

Readiness for Reunification – Preparing Families for Success

**Wisconsin Association of Treatment Court Professionals
Conference
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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.



Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

Learning Objectives

- Understand the importance of focusing on Family Recovery and providing services to support healing, recovery, and reunification
- Apply key lessons and strategies from the Prevention and Family Recovery (PFR) initiative to shift to a family-centered approach
- Explore evidence-based and promising practices to support and heal the parent-child relationship



Key Takeaways



Our beliefs about substance use disorders influence how we respond

Active engagement in early recovery is critical

Systematic approach vs. perceptions of readiness

Implementation Lessons Family-Centered Approaches

Learn!

5 Briefs

3 Year Grant

Round 1 Apr. 2014 - May 2017

4 Family Drug Courts

- San Francisco, CA
- Pima County, AZ
- Robeson County, NC
- Tompkins County, NY

Read!

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.*

A photograph of a family of four hugging each other in a sunlit forest. The scene is backlit by bright sunlight, creating a warm, golden glow and lens flare effects. The family consists of a man, a woman, and two children. The man is on the left, wearing a light green shirt, hugging the woman. The woman is in the center, wearing a grey shirt, hugging the children. The children are on the right, one in a blue and white striped shirt and another in a grey shirt. The background shows tall trees and sunlight filtering through the leaves.

**What would
FAMILY RECOVERY COURT
look like if...**

Key Strategy



Redesign phasing system to better assess and prepare families for successful recovery and reunification



“Working in Child Protection is not Rocket Science,

**but it is
harder.”**

Complicated vs. Complex Problems

Child Welfare = Complex Problem:

- Ambiguity**
- Inconsistent Goals**
- Complexity of Decisions and Systems**
- Severe Time Restraints**
- Inherent Unpredictability**

abstinence

graduation

compliance

safety

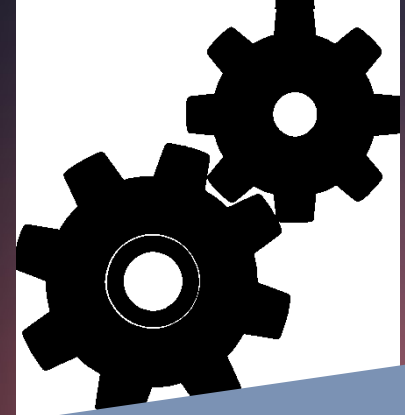
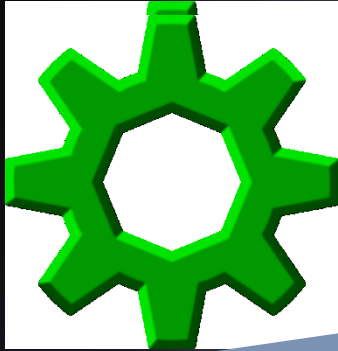
SUCCESS

case closure

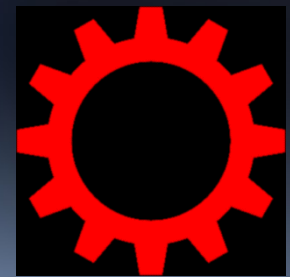
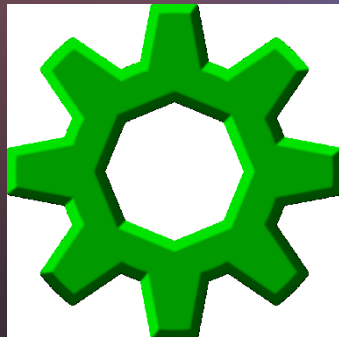
lasting permanency

reunification

recovery



**Do parents know what they
need to do to reunify?**



System Concerns...

Are we taking a cookie cutter or one-size-fits-all approach?

Are we overwhelming parents? Are the case plans coordinated?

Do we each understand what is needed for successful reunification?

Parent Concerns...

Why didn't I have any input in developing my case plan? It doesn't address my needs.

I do what you ask me to do but you constantly tell me it's not enough.

If I complete everything, will I get my kids back?

Family Treatment Courts

Achieve greater alignment

What Matters Most to Families

Child Dependency Case

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!**

SAMSHA's Dimensions of Recovery

Home

Maintaining a stable and safe place to live with their family

Health

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

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

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
- Create shared goals and coordinated case plans for all partners including the family
- Focus on vital services
- Lay out steps towards reunification



**No more
"one-size-fits-all"
program**

Key Strategy

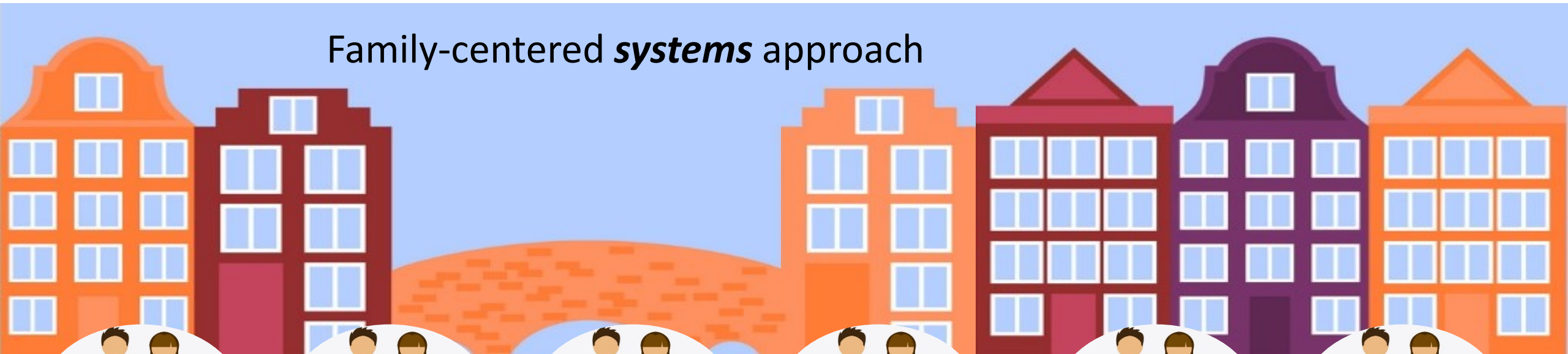


**Developing a
Family Centered
Systems Approach**

FTC Cultural Shift

Family-centered *Family Treatment Court* approach

Family-centered *systems* approach





Supporting

FAMILY RECOVERY

Recovery Occurs in the Context of Relationships



- SUD 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

A Substance Use Disorder effects the whole Family

- The effects on child development is well-known: substance use disorder weakens relationships – which are critical to healthy development
- **Child well-being** – is more than just development, safety and permanency – it's about relationships that ensure family well-being
- Effects of substance use combined with added trauma of separation due to out-home custody = severe family disruption



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



Expanding the view of what it means to be “family-centered”

- Treat the parent and child *together*
- Give the family a voice in the process
- Involve foster and kinship caregivers as part of the family



Family-Centered Approach



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

Multiple Needs Require Multiple Partners

Family Recovery



PARENTS

- 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
- Parenting skills and competencies



CHILD

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

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
 - (c) the risk of child abuse and neglect can be reduced

Family-Centered Substance Use Disorder Treatment

A photograph of a family. A man in a grey shirt is smiling and looking down at a baby in a dark brown carrier. A woman with dark hair is smiling and looking towards the baby. The background is bright and out of focus, suggesting an outdoor setting.

Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in **recovery**, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Women who participated in programs that included a **“high” level of family and children’s 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).

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

Parenting Programs Specific to Families Affected by Substance Use Disorders

- **Celebrating Families** - <http://www.celebratingfamilies.net/>
- **Strengthening Families** - <http://www.strengtheningfamiliesprogram.org/>
- **Nurturing Program for Families in Substance Abuse Treatment and Recovery** - <http://www.healthrecovery.org/publications/detail.php?p=28>

Please visit:

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

Sacramento County Court Programming

Fam



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



**Parent-child
parenting
intervention**



**Connections
to community
supports**



**Improved
outcomes**

**DDC has served over 4,200 parents & 6,300 children
EIFDC has served over 1,140 parents & 2,042 children
CIF has served over 540 parents and 860 children**

Sacramento County, CAM Project Children in Focus (CIF)

Key Service Components



Implementation of Celebrating Families

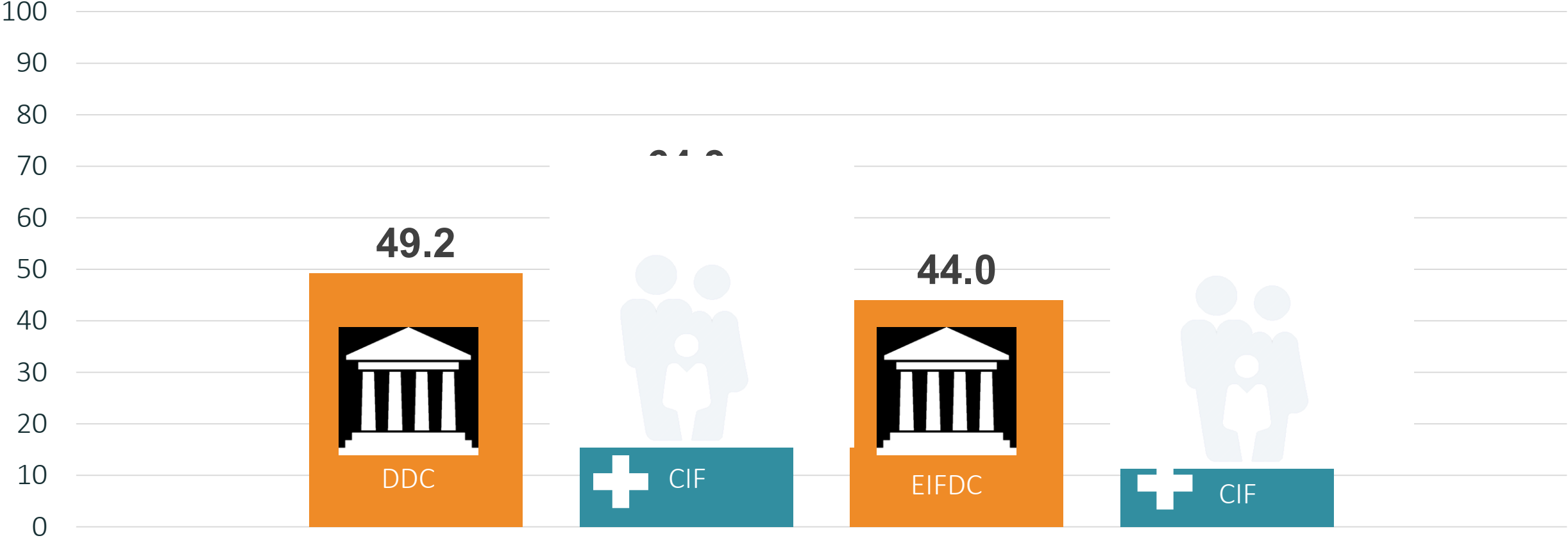
– 16-week curriculum for families affected by parental substance use and child maltreatment and/or neglect



- Linkage to local Family Resource Center
- Warm-hand offs and case management support provided by recovery resource specialists

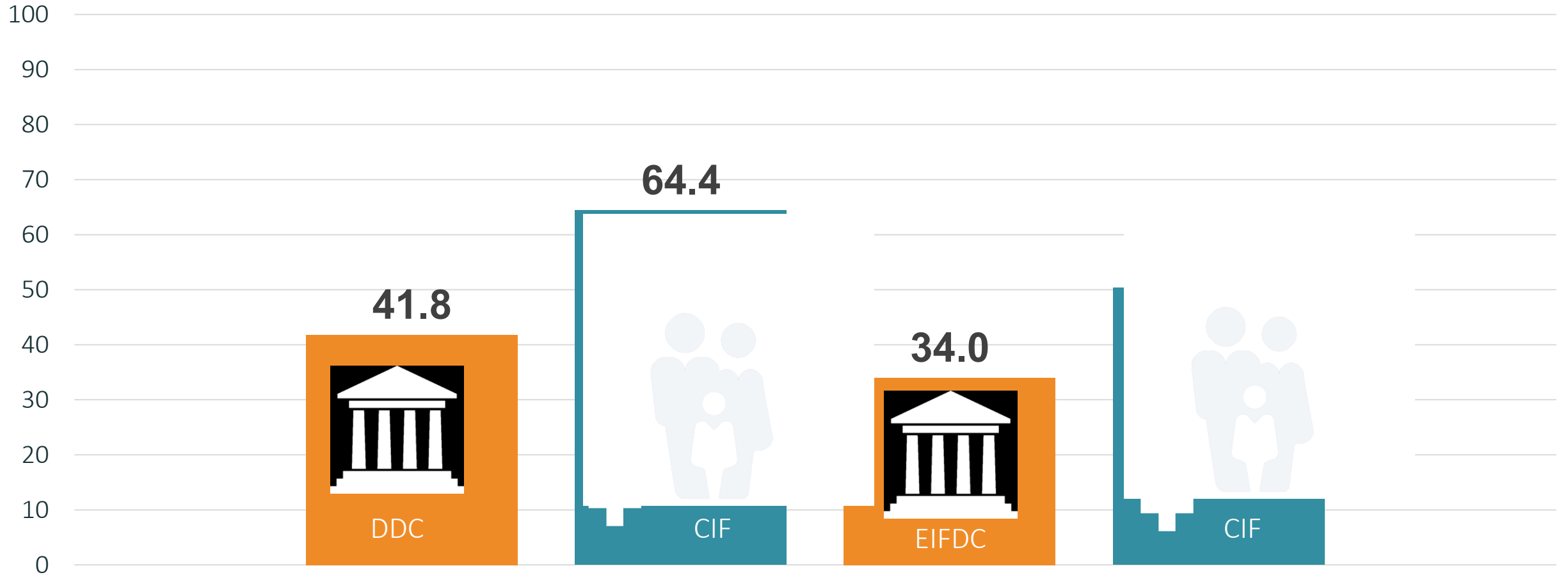
Sacramento County, CAM Project, Children in Focus (CIF)

Treatment Completion Rates

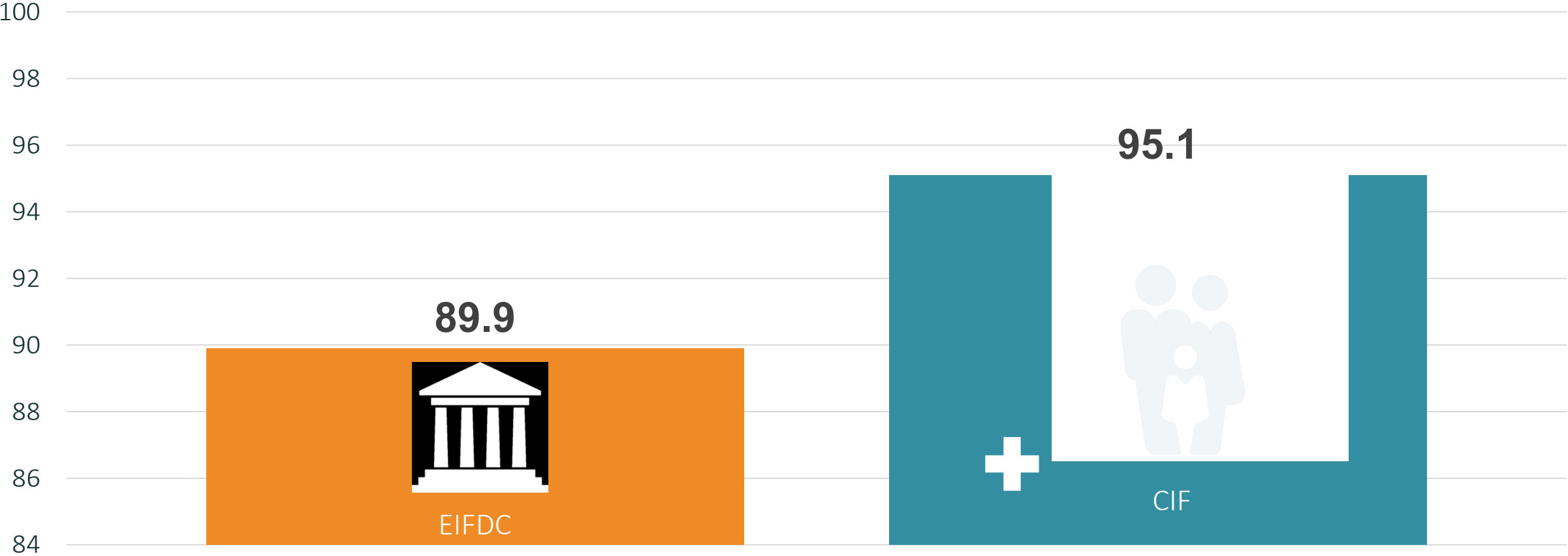


Sacramento County, CAM Project, Children in Focus (CIF)

Rate of Positive Court Discharge/Graduate

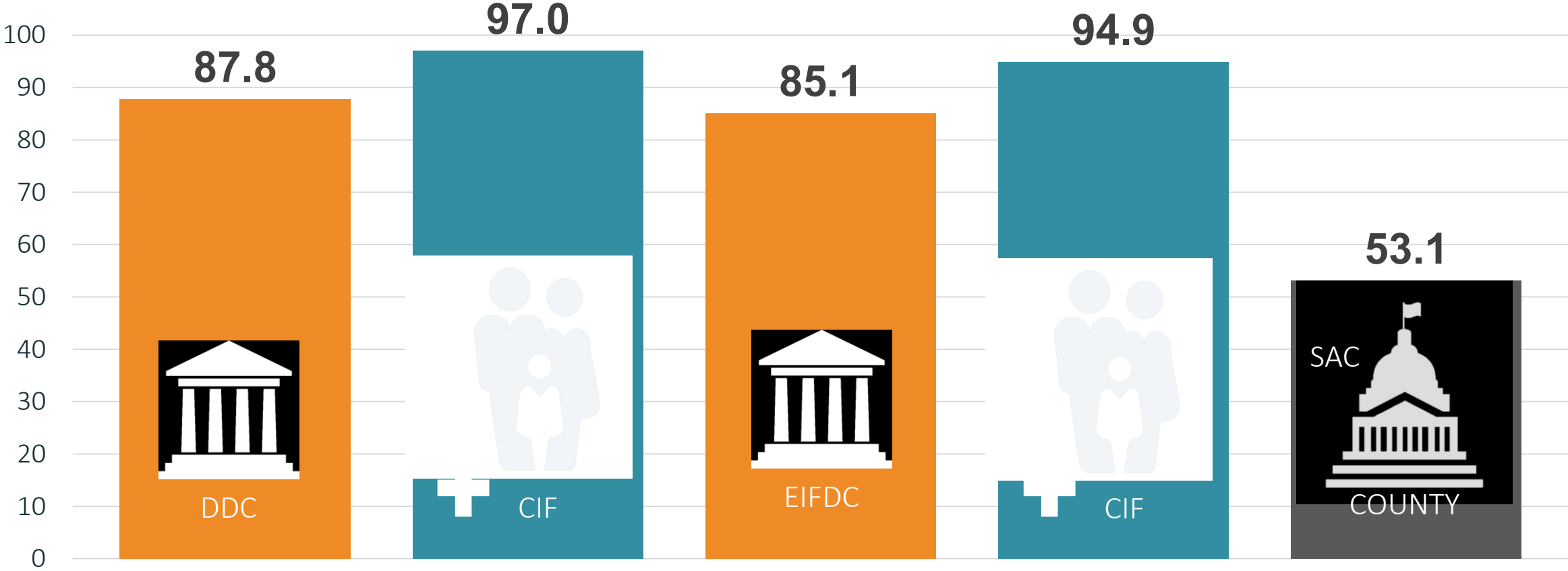


Sacramento County, CAM Project, Children in Focus (CIF) Remained at Home



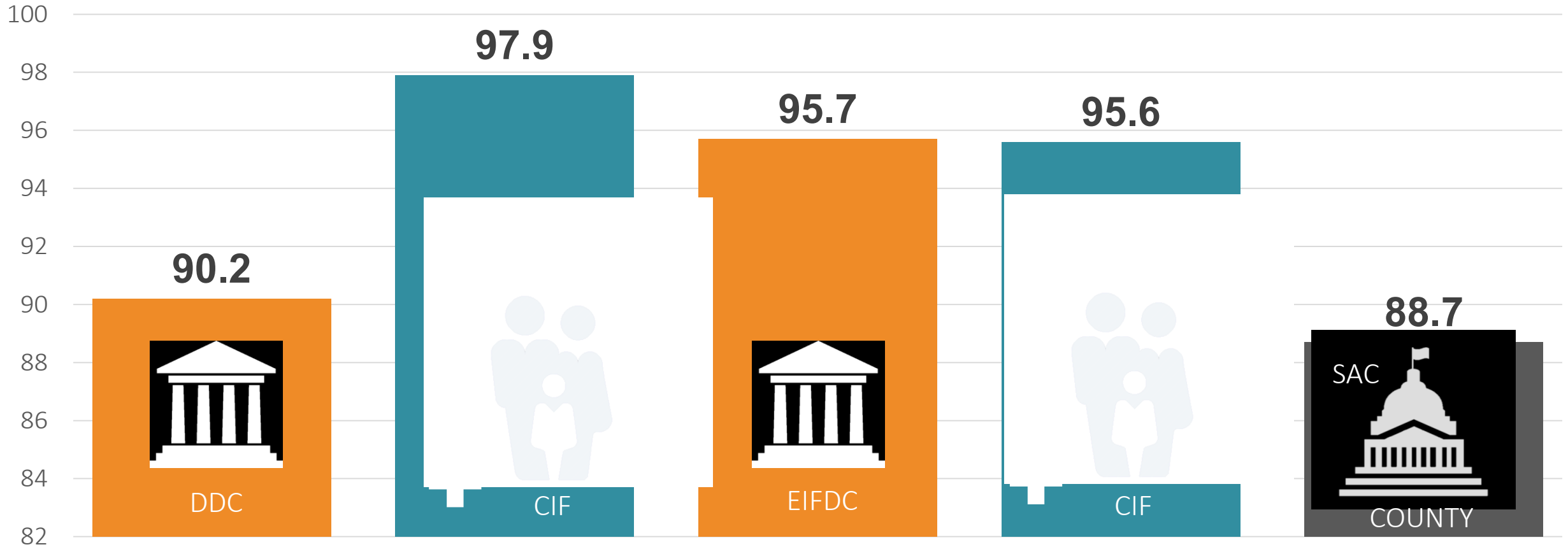
Sacramento County, CAM Project, Children in Focus (CIF)

Reunification Rates



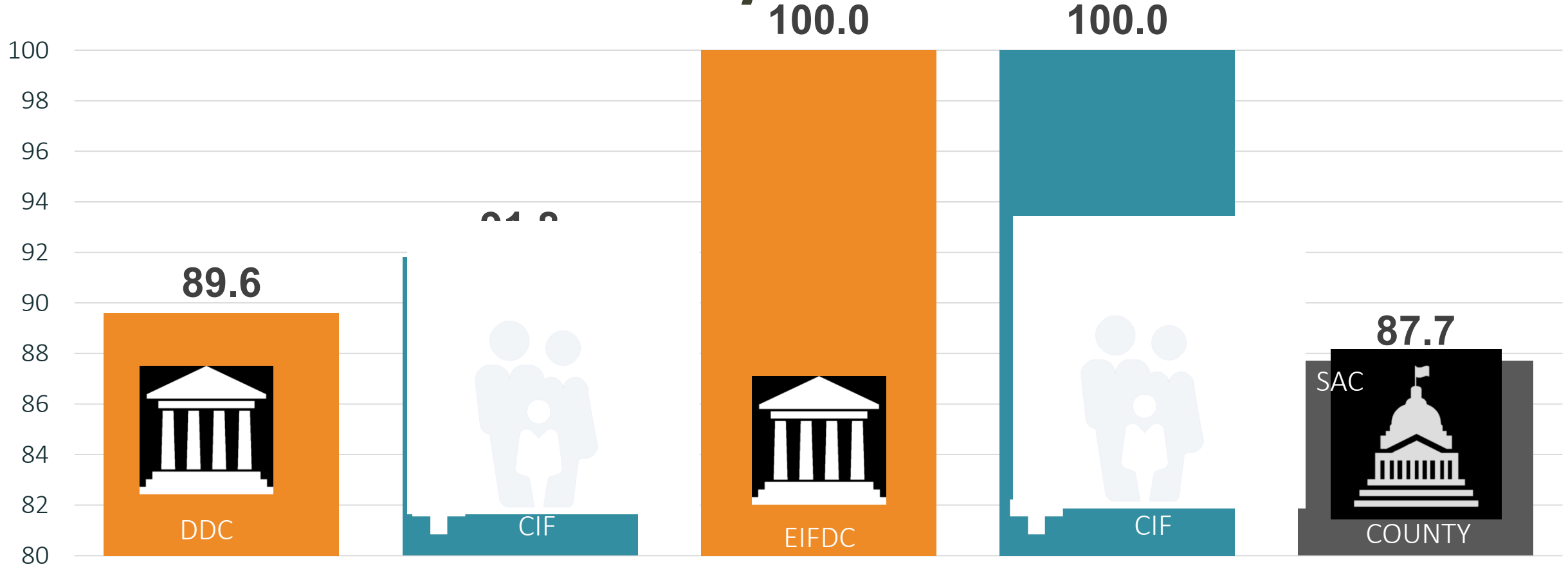
Sacramento County, CAM Project, Children in Focus (CIF)

No Recurrence of Maltreatment at 12 Months



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

No Re-Entry at 12 Months



The Costs of Focusing on Parent Recovery Only - What Happens to Children?

**They become
our clients
in 5-10-20 years.**

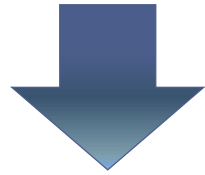
Key Strategy



**Actively
Engage Families
in Quality Treatment**



Thoughts & beliefs



Emotions and feelings



Behavior and practice

Re-thinking

SUD

Treatment

Recovery

Response

Our Beliefs

Why won't they just stop?

They must love their drug more than their kids.

They need to really want to get sober.

They need to hit rock bottom.

Our Response

*Here's a referral-
let me know when
you get into
treatment.*

*They'll get into treatment
if they really want it.*

Call me on Tuesday.

*Don't work harder than
the client.*

Active Engagement

Let's call the treatment agency together now.

Let's talk about how you are going to get to your intake appointment and what that appointment will be like.

Let me introduce you to your counselor.

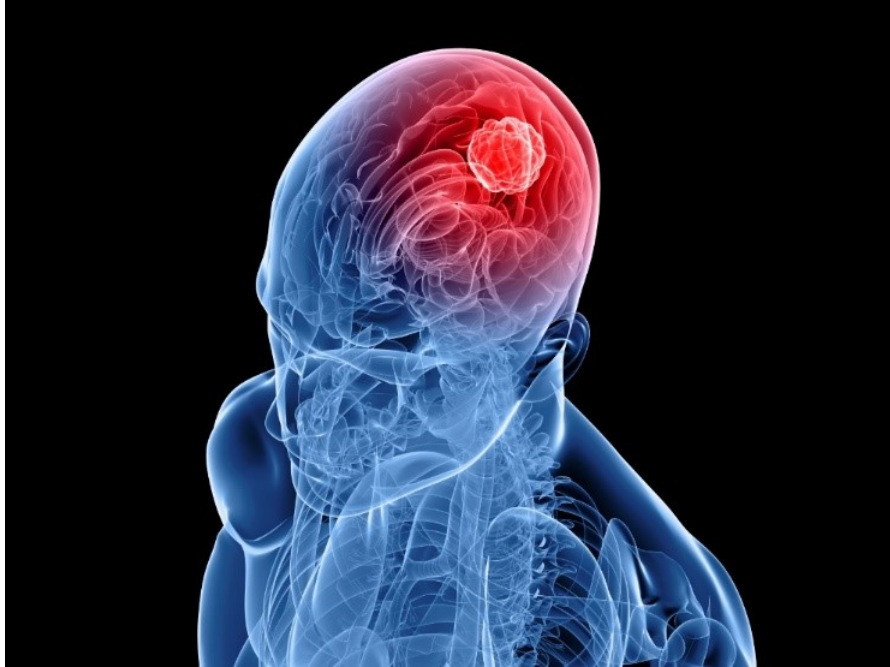
I will call you in the morning and check how things are going.



We know more about

**Brain Science of
Substance Use
Disorders**

ASAM Definition of Addiction



“Addiction is a **primary, chronic disease** of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing **reward and/or relief** by substance use and other behaviors.”

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

The ABCDE's of Addiction

Addiction is characterized by:

- A. Inability to consistently Abstain
- B. Impairment in Behavioral control
- C. Craving; or increased “hunger” for drugs or rewarding experiences
- D. Diminished recognition of significant problems with one’s behaviors and interpersonal relationships
- E. A dysfunctional Emotional response

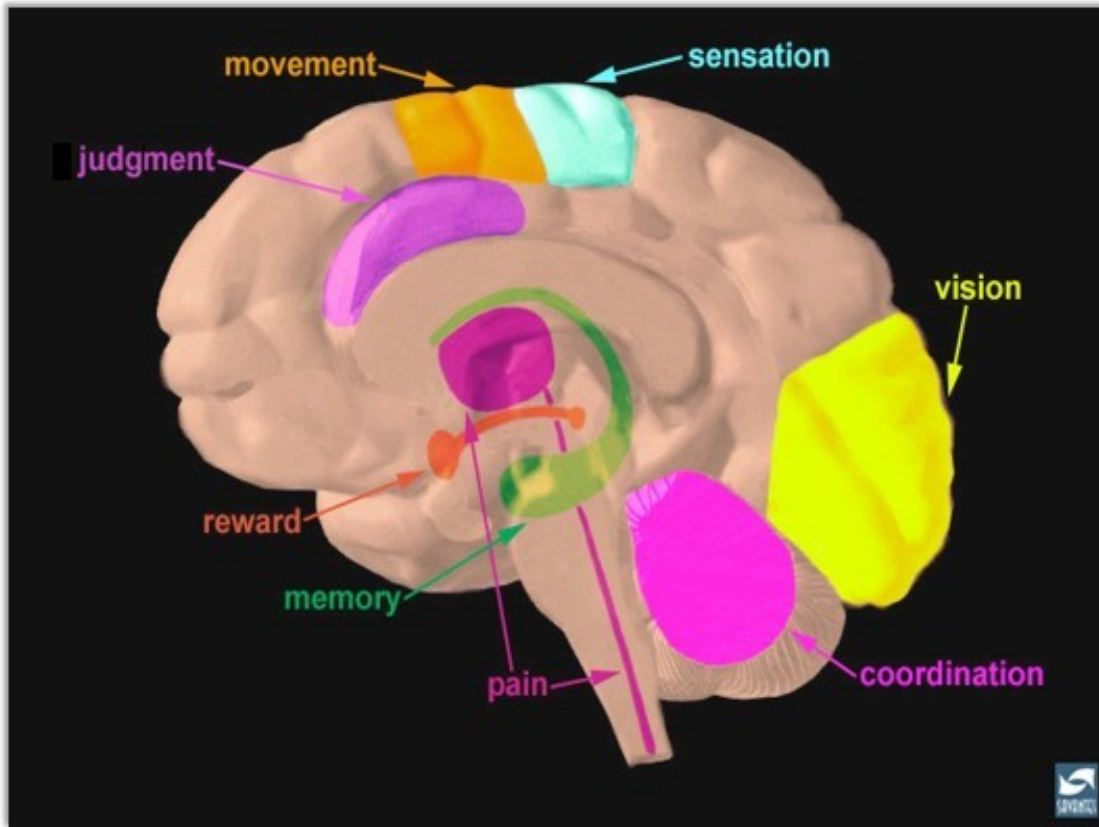


A Chronic, Relapsing Brain Disease

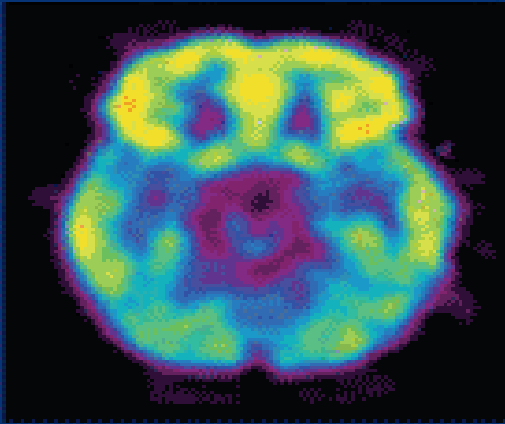
Brain imaging studies show physical changes in areas of the brain that are critical to:

- Judgment
- Decision making
- Learning and memory
- Behavior control

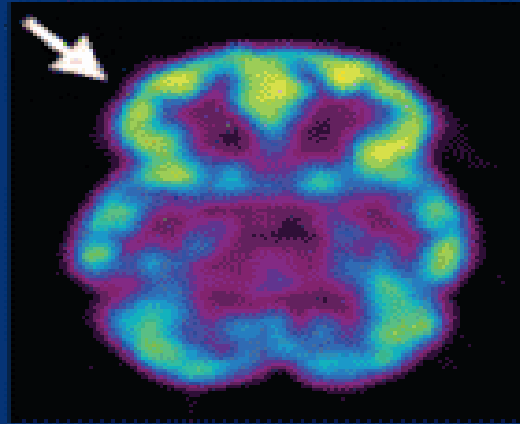
These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences.



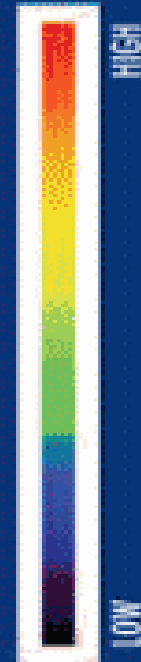
DECREASED BRAIN METABOLISM IN *DRUG ABUSER*



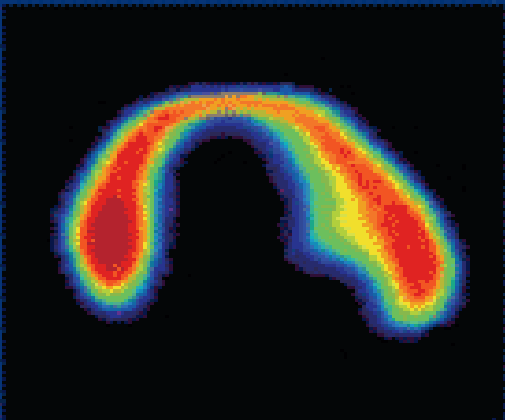
Healthy Brain



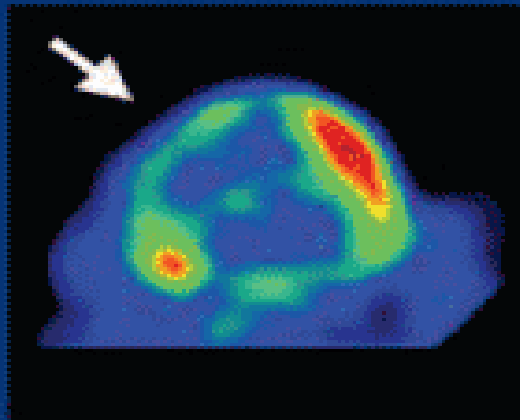
Diseased Brain/Cocaine Abuser



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 w/ 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

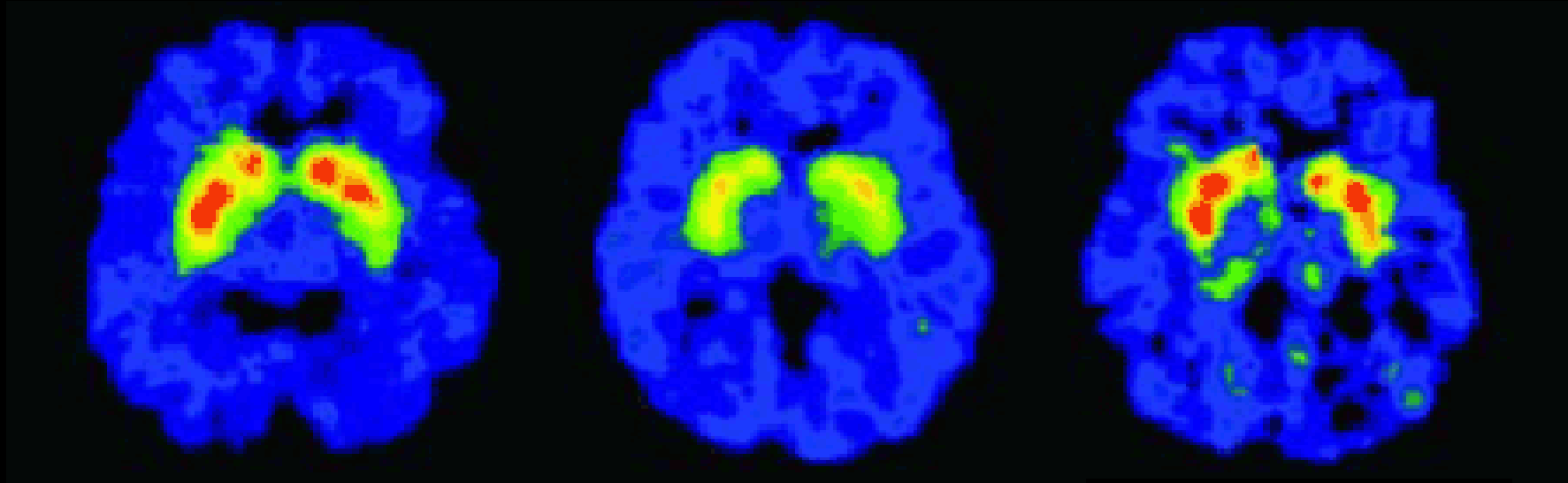


- Think about the implications for a child welfare parent who has just stopped using drugs and is trying to resume normal interactions with their child/ren.
- If you are tasked with observing this behavior during parenting time, what conclusions might you draw?
- If cues are misread, how might this affect 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 is a treatable disease
- Discoveries in the science of addiction have led to advances in drug use 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

Effective Substance Use Disorder Treatment



- Is readily available
- Attends to multiple needs of the individual (vs. just the drug of use)
- Uses engagement strategies to keep clients in treatment
- Uses counseling, behavioral therapies (in combination with medications if necessary)
- Addresses co-occurring conditions
- Uses continuous monitoring

Medication-Assisted Treatment



As part of a comprehensive treatment program, MAT has been shown to:

- Increase retention in treatment
- Decrease illicit opioid use
- Decrease criminal activities, re-arrest and re-incarceration
- Decrease drug-related HIV risk behavior
- Decrease pregnancy related complications
- Reduce maternal craving and fetal exposure to illicit drugs

(Fullerton et al., 2014; The American College of Obstetricians and Gynecologists, 2012; Dolan et al., 2005; Gordon et al., 2008; Havnes et al., 2012; Kinlock et al., 2008)



Engagement is Everyone's Job

Engagement begins during the first interaction and continues throughout the entire case

Peer Support

- Peer Mentor
- Peer Specialist
- Peer Providers
- Parent Partner

Experiential Knowledge,
Expertise

Titles and Models

- Recovery Support Specialist
- Substance Abuse Specialist
- Recovery Coach
- Recovery Specialist
- Parent Recovery Specialist

Experiential Knowledge, Expertise +
Specialized Trainings

YOU NEED TO ASK:

What does our program and community need?

Functions of Recovery Support Specialists



Liaison

- Links participants to ancillary supports; identifies service gaps

Treatment Broker

- Facilitates access to treatment by addressing barriers and identifies local resources
- Monitors participant progress and compliance
- Enters case data

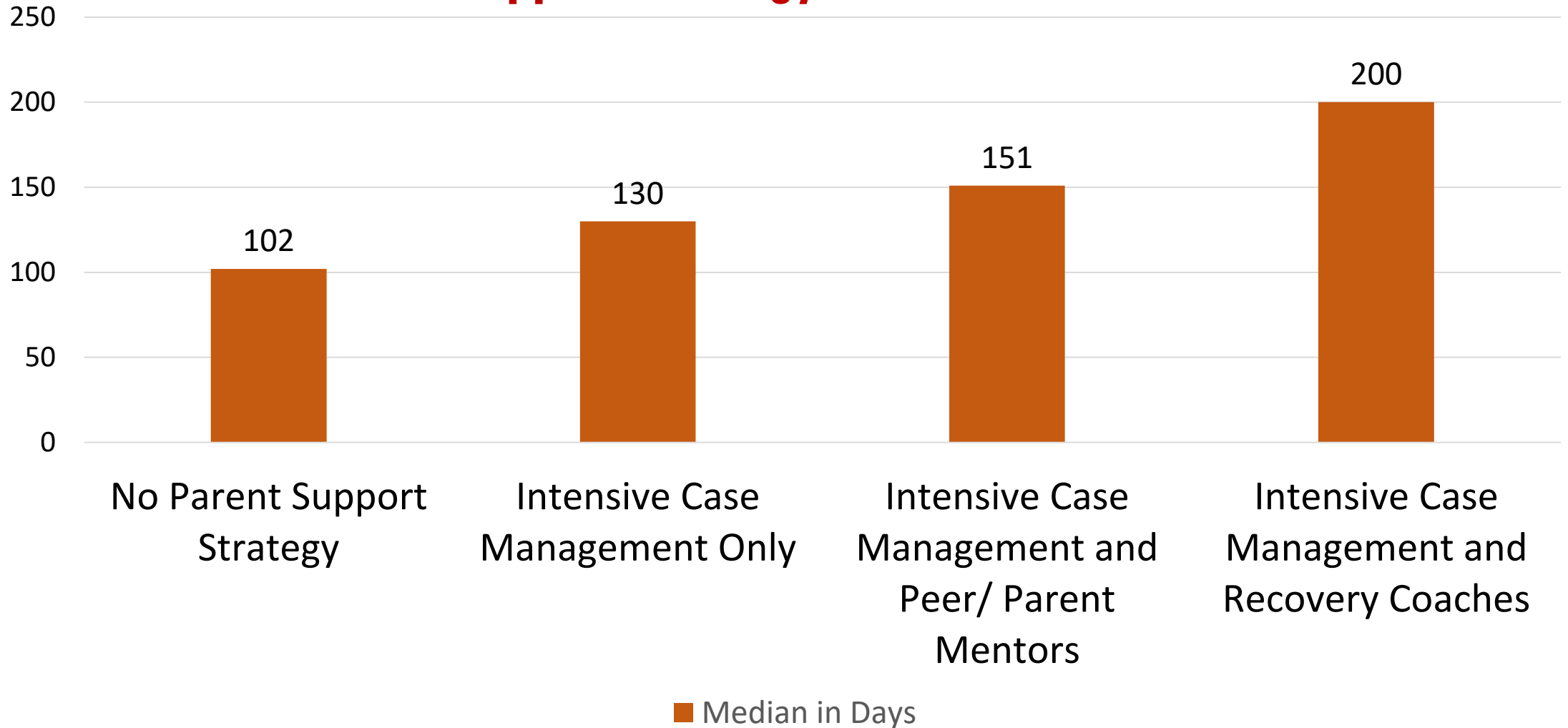
Advisor

- Educates community; garners local support
- Communicates with FDC team, staff and service providers



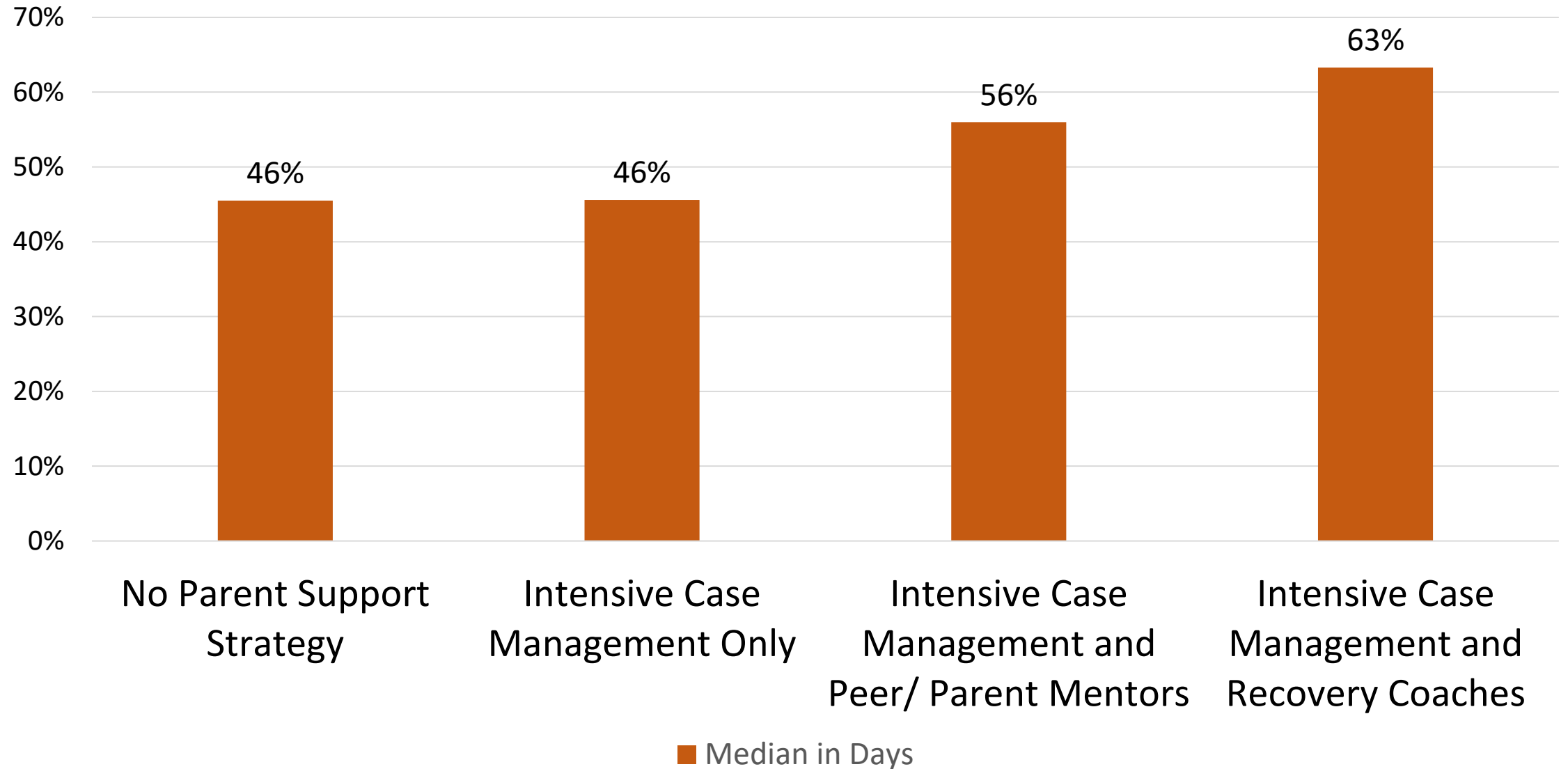


Median Length of Stay in Most Recent Episode of Substance Use Disorder Treatment After RPG Entry by Grantee Parent Support Strategy Combinations





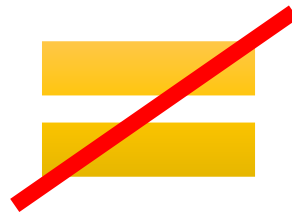
Substance Use Disorder Treatment Completion Rate by Parent Support Strategies



Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

**Timely
Comprehensive
Assessment**



**Early Access to
Treatment**

Ryan, Perron, Moore, Victor, Park, (2017) "Timing matters: A randomized control trial of recovery coaches in foster care, Journal of Substance Abuse Treatment"

Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)



Ryan, Perron, Moore, Victor, Park, (2017) "Timing matters: A randomized control trial of recovery coaches in foster care, Journal of Substance Abuse Treatment"

Aftercare and Ongoing Support



Ensure aftercare and recovery success beyond FTC and CWS participation:

- Personal Recovery Plan – recovery prevention, relapse
- Peer-to-peer support – alumni groups, recovery groups; recovery check-ups
- 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

Key Strategy



**Ensure Quality
Time for Parents
and Children**

Child and Family Services Reviews Round 3 Findings 2015-2016

- Cases did better when there was **frequent quality parenting time**
- Cases did better when **parents and children were involved in case planning**



Children's Bureau (2017). *Child and Family Services Reviews: Round 3 Findings 2015-2016*. Retrieved from <https://training.cfsrportal.org/resources/3105>



Impact of Parenting Time on Reunification Outcomes

Research shows **regular, frequent parenting time** between parents and their children:

- Increases the likelihood of reunification
- Reduces time in out-of-home care
- Decreases the likelihood of re-entry to foster care after reunification
- Promotes healthy attachment
- Reduces negative effects of separation

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

Elements of Successful Parenting Time Plans



Parenting time should occur:

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

Assessing for Quality Parenting Time

- Rethink language - *parenting time or family time* (vs. visitation)
- Recognize parenting time 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)
- Provide concrete feedback on parent-child interaction (vs. observation, surveillance)
- Affirm permanency as the goal – (vs. good visits) – Is the parenting plan moving family closer to achieving reunification? Are real-life parenting and reasons for removal being addressed?
- Maintain collaboration and communication with family, treatment providers, service providers, and foster parents

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)**
- **It is an opportunity to gather information about parent and child service needs**



Big steps

Small steps

Just keep moving

Practice Innovation: Peer Support

Alameda, CA:

- All petitions reviewed for substance use by specialized and trained court clerks
- Recovery support specialist attends hearings
- Engagement at the earliest point improves treatment outcomes



Practice Innovation: Court Ordered Observation

Pima, AZ:

- Systematic screening
- All eligible families are court-ordered to observe FTC docket
- Peer mentors present to engage families during observation
- Observation survey



Practice Innovation: Enrollment

Florida:

- All eligible families are enrolled; Parents must opt out vs. opt in

Wapello, IA & Tompkins, NY:

- If eligible parent does not enter FTC, court sets parent frequently -- weekly/biweekly/monthly -- until parent is engaged in treatment or enters FTC



Practice Innovation: Reunification Group

- Participation begins 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



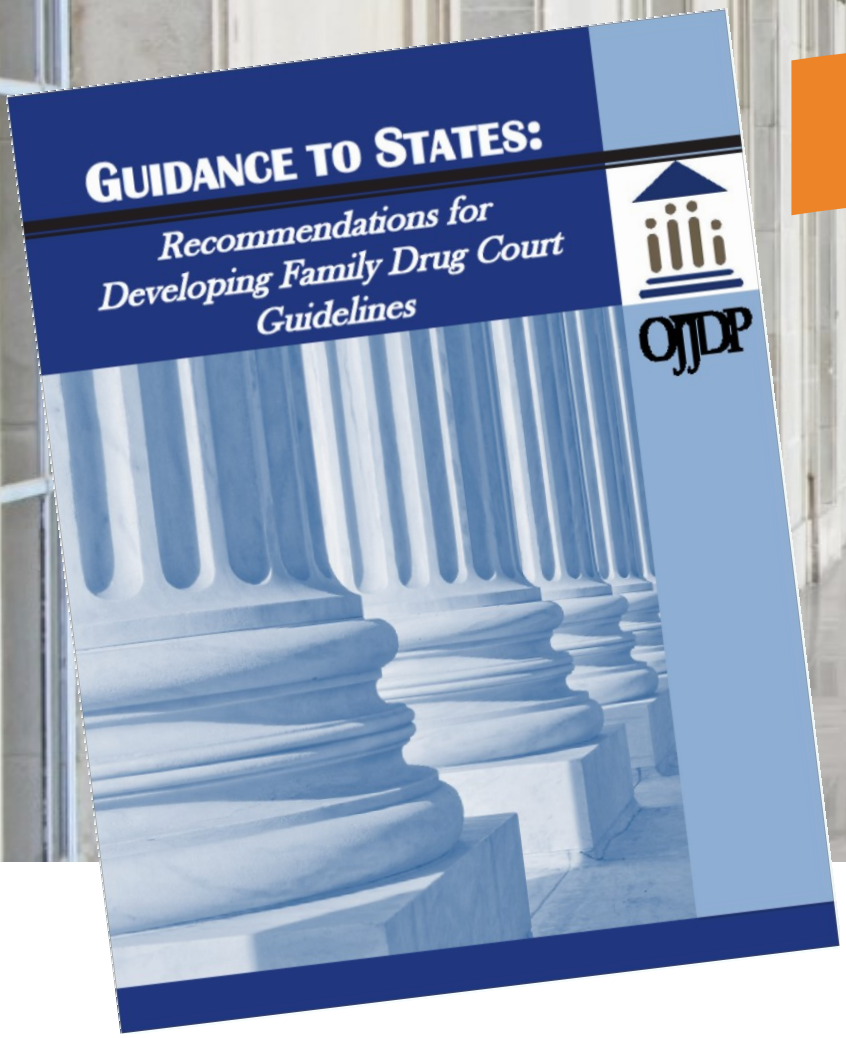


Q&A

*Highlighted
Resources*



Family Drug Court *Guidelines*



2nd Edition – Research Update



<http://www.cffutures.org/publication/guidance-to-states-recommendations-for-developing-family-drug-court-guidelines-2015-update/>

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.

Expansion of
FDC Reach

Ensure Quality
Implementation

Build Evidence Base

National Strategic Plan
For Family Drug Courts

MARCH 2017



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<http://www.cffutures.org/report/national-strategic-plan/>

Family Drug Court *Learning Academy*

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

www.cffutures.org/fdc-learning-academy/



Family Drug Court *Blog*



- Webinar Recordings
- FDC Resources
- FDC News



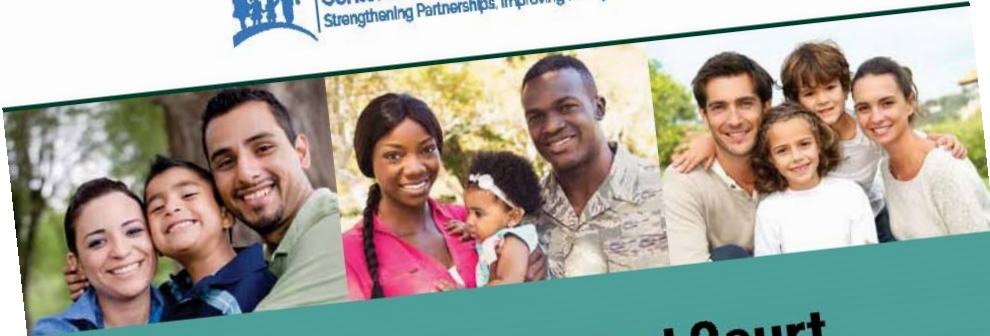
www.familydrugcourts.blogspot.com



NDCI
NATIONAL DRUG
COURT INSTITUTE



Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

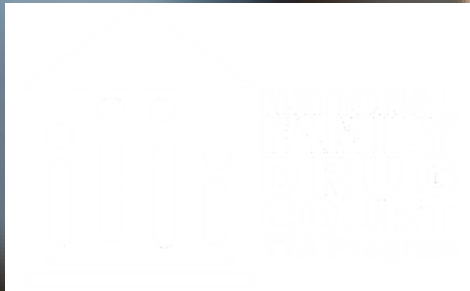


Family Treatment Court

PLANNING GUIDE

- **Designed to provide step-by-step instructions**
- **Use Guide to gather needed information to present FTC concept**
- **Worksheet Activities**

Family Drug Court *Orientation Materials*



Discipline Specific

Child Welfare | AOD Treatment | Judges | Attorneys



www.cffutures.org/national-fdc-tta-program/

Family Drug Court *Peer Learning Court Program*



<http://www.cffutures.org/plc/>

Family Drug Court *Online Tutorial*

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

Start Learning Today



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