So How Do You Really Know They are Ready?
Key Considerations for Assessing Families in Recovery for Reunification

NADCP 2014

Presented by
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This presentation is supported by:

Department of Health and Human Services
Substance Abuse & Mental Health Services Administration
Grants to Expand Services to Children Affected by Methamphetamine in Families Participating in Family Treatment Drug Court
(RFA No. TI-10-009 CFDA No.: 93.243)

A Substance Abuse and Mental Health Services Administration (SAMHSA) funded grant program focused on expanding and/or enhancing services to children and their families who are affected by their methamphetamine use and abuse.
Presentation Objectives

• Understand the impact parental substance 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

• 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
Hot Button Issues

Perception Matters

Safe vs. Perfect

It’s a Process
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....
8.3 million children

* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)
National Child Welfare Data: Child Victims

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 1998-2012

Source: AFCARS Data Files
Percent and Number of Children with Terminated Parental Rights by Reason for Removal – 2012

- **Neglect (n=76,374)**
  - 66%
- **Parent Alcohol or Drug Abuse (n=42,085)**
  - 36%
- **Parent Unable to Cope (n=25,417)**
  - 22%
- **Physical Abuse (n=19,659)**
  - 17%
- **Inadequate Housing (n=17,713)**
  - 15%
- **Parent Incarceration (n=8,273)**
  - 8%
- **Abandonment (n=7,434)**
  - 6%
- **Child Behavior (n=7,387)**
  - 6%
- **Sexual Abuse (n=6,150)**
  - 5%
- **Child Alcohol or Drug Abuse (n=3,237)**
  - 3%
- **Child Disability (n=5,237)**
  - 3%
- **Relinquishment (n=1,974)**
  - 2%
- **Parent Death (n=1,187)**
  - 1%
Collaborative Value Inventory (CVI)

*What Do We Believe About Alcohol and Other Drugs, Services to Children and Families and Dependency Courts?*

- Anonymous web-based survey to be completed by cross-disciplinary teams of professionals
- Increase the understanding of the values that guide different disciplines and systems
- To assist community members and professional staff in developing common principles for their work together.
PEOPLE WHO ABUSE ALCOHOL AND OTHER DRUGS HAVE A DISEASE FOR WHICH THEY NEED TREATMENT

- Strongly Agree: 63.3%
- Somewhat Agree: 34.4%
- Somewhat Disagree: 2.2%
- Strongly Disagree: 0.0%

n = 90
PEOPLE WHO ARE CHEMICALLY DEPENDENT HAVE A DISEASE FOR WHICH THEY NEED TREATMENT

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
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<td>84.4%</td>
<td>15.6%</td>
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n = 90
PEOPLE WHO ABUSE ALCOHOL AND OTHER DRUGS SHOULD BE HELD FULLY RESPONSIBLE FOR THEIR OWN ACTIONS

- Strongly Agree: 56.7%
- Somewhat Agree: 38.9%
- Somewhat Disagree: 4.4%
- Strongly Disagree: 0.0%

n = 90
THERE IS NO WAY THAT A PARENT WHO ABUSES ALCOHOL OR OTHER DRUGS CAN BE AN EFFECTIVE PARENT

- Strongly Agree: 23.3%
- Somewhat Agree: 44.4%
- Somewhat Disagree: 22.2%
- Strongly Disagree: 10.0%

n = 90
THERE IS NO WAY THAT A PARENT WHO USES ALCOHOL OR OTHER DRUGS CAN BE AN EFFECTIVE PARENT

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<td>36.7</td>
</tr>
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<td>Strongly Disagree</td>
<td>32.2</td>
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n = 90
THERE IS NO WAY THAT A PARENT WHO IS CHEMICALLY DEPENDENT ON ALCOHOL OR OTHER DRUGS CAN BE AN EFFECTIVE PARENT

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<td>15.6</td>
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<td>Strongly Disagree</td>
<td>5.6</td>
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n = 90
IN ASSESSING THE EFFECTS OF THE USE OF ALCOHOL AND OTHER DRUGS, THE STANDARD WE SHOULD USE FOR DECIDING WHEN TO REMOVE OR REUNIFY CHILDREN WITH THEIR PARENTS IS WHETHER THE PARENTS ARE FULLY ABSTAINING FROM THE USE OF ALCOHOL OR OTHER DRUGS.
IN OUR COMMUNITY, THE JUDGES AND ATTORNEYS IN THE DEPENDENCY COURT AND THE AGENCIES DELIVERING SERVICES TO CHILDREN AND FAMILIES ARE SOMETIMES INEFFECTIVE BECAUSE THEY DON’T WORK TOGETHER WELL ENOUGH WHEN THEY ARE SERVING THE SAME FAMILIES

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<td>Strongly Disagree</td>
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SOME PARENTS WITH PROBLEMS WITH ALCOHOL AND OTHER DRUGS WILL NEVER SUCCEED IN TREATMENT

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<td>25.6</td>
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n = 90
“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.
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.
Substance use disorders are preventable and is a treatable disease.

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.
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
Safe vs. Perfect
Remained in Home

Percentage of Children Who Remain at Home Throughout Program Participation

- RPG Comparison: 61.1%
- RPG FDC: 80%
- CAM: 90.5%
Re-entries into Foster Care

Percentage of Children Re-entered into Foster Care Within Twelve Months

13.1% for RPG - 25 State Contextual Subgroup
5.1% for RPG - Children
4.6% for CAM Children
Recurrence of Child Maltreatment

Percentage of Children Who Had Substantiated/Indicated Maltreatment within Six Months

- RPG - 25 State Contextual Subgroup: 5.8%
- RPG Children - No FDC: 4.9%
- RPG Children - FDC: 3.4%
- CAM Children: 2.5%
Rethinking our Practice

How can we support reunification success?

Effective FDCs focus on behavioral benchmarks
We know more about

The Impact of Recovery Support

- Family-Centered Services
- Evidence Based Treatment
- Recovery Support Specialist
- Reunification Groups
- Evidence Based Parenting
- Successful Visitation
- Ongoing Support
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
TREATMENT SHOULD BE EVIDENCE-BASED (E.G. 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)
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 substance-abusing parents. - Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010

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.
Functions of RSS

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

- No Parent Support Strategy: 102 days
- Intensive Case Management Only: 130 days
- Intensive Case Management and Peer/Parent Mentors: 151 days
- Intensive Case Management and Recovery Coaches: 200 days

Median in Days
Substance Abuse Treatment Completion Rate by Parent Support Strategies

- No Parent Support Strategy: 46%
- Intensive Case Management Only: 46%
- Intensive Case Management and Peer/Parent Mentors: 56%
- Intensive Case Management and Recovery Coaches: 63%
Support Strategy—Reunification Group

• Beginning 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
Selection of an Evidence Based Parenting Program

- 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

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

How will we know?

Effective FDCs focus on behavioral benchmarks
Premises

1. The team is the tool, and people, not tools, make decisions.

2. The family is the focus of concern.

3. Problems don’t come in discrete packages; they are jumbled together.

4. Assessment is not a one-person responsibility.

5. Information is limited, and there is no research-based answer – magic want slide (we know that the quicker they reunify the better the outcomes).

6. There is no time to lose.

7. Developing and sustaining effective collaborations is hard work.
Assessment is a Process

Assessment happens along a continuum to determine:

- **Presence and Immediacy**
  - Is there an issue present?
  - What is the immediacy of the issue?

- **Nature and Extent**
  - What is the nature of the issue?
  - What is the extent of the issue?

- **Developing & Monitoring Change, Transitions and Outcomes of Treatment and Case Plans**
  - What is the response to the issue?
  - Are there demonstrable changes in the issue?
  - Is the family ready for transition?
  - Did the Interventions work?
## Definitions of Terms and Processes

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<td><strong>Child Abuse Report</strong></td>
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Is there an issue?
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Is there an issue?

What is the immediacy of the issue?
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<td>▪ Family assessment</td>
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**What is the Response?**

- Is there demonstrable change?
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Is there demonstrable change?

Is family ready for transition?
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What is the Response?

Is there demonstrable change?

Is family ready for transition?

What is to happen after discharge?
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<td>Did the intervention work?</td>
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Resources
Collaborative Practice

- SAFERR
- Collaborative Practice Model
- Cross-Systems Collaboration Primer
- Cross-Systems Data Primer

http://www.ncsacw.samhsa.gov/resources
FDC Learning Academy
2010-2014

32 Webinars
60 Hours of Content
50 Expert presenters
2200 Attendees
45 States
4.3 Satisfactory Rating
Collaboration Webinars

**Principles of Collaboration**
This module conceptualizes the principles of collaborative practice through presentation of the Screening for Family Engagement and Retention (SAFERR) Model. This webinar also draws from lessons learned from the Regional Partnership Grant program and explores the principles of collaborative practice through a national lens.

**Mission and Vision**
Each partner enters the collaboration with its own perspective and particular assumptions about the mission and mandates of the other partners. Unless these differences are identified and addressed, the collaborative will find it difficult to reach agreement on the issues. This webinar helps sites develop common principles of how the agencies and staff will work together to best serve FDC clients.

**Joint Accountability and Shared Outcomes**
Joint accountability and shared outcomes developed in a collaborative process guide the work of the partnership by providing a performance and measurement driven framework for working with children and families. Defined performance indicators or benchmarks allow the partnership to measure the impact it is having together in the respective systems.
Family Drug Court Learning Academy Webinar Series

This Changes Everything

For more information, please visit the FDC Learning Academy Webinar Library
www.cffutures.org/presentations/webinars/category/fdc-series
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<td>Tested and Proven – Utilization of Recovery Support Specialists as a Key Engagement and Retention Strategy in FDC (and Beyond)</td>
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<td>April 10th</td>
<td>Our Grant is Over – Now What? Re-financing and Re-Directing as Real Sustainability Planning for Your FDC</td>
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<td>June 12th</td>
<td>Closed Doors or Welcome Mat? Opening the Way for Medical Assisted Treatment in FDC</td>
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<td>July 10th</td>
<td>So How Do You Know They Are Really Ready? Key Considerations for Assessing Families in Recovery for Reunification</td>
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<td>Sept. 11th</td>
<td>Matching Service to Need – Exploring What “High- Risk, High-Need” Means for FDCs</td>
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Visit the
FDC Learning Academy Blog

- Webinar updates
- Presenter info
- Learning resources
- Post a follow-up question

www.familydrugcourts.blogspot.com
Baltimore City Circuit Court, Juvenile Division
Maryland
Judge: Robert B. Kershaw

Chatham County Juvenile Court, Family Dependency Treatment Court
Georgia
Judge: Patricia P. Stone

Pima County Juvenile Court
Arizona
Judge: Susan Kettlewell

Jackson County Family Drug Court
16th Judicial District
Missouri
Commissioner: Molly Merrigan

FOR MORE INFORMATION OR TO SCHEDULE A SITE VISIT:
Email: PeerLearningCourts@cffutures.org
David Sheff has written the most important book about addiction in a decade. Clean is a blueprint for thinking clearly – and empathetically – about America’s costliest and most misunderstood public health crisis.


For more information, please visit: www.davidsheff.com
Training and Staff Development


3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Please visit: [http://www.ncsacw.samhsa.gov/](http://www.ncsacw.samhsa.gov/)
Earn 6 CLEs Free!

National Center on Substance Abuse and Child Welfare
Online Tutorial: *Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals*

- Roles of Child Welfare and Substance Abuse Treatment Professionals
- Engaging and Retaining Families
- Impact of alcohol and drug addiction on children and families
- Principles of addiction and recovery
- Child Welfare Timetables – AFSA Guidelines
- Cross-system communication and collaboration

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