

Family Treatment Court Best Practices & Tip Guide

Strengthening Partnerships, Improving Outcomes for Children and Families

ABOUT US

The National Family Drug Court Training and Assistance Program provides direct and web-based technical assistance and program evaluation for more than 300 family treatment court programs at the local-level and state-level system improvement in 5 states and the territory of Guam.

Staffed by a team of professionals from Center for Children and Family Futures, specializing on collaborative practice among the substance use disorder, child welfare, Tribal and family judicial systems, the National FDC TTA Program is a leader in the FTC field.

For more information about our resources, please visit www.cffutures.org or contact us at fdc@cffutures.org.

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Family Treatment Court Staffing & Court Session Checklist

For Every Staffing

The staffing sessions in Family Treatment Courts (FTCs) are opportunities for the team to discuss case status and parent progress, further identify parents' and children's needs, develop team-based responses to participant behaviors. Participants in the staffing regularly include the judge, coordinator, case manager, parent's counsel, guardian ad litem or children's counsel, prosecuting attorney, treatment staff, child welfare caseworker, and other representatives with information critical to the family's overall well-being. During staffings, the FTC takes on a focused approach to sharing information, ensuring that cases are handled thoroughly yet efficiently. The FTC also takes on a strengths-based approach that fosters hope and motivation to change by affirming what they are doing well and how these strengths might be harnessed to support the participant's efforts toward change. Information shared during staffing should be used to make informed recommendations to the judge.

For every staffing, the FTC should consider the following:

- Are all the right people at the staffing (i.e. those who could provide needed information about the family's overall well-being and progress in services)?
- Is the staffing structured enough to keep it flowing and focused (e.g., team members stayed on point and did not "gossip" or discuss irrelevant information, they followed a discernible pattern in how they talked about each case)?
- Are written progress reports and/or staffing sheets shared among team members in advance of staffing?
- Are team members attending the staffing come prepared to discuss each case?
- Are the parent' and child's needs and strengths thoroughly assessed?
- Are team members discussing each family's progress and accomplishments vs. just their problem areas?
- Is the team discussing desired behavioral changes for parents vs. just attendance or compliance?
- Is the team engaging in problem-solving versus problem-reporting? For example, are they spending time trying to determine the best response for the parent, including needed referrals to additional services or resources, modifications to treatment plans, etc.?
- Is the team collaborating and using consensus decision-making about treatment responses and/or sanctions?
- Can the team describe how the response to behavior is therapeutic motivating or re-motivating the parent to engage in treatment and other services?
- Do the judge and the team have the necessary information to make key decisions about the family?

For Every Court Session

During Court sessions, which are typically held immediately after staffing, the judge, courtroom staff, and FTC team members are present to observe the judge's interactions with participants based on the decisions made at staffing. The judge interacts one-on-one with the participant using a strengths-based, therapeutic, and motivational approach. Court sessions also provide an opportunity for the judge to monitor service delivery and help to break down any barriers to service access for parents and children. Court sessions should ensure a minimum of three minutes of the judge's attention at each review session. The frequency of court sessions is typically held every week or every other week in the earlier phases to once a month in later phases.

For every Court Session, the following should be considered:

- Does the judge convey a collaborative team approach when talking to parents (e.g., referring to and considering team members' input when making final decisions)?
- Is the Court session structured enough to keep it flowing and focused (e.g., interaction primarily between judge and participant for three to five minutes)?
- Does the judge provide feedback based on accomplishments and challenges since the last court appearance?
- Does the judge use open-ended questions or Motivational Interviewing techniques to engage participants in discussion and seek to understand how they were doing?
- Does the judge provide positive reinforcement, praise, and encouragement to each participant, with special emphasis on what they were doing well or right?
- Does the judge allow parents the opportunity to speak (e.g., explain their behavior, or talk about what went well for them, etc.) and listen to what the parent has to say?
- Does the judge clearly explain to each participant the reasons and rationale for the court's responses to behavior or other actions?
- Does the judge clearly explain to the participant the next steps to be taken?
- Does the judge use interaction with parents as opportunities to teach and encourage other participants?

Engagement in Early Recovery

Each participant enters the FTC program at different levels of readiness to engage in treatment. The focus of early recovery is building motivation and helping clients get ready for treatment. Effective strategies to engage and retain parents include the use of peer recovery coaches, parent mentors, or recovery support specialists. These engagement specialists address barriers and help facilitate engagement. The functions of recovery support include encouraging and empowering participants, linking parents to ancillary supports, identifying service gaps, facilitating access to substance use disorder (SUD) treatment by addressing barriers and identifying local resources, and monitoring participant progress. Enhanced recovery support sets the course for success and should continue beyond early phases of treatment, extend throughout the reunification process and beyond FTC participation into long-term recovery.

Staffing – Did the Team discuss:

- Was a SUD screening conducted? What were the results? Was a clinical SUD assessment conducted? What were the results? What level of SUD treatment was recommended? What level of treatment was offered? What level of treatment did the participant agree to engage in?
- Is eligibility based on objective clinical and legal criteria (vs. subjective perceptions of readiness)?
- Does the family understand how the FTC program works? Do they know how they will benefit? What materials can be provided to help them engage (i.e. Participant Handbook and Day Planner with names and phone numbers of FTC Team members)?
- What kind of recovery supports are needed to help build motivation, enhance engagement, and help participants become ready?
- Does the family have an opportunity to be part of developing their case plan?

Court Session – Did the Judge ask or talk about:

- Does the parent understand the results of the screening, assessment, and level of care recommendation?
- Does judge convey to the parent the importance of treatment and treatment completion as a primary contributing factor for successful reunification?
- Does the parent understand the referral to the FTC program and understand how they will benefit?
- Does the parent know who is on the FTC team and their role in supporting their family?
- Does the parent know the next steps and what to expect?

Supporting the Parent-Child Relationship

A parent's SUD can disrupt relationships within the family unit. Consequently, addressing the developmental needs of children must be an equal priority in the FTC. Treatment must be family-centered, addressing the impact of SUDs on every family member. Family-centered interventions focus on parent-child dyads and parent-child interventions rather than assuming parent-only treatment will be effective for the entire family. A family-centered approach recognizes the needs of the family as a whole and addresses parent and child issues in tandem.

Staffing – Did the Team discuss:

- Status of or need for other clinical services for the participant (e.g., mental health, medical/dental care, trauma services)?
- The experiences of the participant in visitation/parenting time with his/her children?
- What skills or knowledge the participant is learning from their parenting program?
- General status of the children in the family? What are their needs for supportive services, including developmental, socio-emotional, and behavioral?
- Status of or need for other supportive services for the family (e.g., transportation, housing, child care, employment, life skills)?

Court Session – Did the Judge ask or talk about:

- What is the parent learning in treatment, counseling, and parent education? Is the parent able to apply what he or she is learning during family time?
- What kind of services are needed to heal and strengthen the parent-child relationship?
- What is the frequency and quality of family time? What are the barriers for increasing frequency and moving towards unsupervised contact?
- How is the relationship with the foster parents or caretakers? Are they able to work together and co-parent?
- Are there any areas of difficulty or stress related to parenting that the participant would like more support in?

Readiness for Reunification

The FTC team should view recovery, relapse, and reunification from a family-centric perspective as well as an individual one, continuing to keep in mind that the welfare and safety of children are paramount. The process leading right up to reunification be a stressful time for families as each member is continually adjusting to living together in recovery. Reunification with inadequate preparation and support can set families up for failure; therefore, the FTC team should institute a well-prepared reunification process with necessary supports and services for both parents and children. The FTC team should be able to recognize that recovery and reunification are complex processes that require the sharing of information and collaboration across all agencies.

Staffing – Did the Team discuss:

- Do partner agencies and providers understand the reunification process? Does the family have the same understanding?
- The difference between expectations of safe vs. perfect when assessing readiness for reunification?
- How the family is doing along the multiple domains of recovery (i.e. Health, Home, Purpose, Community)?
- What protective factors exist within the family that will allow a safe return of children? What factors are missing and need to be strengthened?
- Does the family have a safety plan in place in case of lapse, relapse, or high level of stress?
- What additional supports are needed to help the parents prepare for reunification (i.e. Family Reunification Group, peer support, childcare)?
- Is the child's voice being heard? What do they need to feel safe and secure about reunification?

Court Session – Did the Judge ask or talk about:

- How the family is doing in all aspects of recovery (their health, living situation, supportive relationships, employment, and volunteer work, etc.)?
- What additional supports are needed to help the family prepare for reunification?
- What is ahead in terms of what team members and their respective agencies will do on behalf of the family and what the family needs to do to move towards successful reunification?