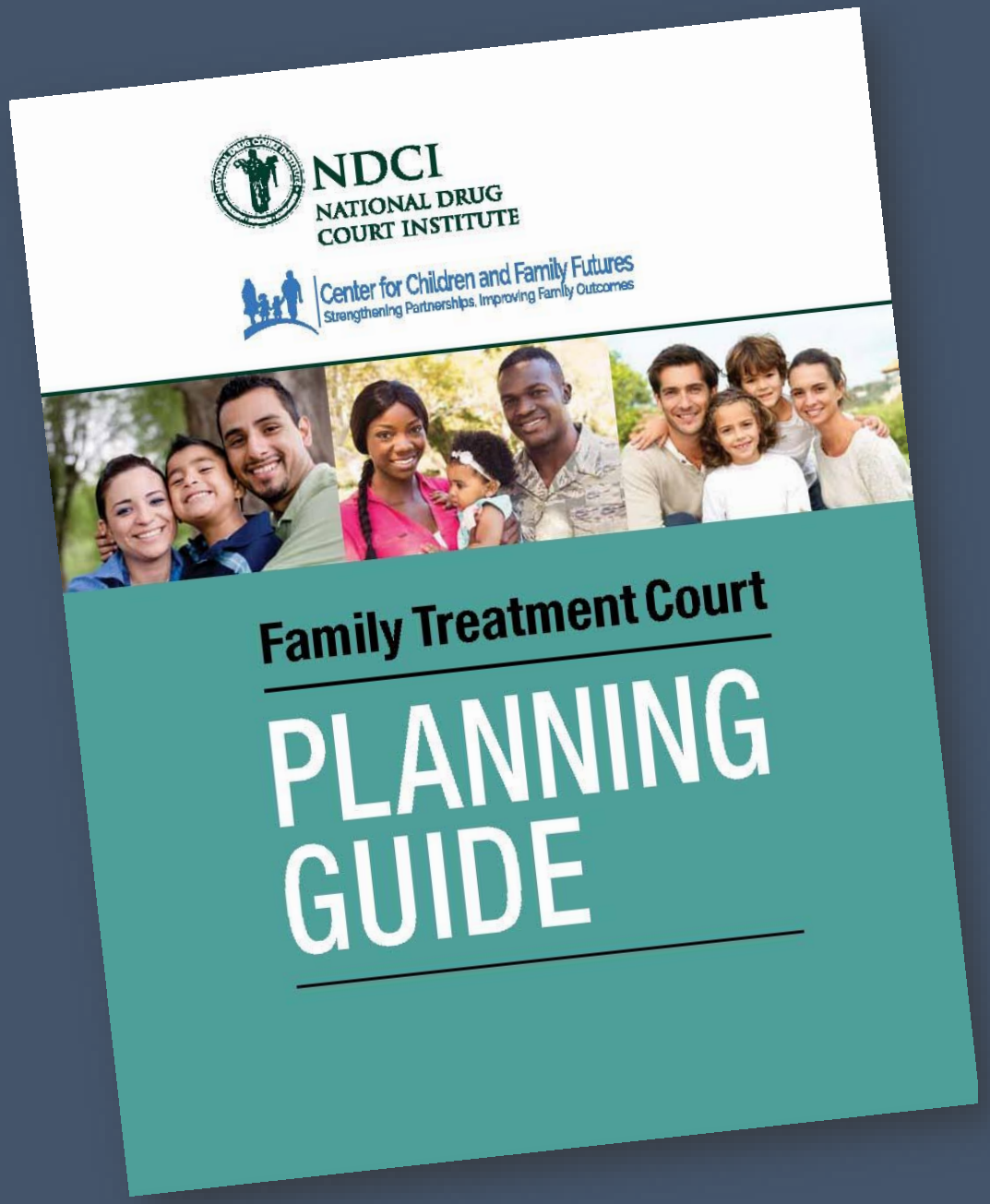
- Studies indicate that jail sanctions produce diminishing returns after approximately three to five days (Carey et al., 2012; Hawken & Kleiman, 2009)
- A multi-site study found that Drug Courts that had a policy of applying jail sanctions of longer than one week were associated with increased recidivism and higher costs (Carey et al., 2012)
- Increase the chance of mixing individuals at high and low risk of criminal recidivism; have not been demonstrated to be effective in engaging drug court participants in treatment participation, and may lead to additional trauma for the participant (Edwards, 2010)

Jail as a Sanction in FRC

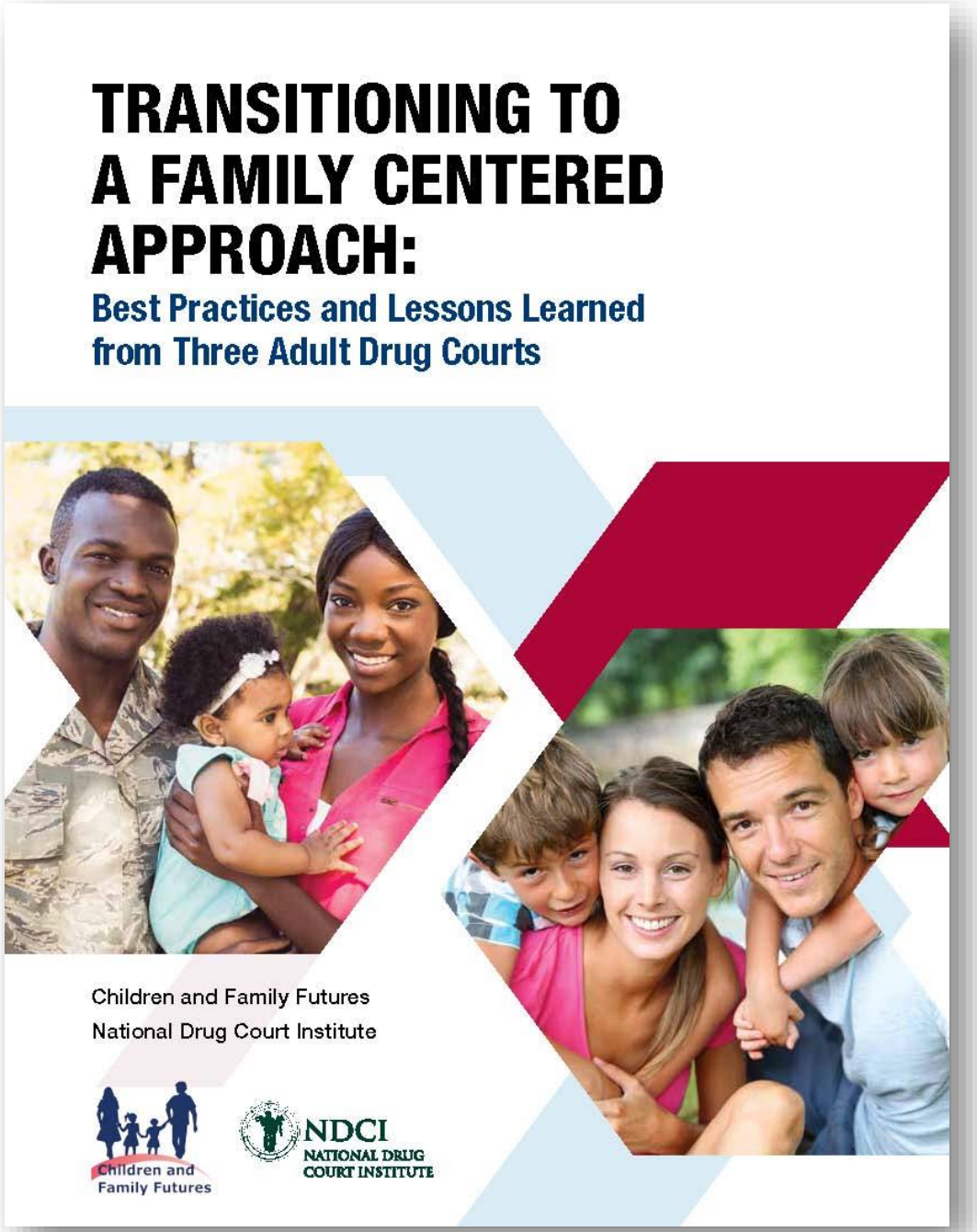
- Incarceration would rarely be an alternative to participation in an FRC
- Incarceration may interfere with family time and dependency court requirements
- Pursuing alternative responses that will ensure the safety of clients and resolve the need for jail


Q&A and Discussion

Family Treatment Court Resources



- Designed to provide step-by-step instructions
- Use Guide to gather needed information to present FTC concept
- Worksheet Activities



Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drugs Courts

To download a copy:

https://www.ndci.org/wp-content/uploads/2016/05/Transitioning-to-a-Family-Centered-Approach.pdf

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