

**Family-Centered Care:
Policy and Practice Innovations in Connecting
Substance Abuse Treatment,
Child Welfare and the Family Courts**

*When Parents Return from Prison or Jail:
Using a Family-Centered Approach to Support
Families Dealing with Reintegration Back into the
Family and Community*
October 5, 2011

Nancy K. Young, Ph.D.

National Center on
Substance Abuse and Child Welfare
Supporting Evidence-Based Approaches to
Family Stability, Safety, and Stability

N C S A C W
National Center on
Substance Abuse and Child Welfare

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

Welcome

- Overview of the Issues
- National and Local Initiatives
- Family Centered Treatment
- Technical Assistance Resources
- Discussion

Incarcerated Parents

- Incarcerated women (62 percent) are more likely than men (51 percent) to report being a parent.
- The number of children with a mother in prison increased 131 percent between 1991 and midyear 2007.
- The rate of female incarceration is increasing: in 10 years the rate of female incarceration rose 57%, male incarceration rose 34%

Mumola, BJS 2000, Harrison/Beck 2006
Bearsse, M. (2008) "Children and Families of Incarcerated Parents, Understanding the Challenges and Addressing the Needs,"
Washington State Department of Social and Health Services, Olympia WA

A Profile of Incarcerated Mothers

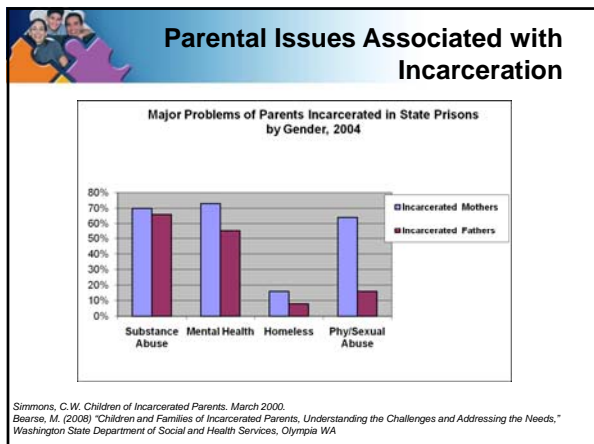
- Minority between the ages of 25 and 29
- Single parent with 1-3 children
- Family of origin is a single parent home
- Family members are or have a history of incarceration
- High school drop out
- Unemployed
- High degree of childhood abuse and traumatic experiences*

Simmons, C.W. Children of Incarcerated Parents. Accessed from <http://www.library.ca.gov/crb/00/notes/V7N2.pdf> on 09/26/11.
*Peltan, J.R. & Cellucci, T. (2011) Childhood Sexual Abuse and Substance Abuse Treatment Utilization among Substance-dependent Incarcerated Women. *Journal of Substance Abuse Treatment*. 41:215-224.

**History of Physical or Sexual Abuse and
Substance Abuse of Incarcerated Mothers**

- Physical abuse at some time: 52.8%
- Sexual abuse at some time: 41.7%
- Regular use of alcohol or drugs: 64.5%

Simmons, C.W. Children of Incarcerated Parents. Accessed from <http://www.library.ca.gov/crb/00/notes/V7N2.pdf> on 09/26/11.

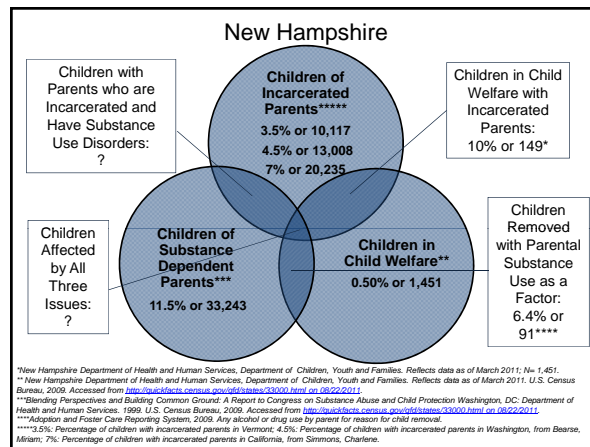
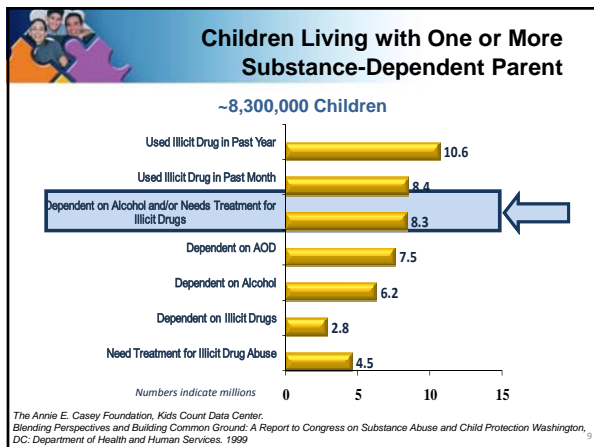


How many children are affected?

- 1.5 million children have a parent who is currently in state or federal prison
- The majority of incarcerated parents used drugs one month before their offense and were in prison for violent offenses or drug trafficking
- Nearly half of all state and federal prisoners, or 700,000 inmates, have at least one minor child
- Between 1991 and 1999, the number of children with an incarcerated parent increased by 50 percent; this number has likely increased
- One out of six arrests involves a child directly or indirectly affected by drug or alcohol use

Two million-plus opportunities to recognize and respond to harm done to children!

Morarity, Lori. "The Crisis Response: A Door to Recovery." The National Conference on Substance Abuse, Child Welfare and the Courts: Putting the Pieces Together for Children and Families., Children and Family Futures, National Harbor, MD, September 15 2011. Conference presentation.



Children with Incarcerated Parents: A Neglected Population

Why?

- A criminal justice system lacking a tradition of considering inmates' familial relationships
- An overwhelmed child protection system
- Negative public attitude toward prisoners & their families
- Poor communication among prisons, child welfare agencies, and other social services
- Lack of common databases
- Shame and stigma
- Silence

Bearsse, M. (2008) "Children and Families of Incarcerated Parents, Understanding the Challenges and Addressing the Needs," Washington State Department of Social and Health Services, Olympia WA

Where are children of the incarcerated?

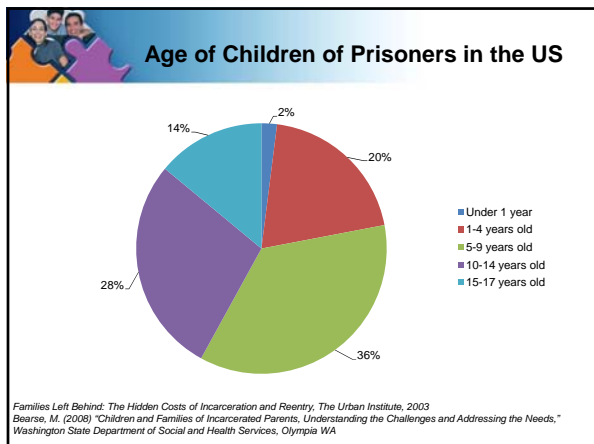
Child's Current Caregiver: Fathers in State Prison

- 88%: child's mother
- 13%: child's grandparent
- 5%: other relative
- 2%: foster home or agency (12,556 inmates)

Child's Current Caregiver: Mothers in State Prisons

- 37%: child's father
- 45%: child's grandparent
- 23%: other relative
- 11%: foster home or agency (6,402 inmates)

*BJS, August 2008
Bearsse, M. (2008) "Children and Families of Incarcerated Parents, Understanding the Challenges and Addressing the Needs," Washington State Department of Social and Health Services, Olympia WA*



Children with Incarcerated Parents and Child Welfare Involvement

- Children whose parents are involved in the criminal justice system have an above average likelihood of entering foster care (Phillips et al. 2004).
- Reunification is 21% versus 40% for all children (Ross, Khashu, Wamsley 2004)

Simmons, C.W. Children of Incarcerated Parents, March 2000...
Bearsse, M. (2008) "Children and Families of Incarcerated Parents, Understanding the Challenges and Addressing the Needs," Washington State Department of Social and Health Services, Olympia WA

Children with Incarcerated Parents and Child Welfare Involvement

- Maternal incarceration can affect the length of time the children spend in foster care and child welfare agencies' plans whether to reunite families (Ehrensaft et al. 2003).
- Reunification is less likely, and adoption more likely, for the children of incarcerated mothers (Ehrensaft et al. 2003; Dworsky 2004).
- Children of incarcerated mothers:
 - More likely to "age out" of the foster care system
 - Less likely to reunify, enter into subsidized guardianship, get adopted, or leave foster care through other means

Simmons, C.W. Children of Incarcerated Parents, March 2000...
Bearsse, M. (2008) "Children and Families of Incarcerated Parents, Understanding the Challenges and Addressing the Needs," Washington State Department of Social and Health Services, Olympia WA

Trauma

- An incident is traumatic if it carries a threat against life, physical well being or personal security
- Most mothers who are incarcerated and/or have substance use disorders have histories of traumatic experiences.
- Children always experience the loss of a parent as traumatic
- Trauma diverts a child's energies from developmental tasks
- Children can be re traumatized by situations characterized by additional threats or simple uncertainty

McAllister-Groves, Child Witness to Violence Project 2002
Family Policy Council 2010
Bearsse, M. (2008) "Children and Families of Incarcerated Parents, Understanding the Challenges and Addressing the Needs," Washington State Department of Social and Health Services, Olympia WA

Possible Developmental Effects of Parental Arrest and Incarceration on Children

- Infancy and Toddlerhood (Birth to 2):
 - Reactive attachment disorder
- Early childhood (2-6):
 - Inappropriate separation anxiety
 - Impaired socio-emotional development
 - Acute traumatic stress reactions
 - "Survivor's guilt"
- Middle childhood (7-10):
 - Developmental regressions
 - Poor self-concept
 - Acute traumatic stress reactions
 - Impaired ability to overcome future traumas


Fight, Flight or Freeze
- Early adolescence (11-14):
 - Rejection of limits on behavior
 - Trauma-reactive behaviors
- Late adolescence (15-18):
 - Premature termination of dependence on parents
 - Intergenerational crime and incarceration (Adapted from K.Gable and D. Johnston, 1997)

Bearsse, M. (2008) "Children and Families of Incarcerated Parents, Understanding the Challenges and Addressing the Needs," Washington State Department of Social and Health Services, Olympia WA

Impact of Parental Incarceration



- Parental incarceration often adds stress to families already struggling with poverty, instability, financial strain, abuse, domestic strife, or neglect.
- The child loses the supervision and emotional and financial support that an incarcerated parent otherwise might provide.
- Need to identify another caregiver or legal guardian.

The Mentoring Children of Prisoners Program Report to Congress, 2007
Bearsse, M. (2008) "Children and Families of Incarcerated Parents, Understanding the Challenges and Addressing the Needs," Washington State Department of Social and Health Services, Olympia WA





Problems Children Face

- Children of prisoners are likely to feel stigmatized by peers, teachers, and society in general.
- They are often limited by assumptions that they too will go to prison.
- Out of shame and fear of rejection, many children of prisoners do not tell even their closest friends or potentially helpful adults of their parent's imprisonment.
- If parent also had co-occurring mental or substance use disorder, the child may have genetic vulnerability

Impact of Parental Substance Use on Children



- Prenatal exposure
 - May interfere with normal growth and development
- Postnatal family environments
 - Inadequate parenting skills and support
 - Violence
 - Living in poverty
 - Parental mental illness

Postnatal Effects of Substance Abuse


Typical experiences of children whose caregiver uses substances

- Chaotic, unpredictable home life
- Inconsistent parenting/lack of appropriate supervision.
- Inconsistent emotional responses from parents to children
- Physical/emotional abandonment of children by parents
- Secrecy about home life.
- Parental behavior may make the child feel guilt, shame, or self-blame.

Postnatal Effects of Substance Abuse


- Because of their life experiences, children may have developed feelings, such as:
 - Believing they have to be perfect;
 - Believing they have to become parent to the parent;
 - Difficulty trusting others;
 - Difficulty maintaining a sense of attachment;
 - Difficulty achieving positive self-esteem;
 - Difficulty achieving self-autonomy;
 - Extreme shyness or aggressiveness.




Where do we Start? *Local and National Initiatives*




Special Court of
Judicial Officers and Child Welfare
Bringing Services Together for
Family Economic Stability and Stability



Summary of the Five National Reports

Identified barriers

1. Differences in values and perceptions of primary client
2. Timing differences in service 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



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

Good Things Going on in New Hampshire

- Nashua 2009 Symposium On Substance Abuse and Child Protection: Substance Abuse / Child Welfare / Family Court Collaboration
- Keystone Hall: Cynthia Day Family Center
 - Family Centered Treatment for Pregnant, Post-partum and Parenting Women
- Families in Transition (FIT)
 - Homeless Individuals and Families: Substance Abuse, Youth and Life Skills
- Families Based Prisoner Substance Abuse Treatment Program
 - Incarcerated Women with Children
- Offender Re-entry Service Initiative (ORSI)

Map of New Hampshire counties with callouts listing various service providers and programs:

- *Concord Hospital (Fresh Start) in Concord.
- *RTT Associates in Concord.
- *Chrysalis Recovery Center in Franklin.
- *Phoenix House in Franklin.
- *Counseling Associates of New London in Newport and Claremont.
- *Monadnock Family Services in Keene.
- *Phoenix House in Keene.
- *Community Improvement Associates in Keene.
- *Phoenix House in Dublin.
- *Greater Nashua Council on Alcoholism in Nashua.
- *Milford Regional Counseling in Milford.
- *RTT Associates in Manchester.
- *PWS Counseling in Manchester.
- *Northern Human Services in Littleton.
- *Tri County Cap in Berlin.
- *Northern Human Services in Berlin, Colebrook & Groveton.
- *Northern Human Services in Conway & Wolfeboro.
- *Melissa Fernald in Wolfeboro.
- *Chrysalis Recovery Center in Laconia.
- *Nathan Brody Chemical Dependency Program in Laconia.
- *Horizons Counseling Center in Gifford.
- *Dove Parisi in Gifford.
- *Edith Gault in Gifford.
- *Tucker Counseling in Tilton.
- *Southeastern NH Services in Dover.
- *RTT Associates in Rochester.
- *EqWise Counseling in Londonderry.
- *Private Practitioner, Barbara Beardsley in Exeter, Raymond, Epping, Candia, Deerfield & the Seacoast.

Efforts Across the Nation

Map of the United States showing the locations of various programs and grants:

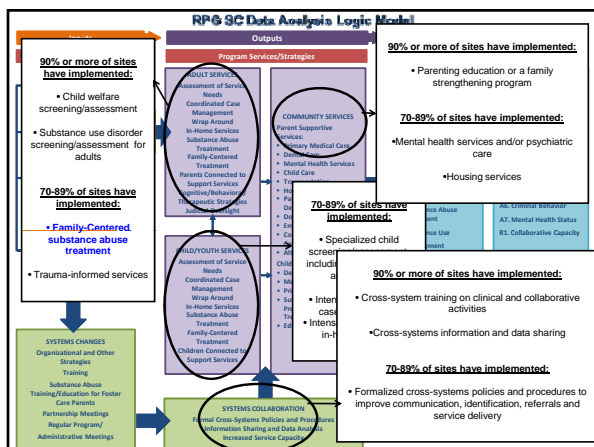
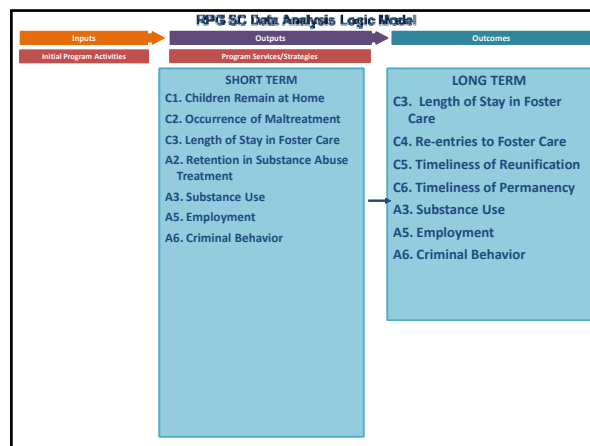
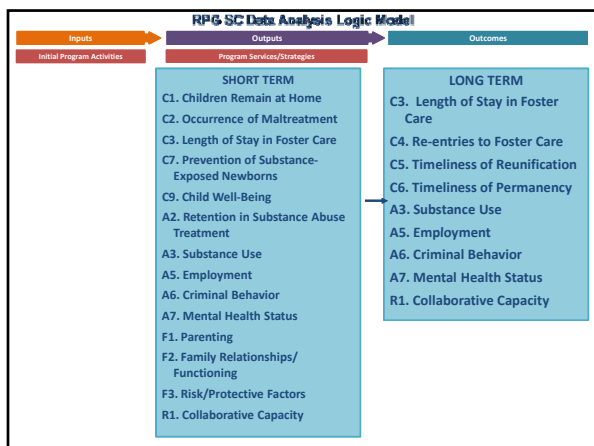
- ▲ CAM Grants (12)
- Family Drug Court Grants (22)
- ★ NCSACW IDTA Sites (20)
- RPG Sites (53)

Regional Partnership Grants

- Authorized by the Child and Family Services Improvement Act of 2006
- 53 regional partnership grants awarded in September, 2007
- Improve the safety, permanency, and well-being of children affected by methamphetamine and other substance abuse
- The grants address a variety of common systemic and practice challenges that are barriers to optimal family outcomes

RPG SC Data Analysis Logic Model

Inputs	Outputs	Outcomes		
Initial Program Activities	Program Services/Strategies	<table border="1"> <tr> <td> SHORT TERM C1. Children Remain at Home C2. Occurrence of Maltreatment C3. Length of Stay in Foster Care C7. Prevention of Substance-Exposed Newborns C9. Child Well-Being A2. Retention in Substance Abuse Treatment A3. Substance Use A5. Employment A6. Criminal Behavior A7. Mental Health Status F1. Parenting F2. Family Relationships/Functioning F3. Risk/Protective Factors </td> <td> LONG TERM C3. Length of Stay in Foster Care C4. Re-entries to Foster Care C5. Timeliness of Reunification C6. Timeliness of Permanency A3. Substance Use A5. Employment A6. Criminal Behavior A7. Mental Health Status R1. Collaborative Capacity </td> </tr> </table>	SHORT TERM C1. Children Remain at Home C2. Occurrence of Maltreatment C3. Length of Stay in Foster Care C7. Prevention of Substance-Exposed Newborns C9. Child Well-Being A2. Retention in Substance Abuse Treatment A3. Substance Use A5. Employment A6. Criminal Behavior A7. Mental Health Status F1. Parenting F2. Family Relationships/Functioning F3. Risk/Protective Factors	LONG TERM C3. Length of Stay in Foster Care C4. Re-entries to Foster Care C5. Timeliness of Reunification C6. Timeliness of Permanency A3. Substance Use A5. Employment A6. Criminal Behavior A7. Mental Health Status R1. Collaborative Capacity
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Overview: Family-Centered Treatment

90% or more of sites have implemented:

- Parenting education or a family strengthening program
- Mental health services and/or psychiatric care
- Housing services

70-89% of sites have implemented:


- Specialized child screening
- Cross-system training on clinical and collaborative activities
- Cross-systems information and data sharing
- Formalized cross-systems policies and procedures to improve communication, identification, referrals and service delivery

Principles

- Family-centered treatment is comprehensive
- Women define their families
 - Including extended family, clan relatives and fictive kin; attention must be paid to why women might reject or narrowly define their family
- Treatment is based on the unique needs and resources of individual families
 - Culture is a significant resource for healing



Principles

- Families are dynamic, and thus treatment must be dynamic
 - Many of the dynamics are trauma related, thus services must be trauma-informed
- Conflict is inevitable, but resolvable
 - Historic trauma may trigger conflicts that appear personal but are in fact survival mechanisms
- Meeting complex family needs requires coordination across systems





Principles

- Substance use disorders are chronic, but treatable
 - “It is always possible to remember who you really are.”
- Services must be gender responsive and specific and culturally competent
 - Culturally proficient services are culturally based, grounded in a holistic approach, trauma-informed, anti-oppressive, with culturally-specific interventions

Principles


- Family-centered treatment requires an array of staff professionals as well as an environment of mutual respect and shared training
 - “Helpers” must also come to terms with their own use and beliefs in the context of the services they provide
- Safety comes first
 - Includes protection from unwarranted family disruption, based on the reality of the child/individual—not the speculation of the “professionals”, otherwise safety is a false paradigm
- Treatment must support creation of healthy family systems—and recovery communities

Recovery and Recovery Oriented Systems of Care (ROSC)



- **Working Definition of Recovery:** Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.
- **Recovery Oriented Systems of Care (ROSC)** support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to sustain personal responsibility, health, wellness and recovery from alcohol and drug problems.

<http://www.ncsl.org/print/health/rosccworkshop.pdf>
http://samhsa.gov/docs/ROSCs_principles_elements_handout.pdf





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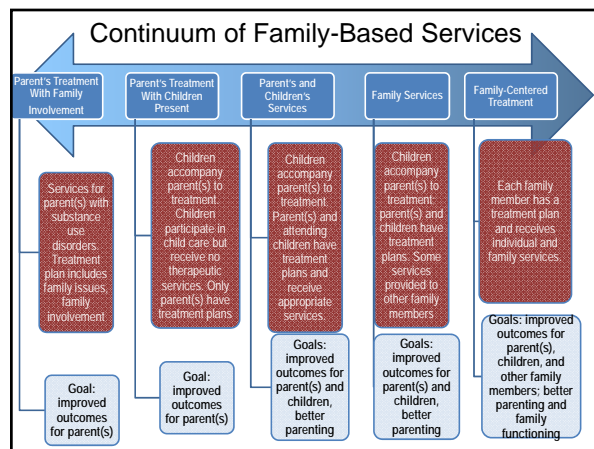
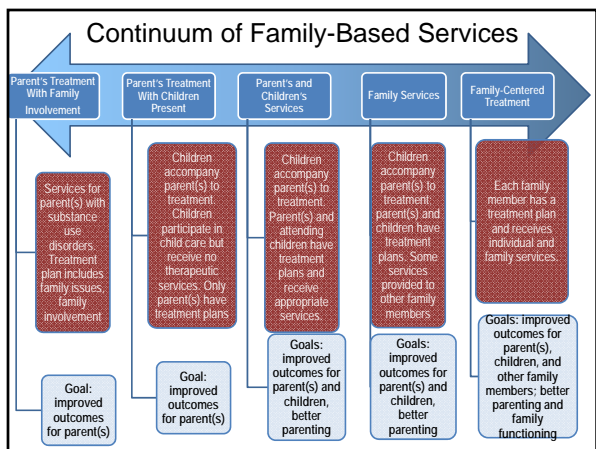
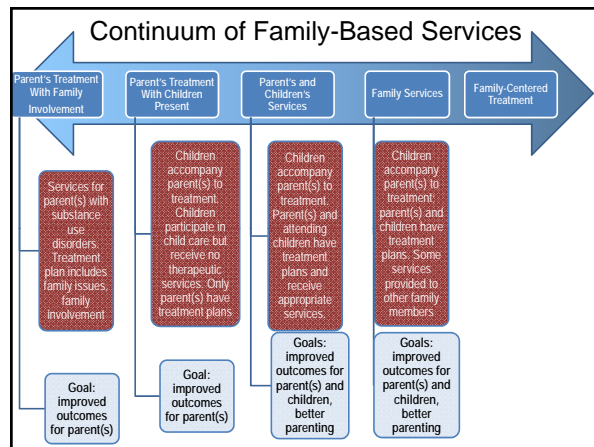
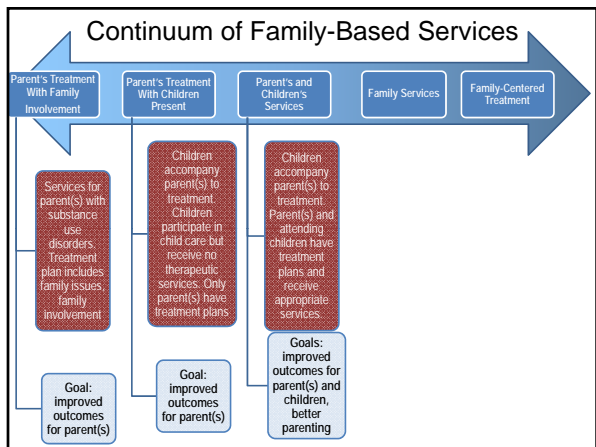
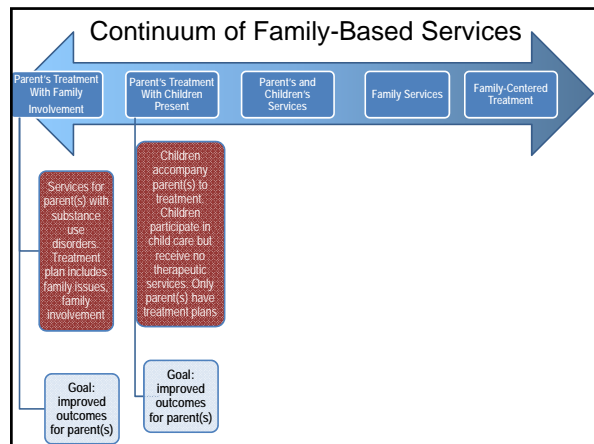
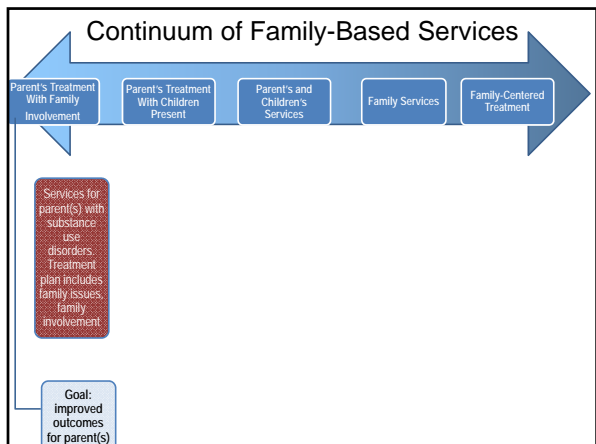
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Why is Engaging Fathers Important?

Children of father-absent homes are:

- Five times more likely to live in **poverty**
- Three times more likely to **fail in school**
- Two times more likely to develop **emotional or behavioral problems**
- Two times more likely to abuse **drugs**
- Two times more likely to be **abused and neglected**
- Two times more likely to become involved in **crime**
- Three times more likely to commit **suicide**

Source: Father Facts, 5th Edition, 2007

The Benefits of Father Involvement

Children with involved fathers display:

- Better cognitive outcomes, even as infants
- Higher self-esteem and less depression as teenagers
- Higher grades, test scores, and overall academic achievement
- Lower levels of drug and alcohol use
- Higher levels of empathy and other pro-social behavior

* Source: Father Facts, 5th Edition, 2007

Substance Abuse Impact on Fatherhood

- Biological effects
 - physical health, personal well-being
- Low-quality relationships
 - increases marital stress, spousal abuse, child maltreatment, or neglect
- Negative father-infant interactions
 - lower levels of sensitivity, positive expression, verbalization
- Failure to fulfill major role obligations at work and home
- Legal problems
 - arrests, incarceration
- Reduced employability
 - drug related criminal record, poor work performance

Benefits for Mothers

- Overall positive outcomes for children's well-being
- Additional support from father and paternal family
- Increase in mother's patience, flexibility and emotional responsiveness toward child
- Successful co-parenting conveys important messages to child; commitment to family modeled for children



52

Common Barriers to Engagement of Fathers


Organizational	<ul style="list-style-type: none"> • Accessibility, quality of services • Practice and policies • Agency culture • Search, paternity establishment, notification efforts • Multiple and conflicting requirements; work hours
Interpersonal	<ul style="list-style-type: none"> • Gender bias • Mental health, substance abuse • Culture, values • Family relationships • Attitude of staff, workers • Family of origin issues
Environmental	<ul style="list-style-type: none"> • Housing - Legal issues • Employment - Incarceration • Child Support - Transportation/Distance • Health - Community Support

Strategies to Engage Fathers


- Search efforts for fathers
- Partner with child support staff
- Father-focused parenting curriculum
- Gender specific services
- Male recovery specialist
- Father mentors or parent partner
- Bilingual mentors
- Male staffing

Engaging Fathers Through Mothers

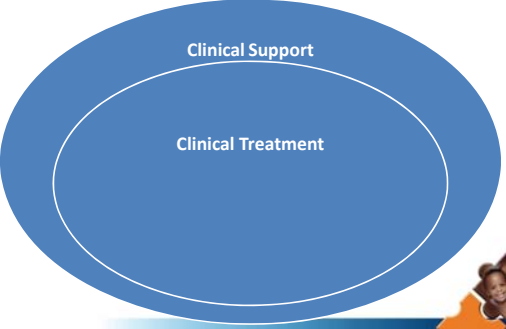
- Father involvement closely connected to relationship with mother
- One-sided advocacy for fathers' rights increases polarization and tension
- "Team Parenting Model" with selected services and supports can minimize conflict and promote children's best interest
- Family-Centered Treatment
- Early screening and assessment of family violence



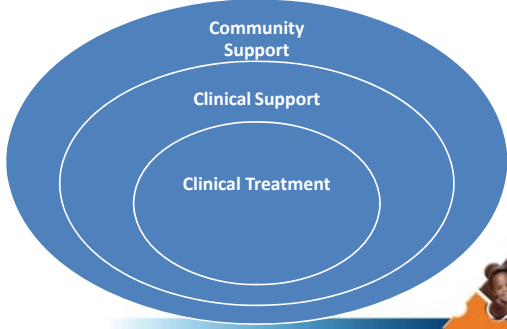
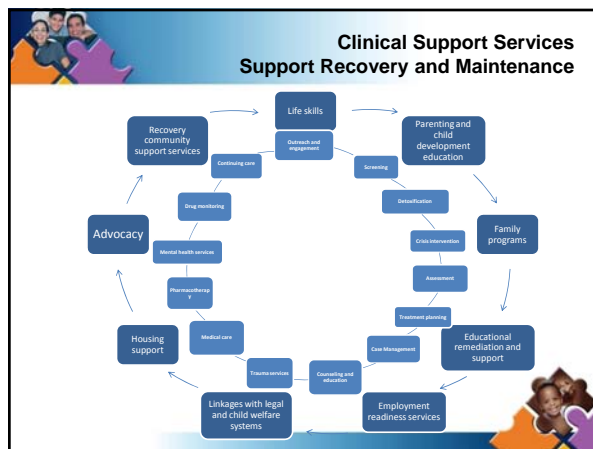
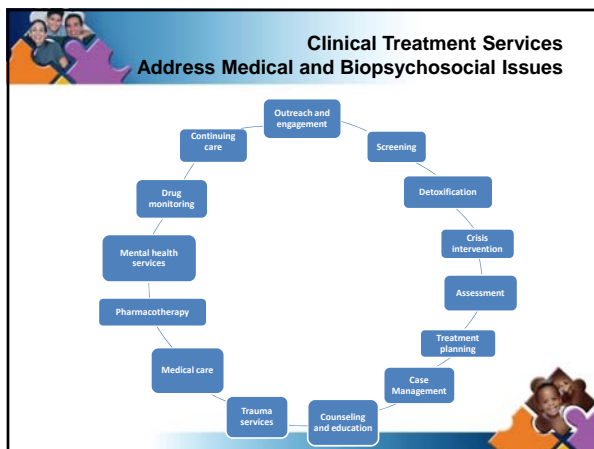
Inter-related Components

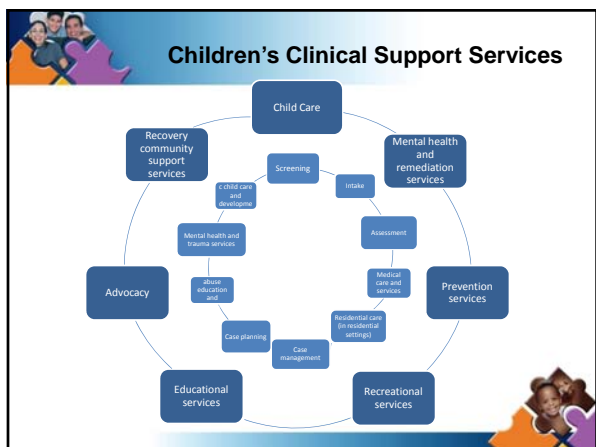
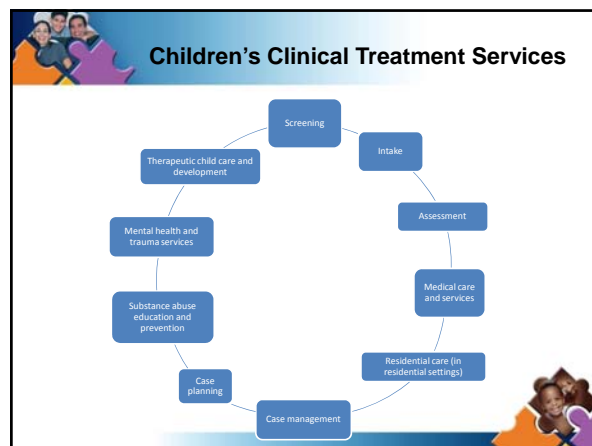
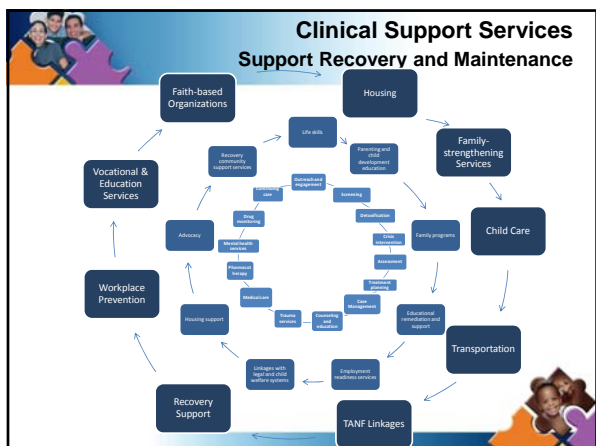


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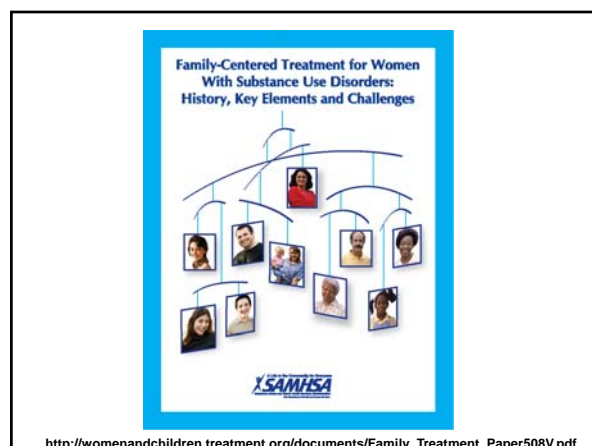


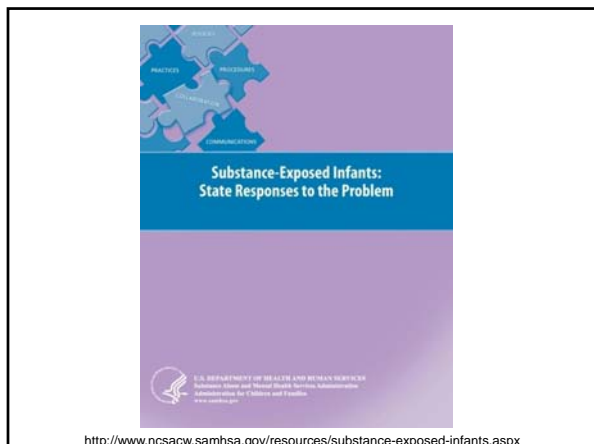

Inter-related Components



- ### Types of TA Products
- Collaborative practice and policy tools
 - Information and sharing of models
 - Expert consultation and research
 - Development of issue-specific products
 - Monographs, white papers, fact sheets
 - Training resources and collaborative facilitation
 - On-line courses, training materials
 - Longer-term strategic planning and development of protocols and practice models



Training and Staff Development

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

<http://www.ncsacw.samhsa.gov/training/default.aspx>



Resources for Engaging Fathers



- National Responsible Fatherhood Capacity Building Initiative
<http://www.fatherhood.org/capacity-building-initiative/grant/summary>
- National Responsible Fatherhood Clearinghouse
<http://fatherhood.gov/>
- National Quality Improvement Center on Non-Resident Fathers and the Child Welfare System
<http://fatherhoodqic.org/>
- Fathers & Families Coalition of America
<http://www.azffc.org/>




National Center on Substance Abuse and Child Welfare


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

Contact Information

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Discussion

