Acknowledgement

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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.
RAISING THE PRACTICE BAR
How Family-Centered Is Your ADC?

Parent recovery is primary focus

Parent is the focus but have children with them

Parent and child receives services and each have case plans

Entire family unit receives services

Services focus on parent-child dyad

What steps can you take to move practice?
Transitioning to a Family Centered Approach:
Best Practices and Lessons Learned from Three Adult Drugs Courts

To download a copy:
Additional Resource

3N Handout – Taking the Next Steps Towards and Family-Centered Approach

Numbers

Needs

Networks

Explore further with your Team about possible next steps you can take to move practice.
Case Studies – Three Adult Drug Courts in Transition

11th Judicial Circuit, Miami-Dade Adult Drug Court
Miami, Florida

13th Judicial District Drug Court
Billings, Montana

Van Buren County Circuit Court
Paw Paw, Michigan

For more background information, see Appendix A
50-70% of participants in three adult drug courts recently studied have at least one minor child.

8.7 Million children live with one or more parents who are dependent on alcohol or need treatment for illicit drug use.

Lipari, R.N. and Van Horn, S.L. Children living with parents who have a substance use disorder. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drug Courts, 2017
Rethinking RECOVERY
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
The Costs of Focusing on Parent Recovery Only - What Happens to Children?

- They are children who arrive at kindergarten not ready for school
- They are in special education caseloads
- They are disproportionately in foster care and are less likely to return home
- They are in juvenile justice caseloads
- They are in residential treatment programs
- They develop their own substance use disorders
They become our drug court clients in 5-10-20 years.
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**.
Serving Families
Saves Money

Adult Drug Courts that provided parenting classes had 65% greater reductions in criminal recidivism and 52% greater cost savings than Drug Courts that did not provide parenting classes.

You do not have to divert resources from treating parents to help their children.

- Children and families have multiple and complex needs.
- Serving these needs will require more resources.
- Build collaborative partnerships and seek out existing resources.
Numbers

Needs

Networks

What You Can Do to Be More Family-Centered?

Take the Next Steps
The Judge can:

• Ask clients if they have children

• Ask about other family relationships, such as non-custodial parents (identity, location and quality of relationship)

• Ask questions about family status at intakes

The Coordinator and Team can:

• Ensure you are asking questions about family structure

• Strategize on how to get entire family into treatment

• Ensure that court information systems including tracking of family members
Re-Thinking Your Caseload

- How are you counting your caseload?
- Shift from case managing adults to case managing families
- Does your database allow for family linking?
Collaborating with Ongoing Child Welfare Involvement

Does the ADC team know--

- Child welfare history as parent and as child?
- Current custody and placement status of children?
- Screening and assessment results already conducted?
- Services in place/mandated through Child Welfare case plan?
- Parenting time schedule and plan?
- Court dates, multidisciplinary team staffing dates?
- Permanency goal and return home plan?
KEY STRATEGY

Conduct program evaluations to identify parent, child, and family outcomes.
How do you know.....

- How are families doing?
- Doing good vs. harm?
- What’s needed for families?

How will you.....

- Monitor and improve performance?
- Demonstrate effectiveness?
- Secure needed resources?
Drug Courts as “Feel Good” Programs
• What needles are you trying move?
• What outcomes are the most important?
• Is there shared accountability for “moving the needle” in a measurable way, in ADC and larger systems?
• Who are you comparing to?
<table>
<thead>
<tr>
<th>Domain</th>
<th>Performance Measure</th>
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</table>
| Child Welfare | • Occurrence/Recurrence of Maltreatment  
                    • Children Remain at Home  
                    • Length of Stay in Out-of-Home Care  
                    • Timeliness of Reunification and Permanency  
                    • Re-entry to Out of Home Care  
                    • Prevention of Substance Exposed Infants |
| Substance Use Disorder Treatment | • Access to Treatment  
                                              • Retention in Treatment  
                                              • Length of Stay in Treatment |
| Evidence Based Parenting | • Connection to EB Parenting  
                              • Completion of EB Parenting |
| Evidence Based Children’s Intervention | • Connection to EB Children’s Service  
                                             • Completion of EB Children’s Service |
Things to Consider

• What are the barriers that negatively impact your capacity for collaborative evaluation?

• How could you use outcome data to regularly review progress and make program, practice, and policy modifications as needed?
The Coordinator and Team strategize:

- Are child’s medical, developmental, behavioral, and emotional needs assessed?
- How will your DC ask clients if their children have received appropriate screenings and assessments?
- Has child and family been assessed for trauma? Relationship issues?
- Did child receive appropriate interventions or services for the identified needs?
KEY STRATEGY

Conduct screening and assessment to identify the needs of parents, children, and families, and refer them to appropriate services.
Screening and Assessment Tools

- Addiction Severity Index
- Adverse Childhood Experience
- PTSD Checklist for DSM-V
- Correctional Offender Management Profiling for Alternative Sanctions
- Risk and Needs Triage
- Texas Christian University – Client Evaluation of Self and Treatment
- Behavioral Substance Abuse Assessment
Tool vs. the Team

Moving the conversation and attention from

What tool should we use?

What information do we need? What is the purpose?

What are we going to do with the information?

How are we going to share it?
Case Study
Example: 13th Judicial District
Drug Court
Billings, Montana
The Need for a Tool

• Brief screening tool that can be administered by a drug court coordinator (with little or no training)
• Simple and efficient - screening should be completed in a short time frame
• Identify an array of family related issues regarding the family of an adult drug court client
• So appropriate referrals can be made within the immediate community
• Applicable to complex family structures common to drug court participants
The Approach

- Preferred administrator approach is utilizing Motivational Interviewing (MI) techniques. MI is a collaborative conversation to strengthen a person’s own motivation for and commitment to change.

- The spirit of MI is based on three key elements:
  1. Collaboration between administrator and client
  2. Evoking or drawing out client’s ideas about change
  3. Emphasizing autonomy of client
Family Strengths and Needs Survey

Family Strengths and Needs Survey (FSNS)

A Survey Instrument for Advisor/Case Worker Participation

Administrators' Guide
Family Strengths and Needs Survey

Domains:
- Participant demographics
- Family demographics
- History and current dynamic
- Emotional support system
- Substance use impact
- Family medical and mental health history
- Child care
- Parenting
- Education
- Employment and financial status
- Trauma
Feedback From Montana Court Coordinators

Process of completing the FSNS fostered rapport and contributed to building a relationship between the survey administrator and participant.

The process expanded administrators’ view of a participant to include her/his family issues and dynamics and other factors affecting recovery.
Drug Court Coordinator Experience Administering FSNS

“This experience opened up a world of needs that have gone unaddressed and also provided motivation for finding these services and linking with other community organizations.”

“The process of administering the FSNS helps coordinators to get to know the participant at a deeper level, much less superficial than with the standard intake/screening tool.”
Family Issues that may Affect Recovery

- **52.7%** had concerns regarding one or more of their children’s social and emotional well-being
- **47.2%** of participants had concerns regarding medical problems or issues with one or more of their children
- **40.0%** had concerns about one or more of their children’s behavior
- **17.8%** had significant concerns about their spouse’s or significant other’s mental health
Things to Consider

• How many of participants have children under age 18?
• Have you identified a tool to assess family needs? What training will be necessary?
• Tools + Team - how will you share results collaboratively?
KEY STRATEGY

Implement responses to behaviors that are sensitive to the needs of parents and families.
Responses to Behavior for Parents

**Safety**
- A protective response if a parent’s behavior puts themselves or the child at risk

**Therapeutic**
- A response designed to achieve a specific clinical result for parent in treatment

**Motivational**
- Designed to teach the parent how to engage in desirable behavior and achieve a stable lifestyle
Little Voices - Big Impact

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

**House of Worries**
- 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.

**House of Good Things**
- 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.

**House of Dreams**
- I wish I could live with both mum and dad together.
- I wish I wasn't yelled at by Mum.
- I wish that I lived in a better house (that my mum's house was a better house).
- I wish I could swim anywhere.
- I wish that Grandad would always stay with me.
- I wish that Mum would wake up in a better mood.
- I wish I could live with my dad.
- I wish that I could see my mum every second weekend so that I wouldn't get yelled at so much.

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

**Worries**
She worried every time I have to leave my real mom. Like, the one that made me go to foster care.

**Good Things**
I am happy when I play the playground of my real mom's house.

**Dreams**
I'm happy because I am having the magic dream that I wish that I could live with the real house.
Things to Consider

When deciding on a response, consider what the impact of that sanction would have on children and the parent-child relationship (ie. Jail)
The Coordinator and Team strategize:

- Do parents have an understanding of the child’s identified needs? Are they able to cope with the child’s needs?
- Does family have access to long-term supportive services?
- Are you providing training and education to DC Team, including judicial leaders on the importance of serving children and families?
• Do you refer and follow-up to outside agencies with children’s services?
• Are child and family-serving agencies on your collaborative team?
• Are you mobilizing and linking to new resources from other agencies that already serve children and families?
• Have you developed formal relationships and information sharing protocols?
Multiple Needs Require Multiple Partners

Family Recovery

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
<table>
<thead>
<tr>
<th>Key Service Components</th>
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<td>Parent-child relationship-based interventions</td>
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<td>Trauma</td>
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<tr>
<td>Parent-Child:</td>
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- Early and ongoing peer recovery support
- Developmental & behavioral screenings and assessments
- Quality and frequent visitation
- Parent-child relationship-based interventions
- Trauma
- Evidence-based parenting
- Community and auxiliary support
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**.
Continuum of Family-Based Services

Parent's Treatment With Family Involvement
- Services for parent(s) with substance use disorders
- Treatment plan includes family issues and family involvement
- Goal: Improved outcomes for parent(s)

Parent's Treatment With Children Present
- Children accompany parent(s) to treatment
- Children participate in child care but receive no therapeutic services
- Only parent(s) have treatment plans
- Goal: Improved outcomes for parent(s)

Parent's and Children's Services
- Children accompany parent(s) to treatment
- Parent(s) and attending children have treatment plans and receive appropriate services
- Goals: Improved outcomes for parent(s) and children, better parenting

Family Services
- Children accompany parent(s) to treatment
- Parent(s) and children have treatment plans
- Some services provided to other family members
- Goals: Improved outcomes for parent(s), children, and other family members; better parenting and family functioning

Family-Centered Treatment
- Each family member has a treatment plan and receives individual and family services
- Goals: Improved outcomes for parent(s), children, and other family members; better parenting and family functioning
KEY STRATEGY

Screening, Assessment, And Needs of Parents, Children, and Families

Provide evidence-based services to children and parents including services that address the parent-child dyad.
Connecting Families to Evidence-Based Parenting Program

- 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/

• Strengthening Families - http://www.strengtheningfamiliesprogram.org/


Please visit:

• California Evidence-Based Clearing House - www.cebc4cw.org

• National Registry of Evidence-Based Programs and Practices - www.nrepp.samhsa.gov
<table>
<thead>
<tr>
<th>Grantee</th>
<th>EBPs Identified and/or Selected</th>
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| Grantee A | • Baby Smarts (existing)  
         | • Positive Indian Parenting (new)                                                               |
| Grantee B | • Child-Parent Psychotherapy (existing)  
         | • Trauma-Focused Cognitive Behavioral Therapy (existing)  
         | • Alternatives for Families: A Cognitive-Behavioral Therapy (existing)  
         | • SafeCare (existing)  
         | • Celebrating Families! (new)                                                                     |
| Grantee C | • Nurturing Families (existing)  
         | • Strengthening Families Program (existing)  
         | • Incredible Years (existing)  
         | • Triple P (existing)                                                                             |
| Grantee D | • Celebrating Families! (existing)  
         | • Early Pathways (existing)  
         | • Parents Interacting with Infants (existing)  
         | • Solution-Focused Brief Therapy (new)  
         | • Caring for Children Who Have Experienced Trauma (new)                                          |

“Existing” – leveraging existing EBP community resource; “New” – implementing new EBP
Building Protective Factors to Strengthen Families

- Social Connections
- Parental Resilience
- Nurturing and Attachment
- Concrete Support for Families
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children
When Should We Offer Parent Education?

Sequencing of Parent Education

• Key considerations include cognitive functioning
• *Participation in parenting programs can enhance parent motivation and engagement in treatment* because it affirms their primary role and identity as a parent and focuses on their most important need
• Increase self-confidence as parents and equip them with needed skills
• *There is no time to lose when it comes to parent-child bond*
Things to Consider

- Have you conducted a needs assessment to determine what families need? How will it help achieved desired outcomes?
- Have realistic expectations of their ability to participate - especially in early recovery?
- Does it have a parent-child component?
- Do you have staffing and logistical support for successful implementation?
Turning to Community Partners to Serve Families

• Partnered with Linda Ray Center to provide comprehensive family and children services

• Advocated for its treatment partner to provide family therapy

• ADC and treatment provider tracking family outcomes
Children Need to Spend Time with Their Parents

How can the ADC team...
Remove barriers to parenting time?
Support quality parenting time?
Facilitate additional parenting time?
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
Strategies to Ensure Quality and Frequent Parenting Time

- Involve parents in planning
- Elicit foster parents or kinship caregiver support
- Invite parents to join child’s appointments
- Enlist natural community settings
- Focus on strengths and positive interactions
- Provide parenting support and coaching
Co-Parenting Activities

- What is your system of care’s philosophy about co-parenting?
- What are the expectations for foster parents to participate?
- Ground rules and limitations
- Are there differences of opinions on the benefits of co-parenting?
- Dispelling the myths about bio and foster parent collaborations
Interventions that Include Parent–Child Component

• Do the services of partner providers have parent-child components?
• Can you expand your service array?
• How do providers document progress in strengthening the parent-child relationship?
• What will the parenting reports look like to include the parent-child piece?
Support for Parents in Court to Advocate for Improvements or Strengthening of the Relationship with their Child

• **Questions every judge should ask?**

  • Reaching out to the parent in court for their perspective on how visitation or co-parenting activities are going

  • How are improvements in the parent-child relationship linked to the levels of visitation along with recommendations from substance use and mental health treatment providers?

* Recommended Resource: *Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know.*
KEY STRATEGY

Develop sustainability plans that account for funding services to children and families.
Getting a Piece of the Pie

- Federal Child Programs: $470 billion
- Public Child Welfare: $30 billion
- Drug Courts: $140 million
Redirection of Resources Already Here

The “Real” Resources Already in the Community

Pilots, Demos, and Grant-funded Projects

Drug Courts

TANF

Domestic Violence

Courts

Hospitals

Medicaid

Families

Schools

Housing

Police

Mental Health

Substance Use Disorder Treatment
Things to Consider

• What resources already exist in the community to serve children and families?
• Have you identified shared outcomes to make the case for shared resources?
Big steps
Small steps
Just keep moving
Q&A and Discussion
Contact Information

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We can help!
RESOURCES
View the Recorded Webinar!

Early Screening & Assessment
How Effective Family Drug Courts Match Service to Need

Includes Team Discussion Guide!
View the Recorded Webinar!!

Supporting Families in Family Drug Courts for Recovery, Reunification and Permanency

Includes Team Discussion Guide!

July 2016

Parent-Child Relationship
Implementation Lessons
Family-Centered Approaches

Year Grant
3
Round 1 Apr. 2014 - May 2017

Family Drug Courts
4
- San Francisco, CA
- Pima County, AZ
- Robeson County, NC
- Tompkins County, NY

Case Studies (All Four Grantees)

Overview of PFR

Key Lessons for Implementing a Family-Centered Approach

Cross-Systems Collaboration, Governance and Leadership:

Evidence-Based Program Implementation

Building Evaluation and Performance Monitoring Capacity of FDCs

The Prevention and Family Recovery initiative is generously supported by the Doris Duke Charitable Foundation and The Duke Endowment.
On behalf of children and families in your community, thank you for the work you do!