

Applying a Family-Centered, Problem-Solving Approach to Family Treatment Court Staffing and Court Hearings



If you have any **Live Conversation Question and Answer** questions or technical **assistance** needs, please contact us at fdc@cffutures.org.

This document contains answers to the questions asked during the *Live Conversation*.

Q: Will we be receiving the recording of this live webinar?

A: Yes! The recording of the May 25th event, animated videos, the *Team Discussion* tool and *Take Action* tool, and supplemental resources are posted on the practice academy webpage - [Putting the Pieces Together: Applying a Family-Centered, Problem-Solving Approach to Family Treatment Court Staffing and Court Hearings](#).

Q: What is April's job title/position?

A: April's title is "Family Treatment Court Specialist". Below is her Job Description:

- *Family Treatment Court, Family Treatment Specialist (Case Manager/Court Liaison)*
 - Coordinate services for participants with community stakeholders, treatment agencies, treatment providers, court programs (probation and community corrections programs), medical and dental providers; and housing programs/providers, as well as vocational/educational programs.
 - Conduct intakes and administer assessments to determine program eligibility using a range of questionnaires and various tools: GAIN-Short Screener for Cognition, Modified Mini Screen, ACE questionnaire, Fetal Alcohol Spectrum Disorder Screening Tool.
 - Maintain accurate and up-to-date data about the program and participants that will be used for funding and statistical/program analysis.
 - Coordinate with treatment agencies to provide accurate court reports on participant engagement in substance use disorder treatment and mental health services to the Judge and team in a timely and efficient manner.
 - Attend and contribute to workgroups focused on advancing the Family Treatment Court program; and participate in meetings with community stakeholders: King County Behavioral Health Organizations – Parenting and Pregnant Women meetings, Coordinated Entry for All planning meetings, and the Behavioral Health Advisory Board.
 - Coordinate meetings with community organizations and stakeholders and present on the Family Treatment Court program.
 - Facilitate meetings for Family Treatment Court participants and meet individually with participants to case plan – utilize motivational interviewing techniques and Dialectic Behavioral Therapy. This hasn't been up-dated in a about a year or so.

Q: What is the makeup of the treatment court team like, and who is typically on the team and in what capacity? What are their primary roles as they relate to best practices?

A: Typically, FTC teams include child welfare representation, substance use disorder (SUD), mental health, family treatment services, parent and child attorneys, CASA, the judge, and coordinator. Their roles may vary depending on the FTC team. Please check out the FTC Best Practice Standards (<https://www.cffutures.org/home-page/ftc-best-practice-standards-2019/>), or feel free to email us at fdc@cffutures.org if you'd like to talk more about this!

Q: Do we have the link available of non-stigmatizing language examples? (as in "sober" date vs. "clean" date, etc.)

A: Here is the link: <https://www.recoveryanswers.org/addiction-ary/>.

A: This is a link to a place that has done a lot of research on language used around SUD. <https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>.

Q: Other than the art, what are some examples of the sobriety/recovery-oriented items (referenced by Jenny Zelt) that are found in the courtroom that foster inclusion?

A: I would suggest comfortable seats, a play area for young kids and items to help keep young children occupied during the court time. Our previous judge had coloring books and crayons she offered to children who came with parents during FTC hearings in pre-COVID times. I think it is important to consider your courtroom but all the overall waiting area at your courthouse and consider what is uncomfortable about it.

A: In our court room when we were in person we had toys, a resource box for the parents, and we offered coloring books for the children to color in and the judges would hand out stuffed animals. Each time the parents would get an incentive the children would get a little something as well. The children come to the bench/table when the case is called if they want to. We just started to do a bingo card for parents when they accomplished certain tasks/goals that team members identified. Again, this was when we had in person court, we have modified things since zoom world.

Q: Jenny mentioned that attorneys are not present. Is that because they not permitted to participate, or because they are otherwise occupied?

A: They could participate if they wanted but they generally do not. Because we are a parallel model, no decisions about parenting time, reunification are being made primarily in our staffings or settings. It is also logistically difficult. We have more than 80 participants with over 50 different attorneys representing them.

How long are the participants in your program?

A: For Pima County, it could be between 6 months to more than a year and a half depending on their progress and the needs of the case.

A: In King County its 12 -15 months on average. It depends on the family we have some families that are with us closer to a year, and we have some that are with us longer, two-three years. We have families that come in with one child or more and adopt that child(ren) out and give birth to other children. We have parents with up to six children currently. So, it really depends on the family and the needs of the family. We try to support the family as long as possible our program goal is early permanency.

Q: What happens when one family cannot reach or complete a milestone? Is their parenting time held until they do so?

A: In our parallel model, we try to marry progress in their FTC milestones to when changes in visitation occur but sometimes it cannot happen at the exact same time. Parenting time should never be delayed because of something occurring in the treatment court arena. If the child welfare staff believe it is safe to move forward, that takes priority.

Q: How often are the families appearing in front of the FTC?

A: In Pima County, depending on their milestone, every week to every fourth week at the end of their time in FTC.

A: In King County they appear every week until they move to the next level, then its every other week then once a month.

Q: How many times can a parent/caregiver use FTC as an intervention?

A: FTCs have different policies about this. Our program, and I believe most, allow parents who re-enter the system to re-enter the FTC as well. Others may staff the case to figure out how the FTC may be able to assist the family differently a second time. Because we are a voluntary program, we ask the parent to meet with the coordinator to discuss how the program can assist them differently this time.

Q: What is the typical or average staff size for a parallel FTC program?

A: I think it really depends on your structure. We have 80 participants and have an intake specialist, two case specialists and five recovery support specialists. It also can really depend on the roles that your "internal" and "external" team members play.

Q: Any suggestions on how to be solution orientated and not come across as enabling to the parent and still hold them accountable? I think motivational interviewing (MI) can help with that a lot.

A: Helping parents identify what their own goals are is important and asking how they want to get there. Also, having a strong recovery support specialist program helps. It is often easier for those in recovery to address things with participants.

A: Yes, my unit and the Recovery Support Specialists had training on MI. Very useful in tough conversations.

Q: In our state, referrals to FTC are mandatory for substances deemed as "criminogenic" drugs (i.e., heroin, meth, cocaine, etc.) and voluntary for other substance categories. Do you know whether this is standard practice?

A: This seems like we are ranking drugs as good and bad. It is not standard for our program, but we are voluntary for parents with any "drug of choice."

A: Same in King.

Q: How do you get buy-in from participants? If they are saying they're going to participate but have no motivation.

A: Sometimes parents need folks who are not going to give up on them and keep working to engage them. Also, I think talking to a parent using motivational interviewing techniques can help a lot because it becomes a discussion where the parent is doing what they want, not what others are telling them to do.

A: I ask our team to turn to the Best Practice Standards for guidance and to use the tools we know are most effective which are praise (build on the small wins), treatment adjustments and conversations from the bench. We also try to find out what motivates the parent from their perspective (they joined for a reason) and then loop conversations/MI back to that until you get traction.

Q: Great information on staffing which leads me to ask, how much time is appropriate for a "productive" or problem-solving staffing?

A: We try not to go above 10 minutes (but some days, some cases take longer).

A: We have to limit our discussions to 3 - 5 minutes with some discussions being short and some longer. How to manage staffing and court time when your program is seeking to grow and serve as many parents as possible is a challenge. This means that the discussions in staffing need to be very focused and productive.

Q: Will you please briefly talk about strategies that you have used to get your colleagues to accept Medicated Assisted Treatment (MAT)?

A: Our team and region are very open-minded when it comes to MAT, however there are still a few people out there that will have concerns. I think providing the clinical/medical information and education is best. It is not about our opinions; it is about best practices and evidence-based practice. Start with education, then hopefully people will shift their ideas. This link from SAMHSA about MAT has some great resources:

<https://www.samhsa.gov/medication-assisted-treatment>

A: We also track and show data on how successful parents who are on MAT are in the program in terms of their case outcomes. <https://attcnetwork.org/centers/central-east-attc/news/free-mat-training>.

Q: In the parallel model, what is the primary motivation for families in FTC if the dependency and neglect case is still proceeding? Is it simply that they are looked on more favorably in the dependency and neglect case?

A: In a parallel model, the dependency judge, child welfare and attorneys should be receiving regular information from the FTC either in the form of minute entries and/or staffing notes. Thus, they are very aware of how the parent is doing in FTC. Additionally, we recruit parents with the mindset that we can help them work towards life-long recovery and often that is very powerful for parents who have had more than one dependency case and are able to articulate that they do not want the cycle to continue with another removal.

Q: How does a Tribal Court that is family-focused get started with Family Treatment Court program?

A: Great question. We work with the Tribal Law Policy Institute to help support Tribal Healing to Wellness Courts. We'd be happy to talk more with you about the resources available — just send us an email at fdc@cffutures.org.

Q: What is your take on "early engagement" and what is that cutoff?

A: We have to receive a referral within 6 months of the dependency petition being filed (which is too long in my opinion). We try to get resolution within the permanency planning timelines or sooner. That is a stated goal of ours.

A: Pima County has moved away from requiring early engagement. We do recruit all parents as soon as their case begins but often parents are not open to FTC at that time. While early enrollment is ideal, many cases, especially with older children, do not resolve in terms of permanency for well over a year. As a result, we stopped requiring that parents join early but will not allow them to join after a case plan has changed to guardianship or severance.

Q: Judge, did you say you do not sanction for violations? I heard some assignments. Do you not use community service/weekend work program, etc.?

A: We do not use community service/weekend work and instead use various treatment adjustments (like updating a Relapse Prevention Plan for someone who had a positive urine analysis or assignments to help provide internal motivation.

A: We refer to sanctions as "responses" and they often are an essay, worksheet, more treatment, etc. We do not use community service work at all. We had talked about exploring community service work but would only want to utilize it if helped the parent build a skill or self-esteem. We want the response to focus on correcting the behavior as opposed to being a punishment.

Q: What are some keys to a really effective, individualized client handbook and/or milestones? We struggle with having requirements listed in each milestone and then find ourselves crossing them out and substituting other (more individualized) requirements in on the fly. It seems that it would almost be better to have a blank template and fill in each milestone at each promotion and/or regression point in collaboration with the client, counselor, case worker, court etc. (similar to a treatment plan) in order to meet each family's unique needs. Do any jurisdictions do this or something similar?

A: We talked about this more in depth in a Practice Academy course in 2019 called Checklist to Change- <https://www.cffutures.org/fdc-learning-academy/changevschecklist/?portfolioCats=108>. We can also connect you with sites who have worked on being individualized and fair — email us at fdc@cffutures.org.

Q: Does child welfare facilitate the Child and Family Team (CFT)? And are you holding CFT's and FTC staffing?

A: The Child and Family Team meetings are usually scheduled here by the provider of the children's services but sometimes they are scheduled/facilitated by the child welfare agency.



This project is supported by Grant # 2019-DC-BX-K013 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.