



Supporting Families Through Success

**California Association of
Collaborative Courts Conference**

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Children and Family Futures

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Important Practices of FDCs

7

- System of identifying families
- Timely access to assessment and treatment services
- Increased management of recovery services and compliance with treatment
- Improved family-centered services and parent-child relationships
- Increased judicial oversight
- Systematic response for participants – contingency management
- Collaborative non-adversarial approach grounded in efficient communication across service systems and court

Key Family Drug Court Ingredients

4

Improved family-centered services and parent-child relationships

FDC Practice Improvements

Approaches to child well-being in FDCs need to change

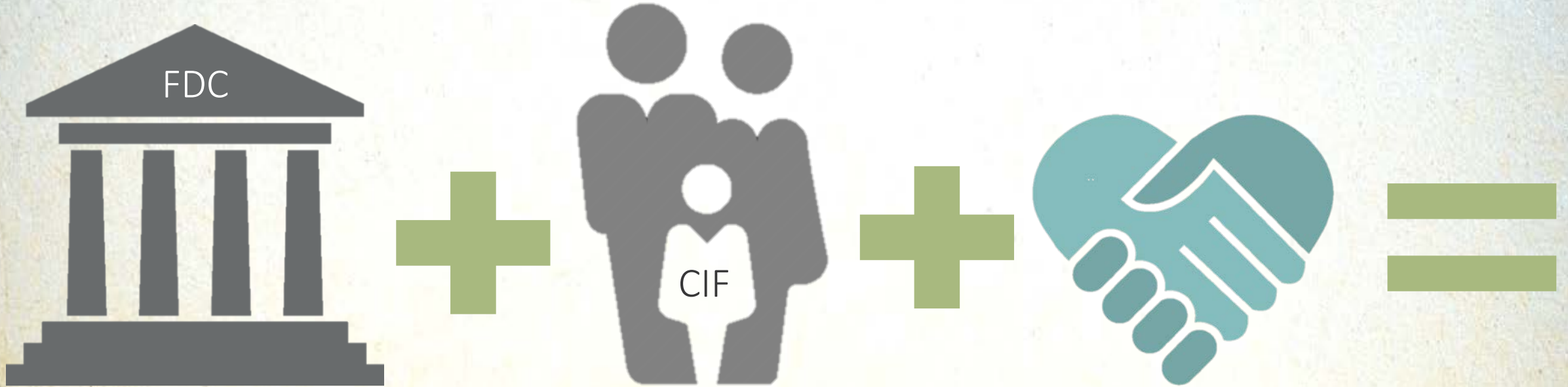
**In the
context of parent's
recovery**

**Child-focused
assessments and
services**

**Family-
centered
treatment
(includes parent-
child dyad)**

Sacramento County, CAM Project, Children in Focus (CIF)

Across all FDC programs, Sacramento is getting ready to admit its 5,000th parent!



- **Dependency Drug Court (DDC) - Post-File**
- **Early Intervention Family Drug Court (EIFDC) - Pre-File**

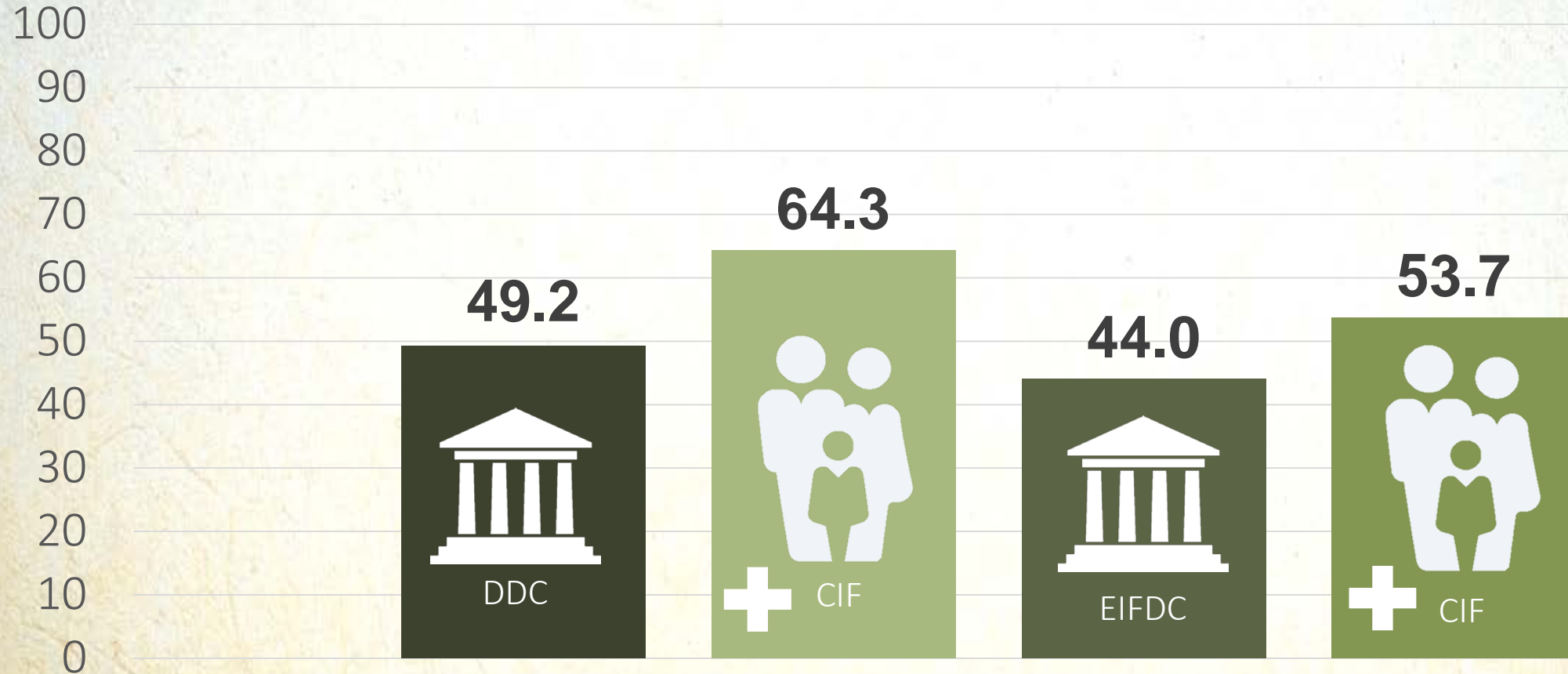
**Parent-child
parenting
intervention**

**Connections
to community
supports**

**Improved
outcomes**

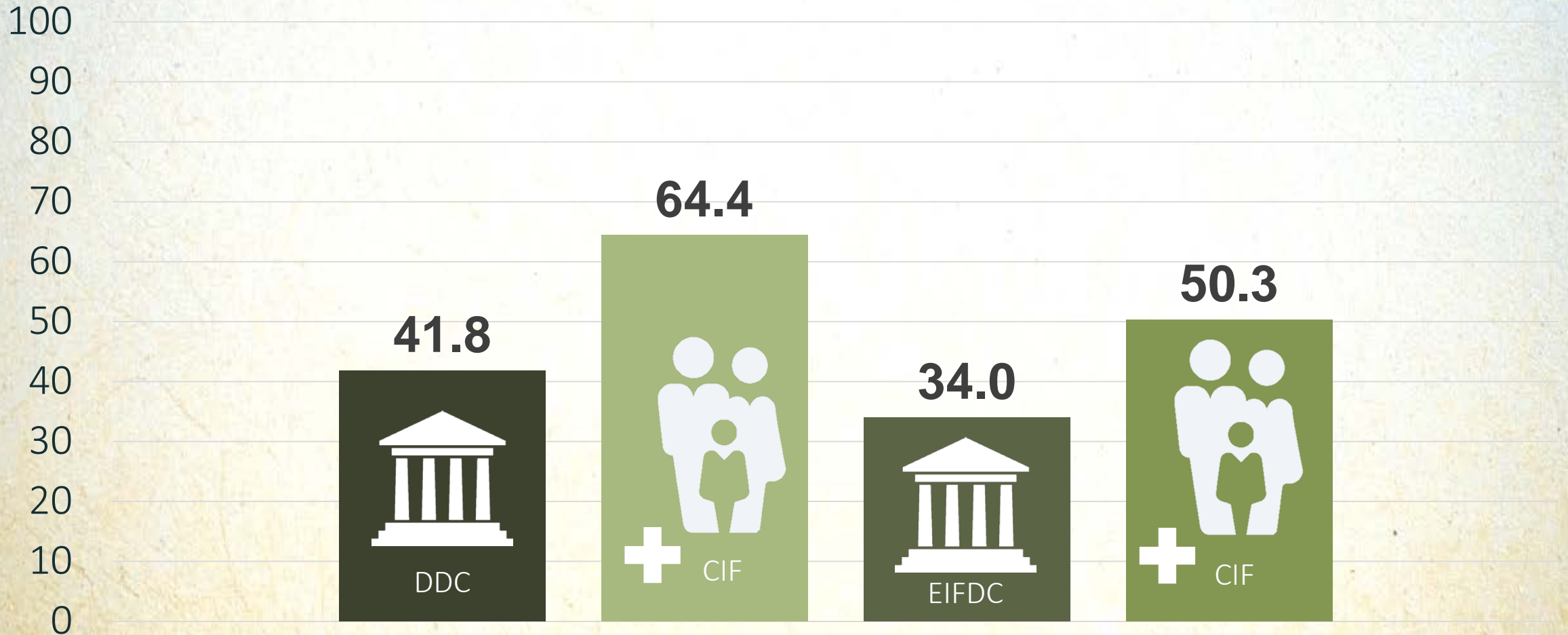
Sacramento County, CAM Project, Children in Focus (CIF)

Treatment Completion Rates



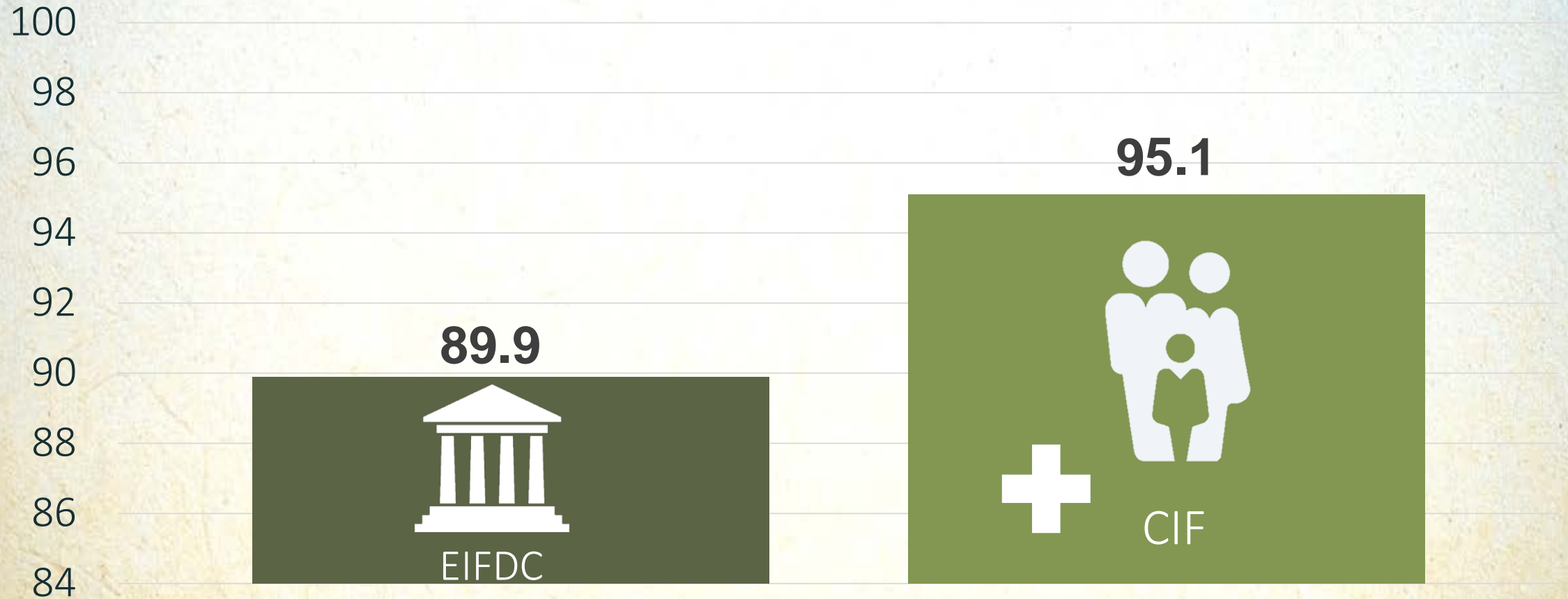
Sacramento County, CAM Project, Children in Focus (CIF)

Rate of Positive Court Discharge/Graduate



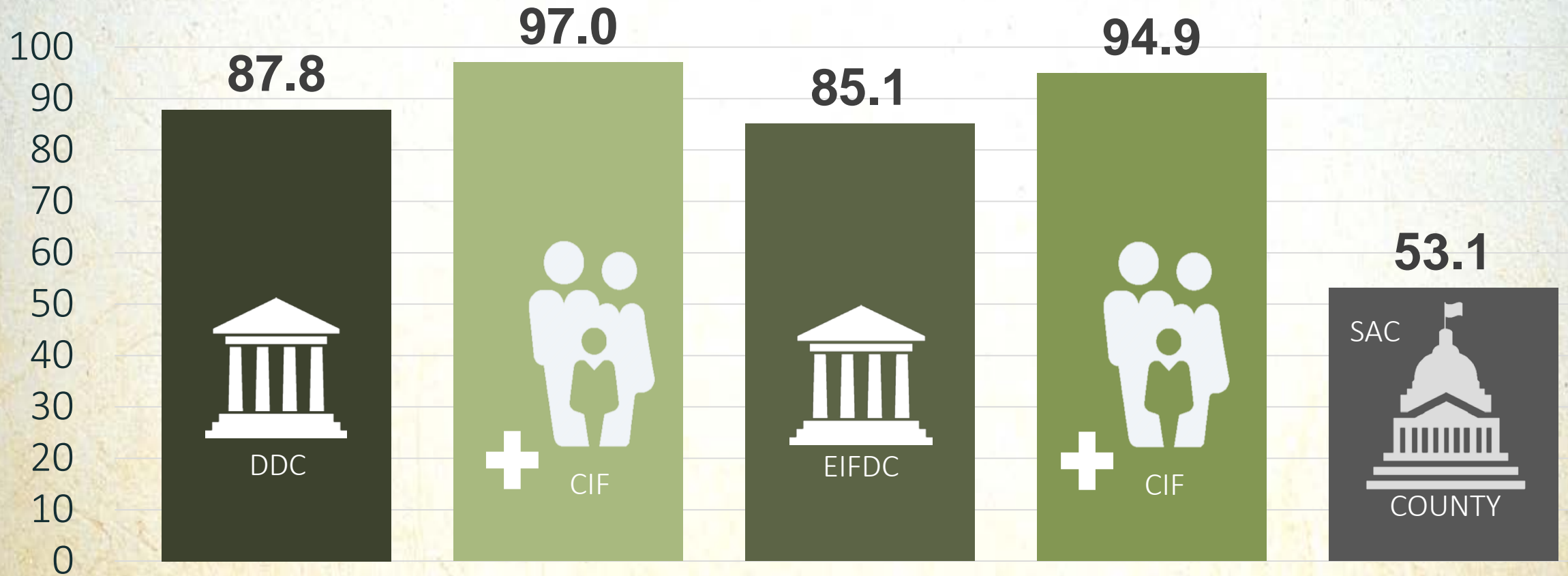
Sacramento County, CAM Project, Children in Focus (CIF)

Remained at Home



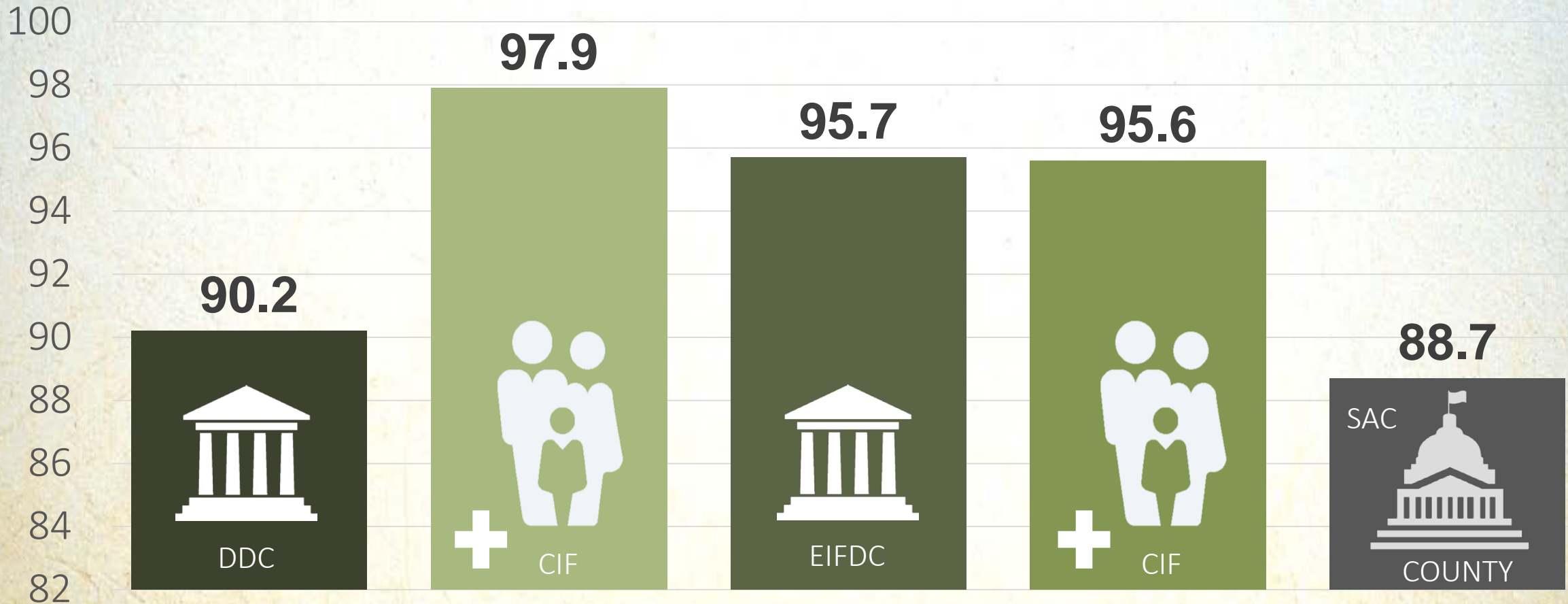
Sacramento County, CAM Project, Children in Focus (CIF)

Reunification Rates



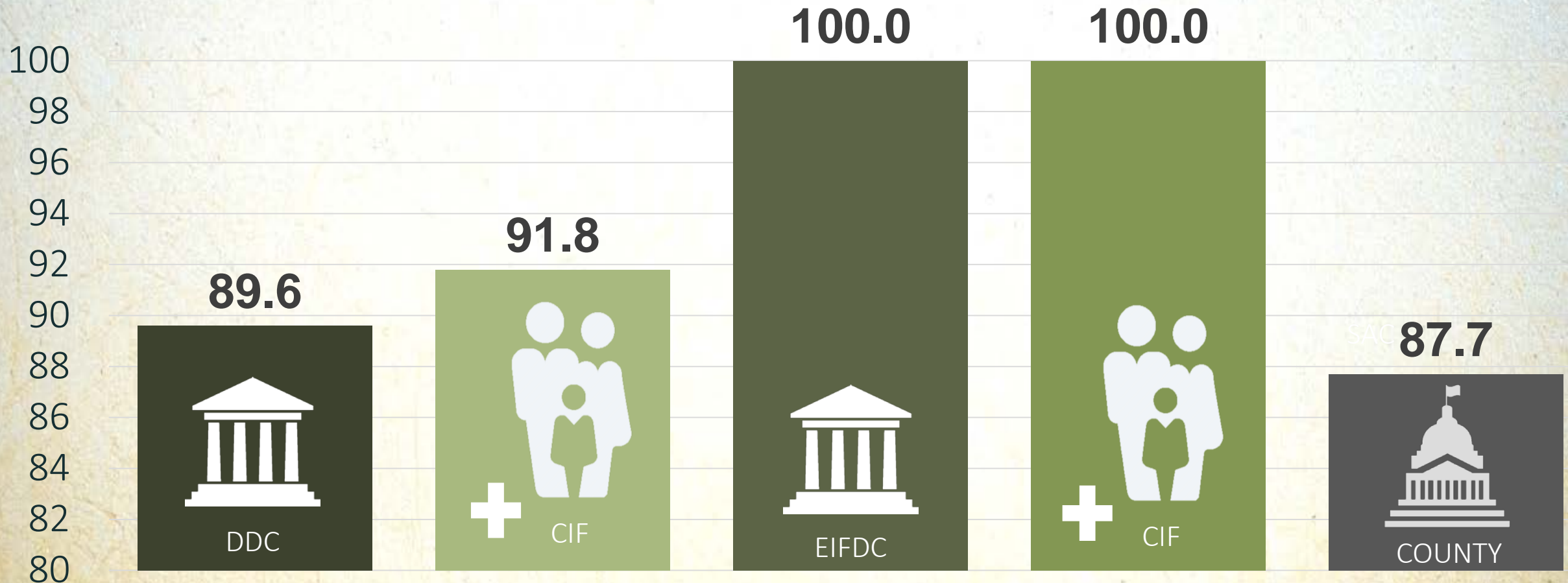
Sacramento County, CAM Project, Children in Focus (CIF)

No Recurrence of Maltreatment at 12 Months



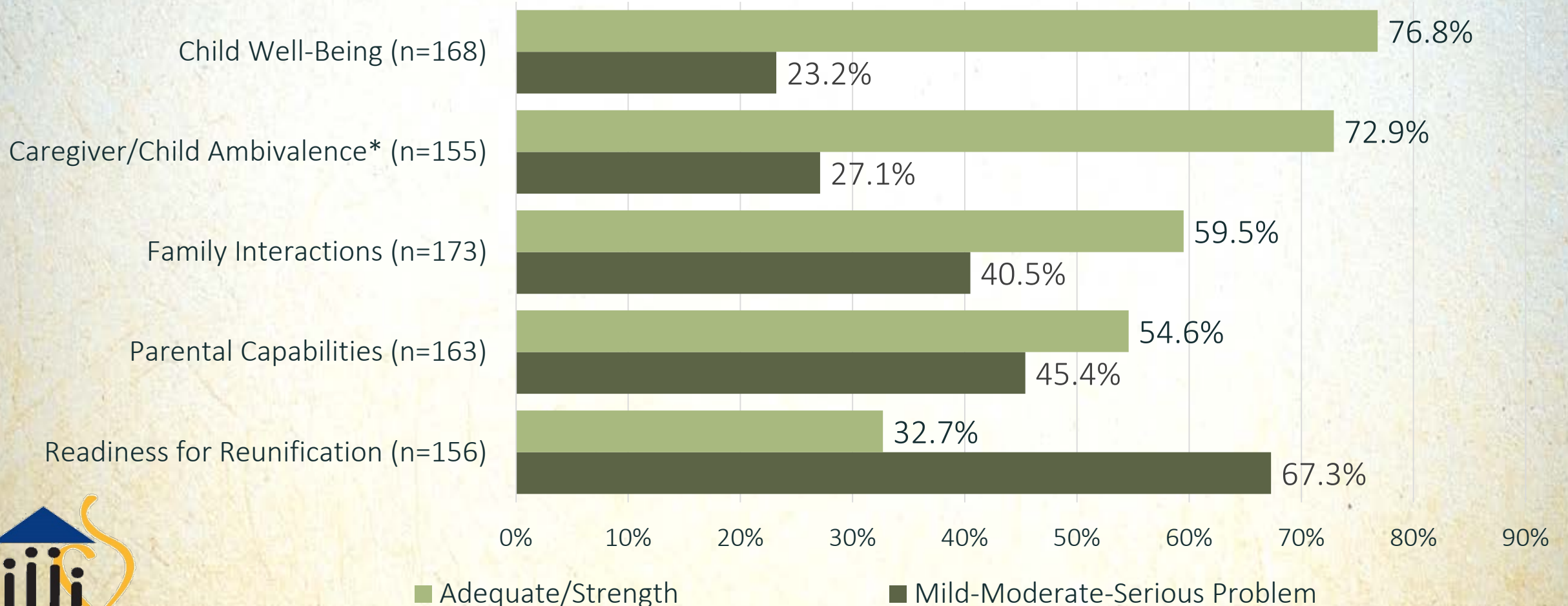
Sacramento County, CAM Project, Children in Focus (CIF)

No Re-Entry at 12 Months




North Carolina Family Assessment Scale (NCFAS) Intake Results

Percentage of families by rating category (overall domain item)



**This domain is for reunification cases only and addresses both the child's and caregiver's desire to reunite and the nature of their relationship with one another.*

 **SAMHSA**
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

GRANTS TO EXPAND SERVICES TO CHILDREN AFFECTED BY METHAMPHETAMINE IN FAMILIES PARTICIPATING IN FAMILY TREATMENT DRUG COURT

November 2014

CHILDREN AFFECTED BY METHAMPHETAMINE (CAM) BRIEF

ABOUT THE CAM BRIEF

Improving outcomes for families affected by parental substance use disorders and child welfare involvement starts with a cross-systems commitment and coordinated approach to address the multiple and complex needs of parents and children. Through collaborative efforts around the country, evidence is emerging of what families need to succeed in their efforts to reunify with their children and maintain their recovery. The brief summarizes the experiences, lessons learned, and outcomes of the collaborative efforts of the Children Affected by Methamphetamine (CAM) grant program (October 2010 – September 2014). The brief also provides an overview of the grant program, the grantees, and key implementation lessons learned and highlights the CAM program's interim safety, permanency, recovery, and well-being outcomes for the 1,850 families served during the first three years of the grant.

Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover

New Ways of Serving Children in Family Drug Courts

Lessons Learned and Case Studies from the Children Affected by Methamphetamines Grant Program



Child well-being occurs in the context of relationships

Adult recovery should have a parent-child component

We know more about

The Effect of Recovery Support On Successful Reunification

- Recovery Support Specialists
- Evidence-Based Treatment
- Family-Centered Services
- Evidence-Based Parenting
- Parenting Time
- Reunification Groups
- Ongoing Support



Missed opportunities

“Here’s a referral, let me know when you get into treatment.”

“They’ll get into treatment if they really want it.”

“Don’t work harder than the client.”

“Call me on Tuesday.”



Rethinking Treatment Readiness




Re-thinking “rock bottom”

Addiction as an elevator



“Raising the bottom”

ASAM Definition of Addiction

- 
- Addiction is characterized by an inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response
 - Like other chronic diseases, addiction often involves cycles of relapse and remission
 - Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death

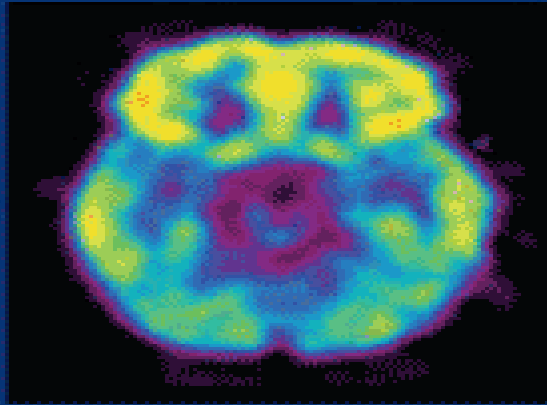
Adopted by the ASAM Board of Directors 4/12/2011

A Chronic, Relapsing Brain Disease

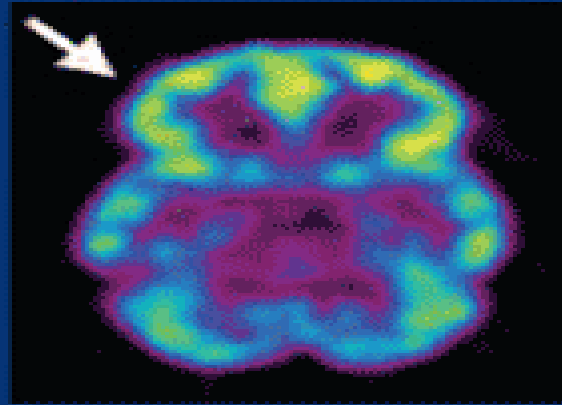


- Brain imaging studies show physical changes in areas of the brain that are critical to:
 - Judgment
 - Decision making
 - Learning and memory
 - Behavior control
- These changes alter the way the brain works, and help explain the compulsion and continued use despite negative consequences

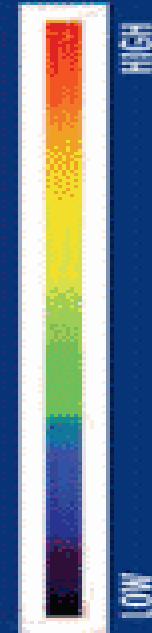
DECREASED BRAIN METABOLISM IN *DRUG ABUSER*



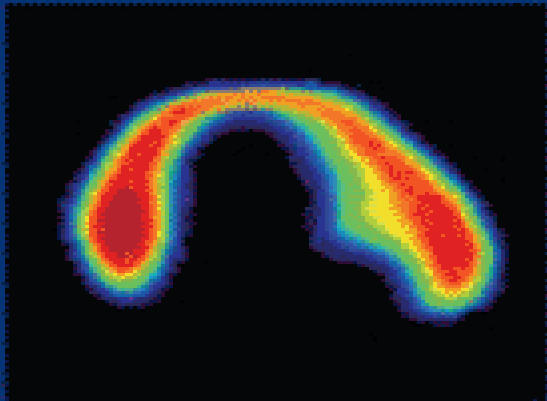
Healthy Brain



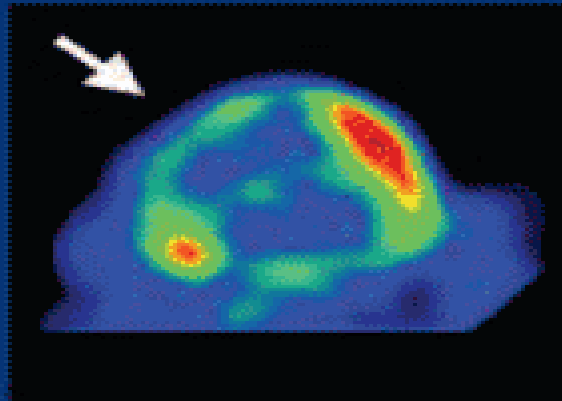
Diseased Brain/Cocaine Abuser



DECREASED HEART METABOLISM IN *HEART DISEASE PATIENT*



Healthy Heart



Diseased Heart

Substance use disorders are similar to other diseases, such as heart disease.

Both diseases disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable, and if left untreated, can result in premature death.

Effects of Drug Use on Dopamine Production



- Think of a pleasant experience (a romantic evening, a relaxing vacation, playing with a child). Pleasure is caused by dopamine, a major brain chemical, that is secreted into the amygdala region of the brain causing that pleasure part of the brain to fire. Addictive drugs do the same, only more intense.
- When drug use is frequent and causes a surge of dopamine on a regular basis, the brain realizes the dopamine is being provided artificially, and it essentially loses its natural ability for pleasure (at least for a period of time).

Effects of Drug Use on Dopamine Production

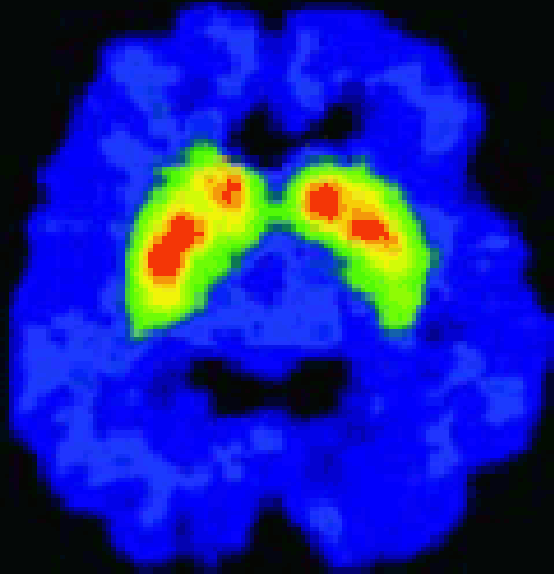


- Think about the implications for a child welfare parent who has just stopped using drugs and is trying to resume normal interactions with their child/ren.
- If you are tasked with observing this visitation, what conclusions might you draw?
- If cues are misread, how might this affect a parent's ability to keep or obtain custody of their child/ren?
- How do we balance compassion, understanding, and patience with a parent's temporarily compromised brain condition while maintaining parent accountability and child safety?

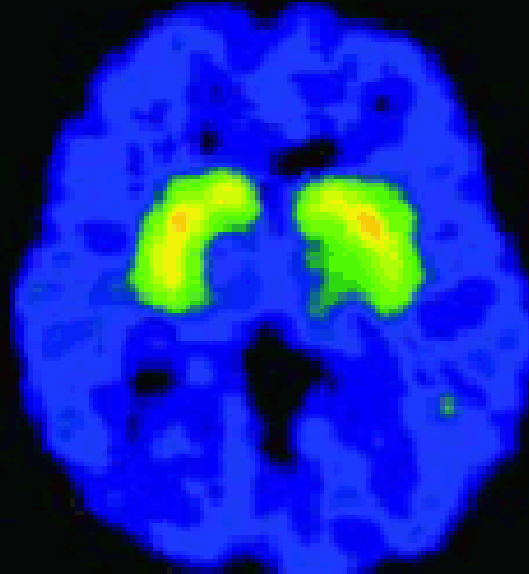
A Treatable Disease

- Substance use disorders are preventable and are treatable diseases
- Discoveries in the science of addiction have led to advances in treatment that help people stop abusing drugs and resume their productive lives
- Similar to other chronic diseases, addiction can be managed successfully
- Treatment enables people to counteract addiction's powerful disruptive effects on brain and behavior and regain areas of life function

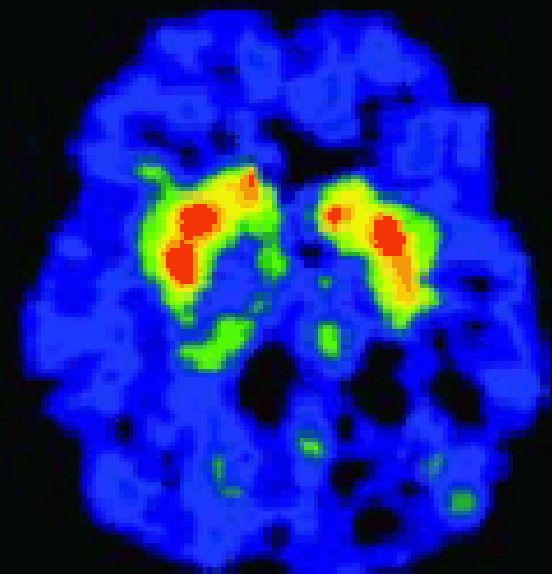
BRAIN RECOVERY WITH PROLONGED ABSTINENCE



Healthy Person



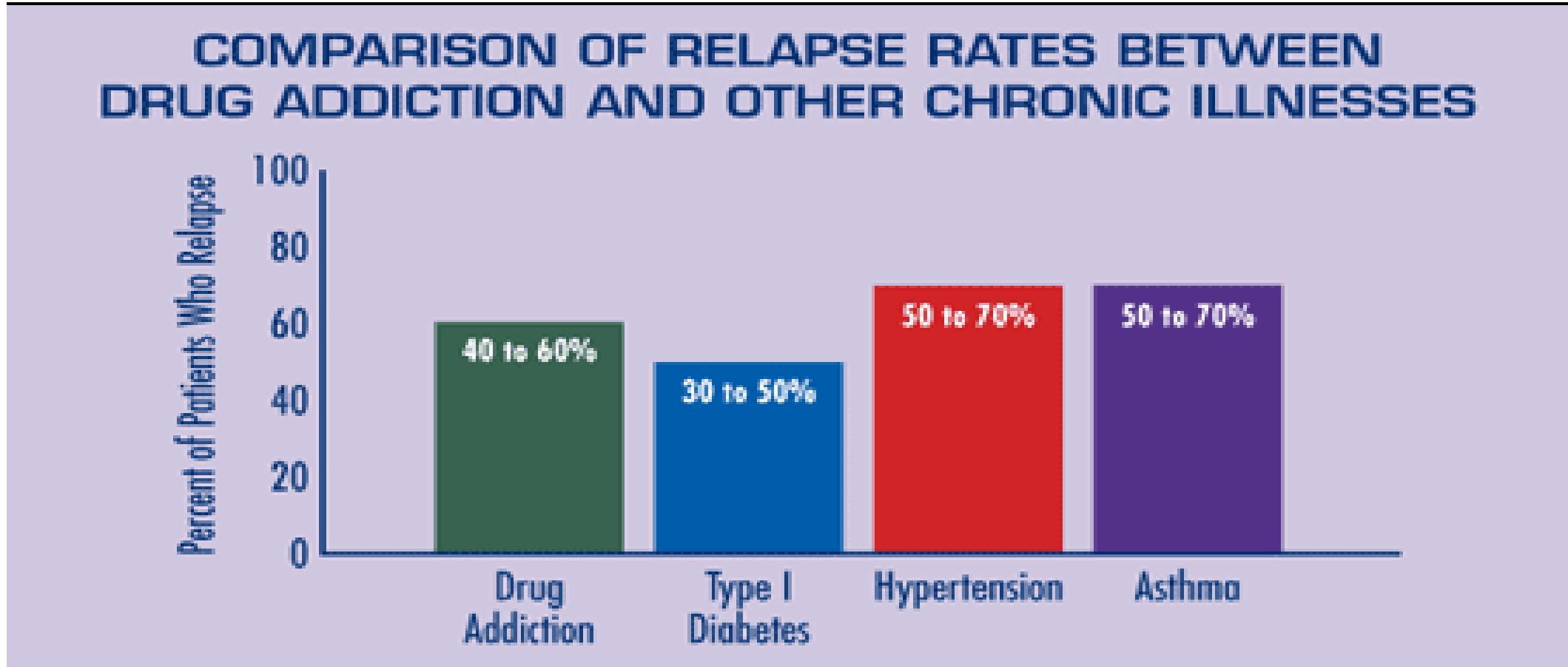
METH Abuser
1 month abstinence



METH Abuser
14 months abstinence

These images of the dopamine transporter show the brain's remarkable potential to recover, at least partially, after a long abstinence from drugs - in this case, methamphetamine.⁹

Addiction and Other Chronic Conditions

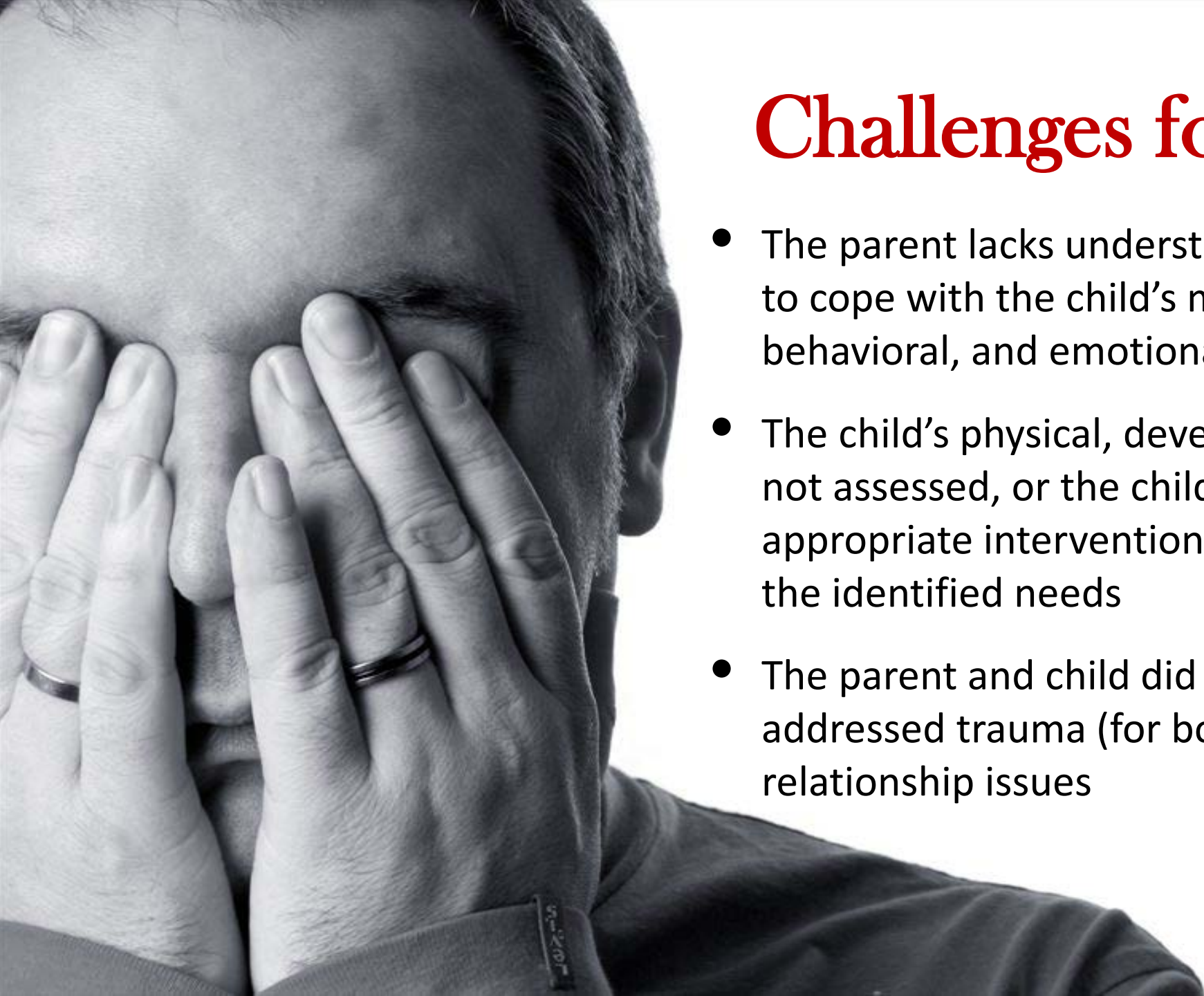


JAMA, 284:1689-1695, 2000

Family-Centered Approach



Recognizes that addiction is **a family disease** and that recovery and well-being occurs **in the context of families**



Challenges for the Parents

- The parent lacks understanding of and the ability to cope with the child's medical, developmental, behavioral, and emotional needs
- 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 and child did not receive services that addressed trauma (for both of them) and relationship issues

We know more about
**Effective Substance
Use Disorder
Treatment**

**To view our webinar on this
topic, please visit
www.familydrugcourts.blogspot.com**

- Readily available
- Attends to multiple needs of the individual (vs. just the drug abuse)
- Engagement strategies to keep clients in treatment
- Counseling, behavioral therapies (in combination with medications if necessary)
- Co-occurring conditions
- Continuous monitoring

(National Institute on Drug Abuse, 2012)

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 of parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010).
3. Substance use disorder treatment services **that include children in treatment** can lead to **improved outcomes for the parent**, which can **also improve outcomes for the child**.

Family Engagement and Ongoing Support

Ensure family treatment and recovery success by:

- Understanding, changing, and measuring the cross-system processes for referrals, engagement, and retention in treatment
- Recruiting and training staff who specialize in outreach and motivational (i.e. motivational interviewing) approaches and who monitor the processes of recovery and aftercare
- Jointly monitoring family progress through a combination of case management, coordinated case planning, information sharing, timely and ongoing communication
- Aftercare, community and family supports and alumni groups

Selection of an Evidence-Based Parenting Program

To view our webinar on this topic, please visit
www.familydrugcourts.blogspot.com



- 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

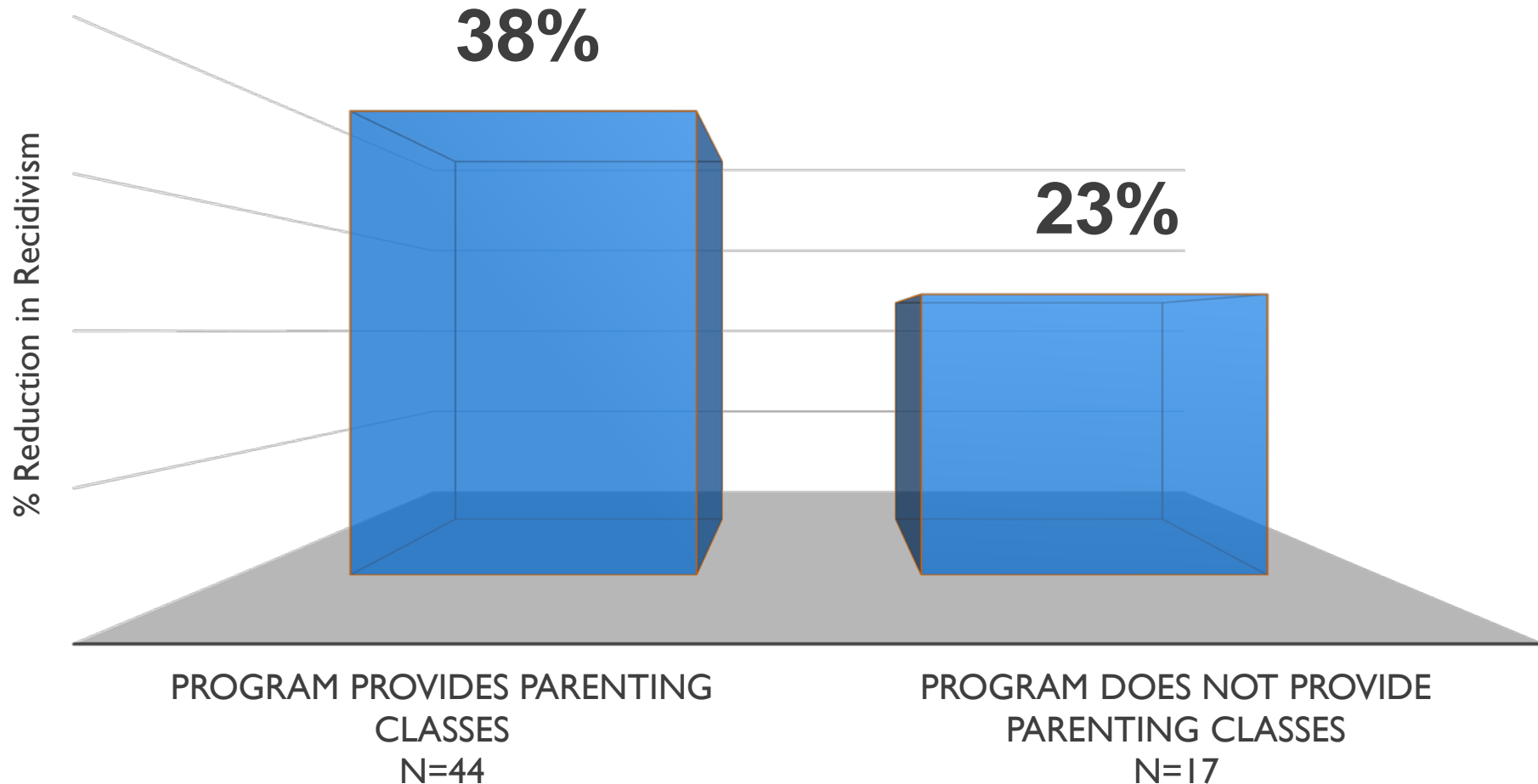
Considerations When Selecting a Parenting Program



- Understand the needs of Court consumers - What do these families look like? Are there unique struggles
- Have realistic expectations of their ability to participate - especially in early recovery
- Parenting program should include parent-child interactive time, but this should not be considered visitation
- Child development information needs to be shared with the parent and the parenting facilitator in advance



Drug Courts That Offer Parenting Classes Had 68% Greater Reductions in Recidivism and 52% Greater Cost Savings



✓ *True in adult, family, juvenile*

Children Need to Spend Time with Their Parents

- Involve parents in the child's appointments with doctors and therapists
- Expect foster parents to participate in visits
- Help parents plan visits ahead of time
- Enlist natural community settings as visitation locations (e.g., family resource centers)
- Limit the child's exposure to adults with whom they have a comfortable relationship



Elements of Successful Visitation Plans



Parenting time should occur:

- Frequently
- For an appropriate period of time
- In a comfortable and safe setting
- With therapeutic supervision

Effect of Parenting Time 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)

Support Strategy – Reunification Group

- Begin during unsupervised/overnight visitations through 3 months post reunification
- Staffed by an outside treatment provider and recovery support specialist (or other mentor role)
- Focus on supporting parents through reunification process
- Group process provides guidance and encouragement; opportunity to express concerns about parenting without repercussion

Aftercare and Ongoing Support

- Ensure aftercare and recovery success beyond FDC and CWS participation:
 - Personal recovery plan – relapse prevention, relapse
 - Peer-to-peer – alumni groups, recovery groups
 - Other relationships – family, friends, caregivers, significant others
 - Community-based support and services – basic needs (childcare, housing, transportation), mental health, physical health and medical care, spiritual support
 - Self-sufficiency – employment, educational, and training opportunities





Rethinking Readiness

How will we know?

**Effective FDCs focus on
behavioral benchmarks**

Essential Elements of Responses to Behavior



- Addiction is a brain disorder
- Length of time in treatment is the key; the longer we keep someone in treatment, the greater probability of a successful outcome
- Purpose of sanctions and incentives is to keep participants engaged and motivated in treatment

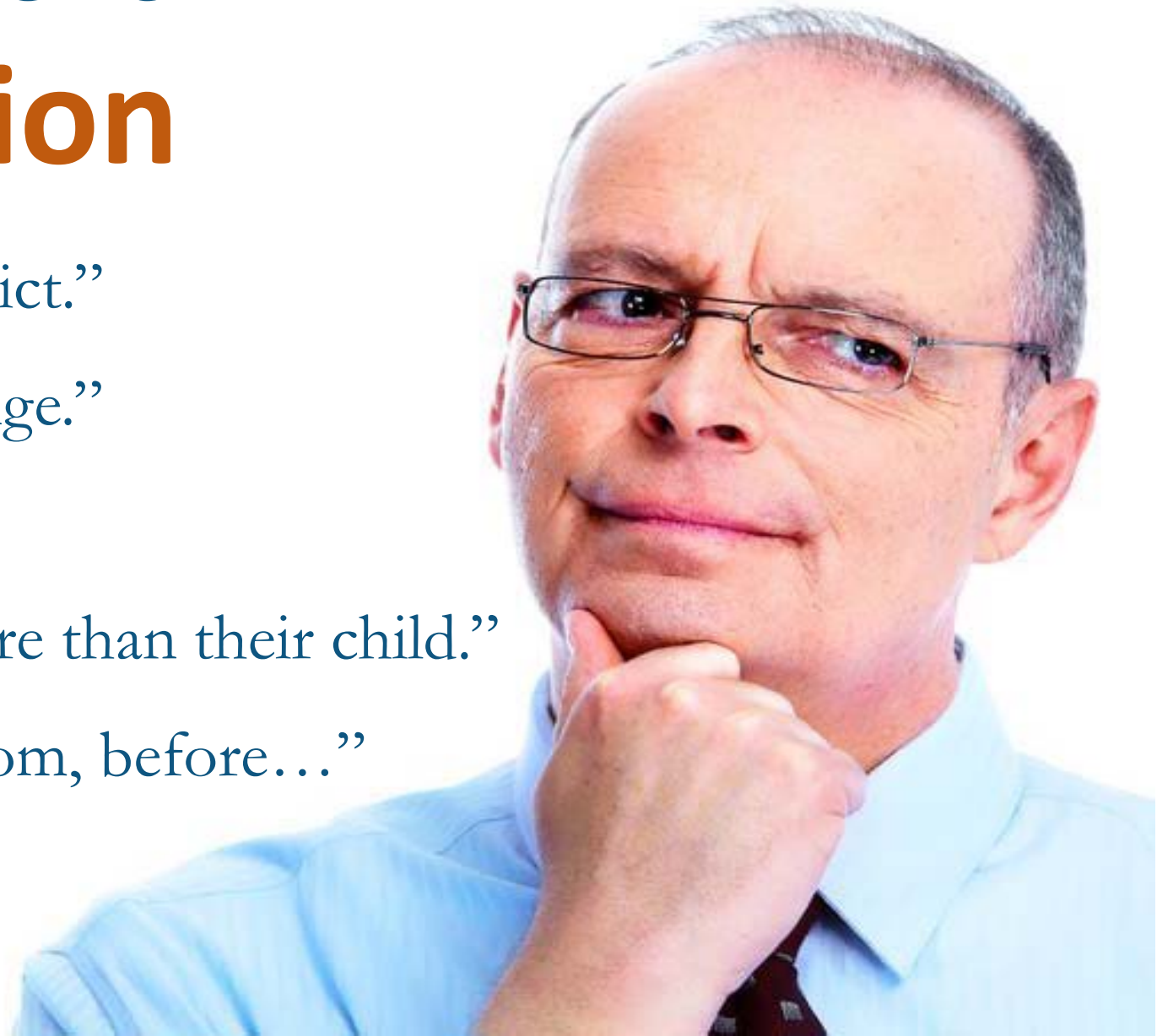
A photograph of a man and a young boy standing with their backs to the camera, embracing each other in front of a large window. The man is wearing a white polo shirt with blue stripes on the collar and sleeves. The boy is wearing a light blue long-sleeved shirt. The window behind them shows a blurred cityscape. The text "Safe vs. Perfect" is overlaid in a blue, italicized serif font across the middle of the image.

Safe vs. Perfect

Stigma & Perceptions

Addiction

- “Once an addict, always an addict.”
- “They don’t really want to change.”
- “They lie.”
- “They must love their drug more than their child.”
- “They need to get to rock bottom, before...”



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

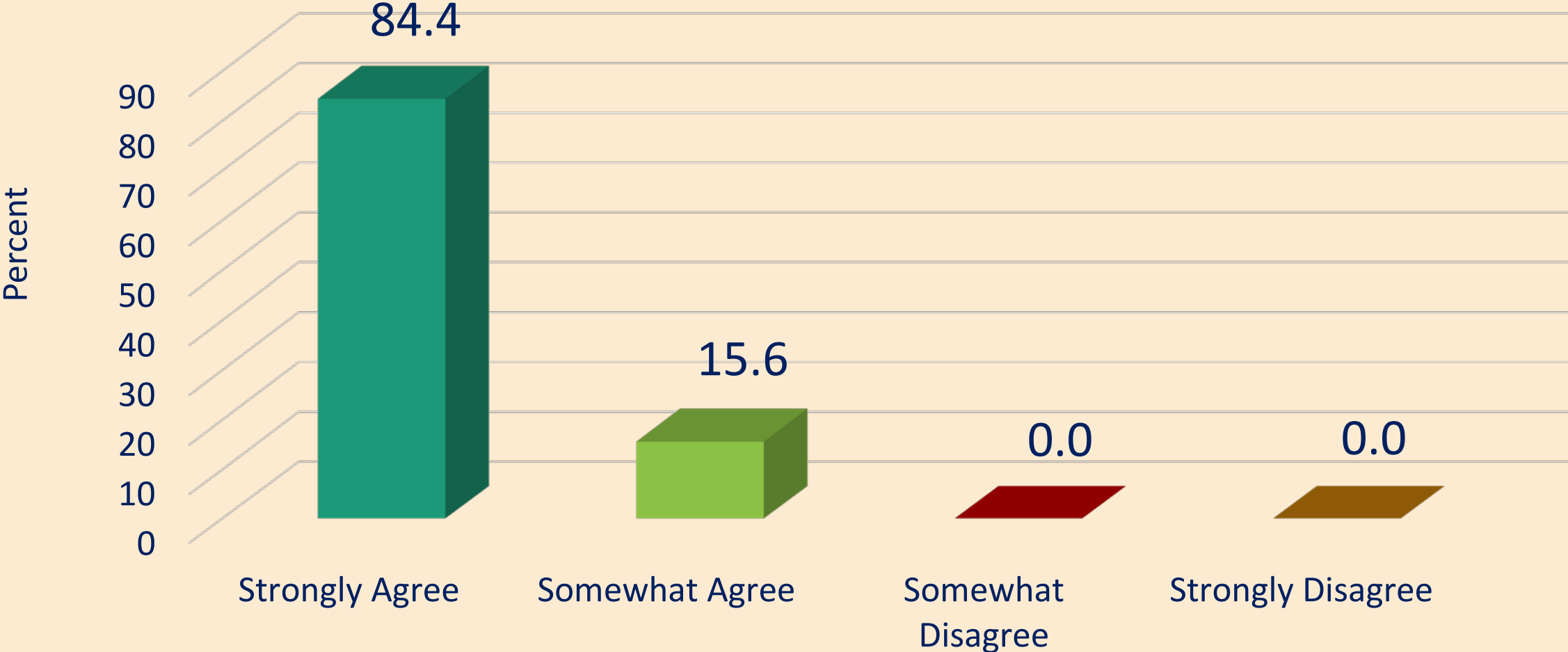
Collaborative Value Inventory (CVI)

What Do We Believe About Alcohol and Other Drugs, Services to Children and Families, and Dependency Courts?

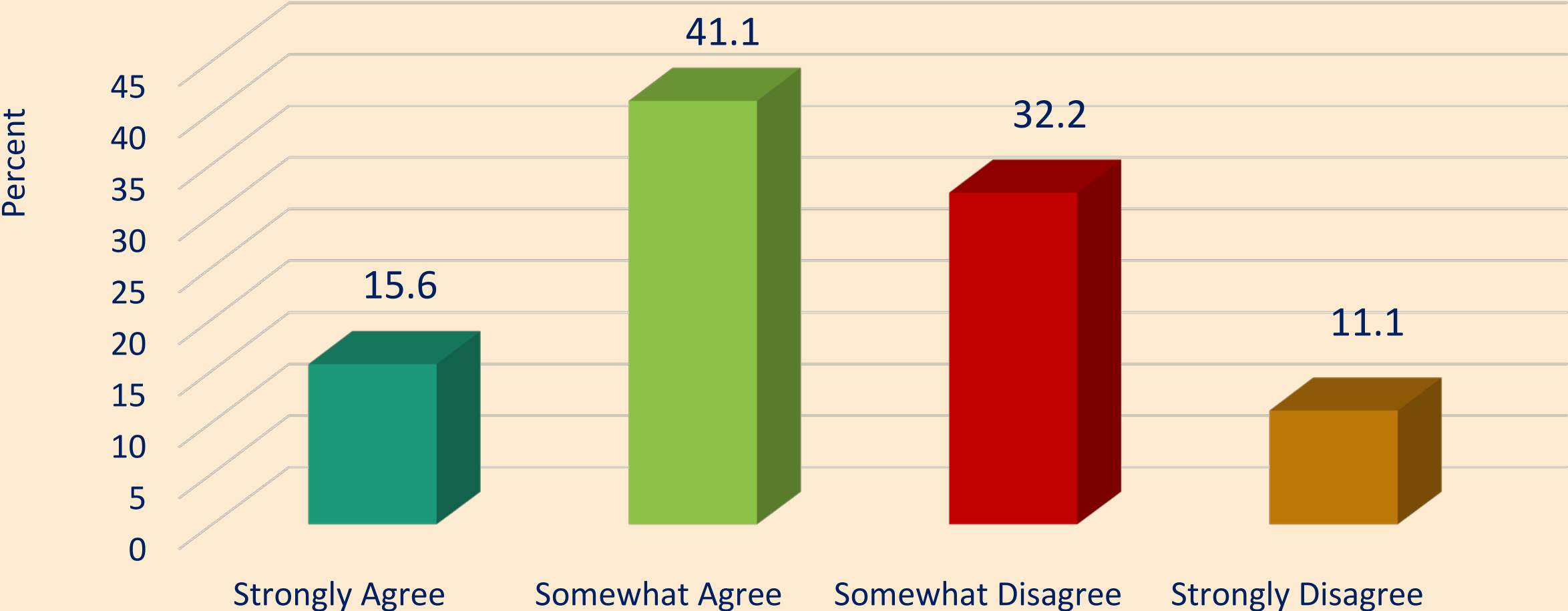
- Anonymous web-based survey to be completed by cross-disciplinary teams of professionals
- Increase the understanding of the values that guide different disciplines and systems
- To assist community members and professional staff in developing common principles for their work together



People Who Are Chemically Dependent Have a Disease for Which They Need Treatment (N=90)



In Assessing the Effects of the Use of Alcohol and Other Drugs, the Standard We Should Use for Deciding When to Remove or Reunify Children with Their Parents Is Whether the Parents Are Fully Abstaining from the Use of Alcohol or Other Drugs (N=90)



Reasonable Efforts to Preserve and Reunify Families



- Were services to the family accessible, available, and appropriate?
- Were the services specifically relevant to the family's problems and needs?
- Were the appropriate services available to the family on a timely basis?

Critical Questions

- 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?



We can no longer say
“We don’t know what to do.”



A scenic landscape featuring a paved road that curves into the distance. To the left of the road is a gravel shoulder, and to the right is a concrete curb. Beyond the road are vibrant yellow fields, likely rapeseed, under a bright blue sky filled with white, fluffy clouds. The sun is shining from the left, creating a lens flare effect.

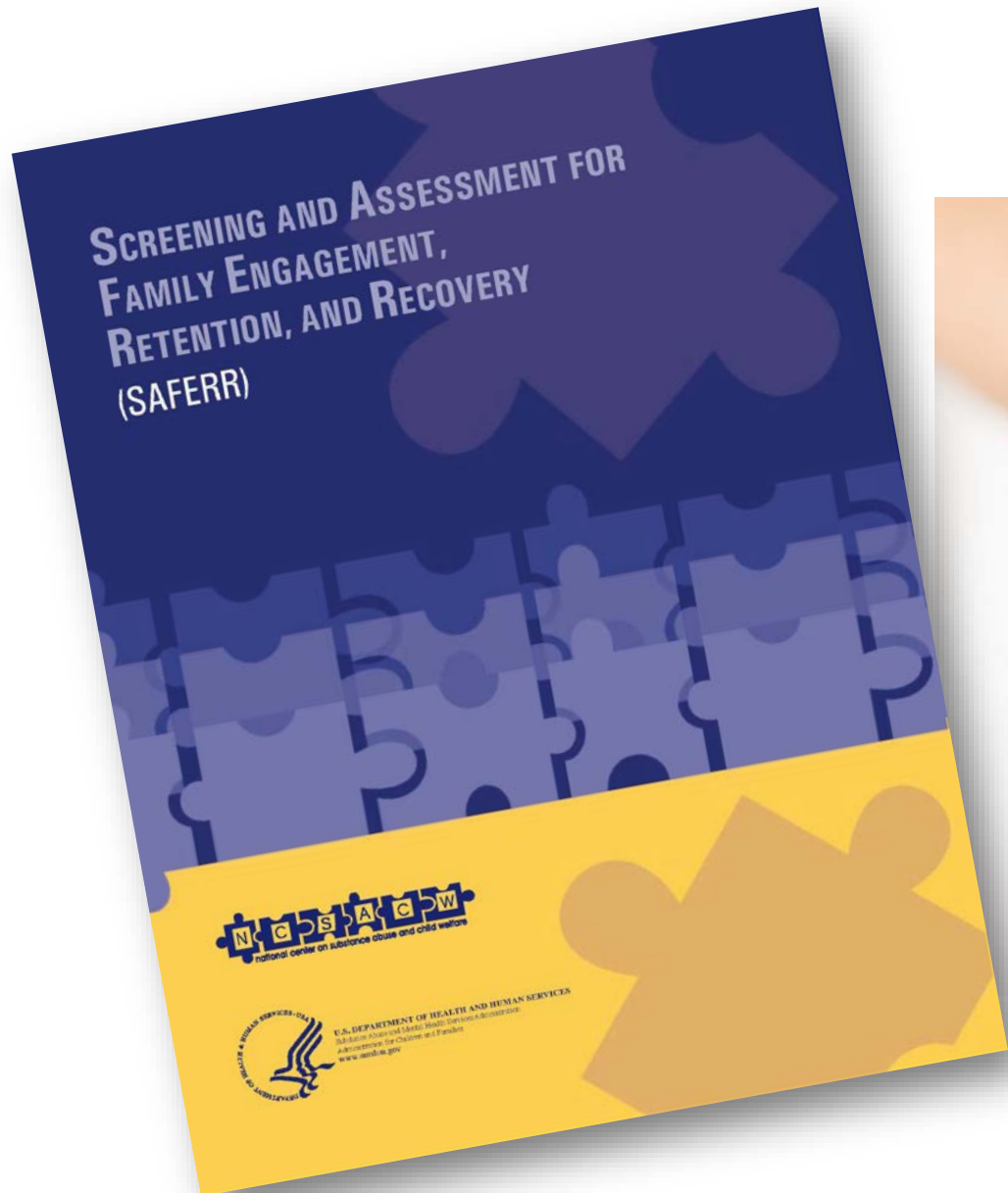
Q&A

**and
Discussion**

Resources



Resource: Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)



To download a copy, please visit:

<http://www.ncsacw.samhsa.gov/files/SAFERR.pdf>

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.

Ensure Quality
Implementation

Expansion of
FDC Reach

Build Evidence Base

National Strategic Plan
For Family Drug Courts

MARCH 2017



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www.cffutures.org/fdc

Family Drug Court *Learning Academy*

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



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Family Drug Court *Blog*



- Webinar Recordings
- FDC Resources
- FDC News



www.familydrugcourts.blogspot.com

Family Drug Court *Online Tutorial*

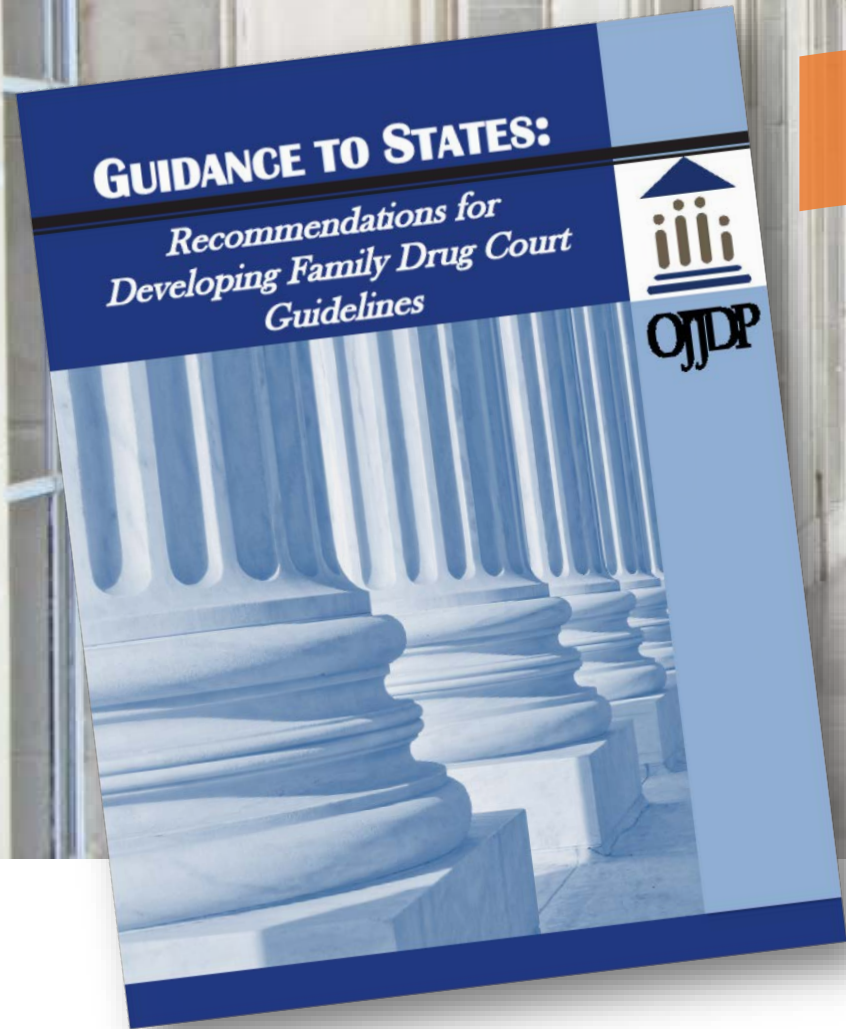
- Self-paced learning
- Modules cover basic overview of FDC Model
- Certificate of Completion



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Family Drug Court *Guidelines*



2nd Edition – Research Update



www.cffutures.org/fdc/

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*Improving
Family
Outcomes*

*Strengthening
Partnerships*

