




Engaging Voluntary Participants: What Motivates Child Welfare Families?


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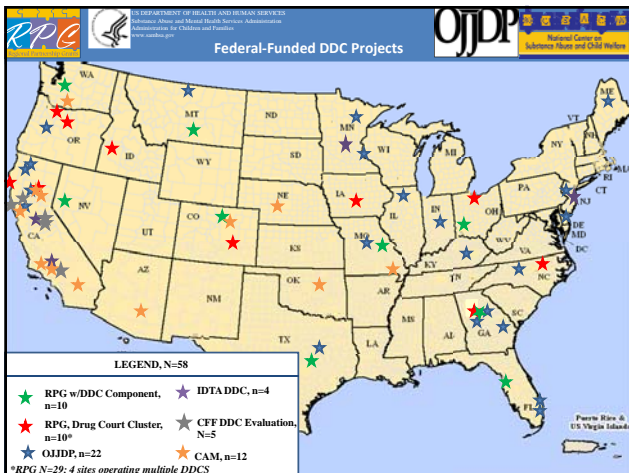




A Program of the
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

and the
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect




U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
www.samhsa.gov

Purpose

Participants will:



- Review common barriers and challenges experienced by different systems-child welfare, substance abuse treatment provider and the courts, in serving child welfare families
- Gain familiarity with strategies to provide effective interventions to families who voluntarily participate in services.







Agenda

- I. Overview
- II. Lessons Learned from the Field
- III. Discussion

Five National Reports


1. *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy* (Child Welfare League of America, 1998)
2. *Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers* (U.S. General Accounting Office, September 1998)
3. *No Safe Haven: Children of Substance-Abusing Parents* (The National Center on Addiction and Substance Abuse at Columbia University, 1999)
4. *Healing the Whole Family: A Look at Family Care Programs* (Children's Defense Fund, 1998)
5. *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection* (Dept. of Health and Human Services, 1999.)


Why are we here today? Summary of the Five National Reports

Identified Barriers:

1. Differences in values and perceptions of primary client
2. Timing differences in services systems
3. Knowledge gaps
4. Lack of tools for effective engagement in services
5. Intervention and prevention needs of children
6. Lack of effective communication
7. Data and information gaps
8. Categorical and rigid funding streams as well as treatment gaps




<http://www.ncsacw.samhsa.gov/improving/national-reports.aspx>



Summary of the Five National Reports

Suggested Strategies



1. Develop principles for working together
2. Create on-going dialogues and efficient communication
3. Develop cross-training opportunities
4. Improve screening, assessment and monitoring practice and protocols
5. Develop funding strategies to improve timely treatment access
6. Expand prevention services to children
7. Develop improved cross-system data collection



<http://www.ncsacw.samhsa.gov/improving/national-reports.aspx>

Engagement

The primary purpose of engagement activities is to improve access to and retention in substance abuse treatment and other community services.


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Engagement

Engagement: The participation necessary to obtain optimal benefits from an intervention

- An ongoing process, beginning at intake and continuing through aftercare
- Responsive to changing needs and situations
- Designed to enhance consumer motivation
- Joint-responsibility and collaborative effort
- *About retaining consumers in treatment and achieving long-term recovery*

Prinz, R. J., & Miller, G.E. (1996). Parental engagement in interventions for children at risk for conduct disorder. In R. Peters & R. McMahon (Eds.), Preventing childhood disorders, substance abuse and delinquency (pp.161-183). Thousand Oaks, CA: Sage.




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Retention

Retention: Keeping clients in treatment--is a critical factor in recovery.


- *Most persons with a substance use disorder need at least 90 days in treatment to significantly reduce or stop their drug use and that best outcomes occur with longer durations of treatment.*

National Institute on Drug Abuse (1999). Principles of drug addiction treatment: A research-based guide. Washington, DC.




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What Does "Voluntary" Mean?



When attempting to "engage" it is important to understand the consumer's perception of whether engaging in treatment and services is "voluntary" or "coercion".





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What Does “Voluntary” Mean in Child Welfare?



Important to understand the family's level of involvement with the Child Welfare System:

- **Family Preservation Services (FPS):**
 - Available to families whose children face substantial likelihood of being placed outside of the home or to reunify a child with their family from out-of-home care.
 - FPS is available to families within 48 hours of referral and is *offered* for a maximum of six months by a contracted service provider.
 - FPS are designed to support families by strengthening their relationships with a variety of community resources.



What Does “Voluntary” Mean in Child Welfare?

- **Intensive Family Preservation Services (IFPS):**
 - Department believes family is at imminent risk of foster care placement, (Out of home care)
 - The family can be referred for Intensive Family Preservation Services (IFPS) through a contracted community agency
 - IFPS is a voluntary services that provides up to 20 hours of in-home therapist time each week, for about a forty (40) day period of time.
 - Services are available seven (7) days a week, twenty-four (24) hours a day.
 - Interventions are focused on improving the ability of the family to overcome a crisis situation and to remain together safely.

What Does “Voluntary” Mean in Child Welfare?


- **Family Maintenance Services:**
 - Families may voluntarily elect to receive services and enter into a mutually agreed upon service plan.
 - In some instances, this may be part of a court-ordered plan of supervision with their children having been declared dependents of the court.
- **Family Reunification:**
 - Provides time-limited services to families whose children have been removed by court order.
 - These time-limited services are provided to those families whose children have been removed by Juvenile Court due to the high level of risk to the children.

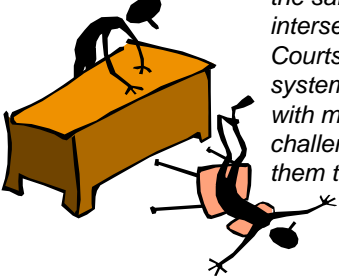
What Does “Voluntary” Mean to the Participant?

- *Coerced treatment* refers to that which is perceived as an imposition and an infringement on autonomy, regardless of the agent or source.
- Consumers who enter treatment “voluntarily” may also feel informal pressure and lack of control over doing so.
- Stevens and colleagues (2006) found that even when consumers feel pressure to enter treatment, *this does not mean they lack motivation* to doing so.

Wild TC: Social control and coercion in addiction treatment: Towards evidence-based policy and practice. *Addiction* 2006, 101:40-49

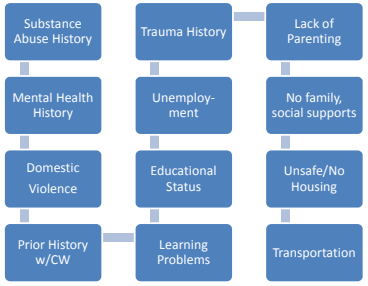


Understanding the Complex Needs of Child Welfare Families



While no two families are the same, families who intersect the Child Welfare, Courts and Treatment systems are often faced with multiple risks and challenges that may cause them to feel overwhelmed.

Understanding the Complex Needs of Child Welfare Families

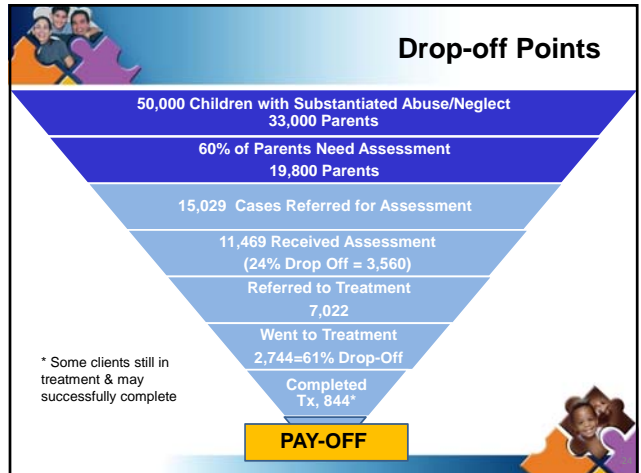
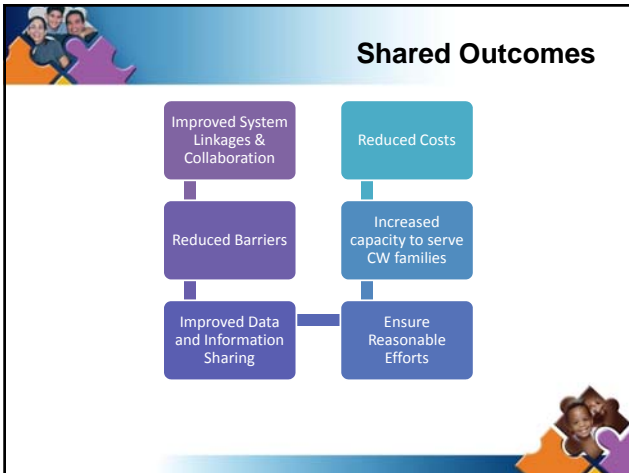
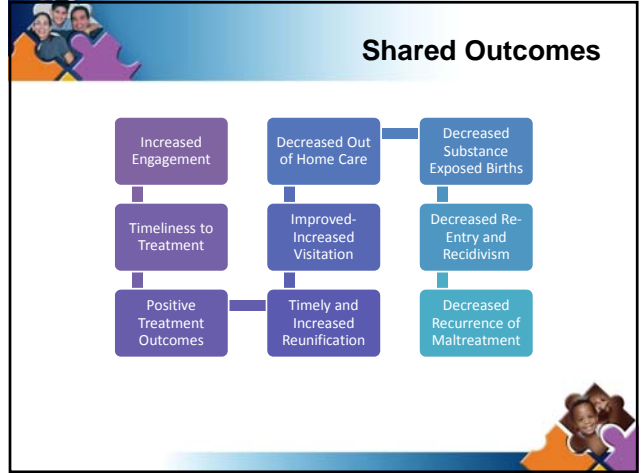


Common Barriers to Engaging and Retaining Child Welfare Families



Common Barriers to Engagement and Retention

Organizational	<ul style="list-style-type: none"> - Accessibility - Duplication - Facility Environment - Multiple and Conflicting Requirements 	<ul style="list-style-type: none"> - Quality of services - Consumer Satisfaction - Language/Culture
Interpersonal	<ul style="list-style-type: none"> - Gender - Culture, values - Trust - Attitude of workers 	<ul style="list-style-type: none"> - Motivation - Consumer-staff relationships - Consumer's perception of coercion/needs
Environmental	<ul style="list-style-type: none"> - Housing - Employment - Childcare - Health 	<ul style="list-style-type: none"> - Legal issues - Safety, physical environment - Transportation / Distance - Community Support






So What Works?

What are the strategies that contribute to successful outcomes? Most importantly---

- Safety
- Permanency, and
- Well-Being (for both parent and child)




Observations from the Field

Partners assume joint responsibility for treatment and recovery success by:

- Understanding, changing and measuring cross-systems processes for referrals, engagement and retention in treatment.
- Recruiting and training staff who specialize in outreach and motivational approaches



Observations from the Field

- Monitoring processes of recovery and aftercare, and
- *Jointly monitoring family progress and compliance with treatment and child welfare case plans through a combination of case management, counseling, testing, and family support programs.*





Essential Elements

- Agreement and understanding of target population and expected outcomes
- *Clear and consistent referral process—preferably Warm Hand-Off*
- Coordinated case planning, information sharing, timely and ongoing communication
- *Understanding of and attention to competing “clocks”—timeframes*


Essential Elements

- All partners (including parents) are in sync regarding:
 - Compliance with plans
 - Drug Testing
 - Relapse
 - Successful Completion
 - Responses to behavior
- Program is clearly explained and written in language that is understandable
- Services are culturally and gender appropriate and family-focused.

Essential Elements

- **Joint Accountability**
- **Trust**
- **Communication**
- **Clearly delineated responsibilities—Who does what?**
- **Aftercare, Family and Community Supports, Alumni Groups**




Effective Models of Collaborative Practice


- Paired Counselor and Child Welfare Worker
- Counselor Out-Stationed at Child Welfare Office or Court
- Parent Mentors and Recovery Specialists
- Substance Abuse Specialists
- Multidisciplinary Joint Case Planning Teams
- Family Treatment Drug Courts



Parent Partner Programs

Mentor/Partner Parents:

- Have successfully completed treatment/remain in recovery
- Have a successfully closed CPS case
- Provide support, encouragement, advocacy, transportation, connection to services
- Help parents to develop leadership and advocacy skills
- Increase level of accountability
- Are team members and support other partners



<https://www.udmo.com/parentpartner/about.htm>

Arizona Families F.I.R.S.T.

- Families In Recovery Succeeding Together (F.I.R.S.T.)
- The program offers substance abuse services to a parent, guardian or custodian of a child who is named in a report to CPS as a victim of abuse or neglect and whose substance abuse is a significant barrier to maintaining or reunifying the family.
- Parent to Parent is a component of Families F.I.R.S.T.

<https://www.azdes.gov/common.asp?menu=678&menuc=160&menuc=160&menud=7892>

Parent Partner Program of Upper Des Moines Opportunity, Inc.

- Community action agency, hires and trains parents with personal experience with substance use, mental health and trauma and the removal of a child by the child welfare system
- Pairs Parent Partners with parents who are currently involved with child welfare as a result of their substance use and other co-occurring problems.


<https://www.udmo.com/parentpartner/about.htm>

Sacramento County, California




Specialized Treatment and Recovery Services (STARS)

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STARS

- Immediate access to substance abuse assessment and engagement
- Motivational enhancement therapy
- Intensive management of recovery components of child welfare case plans
- Maintains a supportive relationship with parents while emphasizing engagement and retention in treatment.
- Monitors drug testing, treatment participation and self-help group attendance.





<http://www.cfutures.org/files/presentations/Training%20Institute>



Why Are These Models Effective?

- Team approach—Everyone on same page with identified needs, timing and case plan
- Staff from each system trained in Motivational Interviewing
- Focus on family and address broader family needs as well as clinical issues
- Builds trusting relationship among all parties


Why Are These Models Effective?


- Parent Partners/Mentors/Recovery Coaches are especially adept at moving folks along the continuum by offering hope, motivation and living proof that treatment works and that recovery is possible
- They provide:
 - non-clinical support that compliments treatment
 - a unique insight into substance abuse and what made recovery possible for them, and
 - empathy—and accountability

Critical Elements



- Cross-System training
- Group clinical support (consumer-focus)
- Individual Mentor/Recovery Coach supervision and coaching to deal with:
 - Compassion fatigue
 - Boundaries
 - Relapse
 - Self-Care (personal support systems)





Challenges


- Training & Learning styles
- Not everyone believes in Peer Support
- Absences & Attendance
- Personalization
- Relapse & Self-care



The Essential Role of the SA/MH Counselor in Engagement and Retention

Implement Joint Case Planning and Management



- Ensuring the involvement of the treatment counselor in permanency planning hearings and court appointments
- Engaging the treatment counselor in child welfare planning decisions
- Ensuring the child welfare workers, courts, and parent and child attorneys understand the treatment strategies, expectations and progress



The Essential Role of the SA/MH Counselor in Engagement and Retention


Participate in Dependency Drug Court


- Extent to which the treatment services are meeting the needs of the parents and whether additional or different services are needed
- Timeliness of the start of treatment
- Support they receive from the child welfare agency in sharing appropriate information and collaborating on client needs and progress



The Essential Role of the SA/MH Counselor in Engagement and Retention

- **Preparing for Post-Treatment Outcomes**
- The child remains with the parent in the home
- The child is reunified with the parent
- The child is not reunified with the parent, but the parent has continued contact
- The child is not reunified and is permanently removed from the parent through termination of parental rights







The Essential Role of the SA/MH Counselor in Engagement and Retention

Preparing for Post-Treatment Outcomes



- Explore ambivalence about reunification
- Assist parents in preparing for termination of parental rights
- Help parents understand the significance of frequent visits
- Help parents prepare for reunification
 - Income, employment, schooling for children, etc.
- Assist parents to involve family members and friends

The Essential Role of the SA/MH Counselor in Engagement and Retention

Preparing for Post-Treatment Outcomes

- Help parents develop appropriate expectations for reunification, such as:
 - The possibility their children will be frustrated or angry
 - Disruption in the lives of their children
 - Difficulties in supervising children while working
 - Living in a more crowded household with more demands on their time and energy
- *Plan for the stresses of reunification and develop joint strategies to avoid relapse*





The Family Perspective

“The first time I went to court, two people graduated. I wanted that; I wanted that recognition. I wanted that amount of clean time. It got easier and easier seeing other people do it and I realized that I could do it too.”

“The program is giving me the services that I didn’t even know were available. It gave me my daughter by allowing me to have a chance without a petition being filed. Even though it is voluntary, it is still very formal. It gives me the chance to prove that I can do this with help and it is very encouraging.”

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Questions?






 National Center on Substance Abuse and Child Welfare

 Bringing Services Together for Family Recovery, Safety, and Stability



Technical Assistance and Resources

- How do I access technical assistance?
 - Visit the NCSACW website for resources and products at <http://ncsacw.samhsa.gov>
 - Email us at ncsacw@cffutures.org
 - Call us: 1-866-493-2758
- Resource: Recovery Specialist paper



Contact Information

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