

New England Association of Drug Court Professionals

September 2015

Assessing and Addressing: **Family Needs in Family Drug Courts**



Jane Pfeifer, *Children and Family Futures*

Presentation Objectives



- Understand the impact of parental substance use on the parent-child relationship and the essential service components needed to address these issues.
- Understand family readiness as a collaborative practice issue and why “team” is just as important as any “tool” for assessing readiness.
- Explore local practice related to family readiness through small group work.
- Learn various case management strategies, including implementation of quality visitation and contact, evidence-based services, coordinated case plans and effective communication protocols across child welfare, treatment and court systems.



8.3 million children

** 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)*

Prevalence of the Issue

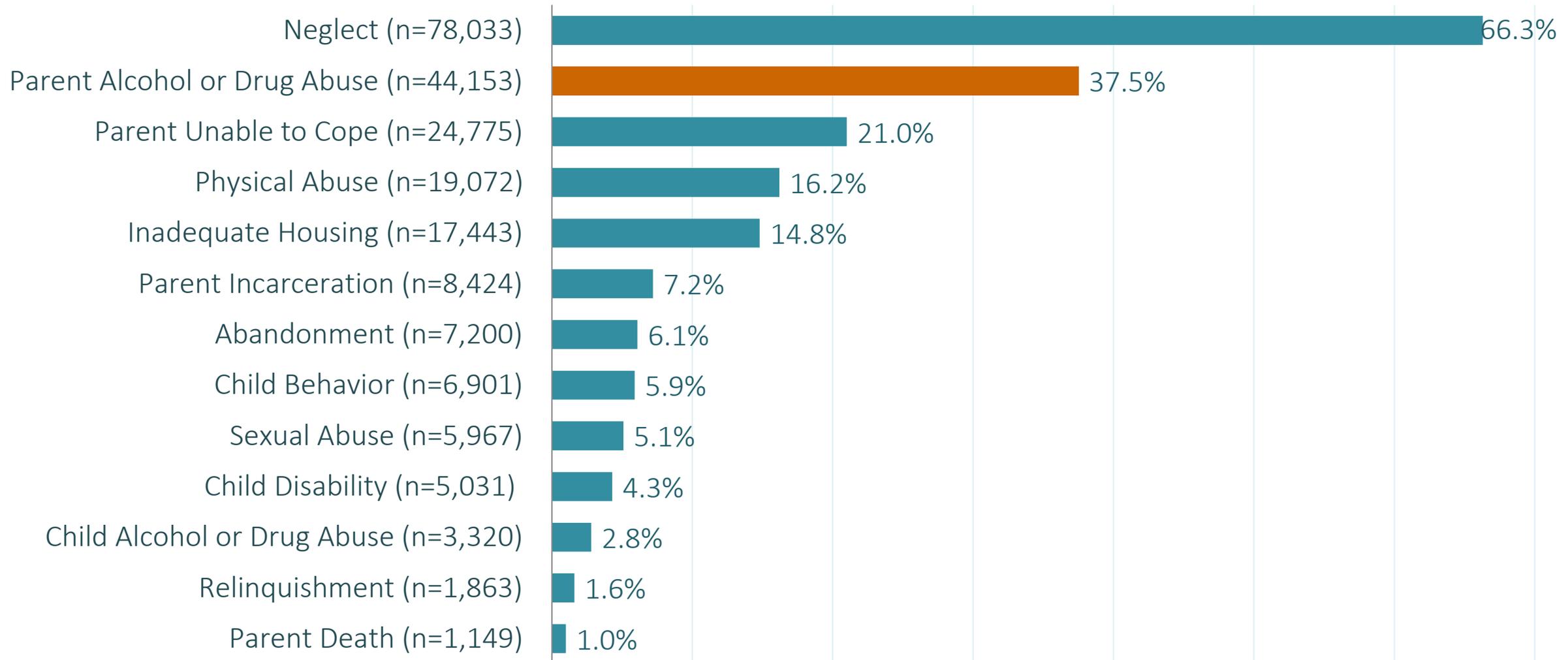
How many children in the child welfare system have a parent in need of treatment?

- Between 60–80% of substantiated child abuse and neglect cases involve substances by a custodial parent or guardian (Young, et al, 2007)
- 61% of infants, 41% of older children who are in out-of-home care (Wulczyn , Ernst and Fisher, 2011)
- 87% of families in foster care with one parent in need of treatment; 67% with two parents in need (Smith, Johnson, Pears, Fisher, DeGarmo, 2007)

PARENTAL AOD AS REASON FOR REMOVAL IN THE UNITED STATES 1998-2013



Percent and Number of Children with Terminated Parental Rights by Reason for Removal - 2013



Source: AFCARS 2013

Stigma & Perceptions

Addiction

- Once an addict, always an addict
- They don't really want to change
- They lie
- They must love their drug more than their child
- They need to get to rock bottom, before....



ASAM Definition of Addiction

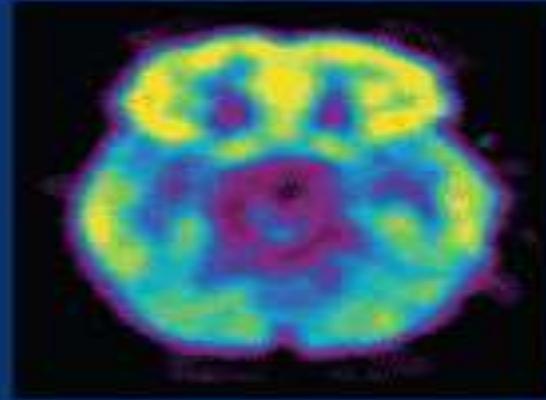
- 
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response
 - Like other chronic diseases, addiction often involves cycles of relapse and remission
 - Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death

A Chronic, Relapsing Brain Disease

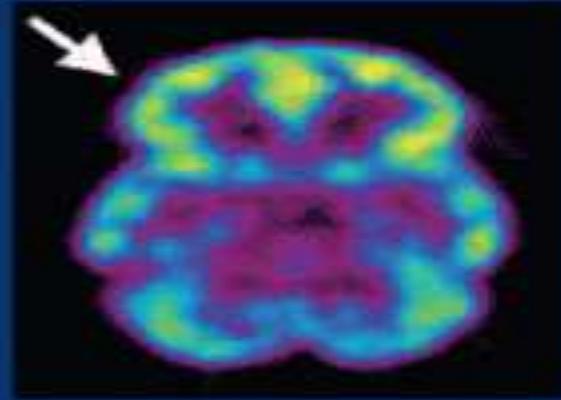


- Brain imaging studies show physical changes in areas of the brain that are critical to
 - Judgment
 - Decision making
 - Learning and memory
 - Behavior control
- These changes alter the way the brain works, and help explain the compulsion and continued use despite negative consequences

DECREASED BRAIN METABOLISM IN *DRUG ABUSER*



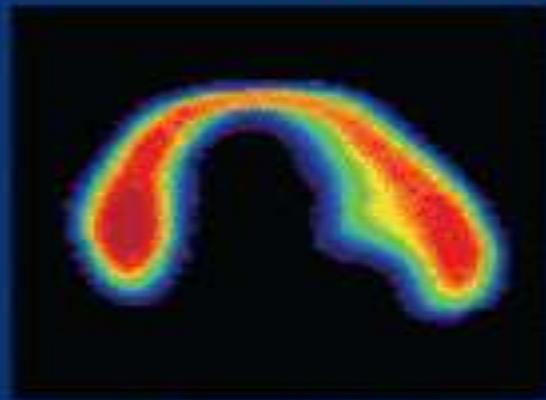
Healthy Brain



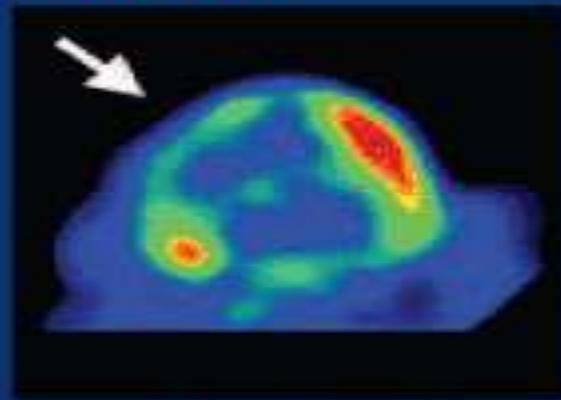
Diseased Brain/Cocaine Abuser



DECREASED HEART METABOLISM IN *HEART DISEASE PATIENT*



Healthy Heart



Diseased Heart

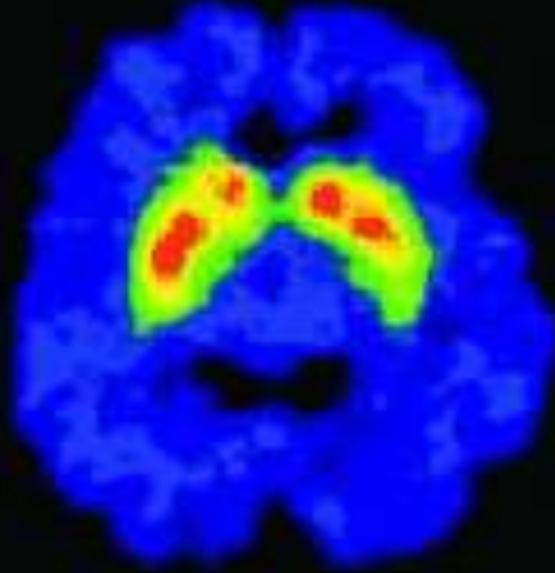
Substance Use Disorders are similar to other diseases, such as heart disease.

Both diseases disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable, and if left untreated, can result in premature death.

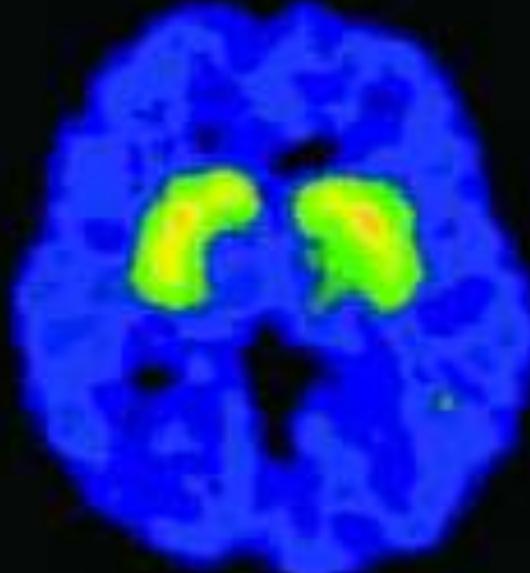
A Treatable Disease

- Substance use disorders are preventable and are treatable diseases
- Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives
- Similar to other chronic diseases, addiction can be managed successfully
- Treatment enables people to counteract addiction's powerful disruptive effects on brain and behavior and regain areas of life function

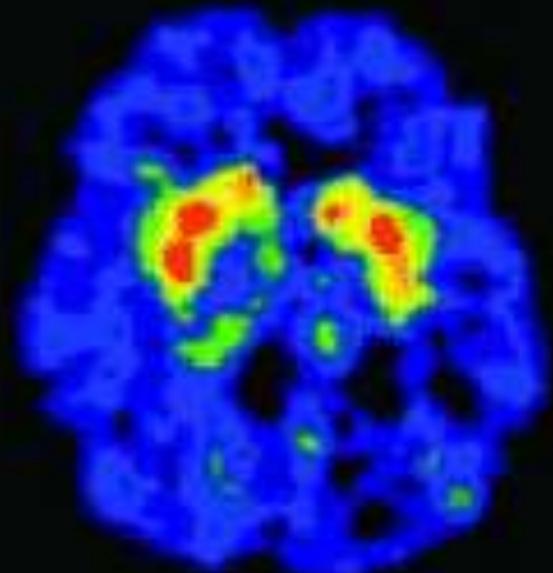
BRAIN RECOVERY WITH PROLONGED ABSTINENCE



Healthy Person



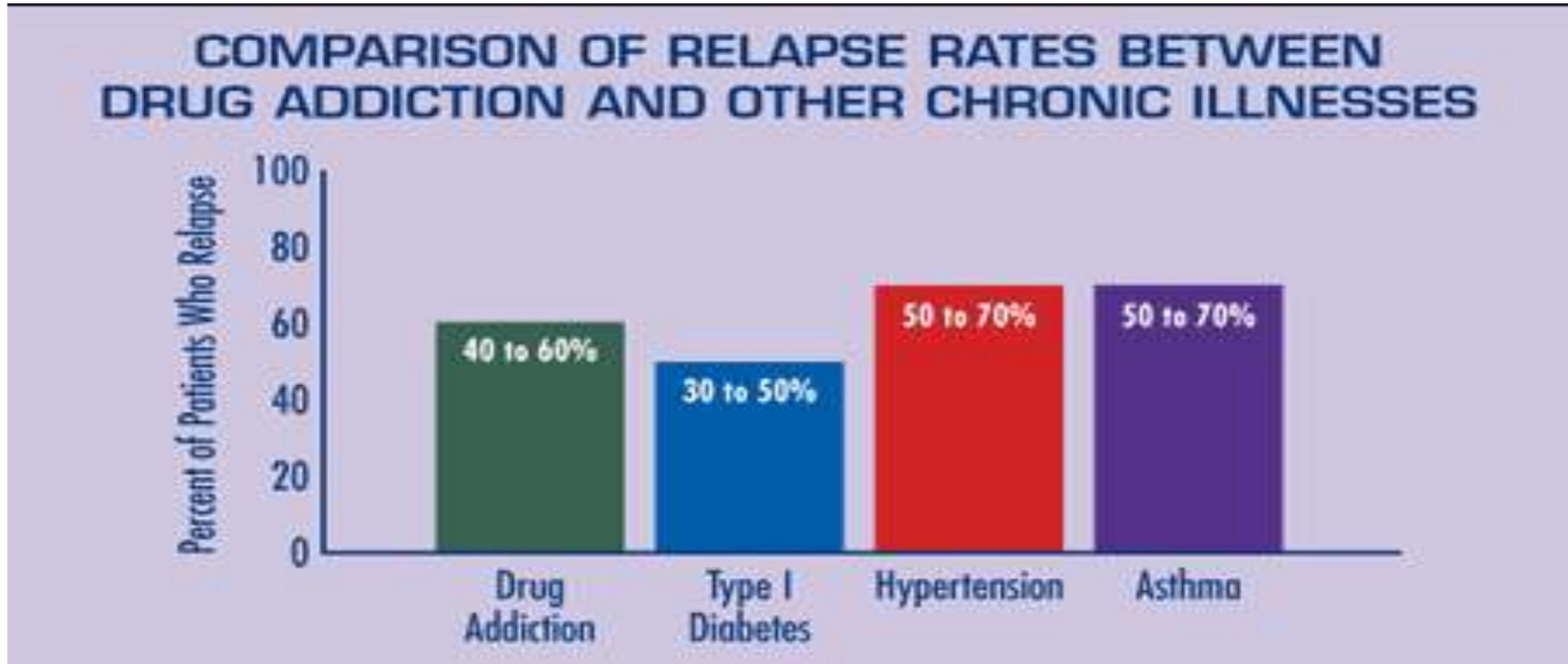
METH Abuser
1 month abstinence



METH Abuser
1-4 months abstinence

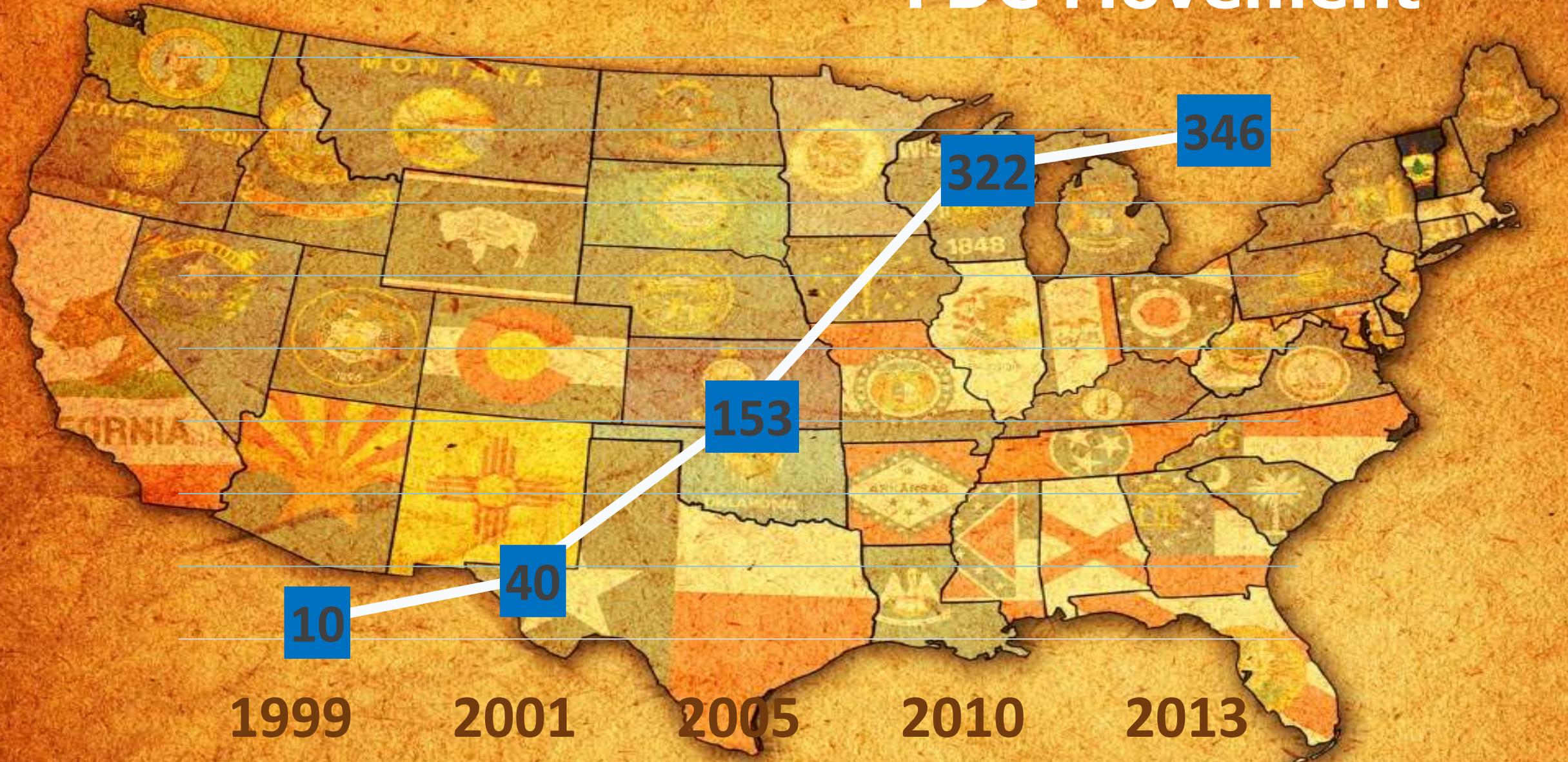
These images of the dopamine transporter show the brain's remarkable potential to recover, at least partially, after a long abstinence from drugs - in this case, methamphetamine.⁹

Addiction and Other Chronic Conditions



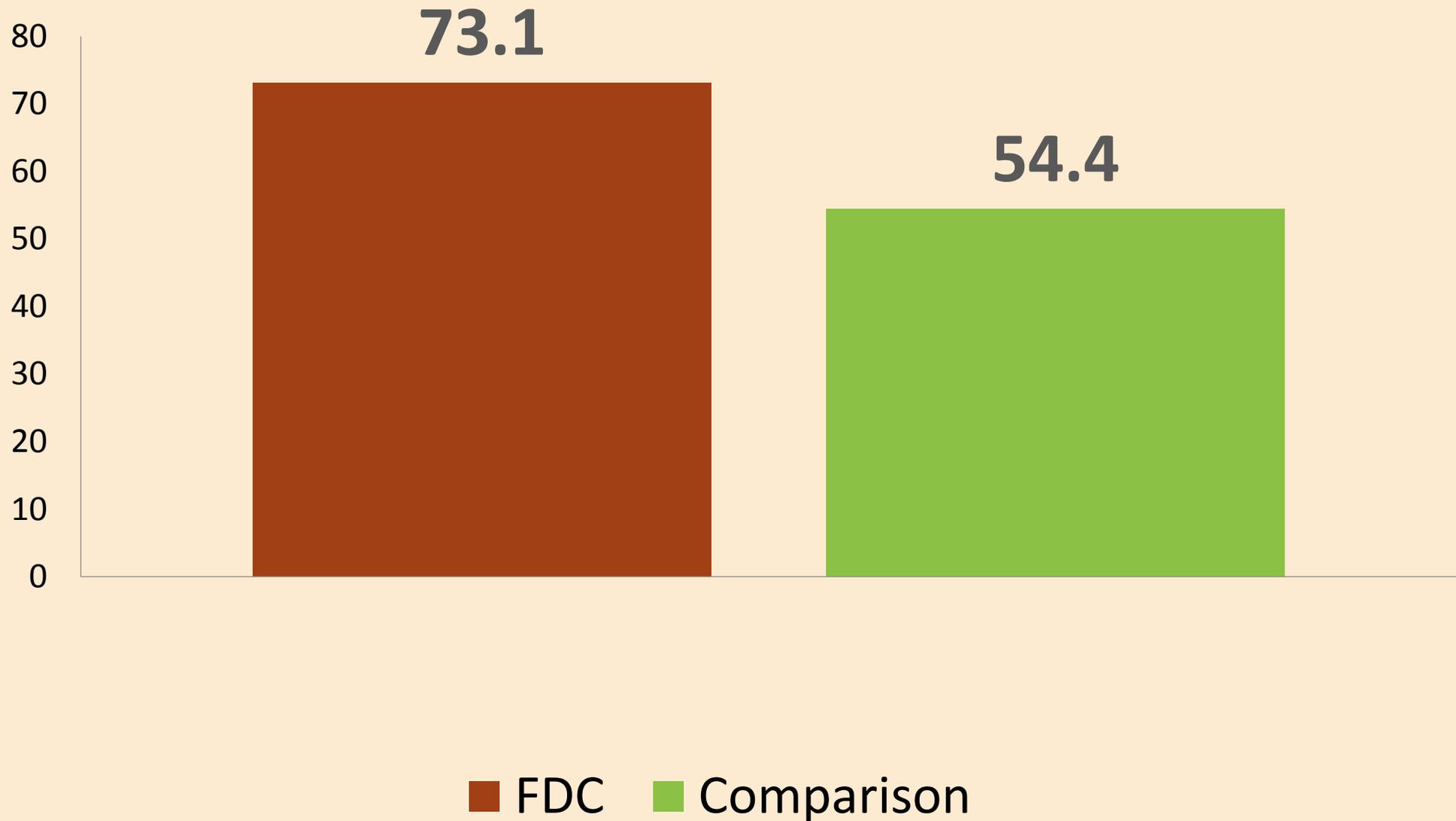
JAMA, 284:1689-1695, 2000

FDC Movement

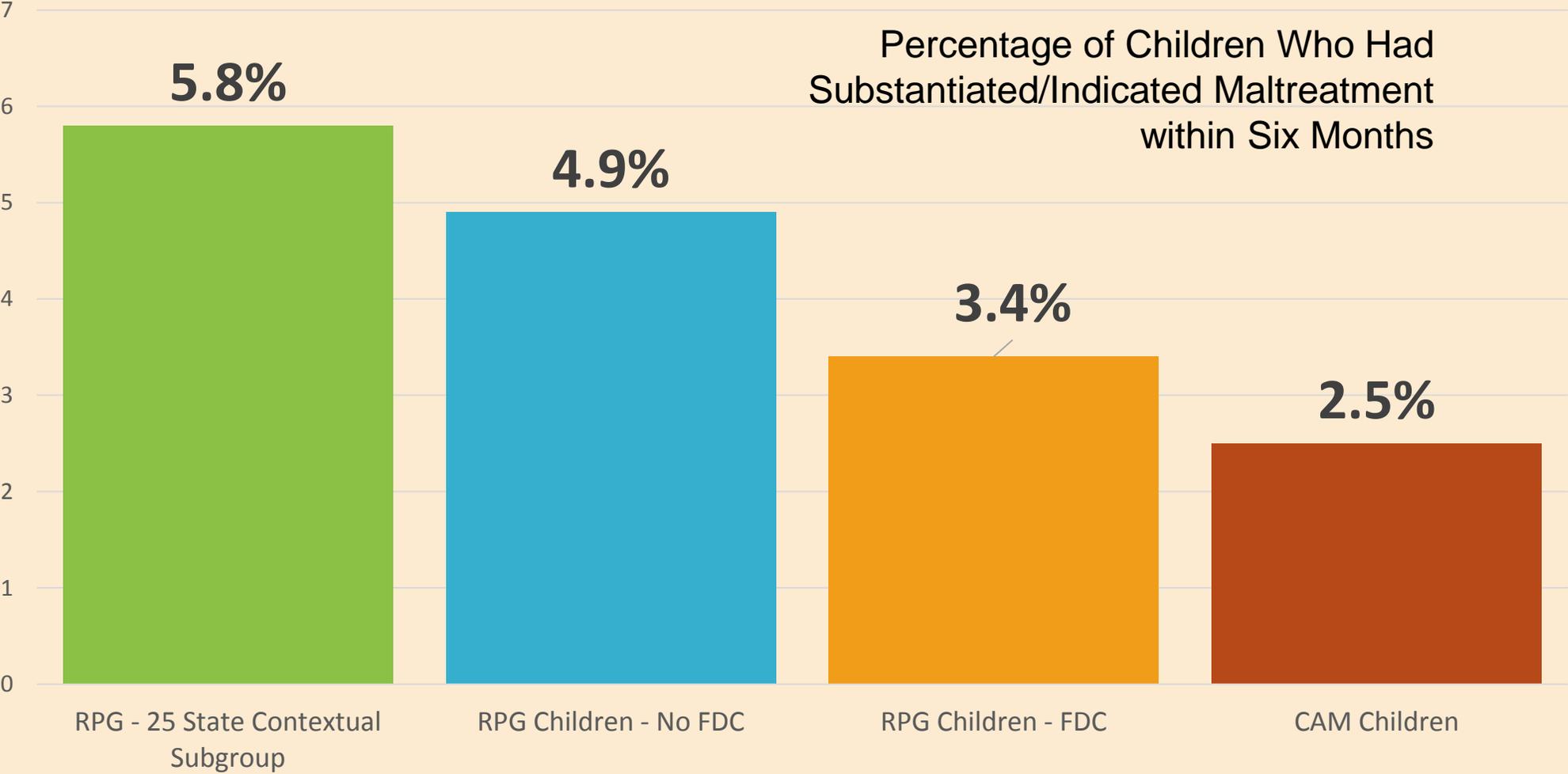




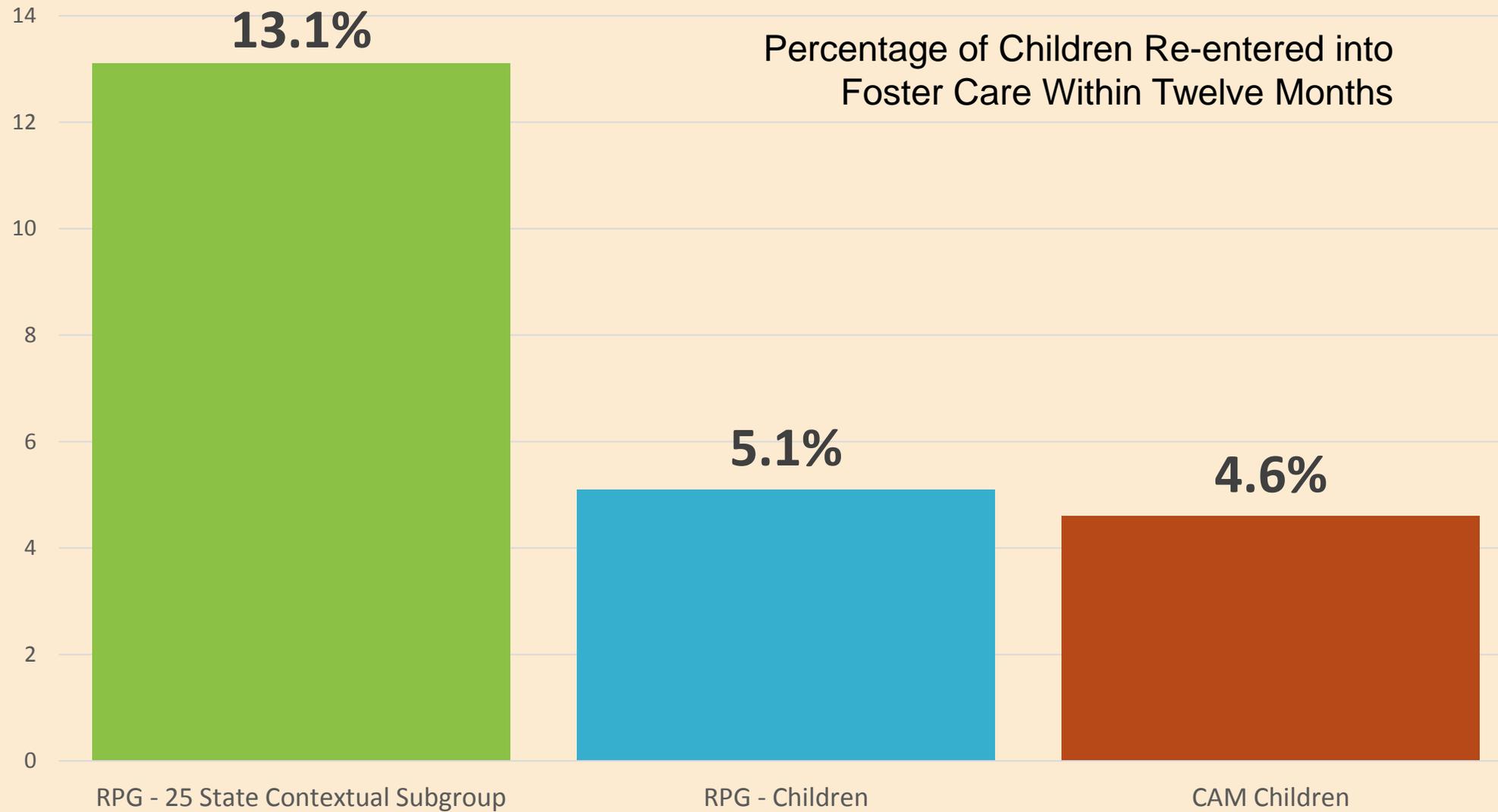
Reunification Rates



Recurrence of Child Maltreatment



Re-entries into Foster Care





Rethinking our Practice

How can we support reunification success?

Effective FDCs focus on behavioral benchmarks



Missed opportunities

“Here’s a referral, let me know when you get into treatment.”

“They’ll get into treatment if they really want it.”

“Don’t work harder than the client.”

“They must love drugs more than their children.”

We know more about

The Impact of Recovery Support

- **Family-Centered Services**
- **Evidence Based Treatment**
- **Recovery Support Specialists**
- **Evidence Based Parenting**
- **Successful Visitation**
- **Reunification Groups**
- **Ongoing Support**



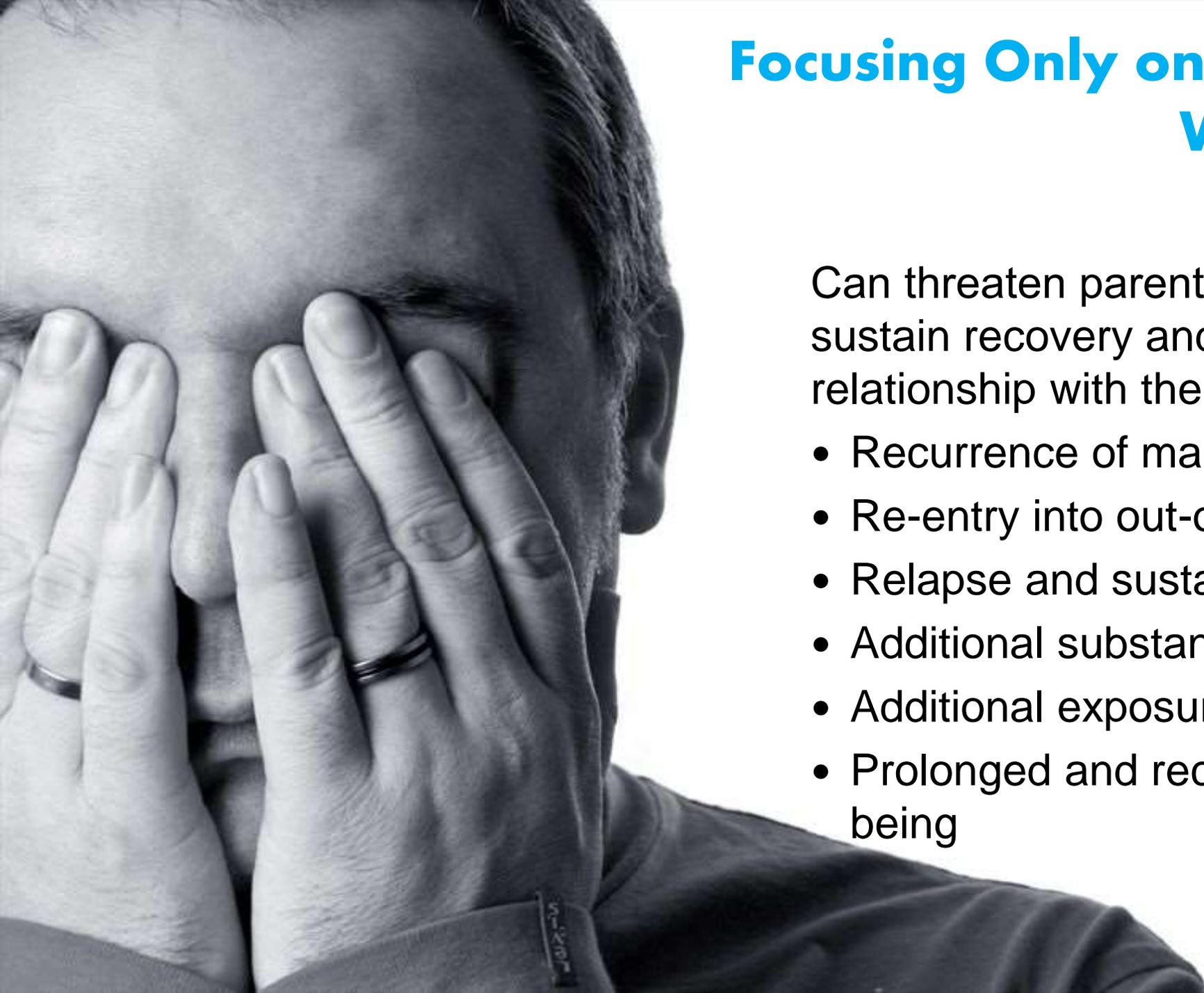
Family-Centered Approach



Recognizes that addiction is **a family disease** and that recovery and well-being occurs **in the context of families**



What is the relationship
between children's issues
and parent's recovery?



Focusing Only on Parent's Recovery Without Addressing Needs of Children

Can threaten parent's ability to achieve and sustain recovery and establish a healthy relationship with their children, thus risking:

- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained sobriety
- Additional substance-exposed infants
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being

Challenges for the Parents

- The parent lacks understanding of and the ability to cope with the child's medical, developmental, behavioral, and emotional needs
- The child's physical, developmental needs were not assessed, or the child did not receive appropriate interventions/treatment services for the identified needs
- The parent and child did not receive services that addressed trauma (for both of them) and relationship issues

We know more about

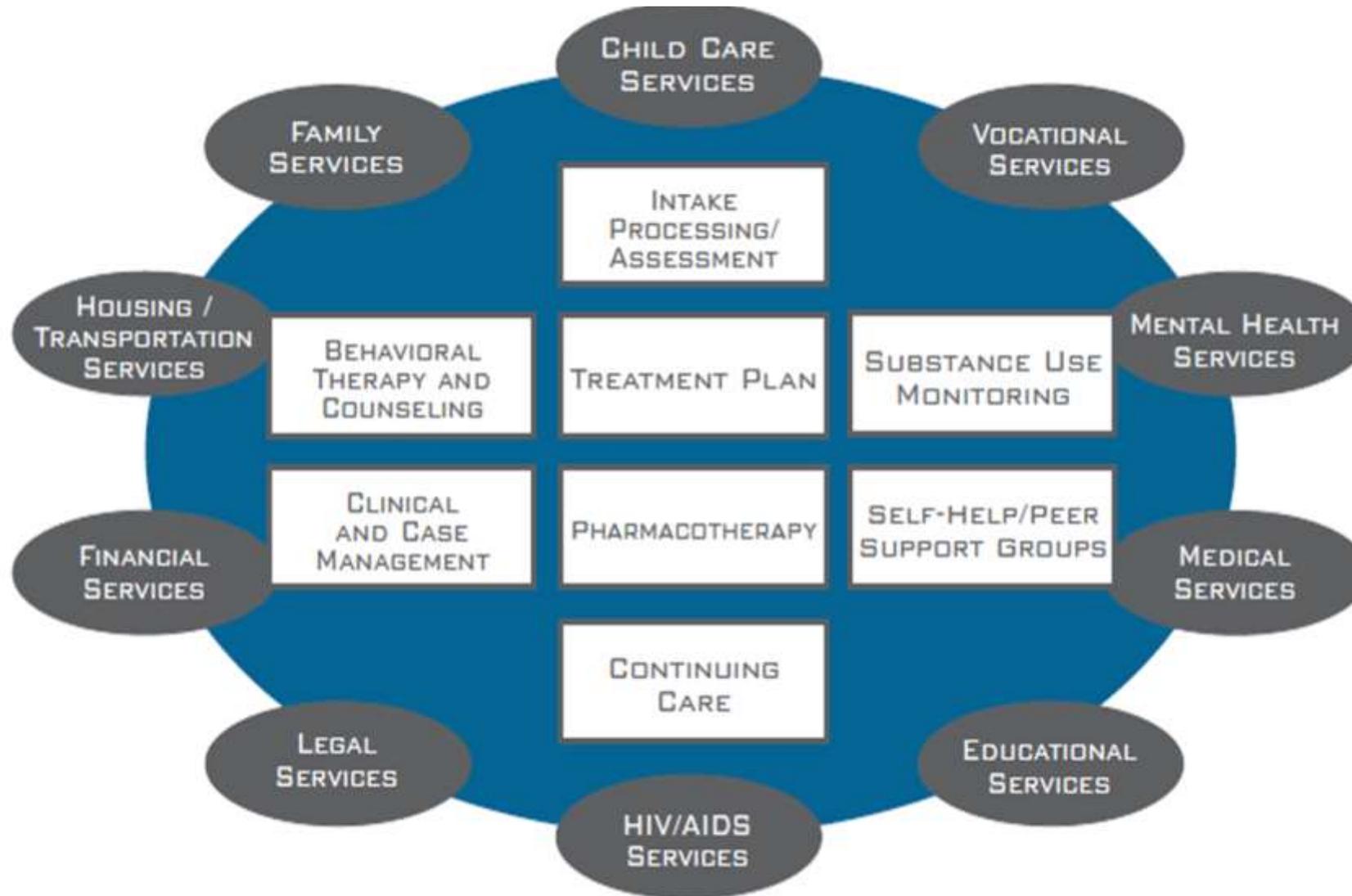
Effective Substance Abuse Treatment

**To view our webinar on this
topic, please visit
www.familydrugcourts.blogspot.com**

- Readily available
- Attends to multiple needs of the individual (vs. just the drug abuse)
- Engagement strategies to keep clients in treatment
- Counseling, behavioral therapies (in combination with medications if necessary)
- Co-occurring conditions
- Continuous monitoring

(National Institute on Drug Abuse, 2012)

Full Spectrum of Treatment and Services



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

TREATMENT RETENTION AND COMPLETION

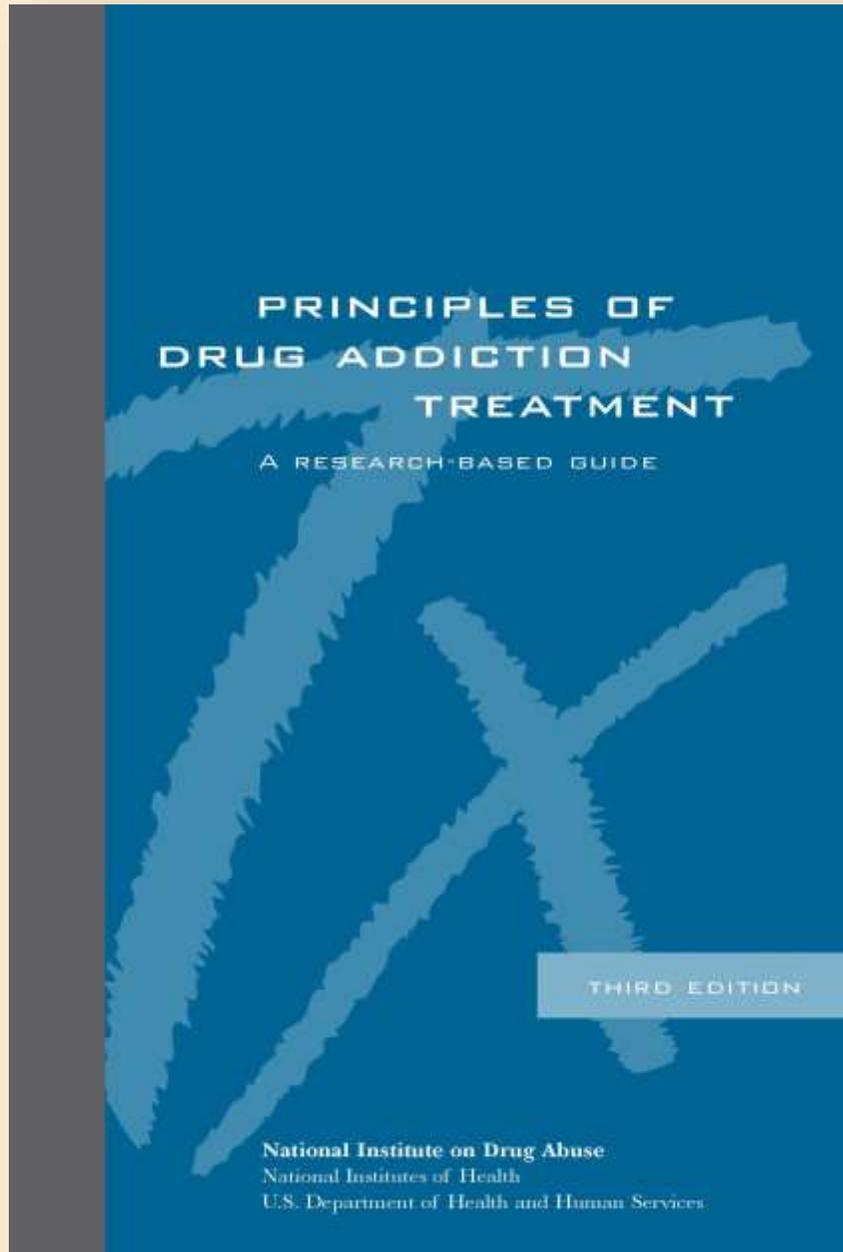
- 1) Women who participated in programs that included a **“high” level of family and children’s services** and employment/education services were **twice as likely to reunify** with their children as those who participated in programs with a “low” level of these services. (Grella, Hser & Yang, 2006)
- 2) **Retention and completion of treatment** have been found to be the **strongest predictors of reunification** with children for substance-abusing parents. (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010)
- 3) Substance abuse treatment services **that include children in treatment** can lead to **improved outcomes for the parent**, which can **also improve outcomes for the child**.

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

13 Principles of Effective Treatment



NIDA
NATIONAL INSTITUTE
ON DRUG ABUSE

Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Edition - Revised 2012)

<http://www.drugabuse.gov/publications/principles-drug-addiction-treatment/principles-effective-treatment>

Functions of RSS



LIAISON

- Links participants to ancillary supports; identifies service gaps

TREATMENT BROKER

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

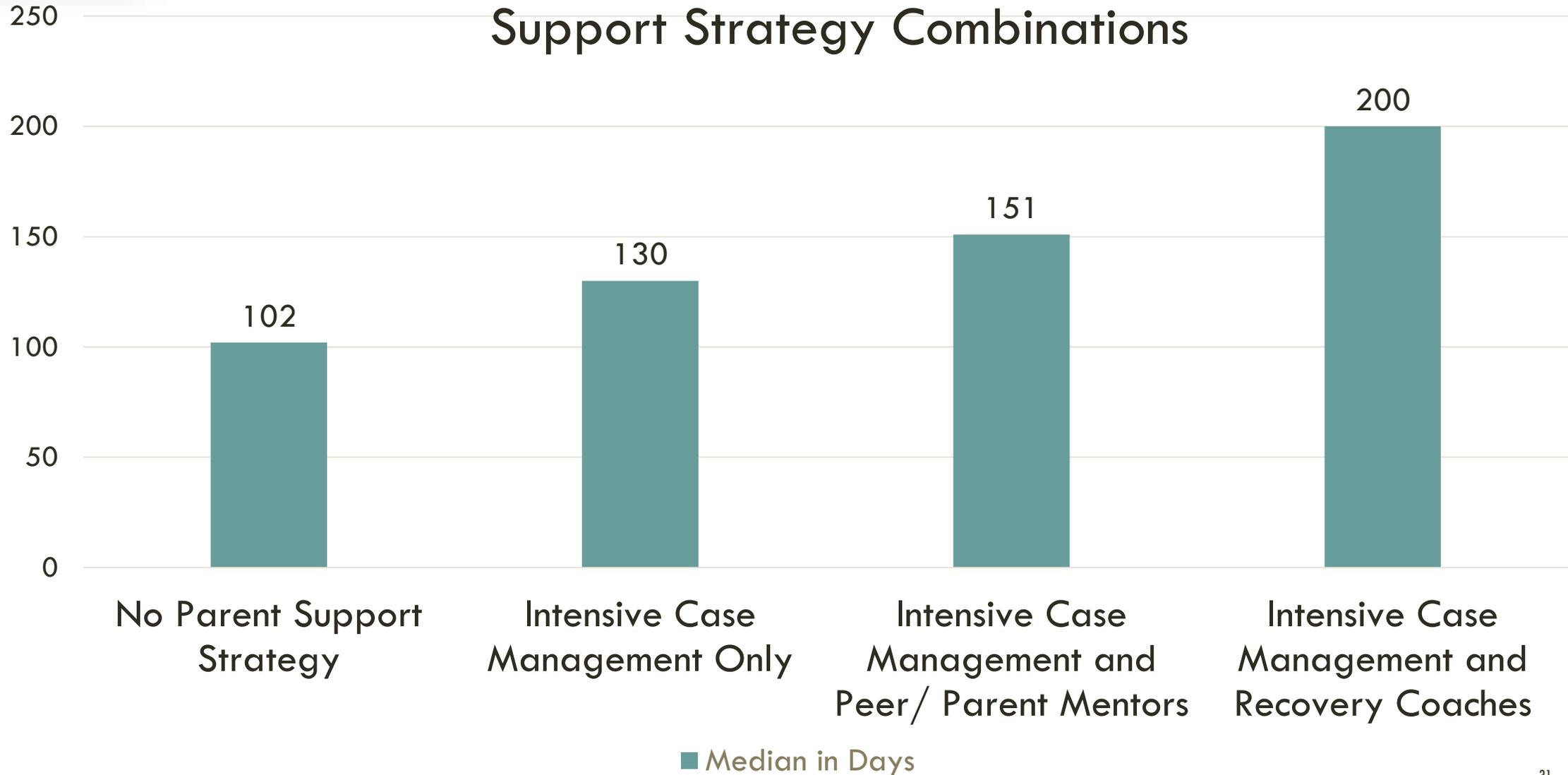
ADVISOR

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



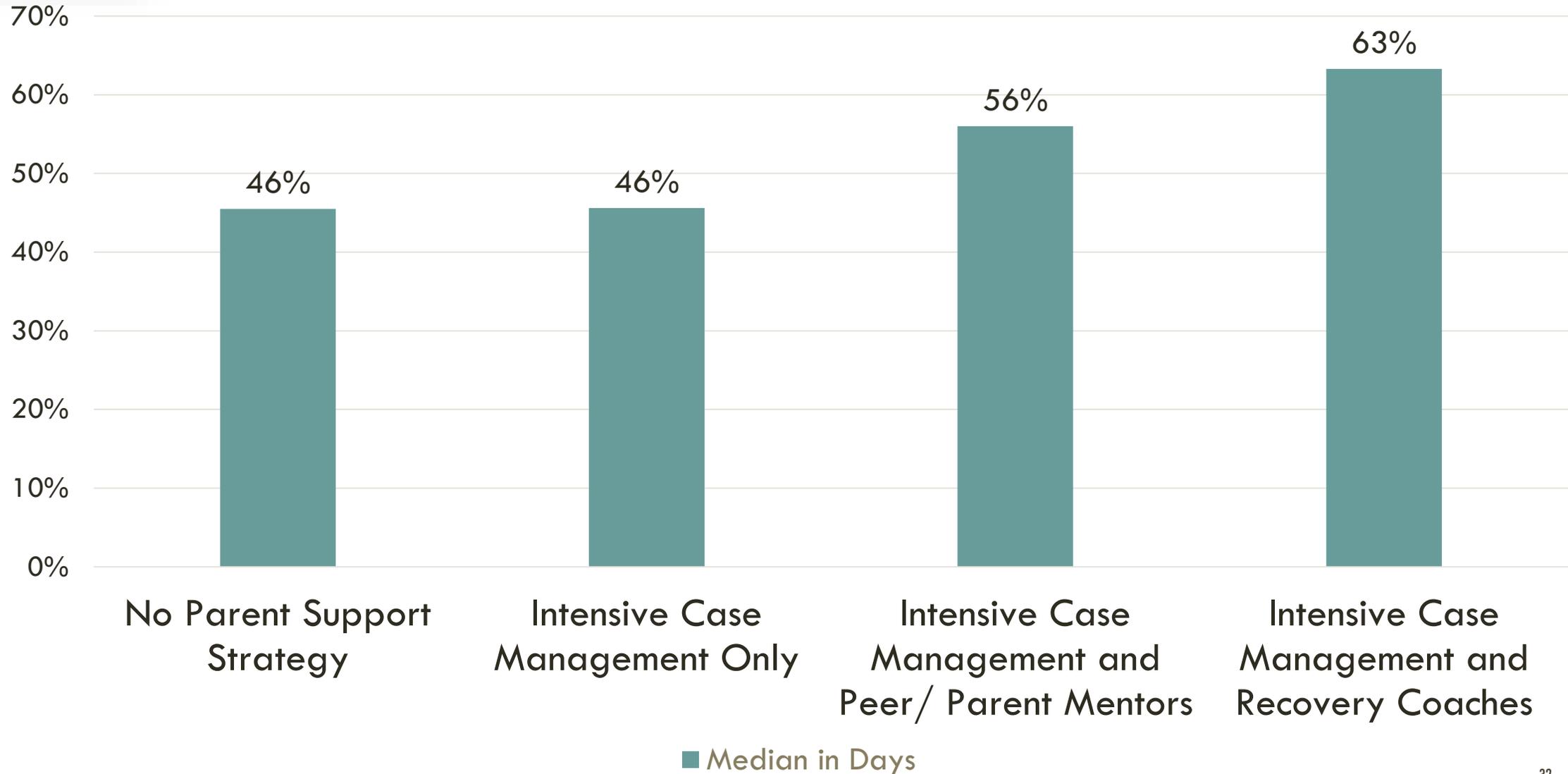


Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations





Substance Abuse Treatment Completion Rate by Parent Support Strategies



Selection of an Evidence-Based Parenting Program

To view our webinar on this topic, please visit www.familydrugcourts.blogspot.com



- Review publicly available information
- Need to have a structure for comparing programs
- Pairing the curriculum to your FDC needs and realities
- Understand the outcomes you'd like to see, and be able to articulate them and link them to the program of choice

Considerations When Selecting a Parenting Program



- Understand the needs of Court consumers - what do these families look like? Are there unique struggles?
- Have realistic expectations of their ability to participate - especially in early recovery
- Parenting program should include parent-child interactive time, but this should not be considered visitation
- Child development information needs to be shared with the parent and the parenting facilitator in advance

Elements of Successful Visitation Plans

Visits should occur:

- Frequently
- For an appropriate period of time
- In a comfortable and safe setting
- With therapeutic supervision



Children Need to Spend Time with Their Parents

- Involve parents in the child's appointments with doctors and therapists.
- Expect foster parents to participate in visits.
- Help parents plan visits ahead of time.
- Enlist natural community settings as visitation locations (e.g. family resource centers).
- Limit the child's exposure to adults with whom they have a comfortable relationship.



Support Strategy— Reunification Group

- Begin 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



Aftercare and Ongoing Support

Ensure aftercare and recovery success beyond FDC and CWS participation:

- Personal Recovery Plan – relapse prevention, relapse
- Peer-to-peer support – alumni groups, recovery groups
- Other relationships – family, friends, caregivers, significant others
- Community-based support and services – basic needs (childcare, housing, transportation), mental health, physical health and medical care, spiritual support
- Self-sufficiency – employment, educational and training opportunities

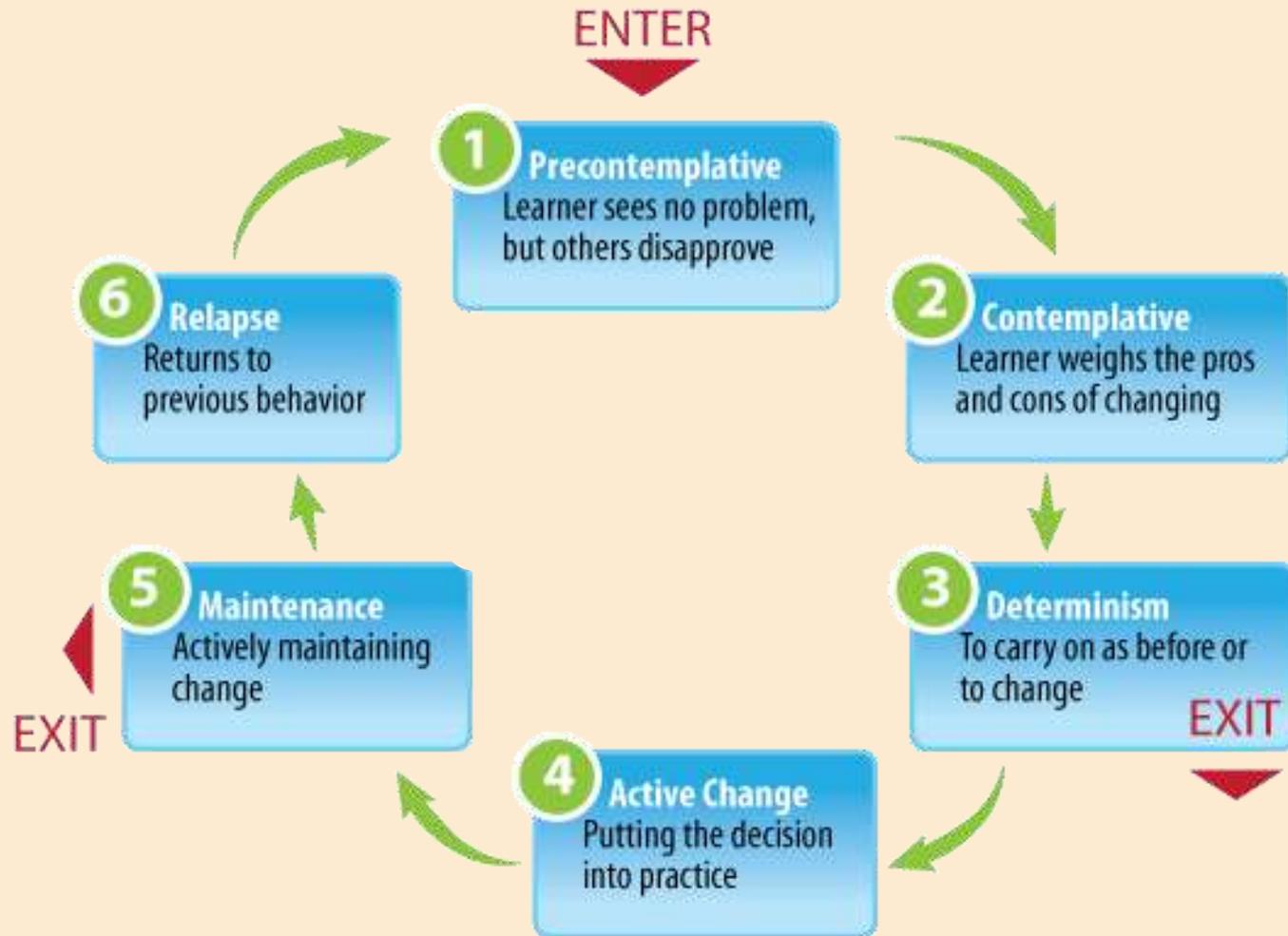
Rethinking Readiness

How will we know?

Effective FDCs focus on behavioral benchmarks



It's About Understanding How People Change



Taking a step back before moving forward

*Safe vs.
Perfect*



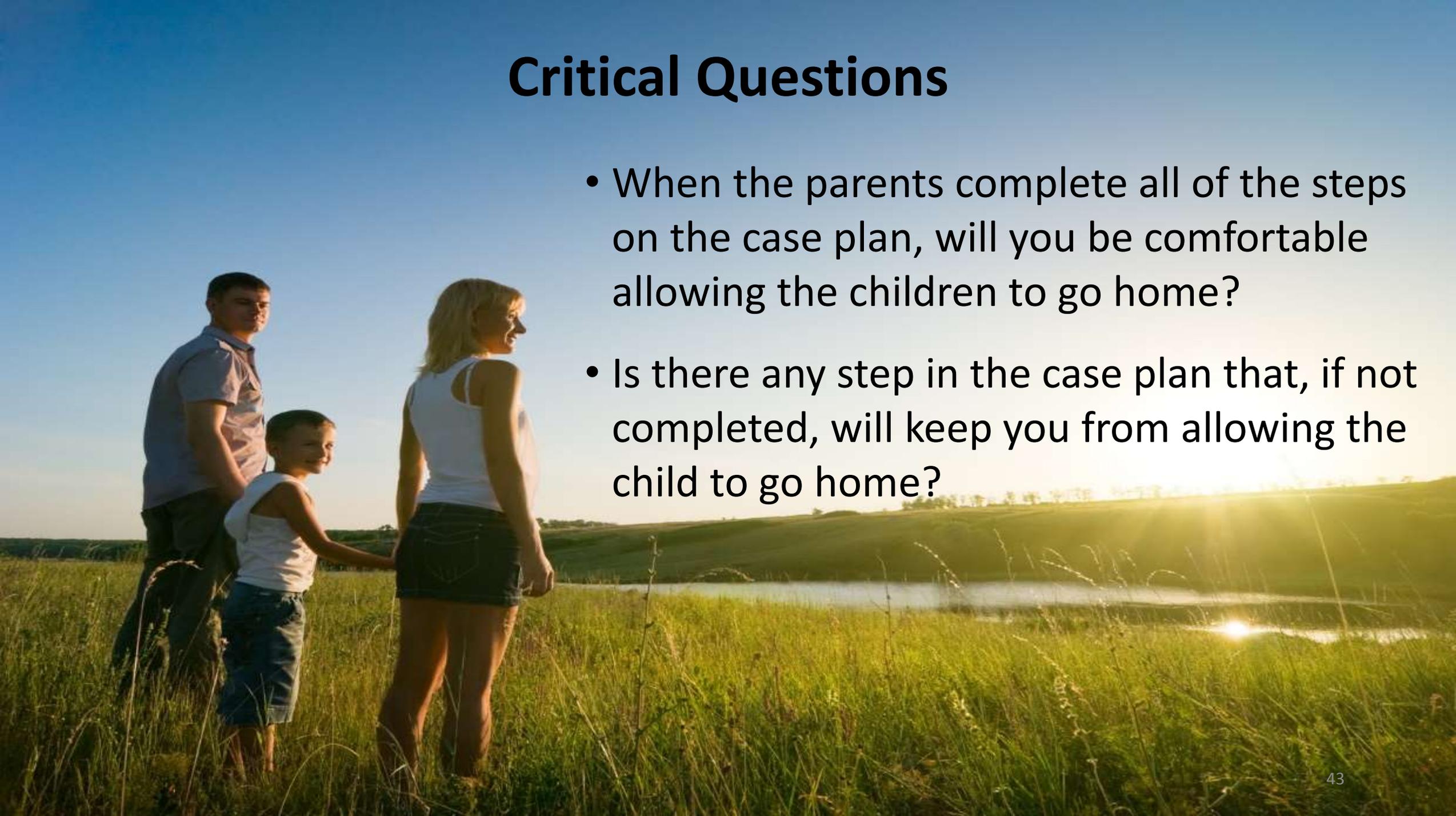
Considerations: Reunification Plan

The reunification plan must:

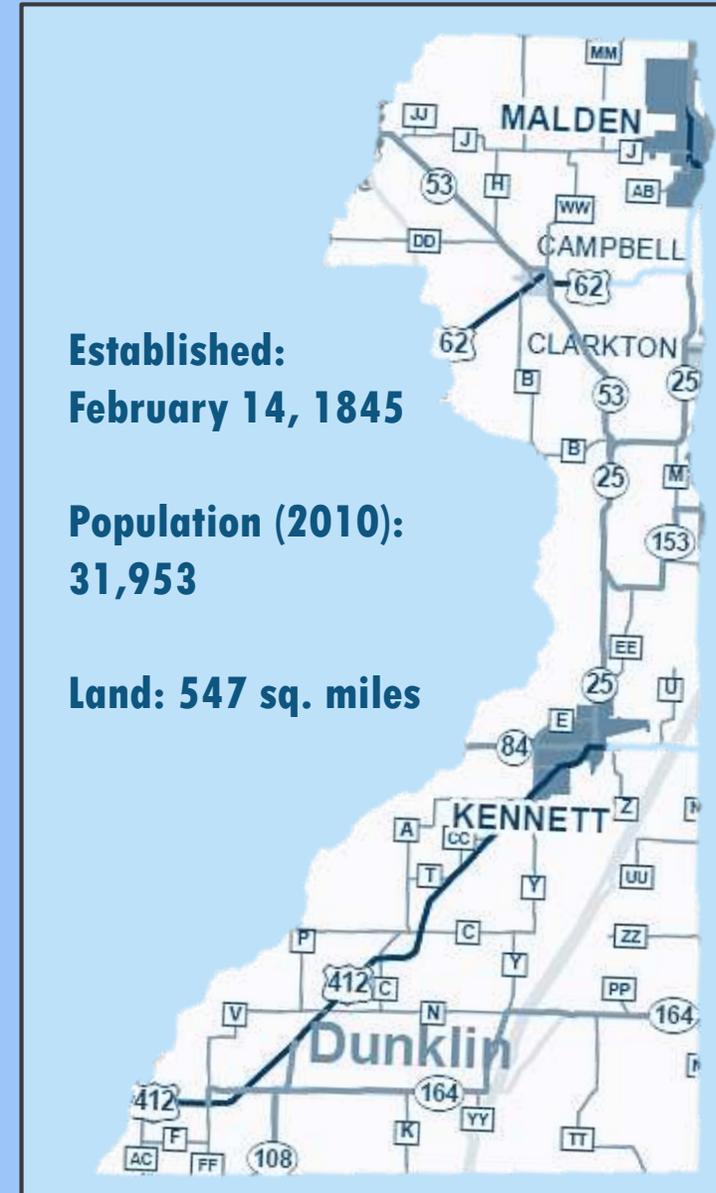
- State the **reasons why the child cannot be adequately protected in the home** as determined by the Court based on the evidence
- **Identify the changes** that must be made in order for the child to be safely returned home
- Describe the **specific actions** to be taken by the parents and the **specific services** to be provided in order to effect the identified change

Critical Questions

- When the parents complete all of the steps on the case plan, will you be comfortable allowing the children to go home?
- Is there any step in the case plan that, if not completed, will keep you from allowing the child to go home?



Dunklin County, Missouri



Established:
February 14, 1845

Population (2010):
31,953

Land: 547 sq. miles

Background



- Parallel Court – Family Court (dependency) and Family Treatment Court (FTC)
- FTC Established in 2005
- Total children in care: 131 (Oct. 2012 – Sept. 2013)
- Removals due to caretaker drug or alcohol use: 35 children

- Children Affected by Methamphetamine (CAM) Grantee – SAMHSA (2010-2014) – includes Stoddard County
- Service components include:
 - Nurturing Parenting
 - Parents as Teachers
 - Seeking Safety
 - Recovery Support Specialist Peer

Background

Structure was based on existing Adult Criminal Courts



- Three active phases and one aftercare phase
- Each phase had specific requirements that must be met to advance
- Phase requirements were same for each participant
- Progress was reported to Family Court Judge at their scheduled hearings
- Visitation progress was determined by Family Court Judge, not FTC

What We Observed



- Parents did not care what phase they were in
- Parents cared about visitation and reunification
- The FC also did not care about parent's phase status
- The FC cared about sobriety and readiness for reunification
- Readiness for reunification was not based on phases
- Rather, readiness was based on sobriety, safe housing, and whether the issues resulting in removal were remedied
- Disagreement amongst team during reporting

What Results This Was Producing

Families who were maintaining sobriety and had fewer issues to resolve were:

- Being reunified early in the process, but still had minimum phase times and standard phase requirements left to complete
- Once reunified, participants knew that failing to attend treatment would not result in removal as long as they were testing clean and maintaining a safe home environment
- Eventually participants stopped coming to treatment prior to completion of the program
- This resulted in unsuccessful discharges from FTC even though the goal of reunification had been met



What Lessons Learned From These Results



- Needed to find a better way to motivate participants to move through the phases and program
- Needed a better way to keep participants engaged at the end of the program.
- Needed better collaboration with the Family Court
- Needed to have the whole treatment court team on the same page before Family Court hearings

The Changes Made



- No more Phase 1, 2, 3, & 4
- Changed to graduated phases based on milestones
- FDT progress now based on visitation status
 - Supervised visits
 - Unsupervised visits
 - Trial Home visit

The Goal Sheet



1. Upon admission, each FTC participant meets with Service Coordinator, Children's Division, Juvenile Office and Treatment
2. A goal sheet is developed with input from everyone, including the participant. Each agency signs goal sheet, agreeing that meeting goals will result in unsupervised visits
3. When goals are met, Treatment Team recommends unsupervised visits to Family Court Judge
4. A new goal sheet is then developed and signed by team, listing goals that need to be accomplished in order to start trial home visit
5. Once those goals are met, last goal sheet is developed and signed, outlining goals that must be met in order to have Family Court case closed

The Goal Sheets

Name:

Family Assessment Date:

Goals you will need to accomplish to be able to obtain **unsupervised visits** with your child/children:

Name:

Family Assessment Date:

Goals you will need to accomplish to be able to obtain a **trial home visit** with your child/children:

Name:

Family Assessment Date:

Goals you will need to accomplish to compete Family Treatment Court and **case closed** with Missouri Children's Division:

The Results



- No more one size fits all program. Participants are engaged in designing their own treatment court program.
- Pairing progress with visitation increases motivation
- Coordinating completion of the FTC with closing of the Family Court case eliminated the problem of participants who failed to complete Family Treatment Court due to their underlying case being closed prior to FTC graduation.
- Meeting to develop the goal sheets increased collaboration and ensured that all agencies and the participant were in agreement before attending the Family Court hearings.

Supportive Services to Enhance Quality Visitation



- Service Coordinator assists in arranging visits
- Parent Aide present if requested to work with the parent and child
- Comfortable child-friendly space

Support Post-Reunification



- Weekly group with parent aide, children encouraged to attend
- In-home parent aide services available
- Referrals to family counseling as needed
- Assistance in maintaining safe and stable housing
- Continued counseling, employment/education assistance

Lessons Learned



- Readiness for reunification may mean different things for each family beyond the basics of safety and sobriety.
- The treatment court team must communicate and work together to determine the readiness of each family.
- The family must have input in the process and the determination of readiness.

Challenges Addressed



- Started analyzing data and comparing numbers to before we made these changes to show improvement.
- Implemented a more objective, research-based decision-making process.

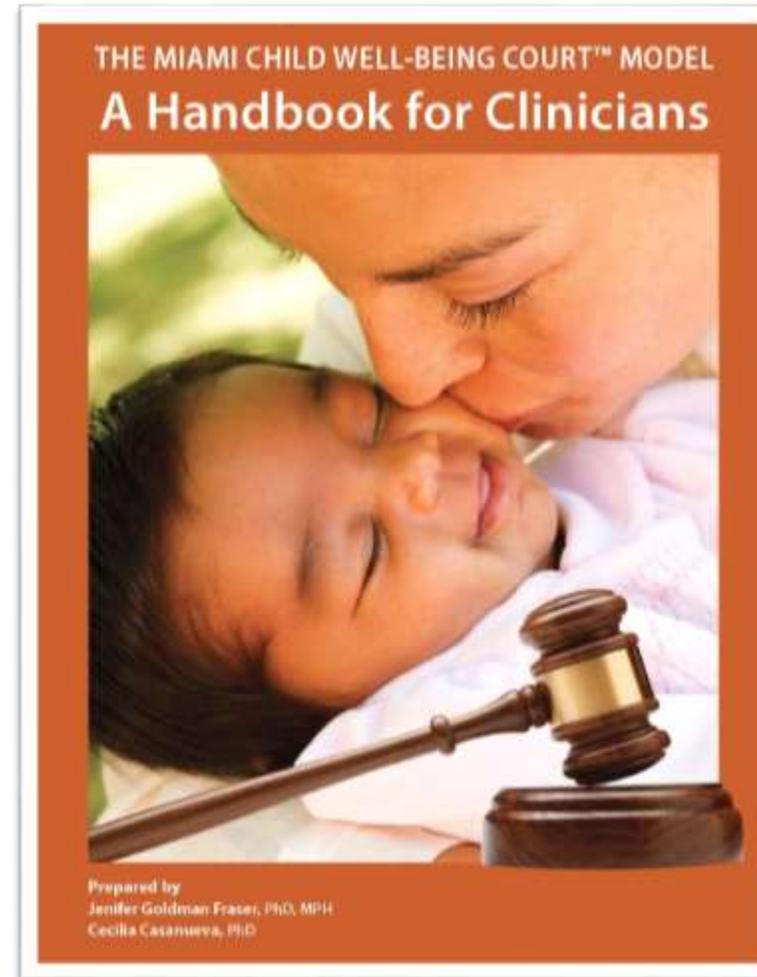
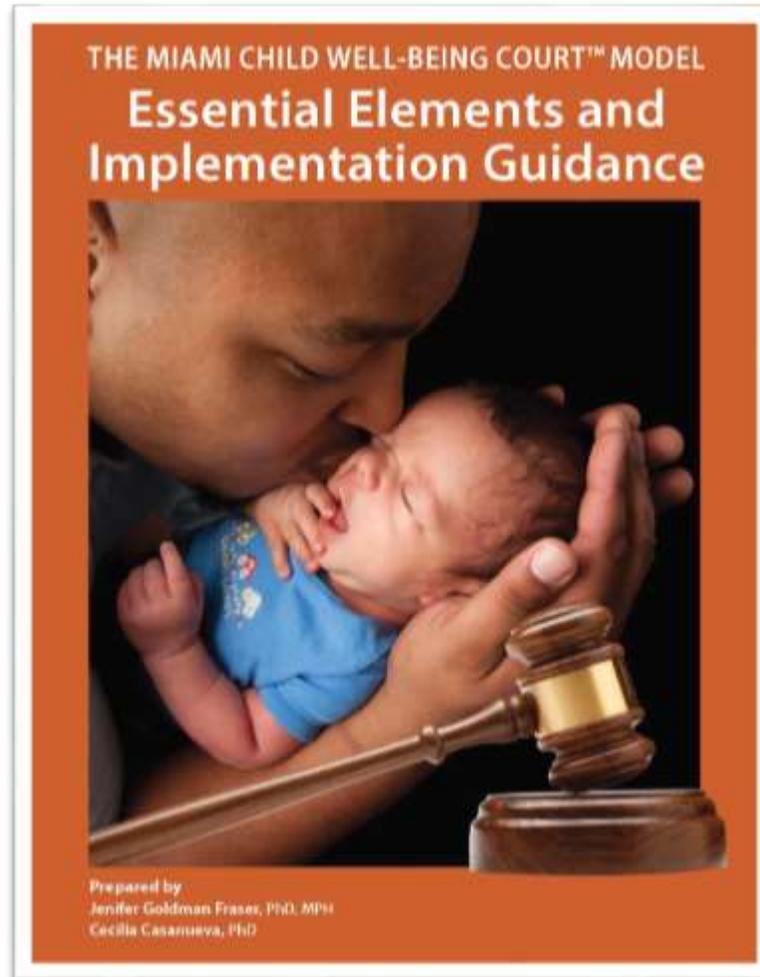
A photograph of a family outdoors. A man in a striped shirt is holding a baby in a dark-colored carrier. A woman in a teal top is smiling at the baby. The background shows trees and bright sunlight.

Q&A and Discussion



Resources

Miami Child Well-Being Court Model



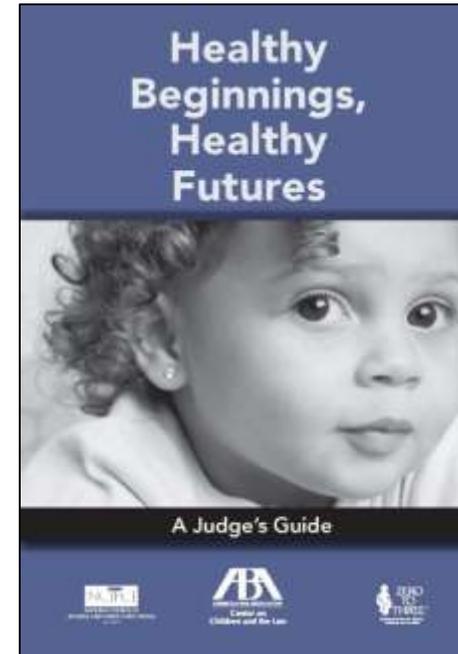
For more information, visit:
<http://www.lindaraycenter.miami.edu/Home.html>

Child-Centered Resources



Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System

To download a copy:
http://www.ncjfcj.org/images/stories/dept/ppcd/pdf/spr%2004_4%20osofsk y%20et%20al.pdf



A Judge's Guide - addresses the wide array of health needs of very young children in the child welfare system

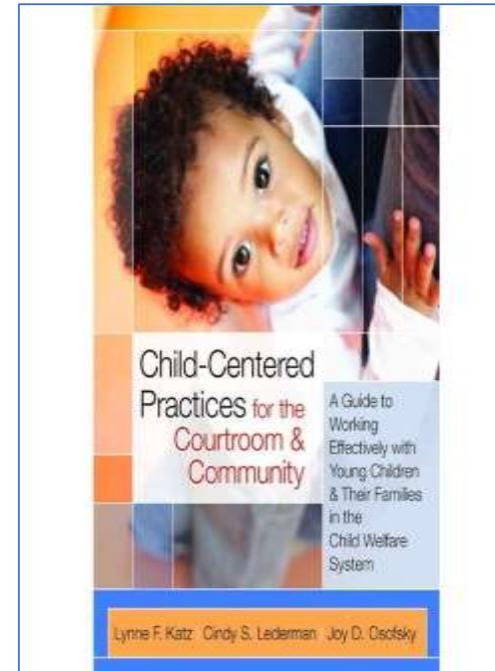
To download a copy:
http://www.americanbar.org/groups/child_law/pages/healthybeginnings.html

Child-Centered Court Resources



Helping Babies from the Bench: Using the Science of Early Childhood Development in Court -DVD

To request a copy of this DVD, visit: www.zerotothree.org



Child-Centered Practices for the Courtroom & Community

by Lynn F. Katz, Cindy S. Lederman, and Joy D. Osofsky (2011)

Available at: www.Amazon.com

National Institute on Drug Abuse

To download, visit:

[http://www.drugabuse.gov/
publications/principles-
adolescent-substance-use-
disorder-treatment-
research-based-guide](http://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide)

***Principles of Adolescent
Substance Use Disorder Treatment:
A Research-Based Guide***



Save the Dates!

To for more information,
including registration, please visit:
www.familydrugcourts.blogspot.com

- March 12th** Building Your FDC - Design or Default?
- April 16th** Leading the Team - So Who Wants to Be an FDC Coordinator?
- May 14th** Leading from the Front Line - Case Managers in the FDC and Why You Need Them
- June 11th** Leading Change - Prevention & Family Recovery Project
- Aug. 13rd** Peer Learning Courts - TED Talks
- Sept. 10th** Leading Change - State System Reform Project

Leading Change 2015

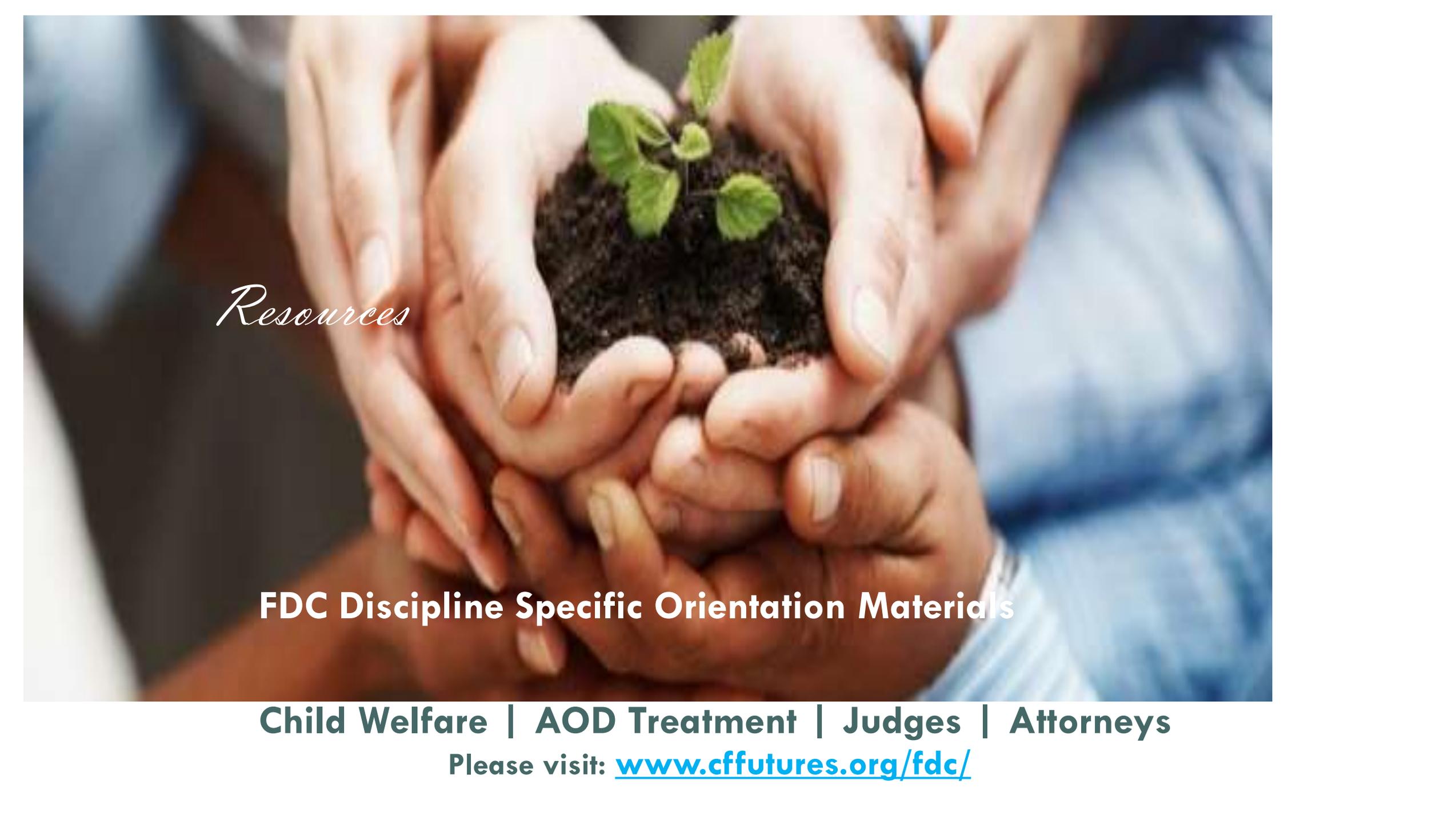
**Fall 2015:
Research Update**

FDC Guidelines



To download a copy today visit our website:

<http://www.cffutures.org/files/publications/FDC-Guidelines.pdf>

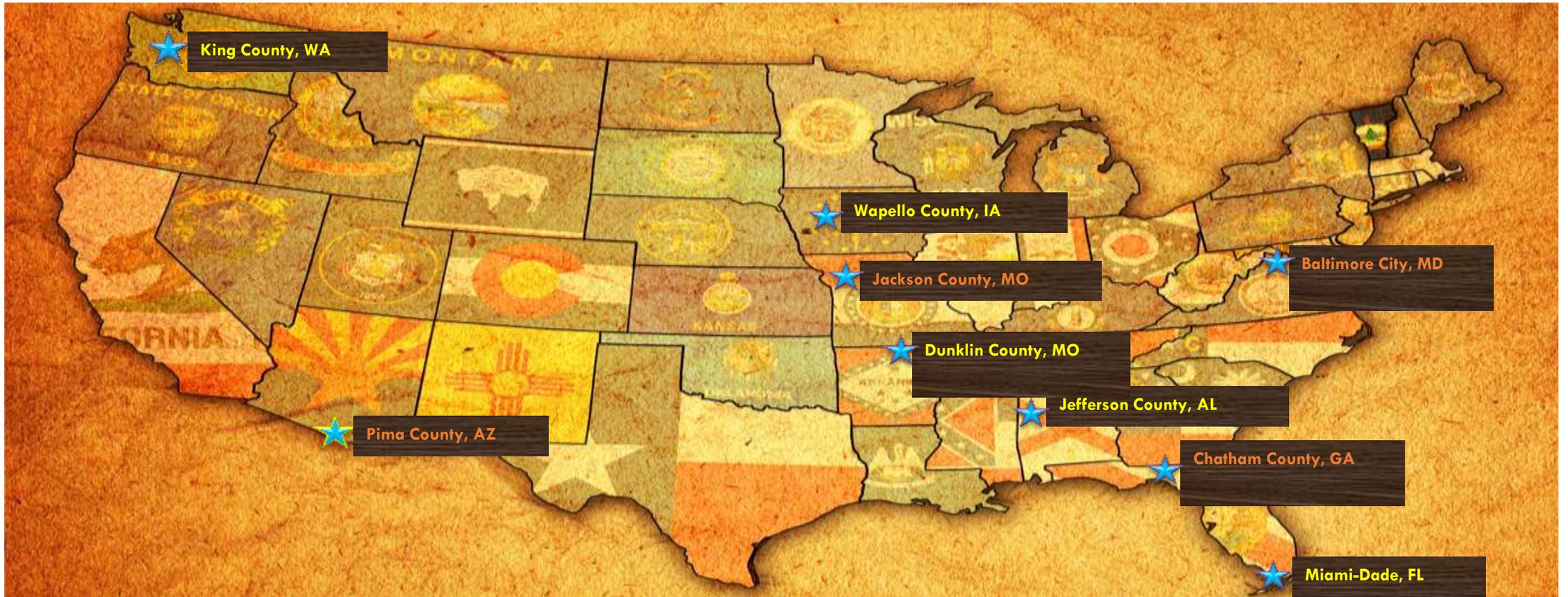


Resources

FDC Discipline Specific Orientation Materials

Child Welfare | AOD Treatment | Judges | Attorneys

Please visit: www.cffutures.org/fdc/



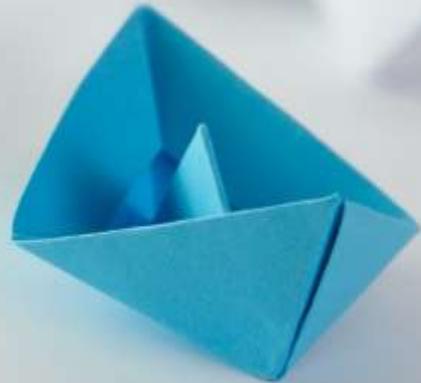
★ FAMILY DRUG COURT
PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION:

PeerLearningCourts@cffutures.org

Leading Change

2015



FDC Learning Academy Blog

- FDC Peer Learning Court
- FDC Podcasts
- Leadership Resources
- FDC Video features
- Webinar registration information

www.familydrugcourts.blogspot.com



FREE CEUs!

Resources

NCSACW Online Tutorials

1. Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
2. Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Please visit: <http://www.ncsacw.samhsa.gov/>

Coming in Summer 2015

Family Drug Court Online Tutorial



FDC 101 - will cover basic knowledge of the FDC model and operations

*Improving outcomes for children
and families affected by
substance use disorders*



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