Healing the family begins with ensuring timely, appropriate and effective services for both parents and children to treat substance abuse, trauma and parent-child relationship.

FDCs are Serving Families
- Holistic approach, addresses family well-being
- FDCs both hold parents and systems accountable for their recovery and child outcomes
- Family stress and parent trauma can greatly contribute to relapse
- Family stability can greatly contribute to recovery

Outcomes
- Higher treatment completion rates
- Shorter time in foster care
- Higher family reunification rates
- Lower termination of parental rights
- Fewer new CPS petitions after reunification
- Cost savings per family
Challenges for Parents

- The parent is working toward his/her own recovery from trauma and substance abuse while parenting.
- The parent and child did not receive services that addressed trauma (for both of them) and relationship issues.
- 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 or caregiver’s may lack understanding of and ability to cope with the child’s medical, developmental, behavioral and emotional needs.

Parental Trauma

- Parents in the child welfare system often have their own history of abuse and trauma – contributing to substance abuse.
  - Mothers, in particular, are often coping with the combined effects of their own early trauma, substance abuse and mental health disorders.
- Women with substance use disorders had a 30% to 59% rate of dual diagnosis with posttraumatic stress disorder (PTSD), most commonly stemming from a history of childhood physical and sexual abuse.
- 60% to 90% of a treatment-seeking sample of substance abusers also had a history of victimization.

Impact on Parenting Practices

- Parenting practices associated with substance-abusing parents include:
  - Inconsistent, irritable, explosive, or inflexible discipline.
  - Low supervision and involvement.
  - Little nurturance.
  - Tolerance of youth substance use.

What does the parent need?

- We must nurture the adult first, before we can expect changes in parenting.
  - Treatment for substance abuse and co-occurring disorders.
  - Screening, assessment, and intervention for trauma.
  - Concrete supports – child care, transportation, and housing are key.
  - Social support – engaging fathers in the program.
Impact on the Child

The impact on the child can range from:

- Severe, inconsistent and inappropriate discipline
- Neglect of basic needs: food, shelter, clothing, medical care, education, supervision
- Disruption of parent/child relationship, child’s sense of trust, belonging
- Situations that jeopardize the child’s safety and health (e.g. manufacturing and trafficking)
- Physical and emotional abuse
- Ongoing trauma as a result of all of the above, as well as from removal
  - Children living in a home with drug and alcohol abuse were almost five times more likely to have experienced a traumatic event, and were over two times more likely to have a stress response to the traumatic event, than children unexposed to caregiver substance abuse.


Impact on the Child – Trauma and Neurodevelopment

- Trauma and maltreatment lead to activation of the stress response. Frequent and sustained activation of the stress response in the developing brain can lead to higher risk of behavioral and physiological disorders over time.
- Adverse childhood environments and experience of maltreatment can impair the development of executive function skills (such as working memory, inhibitory control and mental flexibility) due to damage to the brain from chronic activation of the stress response.


Family Recovery

- Nurture the parent
- Nurture the child
- Nurture the relationship

Why Parent Training?

- Parenting is directly related to a child’s overall welfare and influences outcomes such as behavior, educational success, and emotional well-being (Olds, et al., 2007).
- Knowledge of parenting skills as well as a basic understanding of child development has been identified as a key protective factor against abuse and neglect (Geeraert, 2004; Lundahl, 2006; &Macleod and Nelson, 2000).
- The underlying theory or impetus of parent training is that (a) parenting skills can improve with training, (b) child outcomes can be improved, and (c) the risk of child abuse and neglect can be reduced (Johnson, Stone, Lou, Claassen, & Austin, 2008).
- Characteristics of effective parenting include (a) interaction style with their child, (b) warmth and affection towards their child, and (c) parenting strategies used (Johnson, et al., 2008).

Goals of Parenting Training

- Increase parents’ understanding of child development
- Demonstrate and practicing effective child behavior management
- Increase parents’ array of positive coping strategies for stress associated with their role as a parent
- Target family healing and provide opportunities for parents to practice their skills
- Foster the parent-child relationship

Effective Parenting Training and Permanency

- Effective parenting training and parent-child therapy leads to:
  - Improved mental health for parents and children
  - Better family bonding and parent-child relationships
  - Improved school outcomes and social skills and decreased problem behavior for children

What is Evidence-Based Practice? Why Is It Important?

Evidenced-Based Practices

- Evidence-Based Practice
  - Procedures and processes that result in the integration of the best research evidence with clinical expertise and client values
- Evidence-Supported Interventions
  - Interventions that have the support of the “best research evidence” showing their efficacy or effectiveness
- Practice Guidelines
  - A set of strategies, techniques, and treatment approaches that support or lead to a specific standard of care that guides systems, care, and professions in their relationships to consumers

Implementing Evidence-Based Practice

- Implementing any EBP requires a thoughtful consideration of your target population, capacity and appropriate settings.
- The “evidence” also points to the equal importance of the multidisciplinary team that ensures timely access to needed substance use disorder treatment and trauma services.

Common Elements in Effective Programs

- Effective programs are those that target behavioral change in a structured manner
- Cognitive-behavioral, skill-oriented, and multi-modal programs have best effects

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 in Selecting an EBP

- Age of child
- Intended audience – Are cultural adaptations necessary?
- Targets of the intervention – What does the program try to change?
- Level of research evidence
- Which population it was studied with – FDC? Child welfare? What were the outcomes?
- Costs – Required training, resources and fidelity monitoring
Example Parent Training Models – CEBC

- Well-Supported by Research Evidence
  - The Incredible Years
  - The Oregon Model, Parent Management Training
  - Parent-Child Interaction Therapy
- Supported
  - 123 Magic: Effective Discipline for Children 2-12
  - SafeCare
- Promising
  - Active Parenting of Teens: Families in Action
  - Attachment and Biobehavioral Catch-up (ABC)
  - Circle of Security (COS)
  - Combined Parent-Child Cognitive-Behavioral Therapy (CPC-CBT)
  - Common Sense Parenting (CSP)
  - COPing with Toddler Behaviour
  - Defiant Children: A Clinician’s Manual for Assessment and Parent Training
  - Nurturing Parenting Programs
  - Parenting Wisely
  - Promoting First Relationships (PFR)
  - Teaching-Family Model (TFM) – detailed view

Common Parenting Intervention Goals

- Gaining parenting skills (attention, praise, modeling, etc.)
- Learning effective methods for reducing difficult behavior (time out, logical consequences, etc.)
- Planned activities (activity preparation, cuing, rule setting, etc.)
- Child-directed play
- Parent-child relationship building (scheduled time together)
- Parent’s personal skill building (time management, health checking, etc.)
- Child programming and education (social skills training)

Common Clinical Components (Ages 0-3)

- Parent component
- Child component
- Group format
- Homework
- Video feedback

Infant Mental Health and Parent Training Components (Ages 0-3)

- Parents and children are BOTH included in the program
- Optional group format - average of 10 participants
- Homework - tracking child behavior and proximity seeking
- Video feedback on parent/child interaction and observation of stock videos
- Minimum professional requirement of Bachelor’s degree
- Dosage (Weekly, 1 hour, primarily 4-20 weeks)
- Setting (Home-based and community-based)
- Social learning and attachment are foundational theories
- Parent-directed and child-directed play
- Psychoeducation about child development and mental health
Parent Training Program Components (4-8)

- Ten common components
  - Strong engagement and alliance development with parent
  - Demonstration of skills to be learned
  - Relentless focus on increasing positive behavior of parent and child with praise and other rewards
  - Require completion of behaviorally specific homework each week with child
  - Psychoeducation about child development and mental health
  - Monitoring of progress by parent of parent’s progress and child’s progress
  - Methods to maintain engagement in the group
  - Require frequent behavioral practice in session (preferably with live feedback)
  - At least 15 hours (individual), 25 hours (group)
  - Supervision of group leader based on observation (or listening)


Teen Groups – Family Centered Treatment

- EBP such as Celebrating Families, which include break-out sessions by age groups, address the unique needs of children, particularly underserved groups such as youth and teenagers
- Emergence of teen support and alumni groups
- Provides a voice in their parent and family recovery

Family-Centered Programs for Families Affected by Substance Abuse

- Celebrating Families
- Strengthening Families
- Nurturing Program for Families in Substance Abuse Treatment and Recovery

Implementing EBP in FDC: An Implementation Perspective
Tianna Roye, Deputy Director, Bridges
The Need

• Adult-focused programs
  – very little child involvement
• Parenting in recovery
  – need a specific curriculum
• Damage to children – what about them?
  – don’t talk, don’t feel, don’t trust
• Resistance to change
  – road to relapse
• Cycle of addiction
  – foster youth now adult clients
• Beyond the first five years
  – apparent delays

Goals and Outcomes

• Increase positive parent/child relationships
• Increase parenting knowledge, skills and efficacy
• Increase family communication skills
• Increase family organization
• Decrease family conflict and excessive physical punishment

Celebrating Families and Strengthening Families

Breaking Cycles, Repairing Childhood

CF Session Topics

1. Introduction
2. Healthy living
3. Nutrition
4. Communication
5. Feelings and Defenses
6. Anger Management
7. Facts about ATOD
8. Chemical Dependency is a Disease
9. Goal Setting
10. Chemical Dependency Affects the Whole Family
11. Making Healthy Choices
12. Healthy Boundaries
13. Healthy Friendships and Relationships
14. How We Learn
15. Our Uniqueness
16. Celebration
Strengthening Families Topics

1. Introduction and Group building
2. What Kids Can Do & How to Manage Stress
3. Rewards
4. Goals and Objectives
5. Noticing and Ignoring
6. Communication I: Better Relationships
7. Communication II: Family Meetings
8. Alcohol, Tobacco, Drugs and Families
9. Solving Problems and Giving Directions
10. Setting Limits I: Behavior You Can’t Ignore
11. Setting Limits II: Practice Setting Limits
12. Setting Limits III: Solving Behavior Problems
13. Building and Using Behavior Programs
14. Getting and Keeping More Good Behavior

Program Structure

- Family meal (30 minutes)
- Group (2 hours)
- Connecting with families (30 Minutes) (CF only)

How We Evolved…

- Informal supervision only (0-5 and SEI)
- Slow to start - 8 graduates
- High drop-out rate
- Incentives, great food, bus passes, surveys, phone calls, follow-ups and many, many trainings
- Regular collaborative meetings

Our Humble Beginnings
Today

- Participants in both FDCs (DDC & EIFDC)
- Social Worker referred
- Court compliance
- Resource Recovery Specialists
- Better retention
- Trainings, trainings, trainings
- Continued collaborative meetings

Lessons Learned Helpful Hints

Lessons Learned Adolescent Involvement

- Greater involvement from all parties – better successes
- People in the right place – children facilitators especially.
- Bus passes are necessary
- Be flexible with fitting children in appropriate group
- Regular meetings are a must – constantly re-evaluate
- Adapt, adapt, adapt – no two sessions are the same

- Lay the groundwork immediately – share your story
- Meet them where they are – get creative
- Deviate when necessary – be flexible
- Create a texting policy
- Mix it up & Make it fun!
- Always follow through
Lessons Learned

Father Involvement

• Encourage it from the start – it’s all in how you phrase it
• Show respect – they will be looking for judgment
• Group dads together during activities – reinforcing “I’m not alone”
• Help them find “their middle ground” that involves emotional responses
• Help them see the gray areas – less black and white
• Validation, validation, validation

Training Take Home

• You can implement a great program too!
• The need will always be there!
• True prevention and reduction of recidivism!
• We can help break the cycle of addiction!

Success Stories

• Teenagers excited about their future!
• Shared sense of belonging
• Great father involvement
• Teens with labels
• Parents truly feeling equipped

Questions and Discussion
Contact Us!

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