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Learning Objectives

1. Understand phasing structure and assessing client progress and family readiness as a collaborative practice issue by raising the need for coordinated case plans and effective communication protocols across child welfare, treatment and court systems.

2. Highlight different FDC program designs and phasing strategies which align with the timing and phasing of reunification, family maintenance supervision, and case termination in the dependency case.

3. Learn strategies to shift court staffing from monitoring checkboxes to identifying true behavior change.
Our Mission

To improve safety, permanency, well-being, and recovery outcomes for children, parents, and families affected by trauma, substance use, and mental health disorders.
A Reflection

Hope

Strengthening Partnerships | Improving Outcomes
What would FAMILY TREATMENT COURT look like if...
“Working in Child Protection is not Rocket Science, but it is harder.”
Child Welfare = Complex Problem:

- Ambiguity
- Inconsistent Goals
- Complexity of Decisions and Systems
- Severe Time Restraints
- Inherent Unpredictability
The Adoption and Safe Families Act

ASFA

(Time Clock)

(PL 105-89)
How many treatment plans do our families juggle?
Do parents know what they need to do to reunify?
8,700,000 children

* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)
Safe vs. Perfect
Recovery Occurs in the Context of Relationships

- Substance use disorder is a brain disease that affects the family.
- Adults (who have children) primarily identify themselves as parents.
- The parenting role and parent-child relationship cannot be separated from treatment.
- Adult recovery should have a parent-child component including prevention for the child.

Services that strengthen families and support parent-child relationships.
HELP KEEP CHILDREN SAFE.
Rethinking Readiness to Reunification

• When the parents complete all of the steps on the case plan, will you be comfortable allowing the children to go home?

• Is there any step in the case plan that, if not completed, will keep you from allowing the child to go home?
Rethinking Readiness

How will we know?

- Compliance vs. adherence
- Safe vs. perfect
- Attendance vs. behaviors
- Relapse vs. lapse
Phases as an Engagement Strategy

- Leverage the phase structure to create a behavior-based, family-centered program
- Allow parents to see how their progress through the phases moves them to THEIR goal
- Creates shared goals and coordinated case plans for all partners
- Focus on vital services
- Lay out steps towards reunification
What is Recovery?

SAMHSA’s Working Definition

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.

Recovery is not treatment!
Four Major Dimensions

**Health**
Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being

**Home**
Maintaining a stable and safe place to live

**Purpose**
Conducting meaningful daily activities, such as a job, school or volunteerism, and having the independence of income, and resources to participate in society

**Community**
Having relationships and social networks that provide support, friendship, love, and hope
What does FAMILY RECOVERY Mean to You?
Parent Recovery
- Parenting skills and competencies
- Family connections and resources
- Parental mental health
- Medication management
- Parental substance use
- Domestic violence

Child Well-being
- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance abuse
- At-risk youth prevention

Family Recovery and Well-being
- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling
- Specialized Parenting

Family Recovery – Is not Treatment Completion
Is not a Negative Drug Test

Family Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges
The Costs of Focusing Only on Parent Recovery

- Threaten parent’s ability to achieve and sustain recovery; increases risk of relapse
- Threatens parent’s ability to establish a healthy relationship with their children
- Additional exposure to trauma for child/family
- The parent will continue to struggle with unresolved guilt
- Prolonged and recurring impact on child safety and well-being
What does the research say about successful and timely reunification?
Factors for Successful Reunification

- Family-centered approach to services
- Collaborating with agencies across systems to build a family-centered model
- Coordinated case work
- Parenting and sibling time
- Supporting reunification, post-reunification and preventing re-entry

Sources: Supporting Reunification and Preventing Reentry Into Out-of-Home Care (February 2012) and Family Reunification: What the Evidence Shows (June 2011) - Child Welfare Information Gateway, Children’s Bureau/ACYF
WHO needs to know WHAT, WHEN?
Moving From Checklist to Change

Monitoring Checkboxes → Supporting Behavior Change
Assessing Family Needs

**PARENTS**
- Parenting skills and competencies
- Family connections and resources
- Parental mental health; co-occurring
- Medication management
- Parental substance use
- Domestic violence

**FAMILY**
- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling

**CHILD**
- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance use
- At-risk youth prevention
Assessment Tools

North Carolina Family Assessment Scale (NCFAS)

North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R) – download a sample scale and definitions
www.nfpn.org/assessment-tools/ncfas-gr-training-package


Structured Decision Making Reunification Reassessment

http://www.cebc4cw.org/program/structured-decision-making/
Little Voices—Big Impact

Three Houses Case Examples
Emma’s Three Houses (8-year-old girl)

- That Mum yells at me.
- I don’t like getting beaten by Mum.
- I don’t like seeing my brother and sister getting hurt by my mum.
- Mum slapped Kate really hard on the leg.
- Mum kicked Jacob on the bottom.
- I don’t like my mum hitting Jacob and Kate in front of my friends.
- Then my friends don’t want to come to play with me at my house.
- I’m worried that when Grandad is gone, I keep getting hit by my mum.
- My mum drinks “Wild Turkey” with David.

- I feel safe if the court decides that I can live with my dad because he doesn’t have any drugs and I won’t get hurt at his place.
- I can see my grandad and my uncle and his girlfriend when I go to my Nana’s house.
- I like that I get fit when I’m with my dad and don’t get fed junk food.

Kaden’s Three Houses (5-year-old boy)
Work of Jo Goodwin, Reunification program, Perth

- Worries: I’m worried every time I have to leave my real mum. Like, the one that made me go to foster care.

- Good Things: I am happy when I play the playstation at my real mums house.

- Dreams: I am happy because I am wearing the magic dress. I wish that I could be with my real mum again.
Sobriety and Drug Testing

Monitoring Checkboxes

- Assuming sobriety = safety & safety = sobriety
- Moving through phasing based solely on sobriety days
- Tying parenting time expansion and supervision level to drug testing results
- Seeing use as failure and supporting this narrative

Supporting Behavior Change

- Always asking- how does this impact parenting ability?
- Looking at behavior around use and sobriety
- Remembering what early recovery looks like
- Considering lapse vs. relapse and examining and discussing behavior before and after use
- Celebrating small wins
What Questions Can Drug Testing Answer? ... & What Can it Not?

- Whether an individual has used a tested substance within a detectable time frame
- A drug test alone cannot determine the existence or absence of a substance use disorder
- The severity of an individual’s substance use disorder
- Whether a child is safe
- The parenting capacity and skills of the caregiver
Treatment and Recovery

Monitoring Checkboxes

- Only monitoring and discussing treatment “compliance days” or “attendance days”
- Asking number of support meetings attended
- Seeing treatment as a checkbox to complete vs a predictor of reunification

Supporting Behavior Change

- Discussing engagement and skills
- Supporting practice and use of new skills
- Keeping treatment in context of Family Recovery
- Focus on Four Major Dimensions of Recovery
- Engage in conversation about recovery support/meetings
- Discuss shift towards healthy relationships
- Aftercare planning
What Research and Practice Tells Us:

- Attachment-based treatment practices have produced **positive outcomes for women and children** in both residential and outpatient settings.
- Family-focused treatment has produced **improvements in treatment retention, parenting attitudes, and psychosocial functioning**.
- Post-partum women who had their infants living with them in treatment had **highest treatment completion rates and longer stays in treatment**.
TREATMENT RETENTION AND COMPLETION

1. Women who participated in programs that included a “high” level of family and children’s services and employment/education services were twice as likely to reunify with their children as those who participated in programs with a “low” level of these services. (Grella, Hser & Yang, 2006)

2. Retention and completion of treatment have been found to be the strongest predictors of reunification with children for substance-abusing parents. (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010)

3. Substance abuse treatment services that include children in treatment can lead to improved outcomes for the parent, which can also improve outcomes for the child.
Who needs to know what and when?

Do treatment providers know—

• Reason for referral, including current/history of mental health, trauma, and substance use?
• Child welfare history as parent and as child?
• Current custody and placement status of children?
• Any screening and assessment results already conducted?
• Parenting time schedule and plan?
• Mandated services through treatment plan?
• Court dates, multidisciplinary team staffing dates?
• Permanency goal and return home plan?
Who needs to know what and when?

Does Child Welfare and the Court know—

- Assessment summary including Level of Care recommendations, current diagnosis, and recommended services?
- Treatment plan and Services that will be provided?
- Goals and progress including attendance, participation, attitude, motivation, engagement, interest, behavioral changes, improved functioning?
- Discharge and aftercare plans/needs?
Parenting

Monitoring Checkboxes

- Attendance/completion of parenting class
- Visitation that expands based on time in program or days of sobriety
- Lack of parenting responsibility until reunification
- Reunification close to or post graduation
- Children kept out of recovery process
- Parents and foster/kinship caregivers separated

Supporting Behavior Change

- EB parenting curriculum for population
- Encouraging parents to attend doctor, school, and therapy appointments; demonstrating understanding of children’s needs
- Ample parenting time to practice new skills; expanded based on safety
- Discussion and insight of how SUD has affected children; Repairing relationship
- Support and practice use of safety plans
- Utilize caregivers as source of support and mentorship
- Brainstorming around “logistical barriers”
Little Voices- Big Impact

Safety Planning with Children

• Encourage and support conversations between parents and children about substance use disorder, treatment, recovery, and relapse
• Provide children with developmentally appropriate answers/explanations
• Empower children to help set rules for their “Safety House” and tell parents who they do and don’t want around
• Help children identify who is safe to call if they are worried about mom and dad
• Mom and dad give permission to kids to “tell on them” if they don’t feel safe
• PRACTICE!!
• Cases did better when there was **frequent, quality visitation**

• Cases did better when **parents and children were involved in case planning**

Impact of Visitation on Reunification Outcomes

- Children and youth who have **regular, frequent contact** with their families are more likely to **reunify and less likely to reenter foster care** after reunification (Mallon, 2011)

- Visits provide an important **opportunity to gather information** about a parent’s capacity to appropriately address and provide for their child’s needs, as well as the family’s overall readiness for reunification

- Parent-Child Contact (Visitation): Research shows **frequent visitation increases the likelihood of reunification**, **reduces time** in out-of-home care (Hess, 2003), and **promotes healthy attachment and reduces negative effects** of separation (Dougherty, 2004)
Facilitating Quality Visitation

- Rethink language - *Parenting time or Family time*
  - vs. visitation
- Recognize visitations as a right and need
  - vs. privilege, reward, incentive
- Ensure frequency and duration is guided by needs of child and family
  - vs. capacity of CWS, logistics – *best interest of the family or of the system*?
- Provide concrete feedback on parent-child interaction
  - vs. observation, surveillance
Facilitating Quality Visitation

• Affirm permanency as the goal
  ▪ vs. good visits
• Ensure the visitation plan is moving family closer to achieving reunification
  ▪ Are real-life parenting and reasons for removal being addressed?
• Create contingency agreements based on age of child
  ▪ Are reasons to end a session immediate safety concern?
• Can parents join child’s appointments?
• Maintain collaboration and communication with family, treatment providers, service providers, and foster parents
• Knowledge of parenting skills and 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 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, Ling, Claassen, & Austin, 2008
Parenting Programs Specific to Families Affected by Substance Use Disorders

- Celebrating Families - http://www.celebratingfamilies.net/

Please visit:
- California Evidence-Based Clearing House - www.cebc4cw.org
- National Registry of Evidence-Based Programs and Practices - www.nrepp.samhsa.gov
Part of Greater Whole

FDCs are part of larger systems

How can the FDC be a catalyst for change?

Do you know the total need or the scale of the problem?

Do you know how these systems work for all children and families?
Milestones

A Meaningful Approach to the FDC Phase Structure
Q&A and Discussion
Resources and Next Steps
Family Drug Court Learning Academy

Want to hear more from your peers? Join the “Checklist to Change” Learning Academy Webinar on October 25th!

- Over 40 webinar presentations
- 5 Learning Communities along FDC development
- Team Discussion Guides for selected presentations

www.cffutures.org/fdc-learning-academy/
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www.cffutures.org/national-fdc-tta-program/
Family Drug Court Peer Learning Court Program

[Map of the United States showing locations of the program in various counties, including:
- King County, WA
- Tompkins County, NY
- Sacramento County, CA
- Wapello County, IA
- Dunklin County, MO
- Jefferson County, CO
- Tulsa County, OK
- Miami-Dade County, FL]
Family Drug Court Online Tutorial

- Self-paced learning
- Five modules cover basic overview of FDC Model
- Certificate of Completion

Start Learning Today @ www.fdctutorials.org

Download Flyer in Handouts Panel
Family Drug Court *National Strategic Plan*

**Vision:**
Every family in the child welfare system affected by parental/caregiver substance use disorders will have timely access to comprehensive and coordinated screening, assessment and service delivery for family’s success.

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