



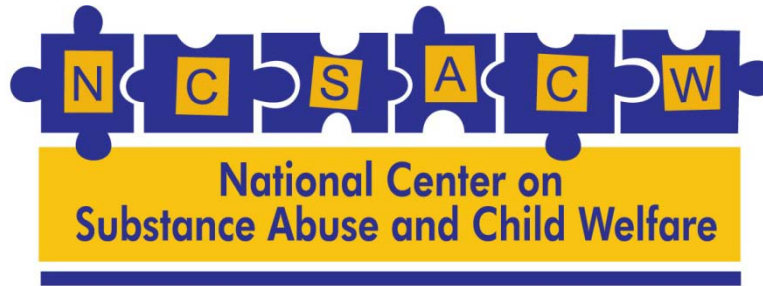
National Center on  
Substance Abuse and Child Welfare

Bringing Systems Together for  
Family Recovery, Safety, and Stability

# Engaging Parents in Treatment, Recovery and Parenting: Effective Strategies of Specialized Treatment and Recovery Services (STARS)

July 16 – 20, 2008  
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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](http://www.samhsa.gov)

# NCSACW Mission

- ❑ To improve outcomes for families by promoting effective practice, and organizational and system changes at the local, state, and national levels
- ❑ To develop and implement a comprehensive program of information gathering and dissemination
- ❑ To provide technical assistance

# Presentation Topics

- History – Where we have been
- Common Impacts on Children of Substance Users
- Models of Practice
- Sacramento CA – System wide Reform
- Specialized Treatment and Recovery Specialists (STARS) Program
- A Father's Perspective

# Five National Goals Established

- ❑ Building Collaborative Relationships
- ❑ Assuring Timely Access to Comprehensive Substance Abuse Treatment Services
- ❑ Improving our Ability to Engage and Retain Clients in Care and to Support Ongoing Recovery
- ❑ Enhancing Children's Services
- ❑ Filling Information Gaps

Blending Perspectives and Building Common Ground – Report to Congress in response to the Adoption and Safe Families Act

# Leadership of the Federal Government on Substance Abuse and Child Welfare Issues

**1999** Report to Congress: *Blending Perspectives and Building Common Ground*

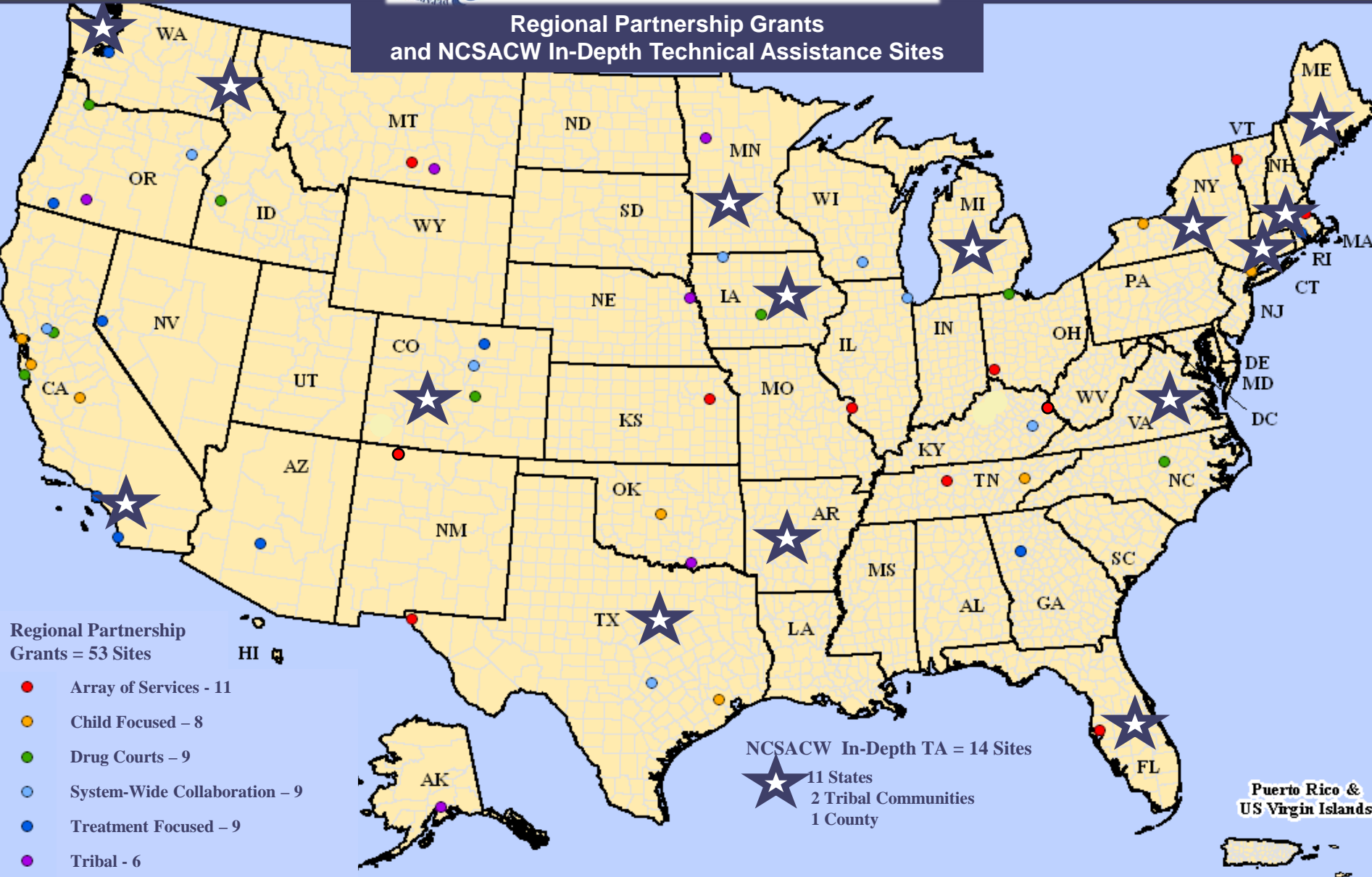
**2000 – 2001** Regional State Team Forums

**2002 - 2007** National Center on Substance Abuse and Child Welfare

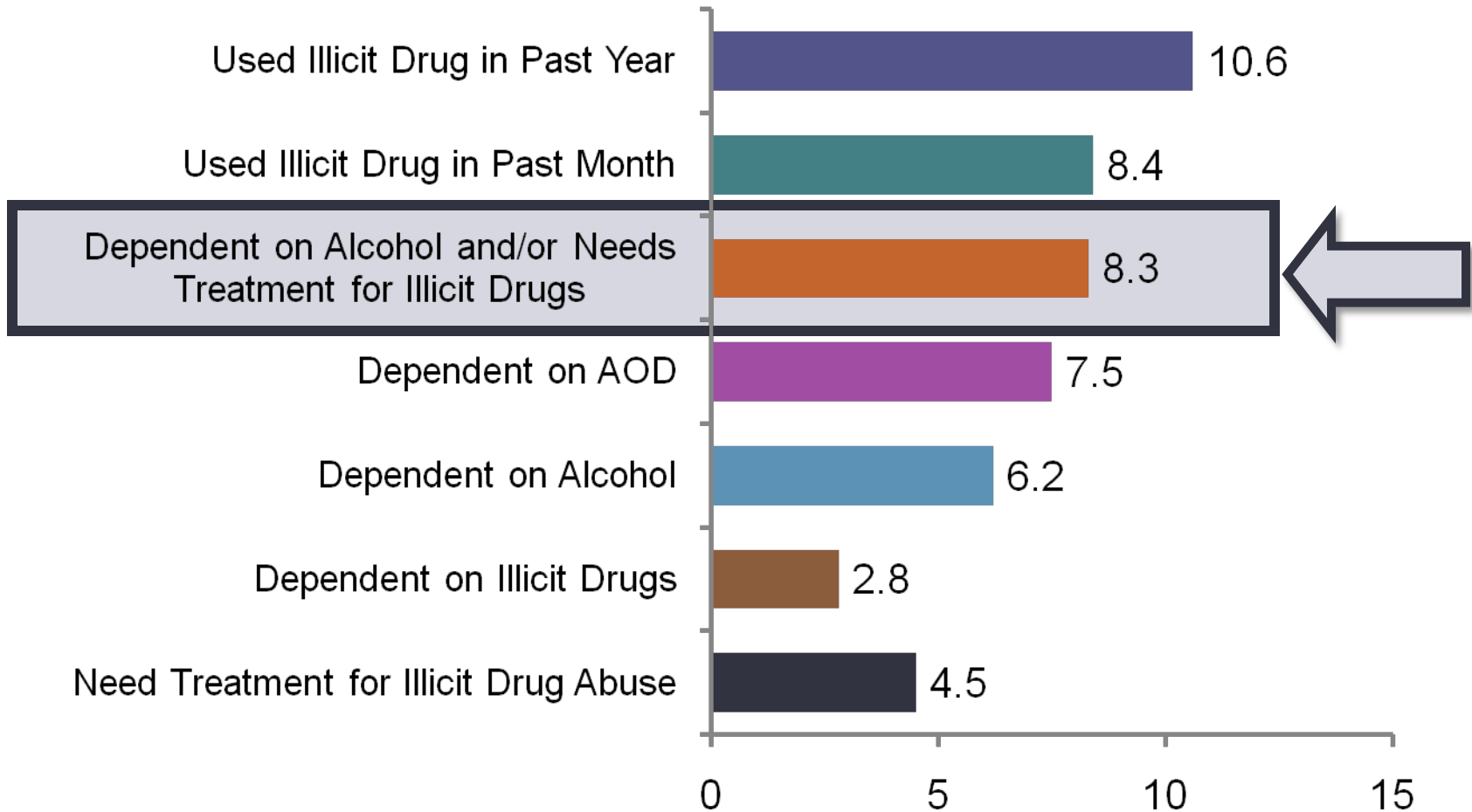
**2007 – 2012** Re-funding National Center on Substance Abuse and Child Welfare

**2007 – 2012** Regional Partnership Grants

## Regional Partnership Grants and NCSACW In-Depth Technical Assistance Sites



# Children Living with One or More Substance-Abusing Parent



*Numbers indicate millions*

# Use During Pregnancy & Prenatal Exposure

**SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004-2005 Annual Average,  
Applied to National birth data: 4,112,052 births in 2004**

<b>Substance Used (Past Month)</b>	<b>1st Trimester</b>	<b>2nd Trimester</b>	<b>3rd Trimester</b>
<b>Any Illicit Drug</b>	<b>7.0% women 287,800 infants</b>	<b>3.2% women 131,600 infants</b>	<b>2.3% women 94,600 infants</b>
<b>Alcohol Use</b>	<b>20.6% women 847,000 infants</b>	<b>10.2% women 419,400 infants</b>	<b>6.7% women 275,500 infants</b>
<b>Binge Alcohol Use</b>	<b>7.5% women 308,400 infants</b>	<b>2.6% women 106,900 infants</b>	<b>1.6% women 65,800 infants</b>

State prevalence studies report 10-12% of infants or mothers test positive for alcohol or illicit drugs at birth ~ **411,200 infants**

# Children of Substance Abusers

Prenatal exposure and/or environmental exposure to parental substance abuse

- ❑ Prenatal exposure may interfere with normal growth and development
- ❑ Postnatal family environments may lack consistency and the resources to meet their needs

# Screening and Assessment of Consequences for Children

**The complexity of screening and assessment for these children is compounded by at least two realities:**

- ❑ There is no absolute profile of developmental outcomes based on a child's exposure to his or her parents' substance use, abuse, or dependence
- ❑ Other problems arising in parental behavior, competence, and disorders interact with substance use, abuse, and dependence to cause multiple co-occurring problems in the lives of these children

# Children of Substance Abusers

## Common experiences for Children of Substance Users

- ❑ Chaotic and unpredictable home life
- ❑ Inconsistent parenting and a lack of supervision
- ❑ Inconsistent parental emotional responses
- ❑ Inconsistent provision of care
- ❑ Parental may withdraw both physically and emotionally
- ❑ Parental behavior may make the child feel guilt, shame, or self-blame

# Children of Substance Abusers

Multiple opportunities for intervention

Commonly noted consequences for children

- Fetal Alcohol Syndrome (FAS)
- Alcohol-related neuro-developmental disorders (ARND)
  - Physical health consequences
  - Lack of secure attachment
  - Psychopathology
  - Behavioral problems
  - Poor social relations/skills
  - Deficits in motor skills
  - Cognition and learning disabilities

# Models of Practice

- ❑ Paired Counselor and Child Welfare Worker
- ❑ Counselor Out-stationed at Child Welfare Office or Court
- ❑ Parent Mentors
- ❑ Multidisciplinary Teams for Joint Case Planning
- ❑ Family Drug Treatment Courts

# Models of Family Drug Treatment Courts

## Integrated

(e.g., Santa Clara, Reno, Suffolk)

## Dual Track

(e.g., San Diego)

## Parallel

(e.g., Sacramento)

## Cross-Court Team

(e.g., Orange County, CA)

# Sacramento County's Reform Components

## Comprehensive cross-system joint training

- Training to increase service capacity

## Substance Abuse Treatment System of Care

- Maximum and efficient use of resources

## Early Intervention Specialists

- Immediate assessment and referral to treatment at court hearing
- Educate parents about the dependency and family reunification process

# Sacramento County's Reform Components

## Recovery Management Specialists (STARS)

- Liaison between clients and court – reduce gaps in services
- Support, hope, and advocacy

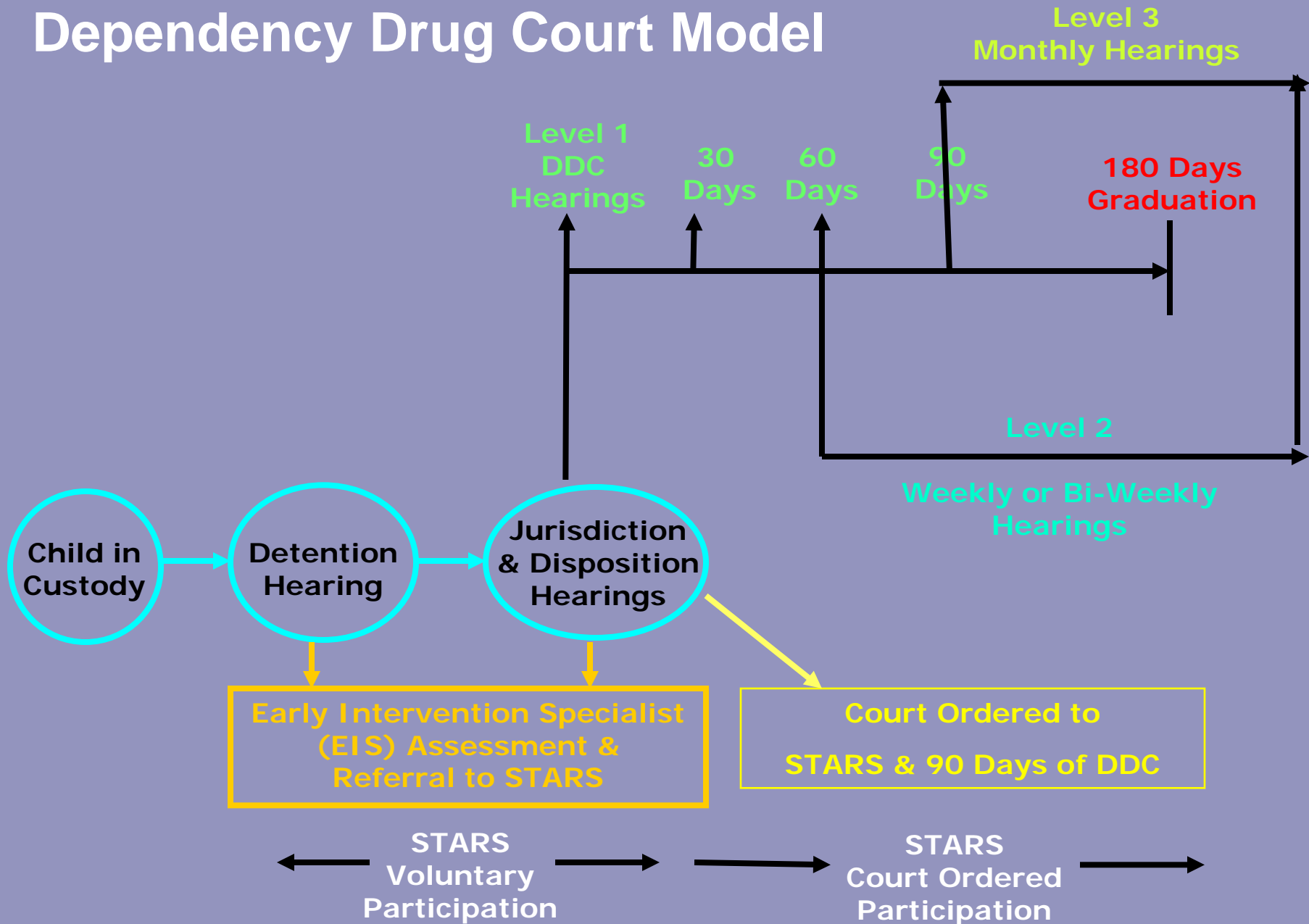
## Dependency Drug Court

- Increased oversight and response to progress and setbacks
- Ensure provision of reasonable efforts within ASFA timeframes
- Early Intervention Family Drug Court for Infants identified as prenatally exposed who remain in home

## Early Intervention Family Drug Court

- Serve substance-exposed infants and family members with in-home services

# Sacramento County Dependency Drug Court Model



# Sacramento County Dependency Drug Court Goals

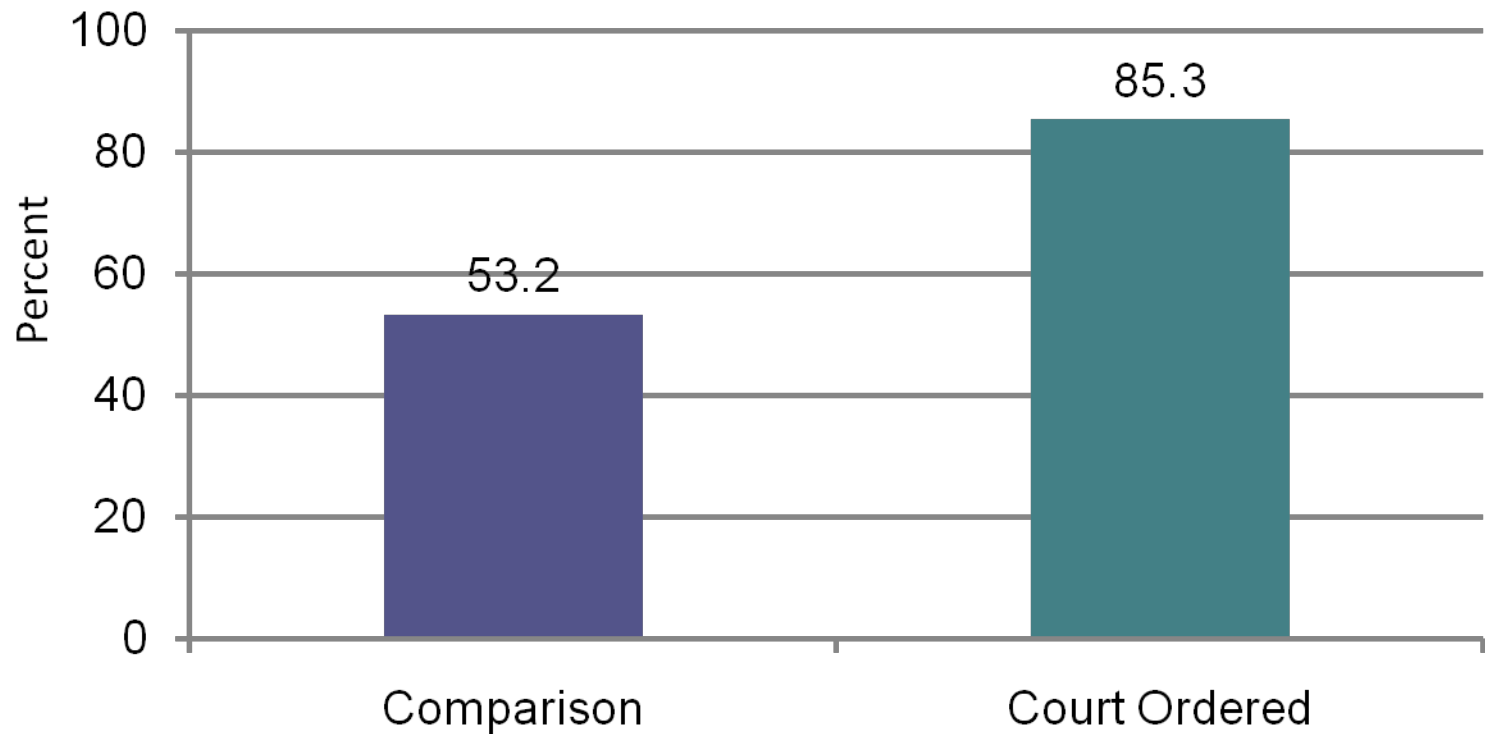
- Increase collaboration between agencies
- Ensure reasonable efforts
  - Decrease time to assess and enter treatment
- Increase compliance with treatment
- Increase 12 month permanent placements
- Increase family reunification rates
- Decrease time in foster care



# Sacramento County Dependency Drug Court

## Evaluation Data

# Treatment Outcomes: Admission Rates\*\*\* (Ever been in AOD treatment)

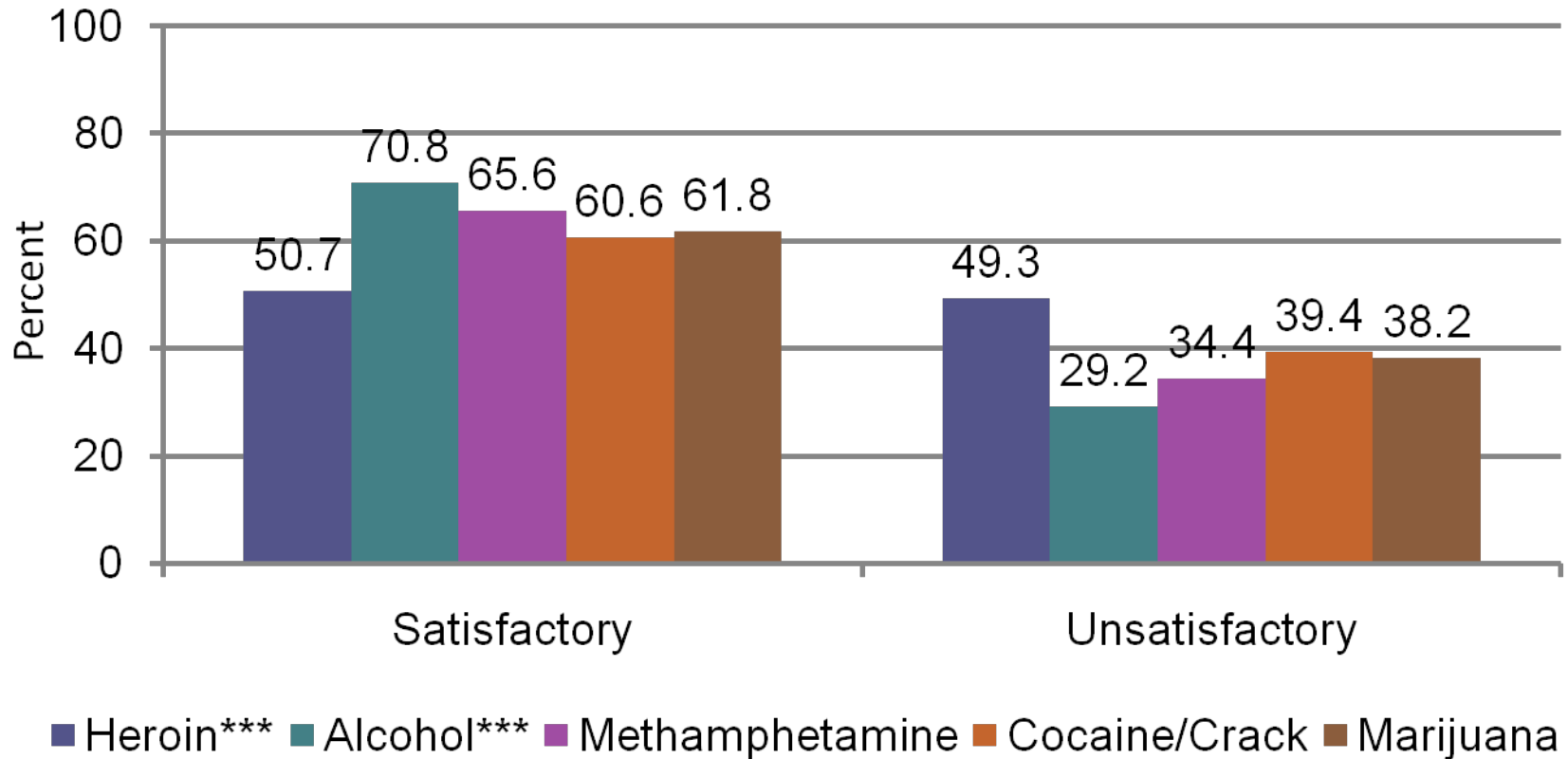


\*\*\*p<.001

Comp n=111; DDC n=2138

Source: CalOMS

# Treatment Discharge Status by Primary Drug Problem

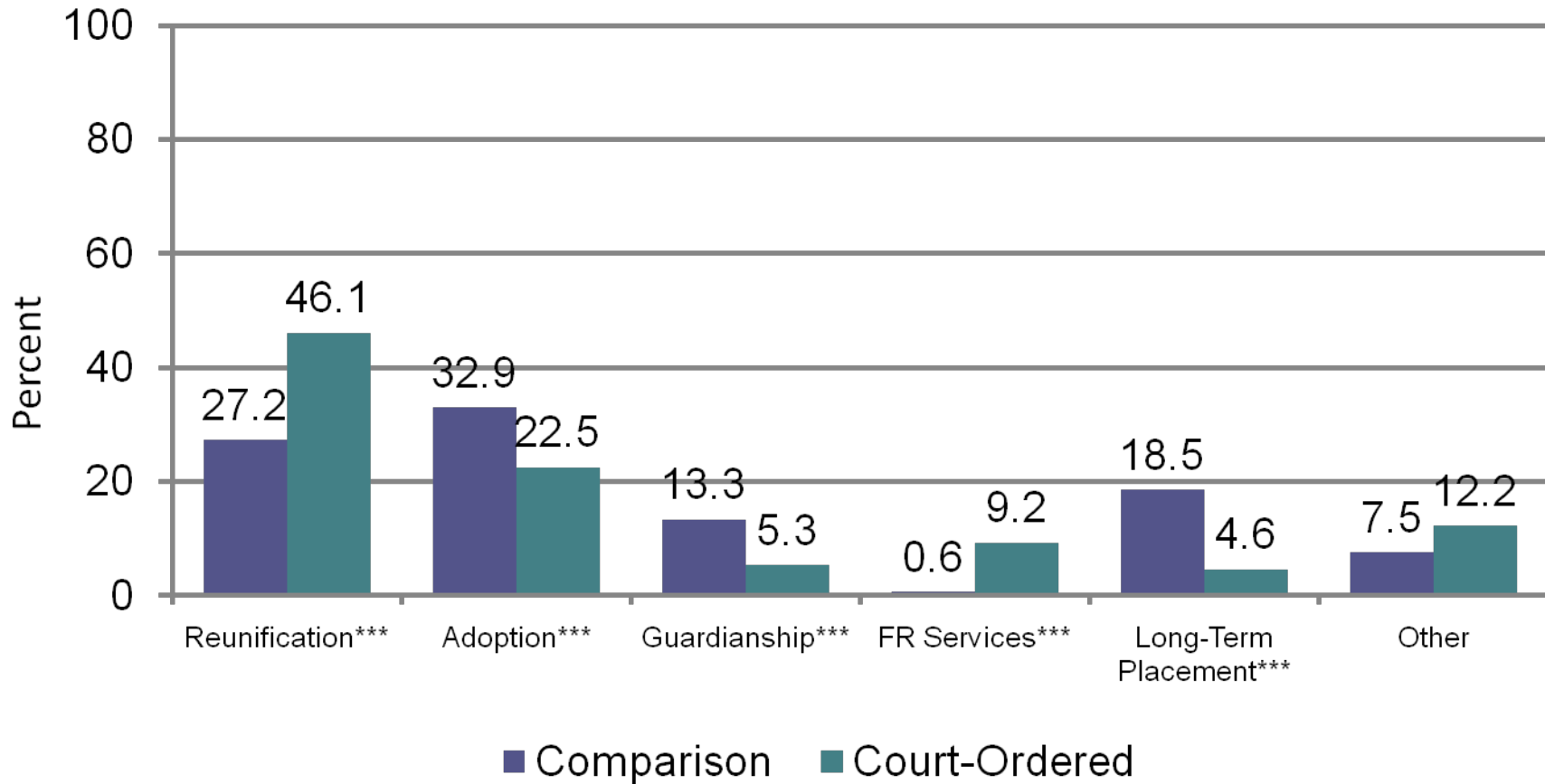


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Comp n=111; DDC n=2138

Source: CalOMS

# Child Placement Outcomes at 36-months

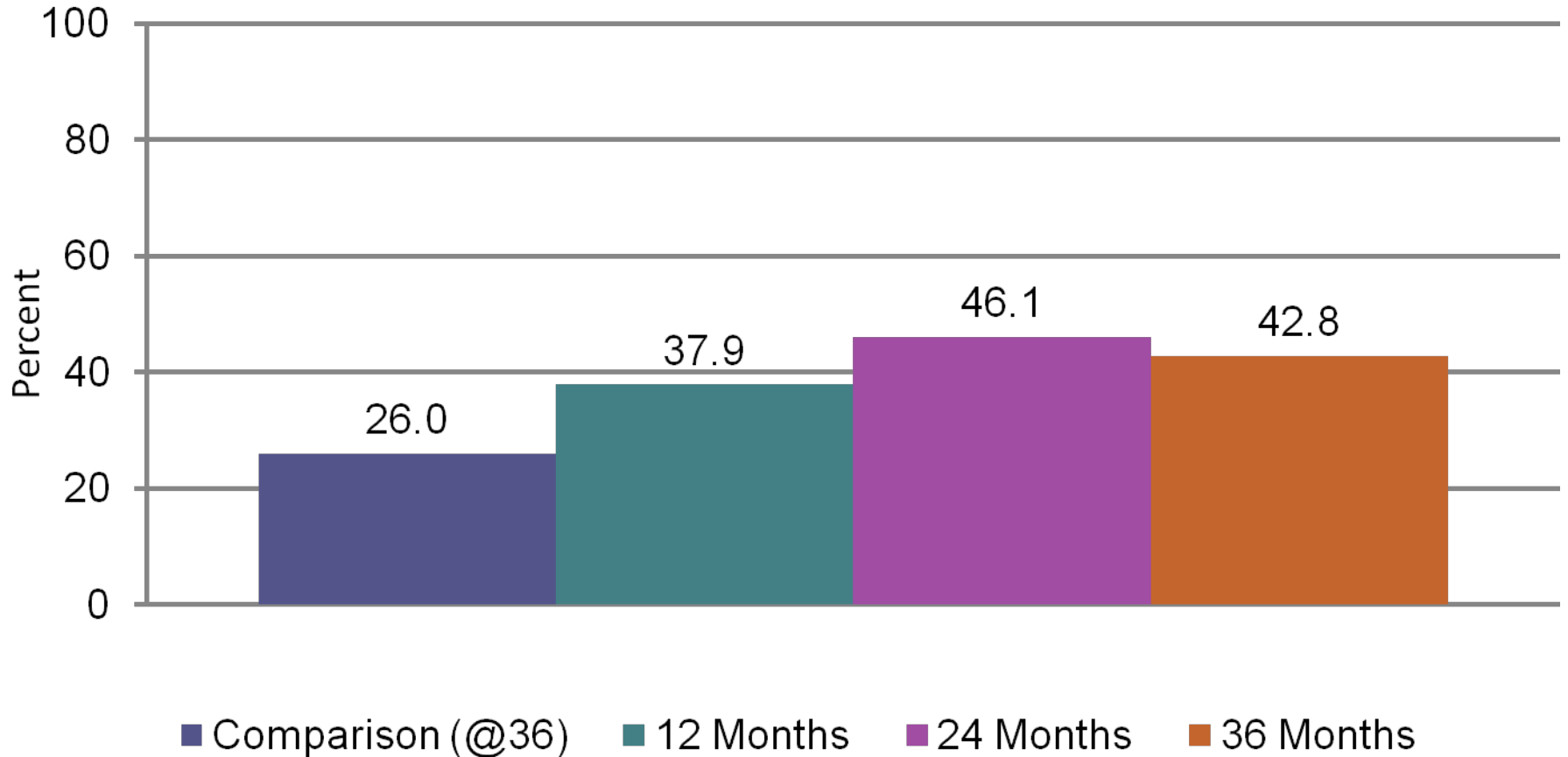


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Comp n=173; DDC n=1343

Source: CWS/CMS

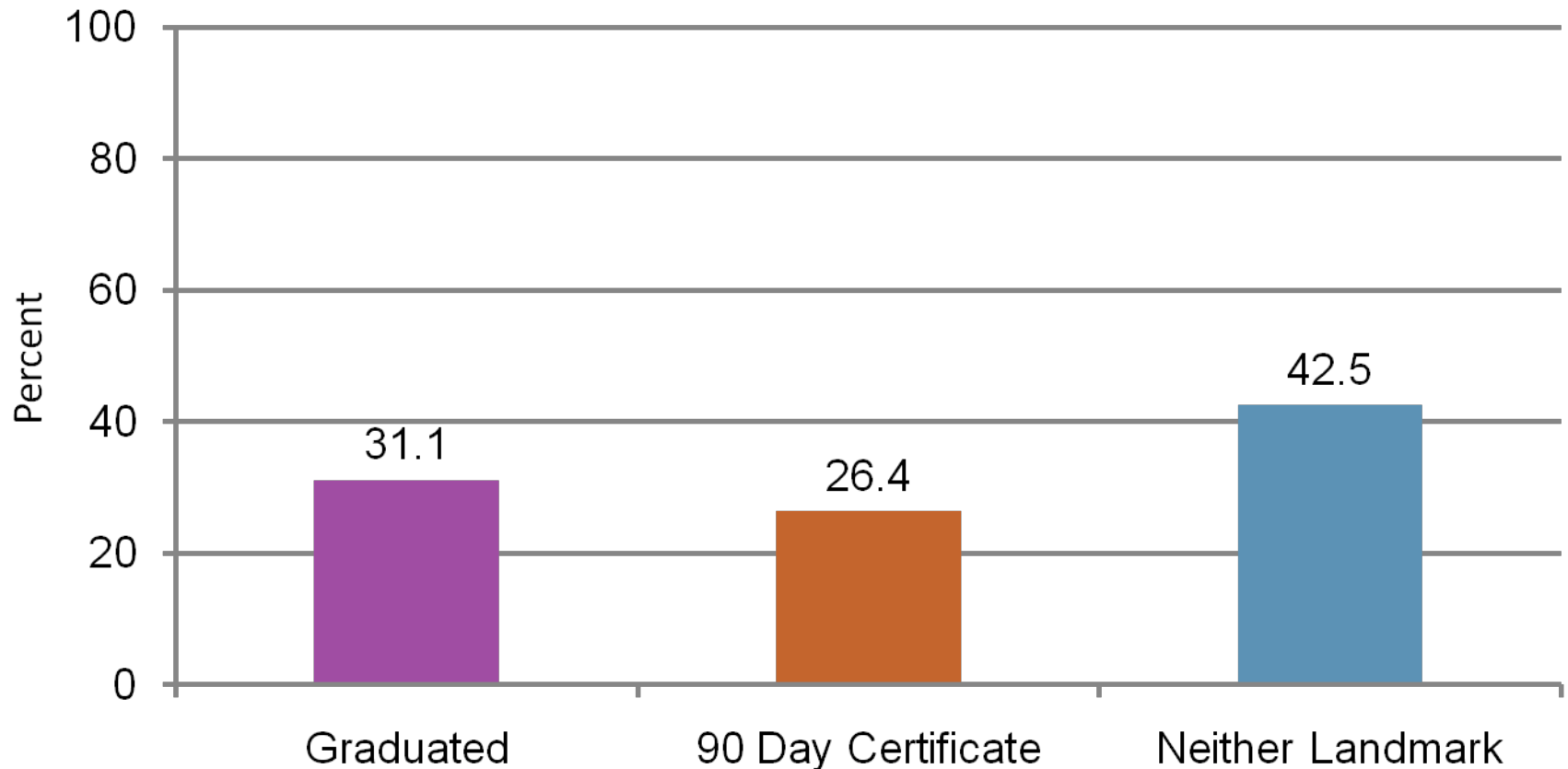
# Child Reunification Rates Over Time



Comp n=173; DDC 12 mos=2818; 24 mos= 2087; 36 mos=1343

Source: CWS/CMS

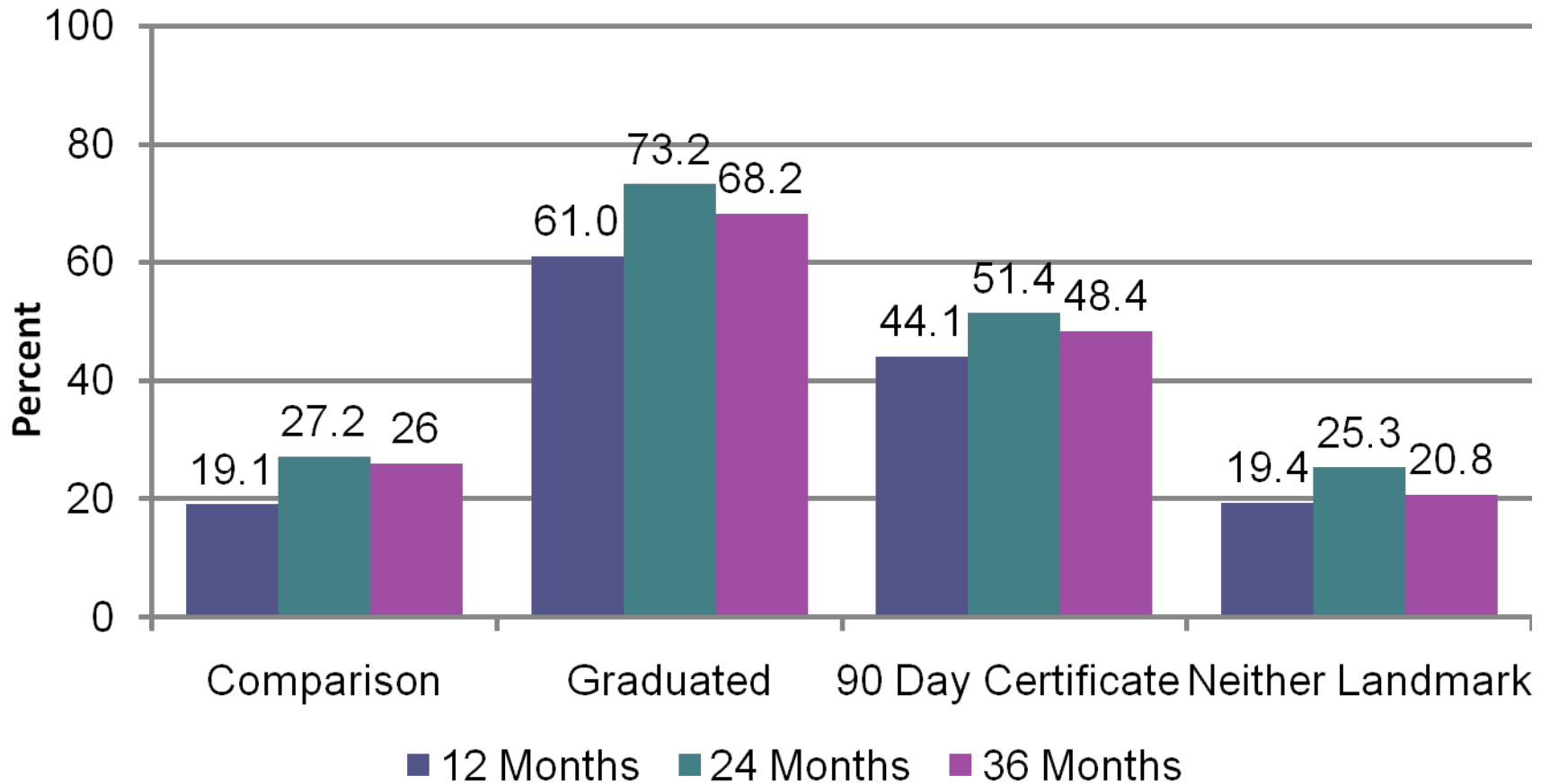
# Parents DDC Graduation Status



DDC n=2138

Source: STARS

# Child Reunification Rates by DDC Graduation Status Over Time



Comp n=173; DDC n=2138

Source: STARS; CWS/CMS

# Specialized Treatment and Recovery Services (STARS)

## Specialized Treatment And Recovery Services

- ❑ Program Context
- ❑ Program Description
- ❑ Clinical Interventions & Obstacles to Change
- ❑ Immediate Access to Recovery Management and Treatment Services
- ❑ Support and Accountability

# Program Context

- ❑ Sacramento County population: 1.5 million
- ❑ Between Oct 2006 and Sept 2007, there were 1862 child abuse/neglect referrals accepted for investigation
- ❑ An estimated 70 to 80% of child welfare cases involve families affected by substance use

# Sacramento County Prior to STARS and Dependency Drug Court

- ❑ Reunification rate about 20-25%
- ❑ Parents unable to access substance abuse treatment
- ❑ Social workers, attorneys, courts often uninformed on parent progress
- ❑ Drug testing not uniform and results often delayed

# Sacramento County after STARS and Dependency Drug Court

- Reunification rates at 40–45%
- Reunification is occurring faster
- Parents truly have “treatment on demand”
- All parties involved in the case are informed at every stage of treatment
- All parents receive random observed “instant” drug testing

# STARS Goals

- ❑ Help parents complete Alcohol and Other (AOD) requirements ordered by Sacramento Child Protective Services or the Dependency Courts
- ❑ Affect client change by removing barriers to treatment and providing support
- ❑ Provide CPS/Dependency Courts with accurate and reliable documentation

# STARS Role

- Provide clients with
  - Direction
  - Supervision
  - Documentation

Provide Child Protective Services and the Dependency Court with accurate, timely and informative reports reflecting clients' progress (e.g. Twice Monthly Form)

# STARS Method

- ❑ The method utilized by the STARS Program to ensure that these responsibilities are accomplished is through the Recovery Specialist position
- ❑ The Recovery Specialist is assigned to the client at intake and in most cases remains with the client until completion of the program
- ❑ Recovery Specialist duties are extensive and call for highly trained and skilled professionals

# Recovery Specialist Position

## Qualifications

- ❑ Possess a Bachelors Degree or hold a valid certification from a recognized drug and alcohol counselor certification body
- ❑ Experience in evaluating and treating the AOD population

## Characteristics

- ❑ Empathetic
- ❑ Passionate
- ❑ Belief in redemption and recovery
- ❑ Flexible

Note: Recovery Specialists who are in the process of certification may be hired. They are allowed two years from the date of hire to complete the CAADAC certification; and, one year from the date of hire to complete the CAARR certification

# The 5 Points of STARS Success



# Interventions

- ❑ Assessment of parents' for AOD and Mental Health issues at Detention Hearing
- ❑ Immediate and ongoing contact with Recovery Specialist – gender specific
- ❑ Immediate access to treatment
- ❑ Supervised alcohol and drug screenings
- ❑ Ongoing supervision
- ❑ Support, encouragement, and motivation
- ❑ Attendance at significant events

# Obstacles to Change

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- ❑ Late-stage addiction
- ❑ Resistance to “the system”
- ❑ Lack of hope
- ❑ Mental Illness
- ❑ Fathers often dismissed in dependency cases

# Obstacle – Dual Diagnosis

- ❑ 30% – Dual Diagnosis
- ❑ 3% to 4% – Severe psychiatric disorder
- ❑ Mental illness may affect compliance with Drug Court
- ❑ Severe mental illness – Recovery Specialist may advocate to have client dismissed from Drug Court rather than impose sanctions like jail time
  - ❑ In the past when Dual Diagnosis identified, client was referred back to Social Worker to get MH assessment

# Dual Diagnosis

## Supervision & Training

- ❑ Recovery Specialists with Dual Diagnosis clients receive regular Master level supervision
- ❑ Dual Diagnosis clients are distributed among Recovery Specialist
- ❑ Originally Dual Diagnosis had a dedicated Recovery Specialist but it became too demanding
- ❑ Recovery Specialist receive ongoing training on working with Dual Diagnosis clients

# Obstacle – Barriers Facing Fathers

- ❑ The child welfare case often originates with the mother, creating or reinforcing father's denial
- ❑ Men are less likely to be able to ask for help or show vulnerability
- ❑ Women dominate the social services field
- ❑ Women often dominate co-ed treatment
- ❑ Fathers don't have healthy role models

# Three Strategies for Working with Parents

- Use of Motivational Interviewing Techniques
- Role-modeling
- Accountability

# Motivational Interviewing

- Alternative to theory that denial and resistance must be smashed
- Described as “dancing” not “wrestling”
- Works well with men as it eliminates the power struggle

# Incorporating the Principles of Motivational Interviewing

- ❑ Express empathy
- ❑ Support self-efficacy
- ❑ Roll with resistance
- ❑ Develop discrepancy

# Express Empathy

- Gender specific
- Recovery Specialist is in recovery
- Trained to utilize limited self-disclosure
- Provide help “no matter what”

# Support Self-Efficacy

- Demonstrate that recovery can work
- Alumni groups
- Support group on site
- Motivation, encouragement and support

# Roll with Resistance

- Parent participates in determination of level of treatment
- Parent encouraged to always have a “plan”
- Recovery Specialists never argue
- Support, support, support

# Develop Discrepancy

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- ❑ Tap in to parent's desire to be "in charge"
- ❑ Point out behaviors and actions inconsistent with healthy fathers
- ❑ The fact that CPS is involved provides immediate and tangible evidence of discrepancy

# Role Modeling

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Recovery Specialists are:

- ❑ Believable and approachable
- ❑ Comfortable with some self-disclosure
- ❑ Non-punitive in approach

# Accountability

- Our belief is that when we combine an empathetic, supportive environment with one that stresses accountability, we are able to create change in a profound way
- Each client that STARS works with is encouraged to accept responsibility every action they are involved in

# Intangibles

- ❑ Belief in redemption and recovery
- ❑ Overcome prejudices that exist
- ❑ We give 100% for client's 100%
- ❑ Passion



# A Father's Perspective



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