

Family Treatment Court Best Practices & Tip Guide

Strengthening Partnerships, Improving Outcomes for Children and Families

ABOUT US

The National Family Drug Court Training and Technical Assistance Program (FDC TTA) provides direct and web-based technical assistance and program evaluation for more than 300 family treatment court programs at the local level and state-level system improvement in 5 states and the territory of Guam.

Staffed by a team of professionals from Children and Family Futures, specializing on collaborative practice among the substance abuse, child welfare, Tribal and family judicial systems, the National FDC TTA Program is a leader in the FTC field.

For more information about our resources, please visit www.cffutures.org or contact us at fdc@cffutures.org.

Acknowledgement: This project was supported by Grant #2016-DC-BX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.



Identifying Quality Substance Use Disorder Treatment

Overview

Many members of your family treatment court (FTC) team may have limited or insufficient knowledge and understanding about the range, quality, and effectiveness of existing substance use disorder (SUD) treatment in the local community—particularly services that best meet the unique and complex needs of participant families. A solid understanding of effective SUD treatment will help your team make informed decisions when selecting providers and determine if available treatment aligns with a family's needs. This Tip Guide offers questions your FTC team can use to engage in an ongoing dialogue with treatment providers in your community about effective substance use disorder treatment and strengthen collaborative relationships.

Is Treatment Evidence-Based?

FTCs need to gain knowledge about a broad range of approaches and identify providers who use evidence-informed models that are a solid match for participant families. Effective treatment includes multiple components, such as individual/group counseling, case management, inpatient and residential treatment, intensive outpatient, treatment, medication-assisted treatment, recovery support services, and community and peer support. Since no one cure-all treatment approach exists, participants must be matched with the appropriate evidence-based treatment.

- What evidence-based behavioral therapies does the program provide?
- Does the program use a standardized, valid and reliable substance use assessment tool?
- How are individuals matched to the appropriate level of care?
- On average, how long do clients stay in treatment?
- Is medication-assisted treatment for both substance use and mental disorders offered and available to all clients (if clinically indicated), including pregnant and parenting women? If so, what medications does the program provide?
- Is the agency run by state-accredited, licensed, and/or trained professionals?

Is Treatment Timely & Accessible?

Research shows that the most positive treatment outcomes occur when clients begin treatment within 7 days of identification; however, treatment admission within 24 to 72 hours is ideal. Additionally, timely access or priority access for families involved in Child Welfare Services (CWS) is critical given the time limits to reunify under the Adoption and Safe Families Act.

- How quickly do clients with an identified SUD start treatment? If there is a waitlist, what interim services are provided?
- Do families involved in CWS have priority treatment access? Does the program serve pregnant and/or postpartum women and their infants?

Is Treatment Family-Centered?

Parental substance use disorder can disrupt relationships within the family unit. Treatment must be family-centered, addressing the impact of substance use disorders on every family member. Family-centered interventions focus on parent-child dyads and parent-child interventions rather than assuming parent-only treatment will be effective for the entire family. A family-centered approach recognizes the needs of the family as a whole and addresses parent and child issues in tandem.

- What is the program's interest and experience in working with families involved in CWS and/or an FTC?
- Is treatment specialized for clients and families who are involved in CWS or FTC?
- Are staff trained on the effects of parental substance use disorders on children, the parent-child relationship and family functioning?
- What referral relationships does the agency have to connect families with other community services that may be needed?
- What kinds of questions does the program ask about the children?
- What services are provided to address the specific needs of parents?
- What services are provided to address the specific needs of infants, children and other family members?

Is Treatment Family-Centered continued

- Do children and family members receive their own case plan?
- What services are provided to newborns who may experience withdrawal symptoms and infants with prenatal substance exposure to enhance their short-term and long-term health, safety, and well-being outcomes?
- Do children receive screening, assessment and referral to appropriate services (e.g., trauma, mental health, early-intervention and developmental services)?
- Can children accompany their parent to treatment? If so, are there any restrictions on age and number of children?
- What evidence-based parenting or family-strengthening programs are provided?

Is Treatment Gender and Culturally-Responsive?

Effective treatment is tailored to the needs of the individual and takes into account the parent's gender and cultural background. By providing gender and culturally-responsive services, treatment providers can improve relationships, encourage client engagement, and improve retention in treatment.

- What type of gender-responsive or gender-specific treatment is provided?
- Are staff members trained to address the unique needs of parents, including pregnant and parenting women and fathers?
- Does treatment recognize traditional healing and cultural practices defined by each family?
- Does treatment recognize the unique effects of trauma on gender and race, including effects of historical trauma?

Is Treatment Trauma-Informed and Trauma-Focused?

Trauma-informed practices help team members better understand the role of trauma exposure as it relates to the participant's actions, provide the structural supports and opportunities for the participant to control decisions as appropriate, and promote resiliency within the participant by leveraging social supports and making referrals for mental health treatment. Treatment providers should also identify appropriate evidence-based trauma-focused interventions that are designed to address the specific needs of those who have experienced trauma.

- Are the treatment provider's staff members trauma-informed?
- In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this?
- What evidence-based trauma-specific services are provided? Does the program have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?

Is Treatment Collaborative and Coordinated?

Since families often have multiple case plans from different providers, cross-systems communication is important to ensure services for the family are coordinated, integrated and not duplicated. It is beneficial for treatment professionals to weave shared information, including family reunification goals, into the treatment plans of the families with which they work. Research suggests that promising collaborative models between the child welfare system and the substance use disorder treatment system typically include using protocols for sharing confidential information. Increased information sharing between treatment, child welfare, the courts, and the regular contact between judges and participants is important to program success, specifically in improving the quality of case monitoring, relapse support and team members' ability to provide resources to parents.

- What cross-systems communication and information-sharing protocols with child welfare and/or the court are in place?
- How is the parent's treatment plan coordinated with the child welfare, court and other service providers' case plan(s)? Are treatment case plans coordinated and built around family reunification that include parenting, children's needs and family counseling?
- How is the treatment plan coordinated with a Plan of Safe Care for infants with prenatal substance exposure and their parents/caregivers?
- How often do treatment program clinicians (or other staff) attend child welfare/court team meetings, case staffings or court hearings?