



**So How Do You Know They Are
READY?
Key Considerations for Assessing Families
in Recovery for Reunification**

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Programs**

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Family Drug Court TTA Program**



**CWLA 2016 National Conference
Advancing Excellence in Practice & Policy:
What Works For Families Affected by
Substance Use**

August 2, 2016 | Orange County, California



National Center on
Substance Abuse and Child Welfare

Bringing Systems Together for
Family Recovery, Safety, and Stability

*Improving
Family
Outcomes*

*Strengthening
Partnerships*

Acknowledgement

This presentation is supported by:

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
and the
Administration on Children, Youth and
Families
Children's Bureau
Office on Child Abuse and Neglect

Points of view or opinions expressed in this presentation are those of the presenter(s) and do not necessarily represent the official position or policies of the above stated federal agencies.

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.

Recovery is not treatment!

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

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

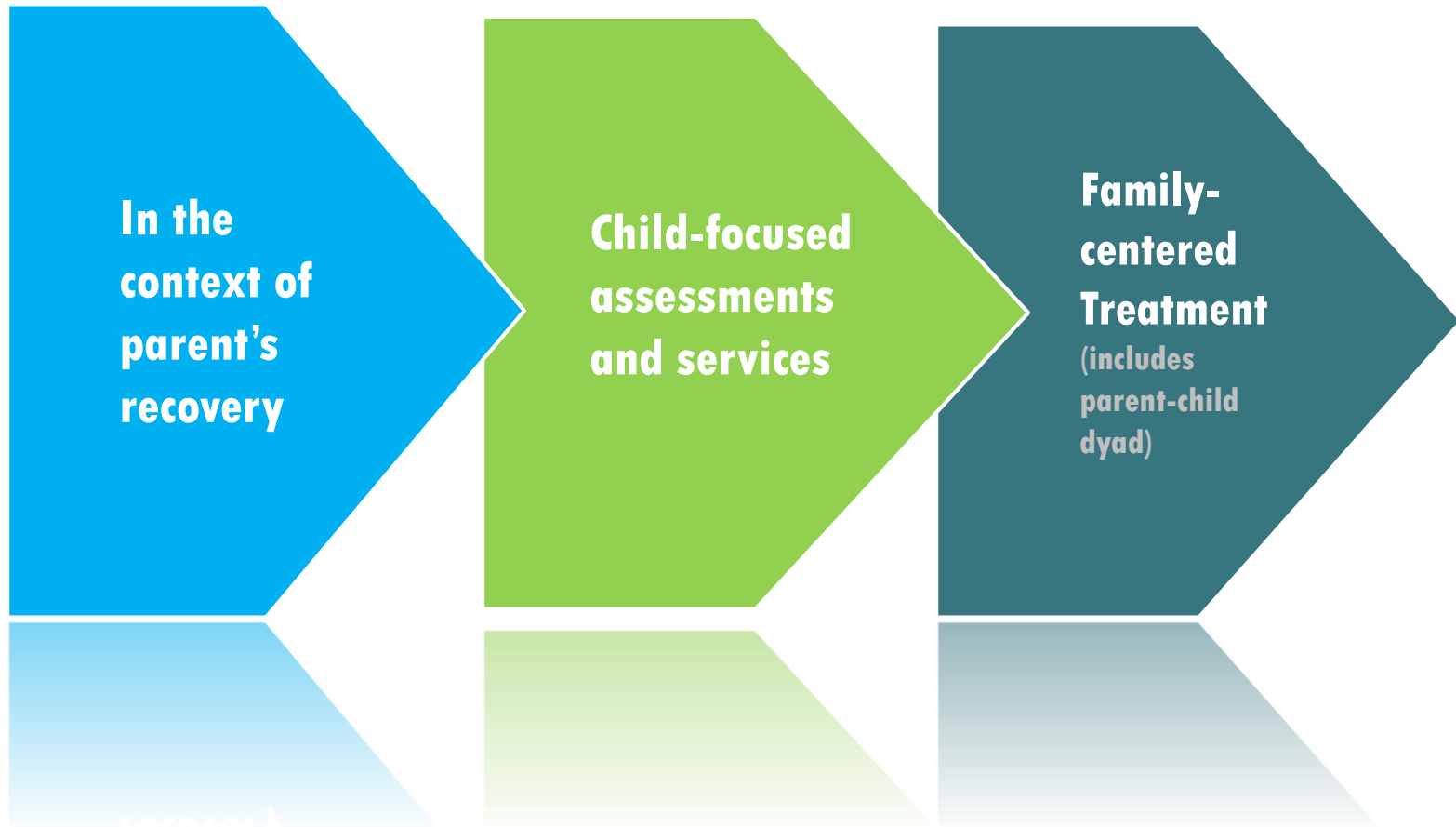
Conducting meaningful daily activities, such as a job, school or volunteerism, and having the independence of income, and resources to participate in society

Community

Having relationships and social networks that provide support, friendship, love, and hope

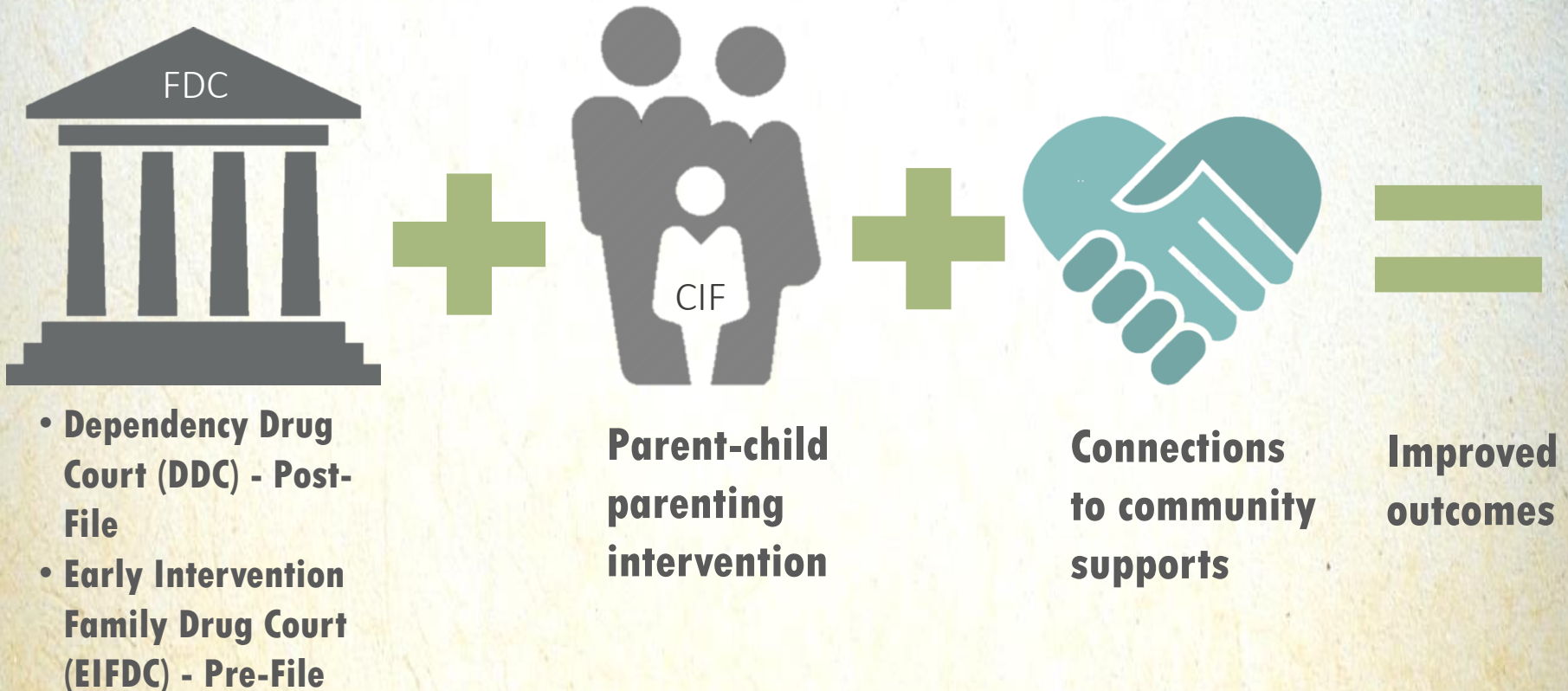
FDC Practice Improvements

Approaches to child well-being in FDCs have changed



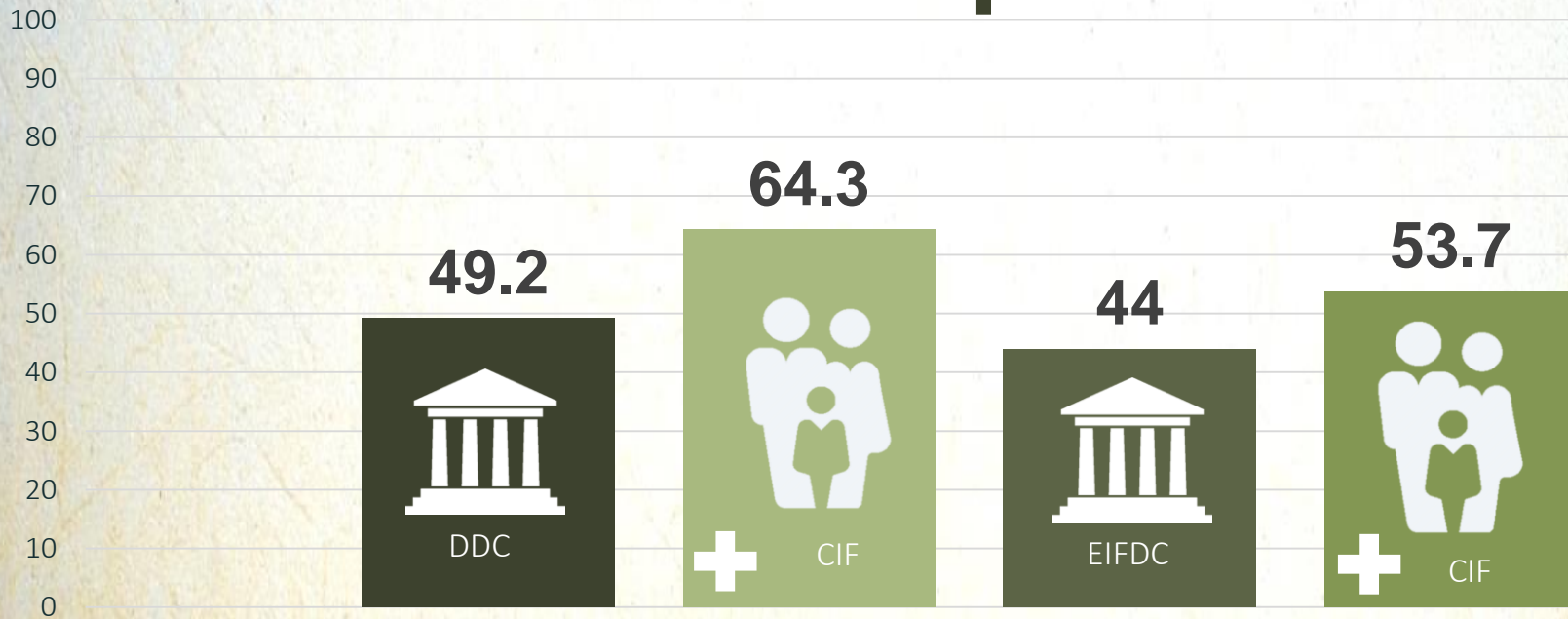
Sacramento County, CAM Project, Children in Focus (CIF)

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



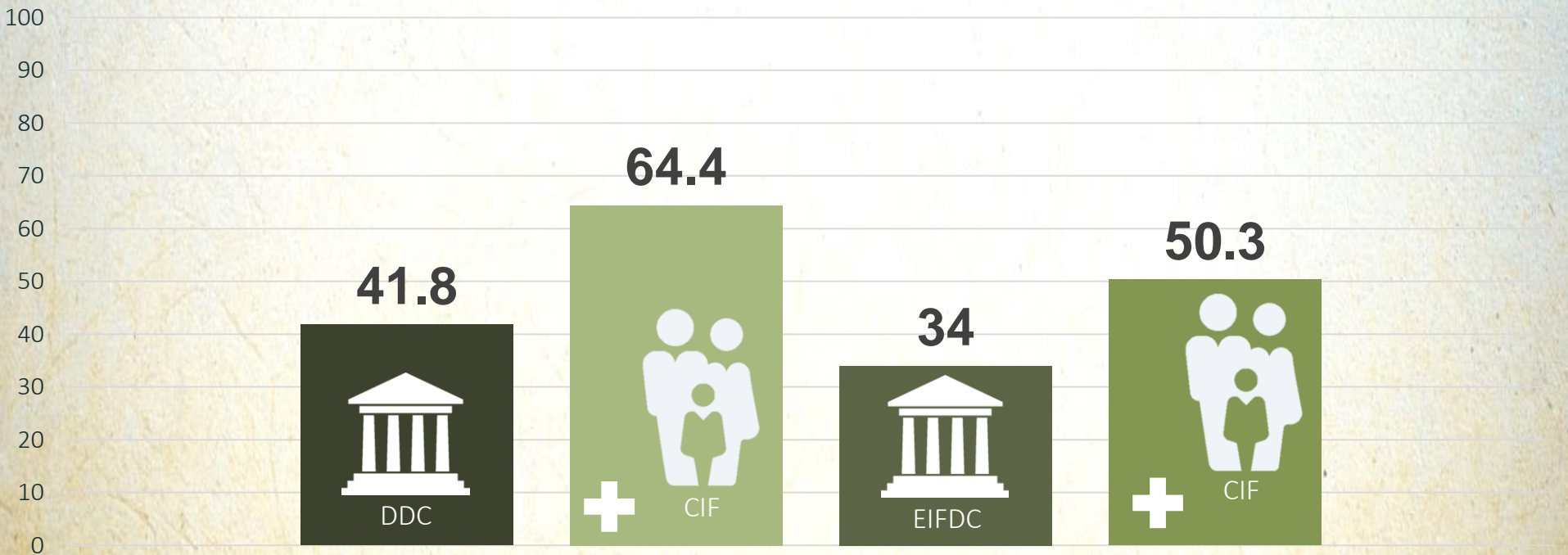
Sacramento County, CAM Project, Children in Focus (CIF)

Treatment Completion Rates



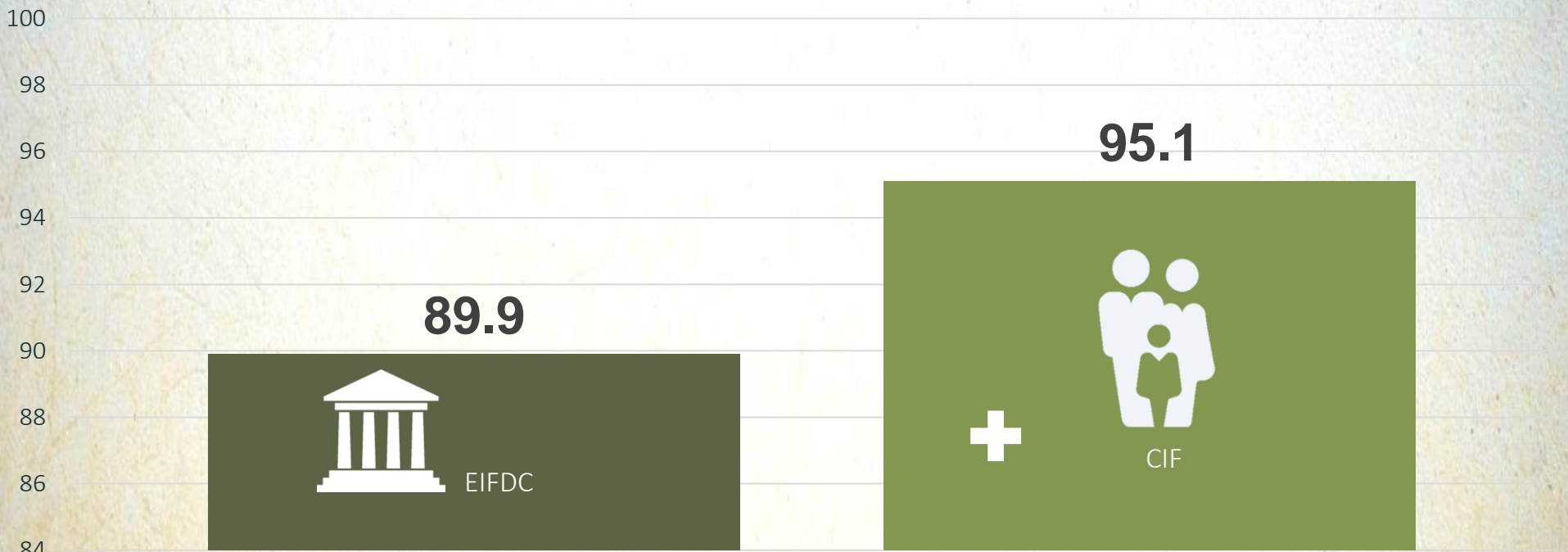
Sacramento County, CAM Project, Children in Focus (CIF)

Rate of Positive Court Discharge/Graduate



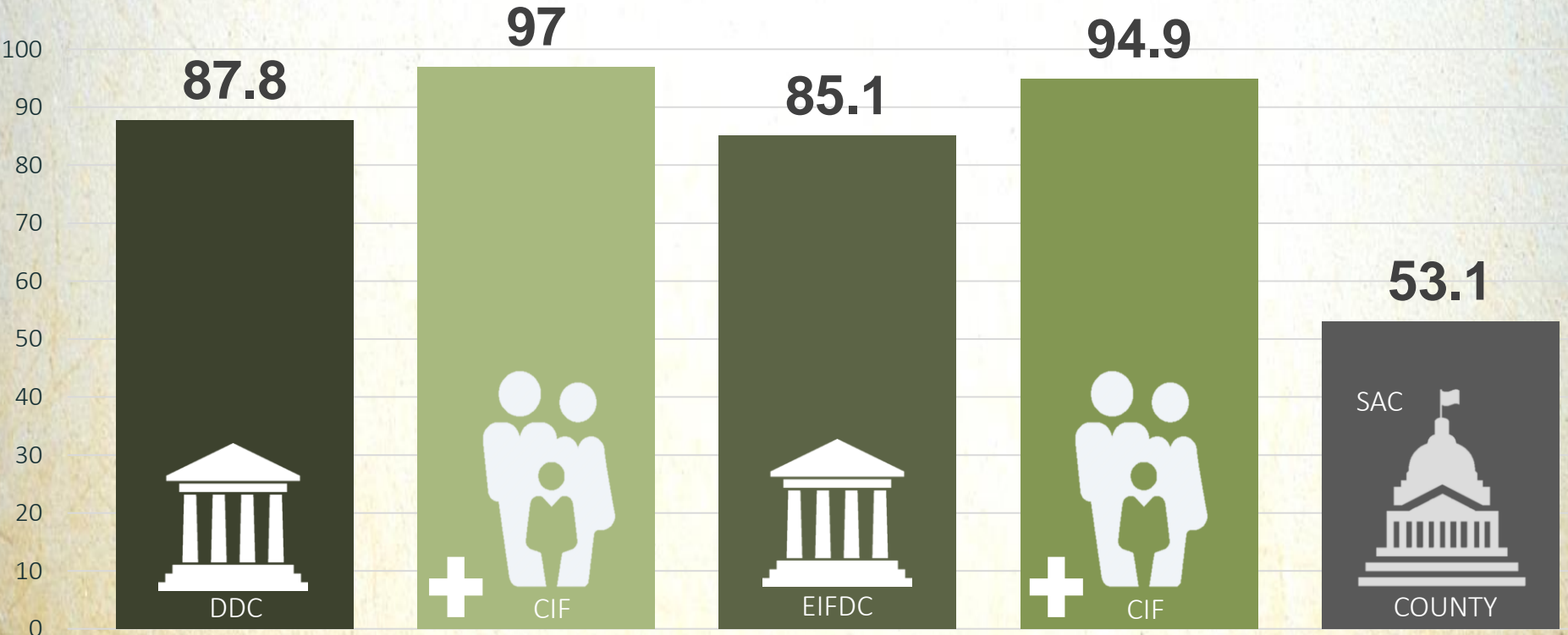
Sacramento County, CAM Project, Children in Focus (CIF)

Remained at Home



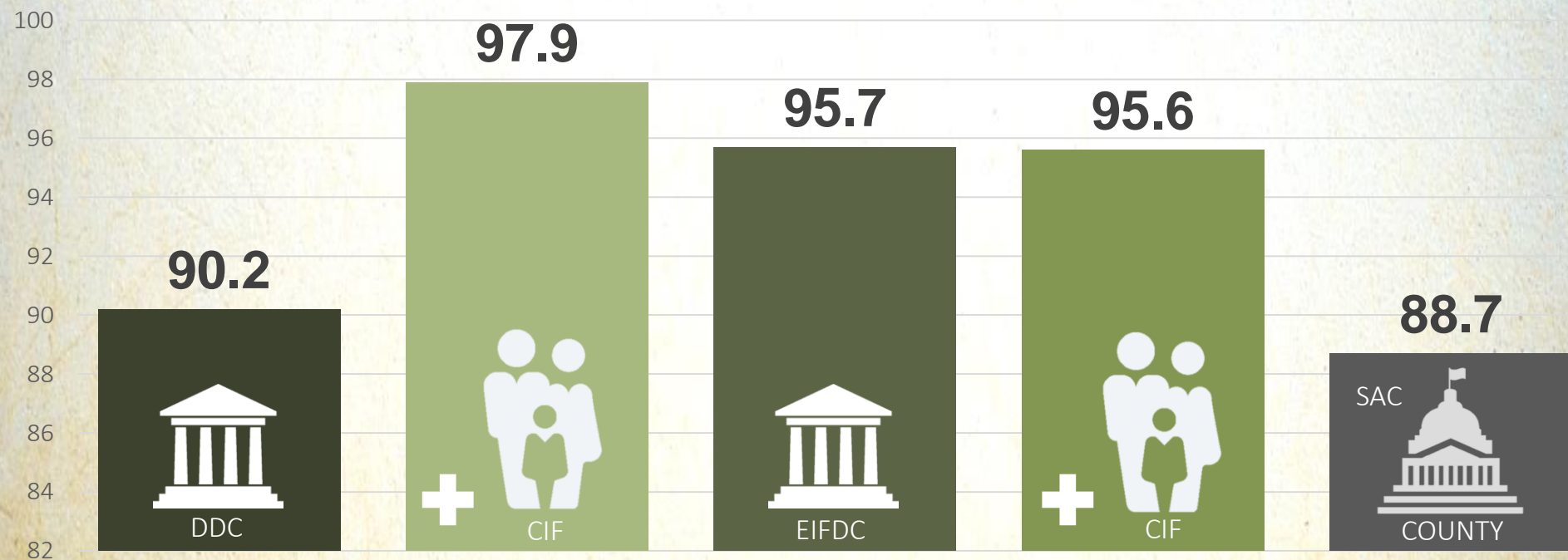
Sacramento County, CAM Project, Children in Focus (CIF)

Reunification Rates



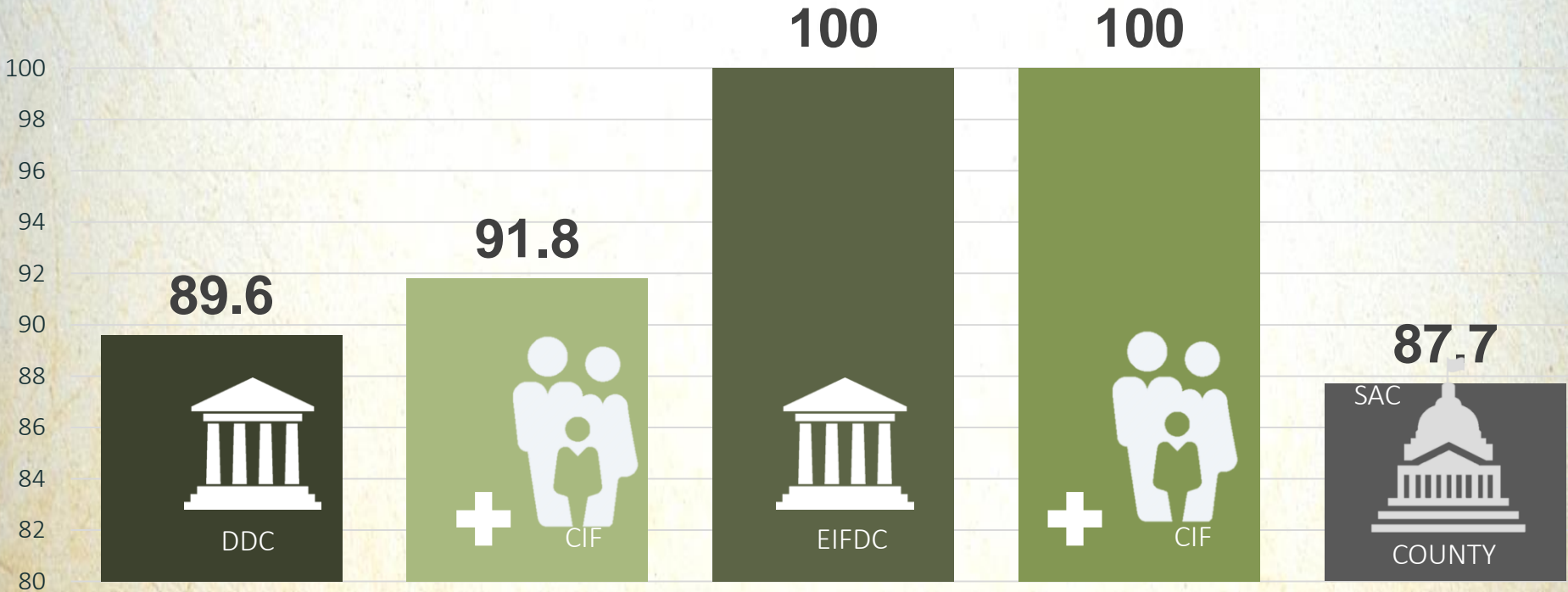
Sacramento County, CAM Project, Children in Focus (CIF)

No Recurrence of Maltreatment at 12 Months



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

No Re-Entry at 12 Months





Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4227)

**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.

New Ways of Serving Children in Family Drug Courts

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




We know more about

The Impact of Recovery Support On Successful Reunification

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

ASAM Definition of Addiction

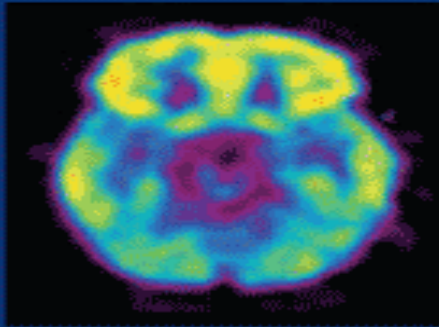
- 
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response
 - Like other chronic diseases, addiction often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

A Chronic, Relapsing Brain Disease

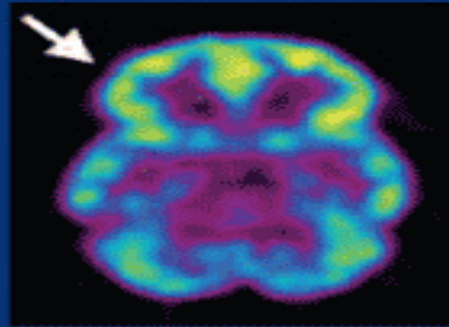


- Brain imaging studies show physical changes in areas of the brain that are critical to
 - Judgment
 - Decision making
 - Learning and memory
 - Behavior control
- These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences

DECREASED BRAIN METABOLISM IN **DRUG ABUSER**



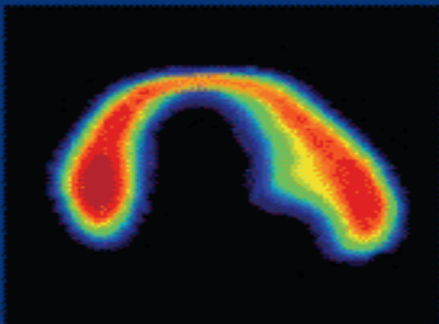
Healthy Brain



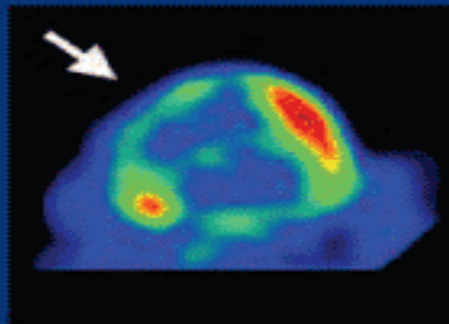
Diseased Brain/Cocaine Abuser



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.



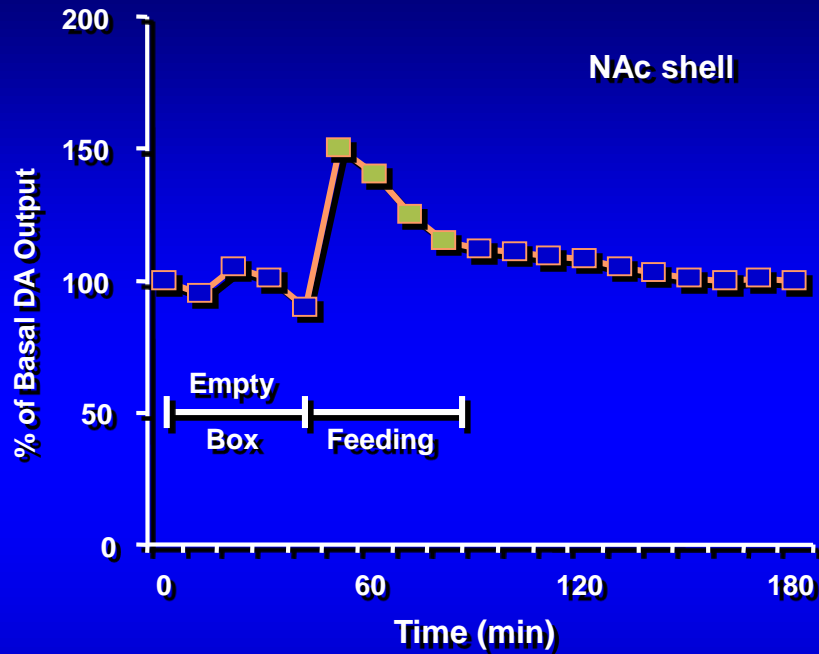
Effects of Drug Use on Dopamine Production



- 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)

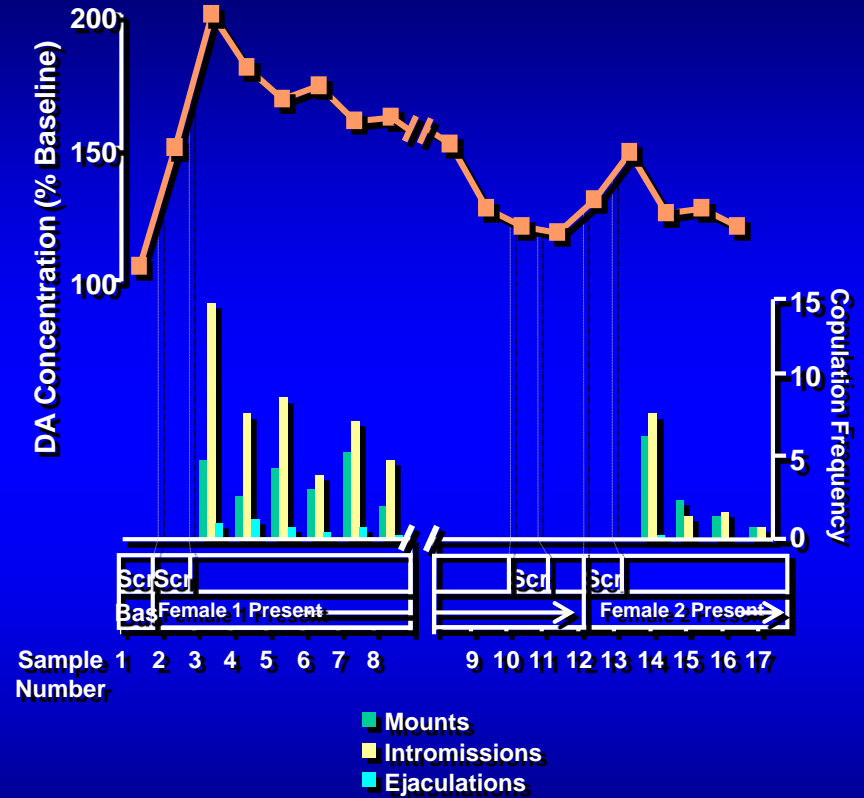
Natural Rewards Elevate Dopamine Levels

FOOD



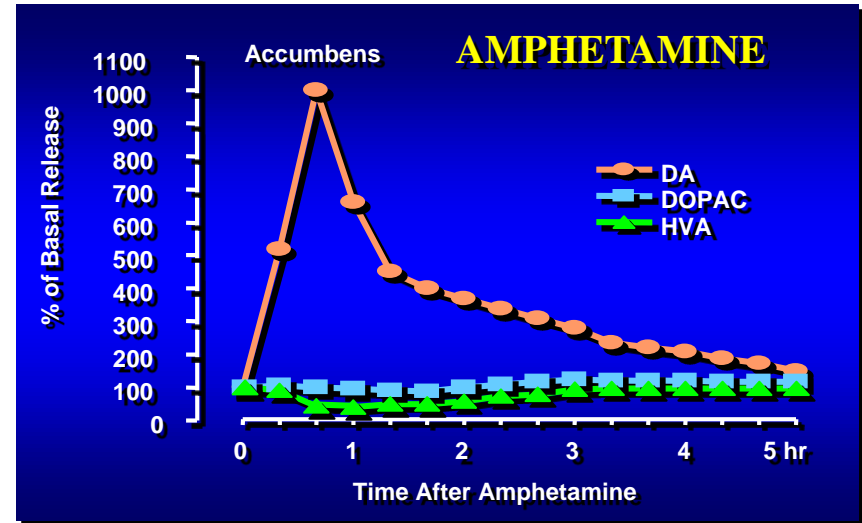
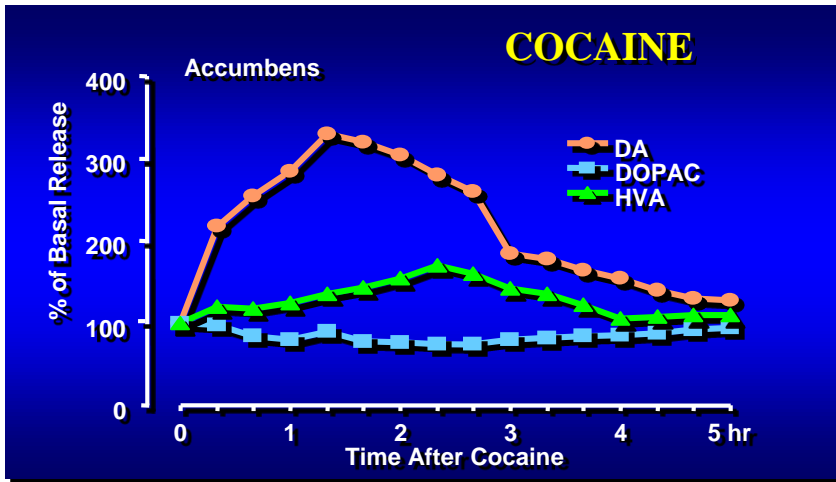
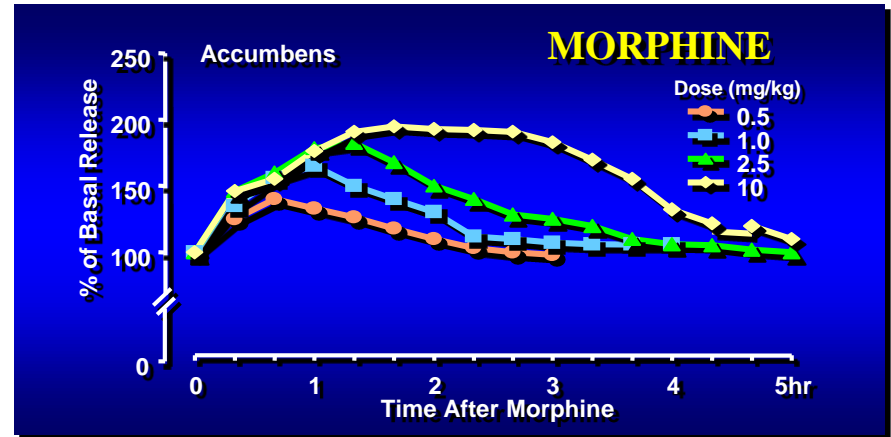
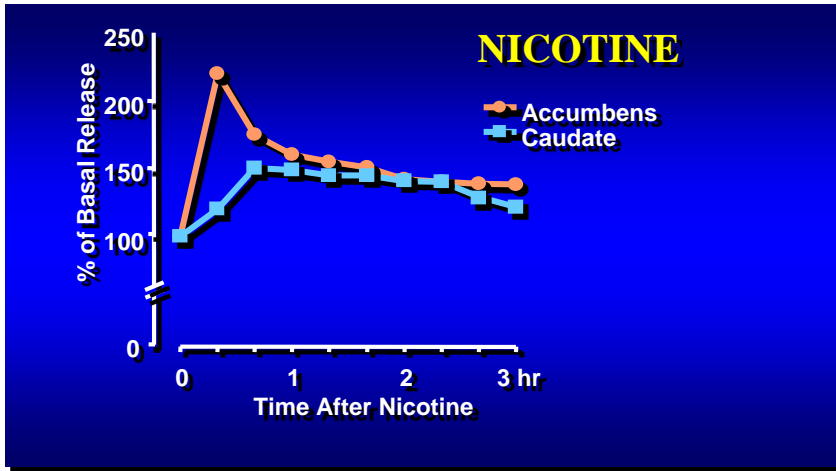
Source: Di Chiara et al.

SEX



Source: Fiorino and Phillips

Effects of Drugs on Dopamine Levels



Effects of Drug Use on Dopamine Production

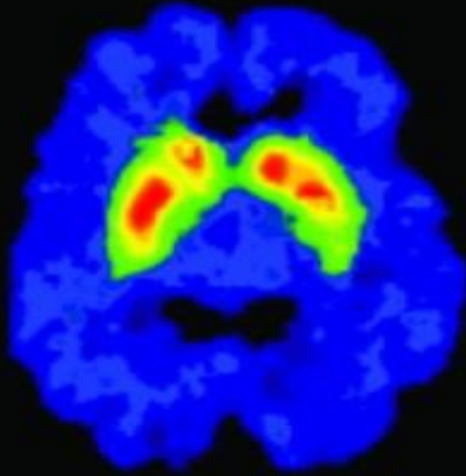


- Think about the implications for a child welfare parent who has just stopped using drugs and is trying to resume normal interactions with their child/ren
- If you are tasked with observing this visitation, what conclusions might you draw?
- If cues are misread, how might this affect a parent's ability 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?

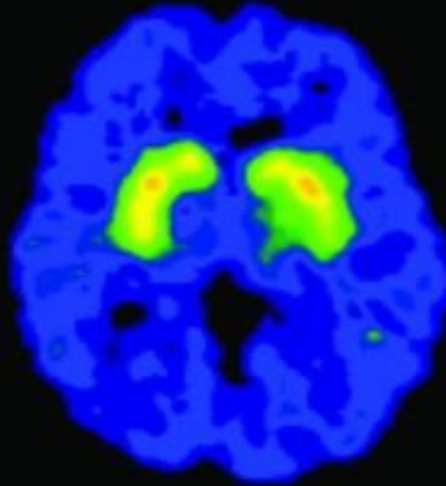
A Treatable Disease

- Substance use disorders are preventable and are treatable diseases
- Discoveries in the science of addiction have led to advances in drug abuse 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

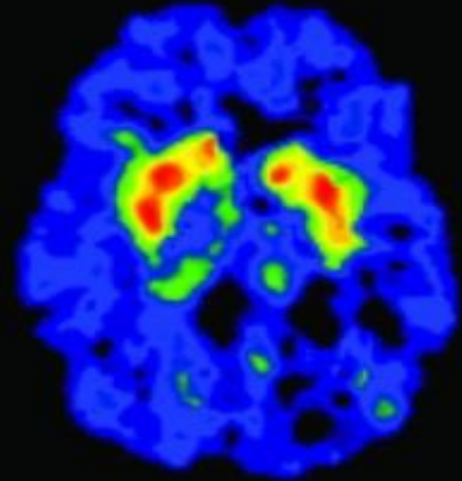
BRAIN RECOVERY WITH PROLONGED ABSTINENCE



Healthy Person



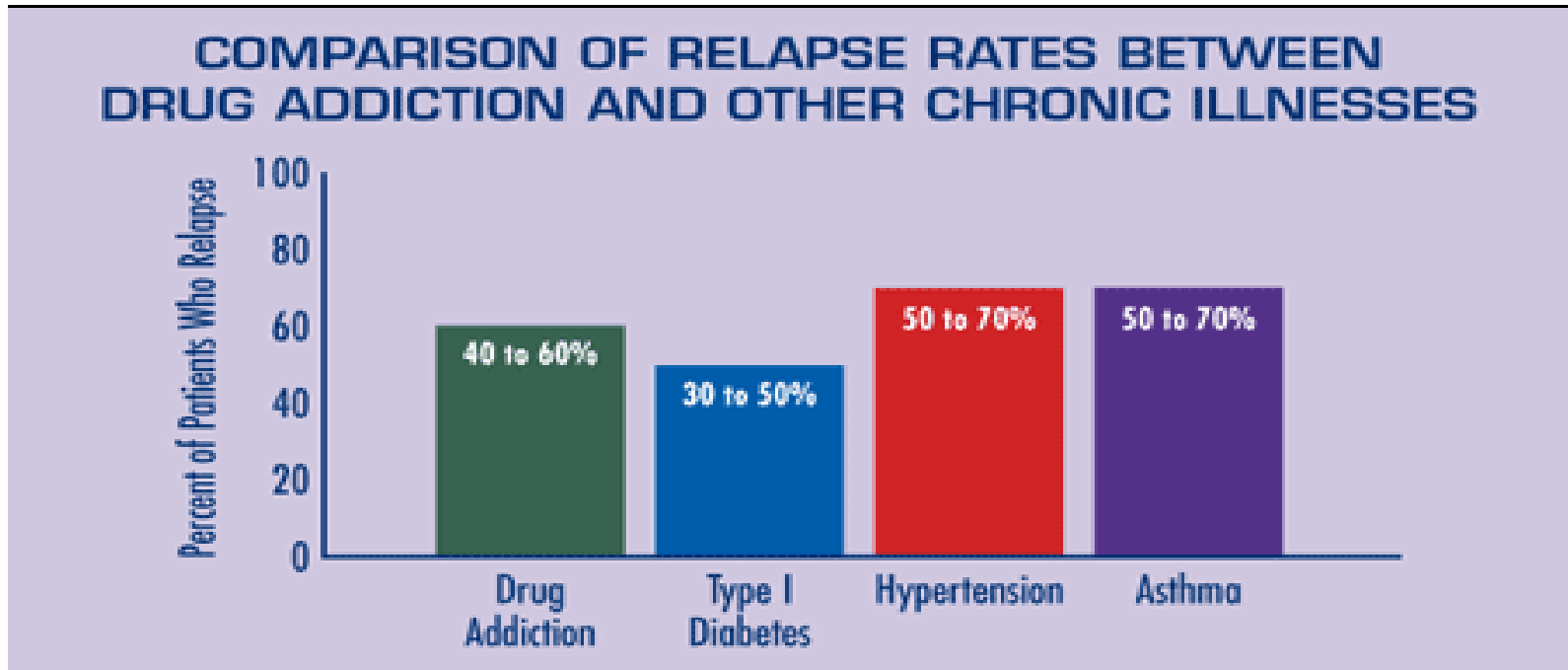
**METH Abuser
1 month abstinence**



**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



Rethinking Treatment Readiness



Re-thinking “rock bottom”

Addiction as an elevator



“Raising the bottom”



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 Tuesday.”

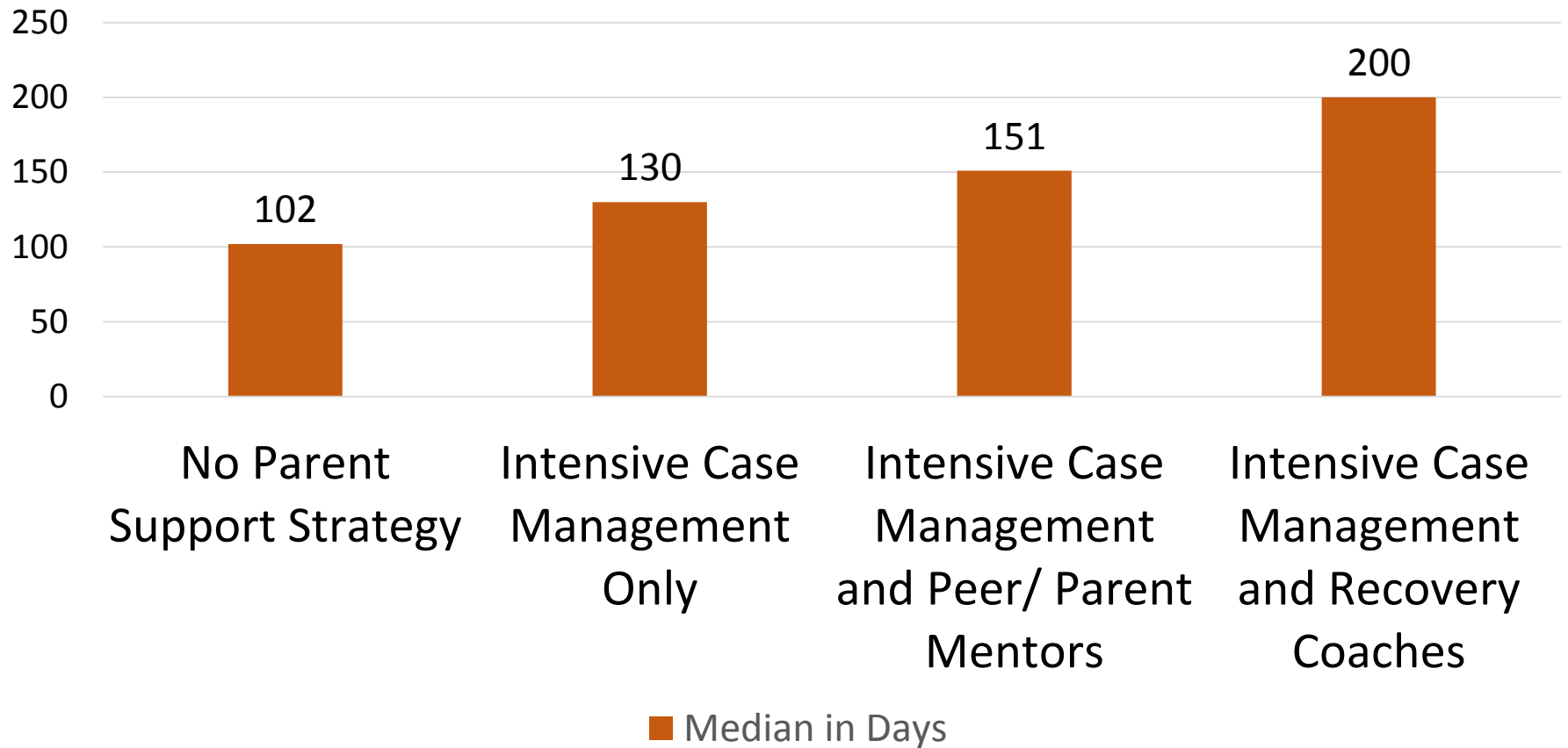


THE PURPOSE OF RECOVERY SPECIALISTS

- Decrease time to assess and enter treatment
- Improve outreach and engagement
- Increase 12-month permanent placements
- Increase family reunification rates
- Decrease time in foster care

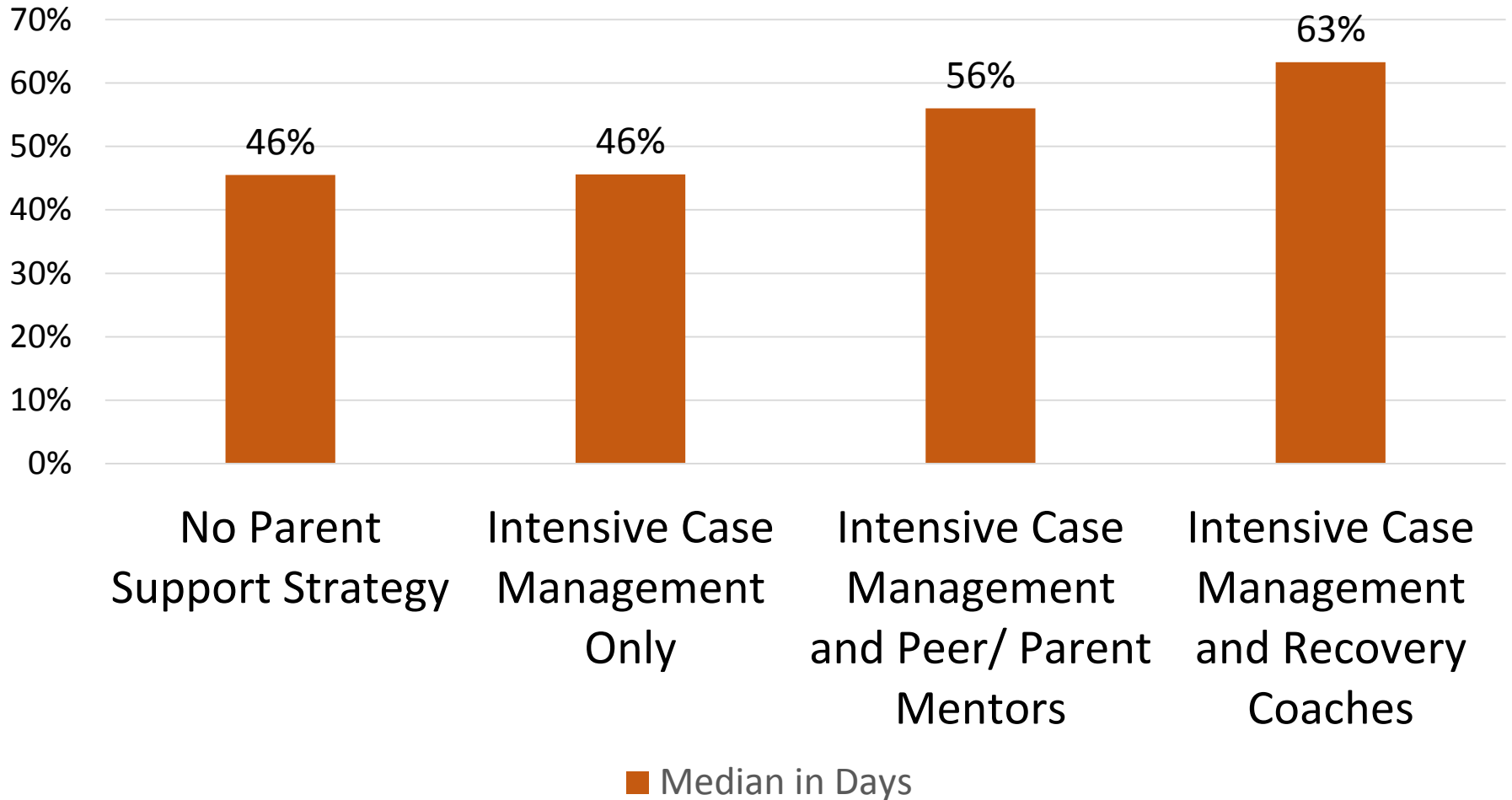


Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations





Substance Abuse Treatment Completion Rate by Parent Support Strategies



We know more about

Effective Substance Abuse 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 substance use)
- 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)

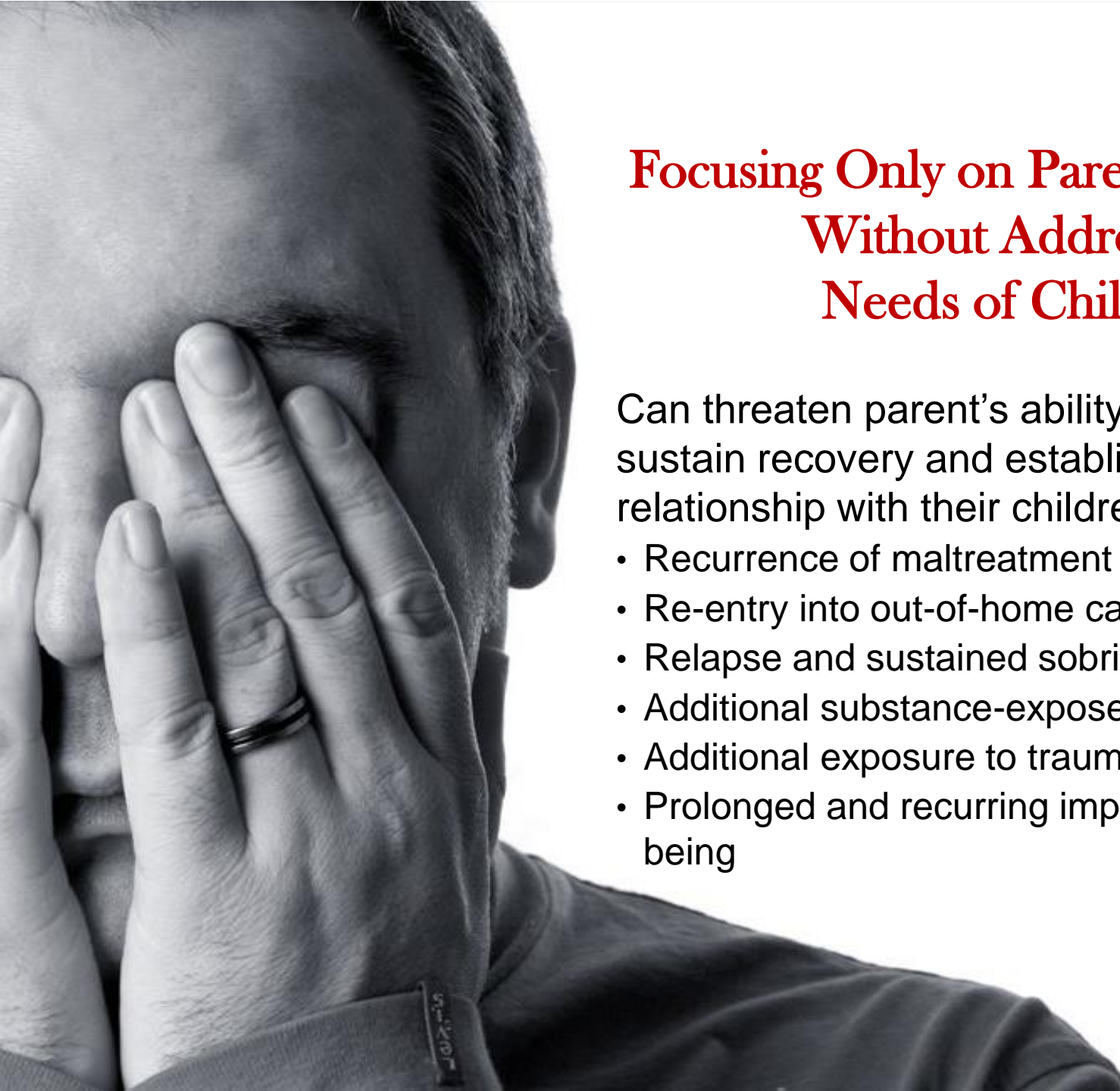
Family-Centered Approach



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

TREATMENT RETENTION AND COMPLETION

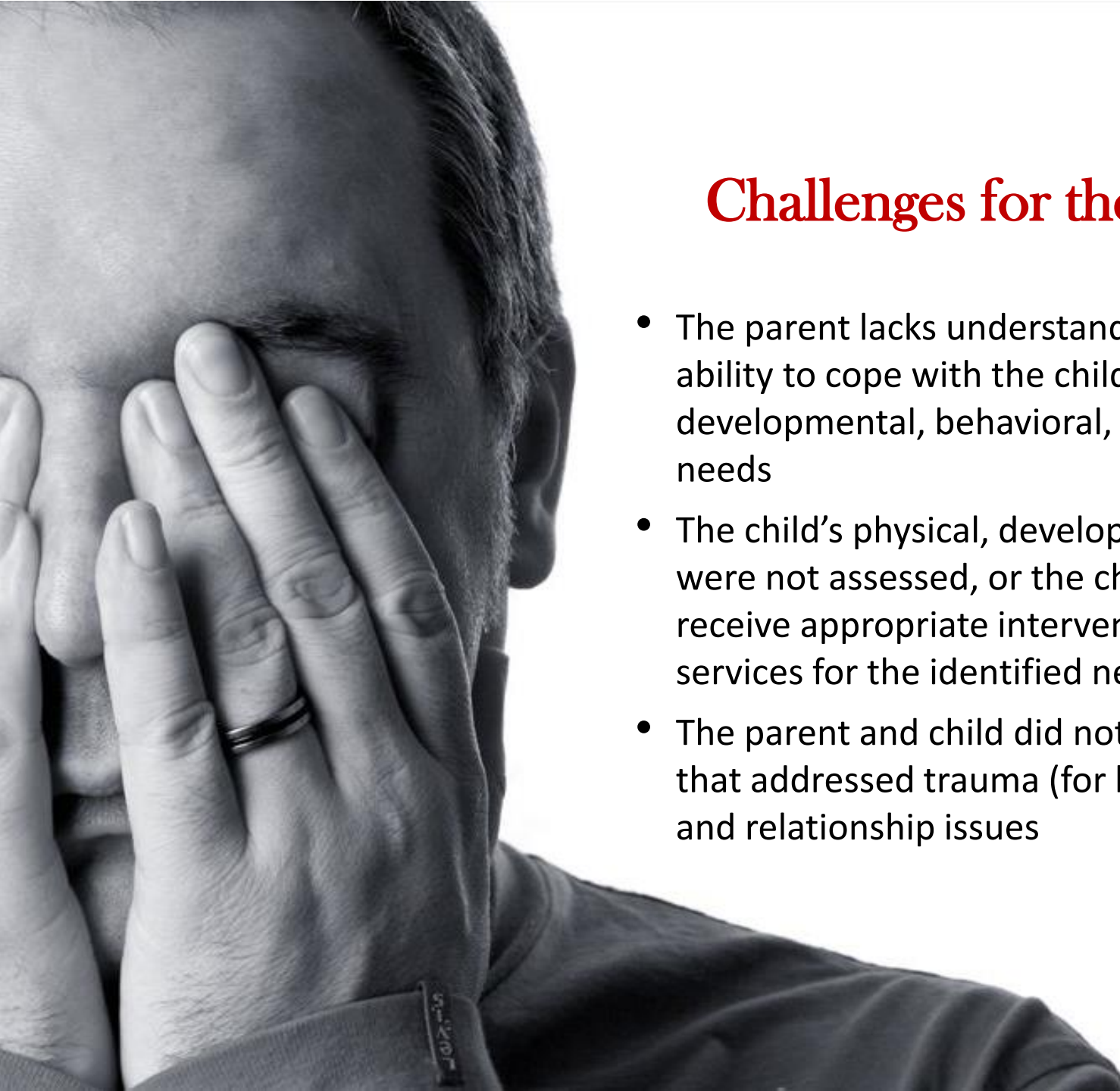
1. Women who participated in programs that included a **“high” level of family and children’s services** and employment/education services were **twice as likely to reunify** with their children as those who participated in programs with a **“low”** level of these services. (Grella, Hser & Yang, 2006)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



Focusing Only on Parent's Recovery Without Addressing Needs of Children

Can threaten parent's ability to achieve and sustain recovery and establish a healthy relationship with their children, thus risking:

- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained sobriety
- Additional substance-exposed infants
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being



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

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

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

Impact 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

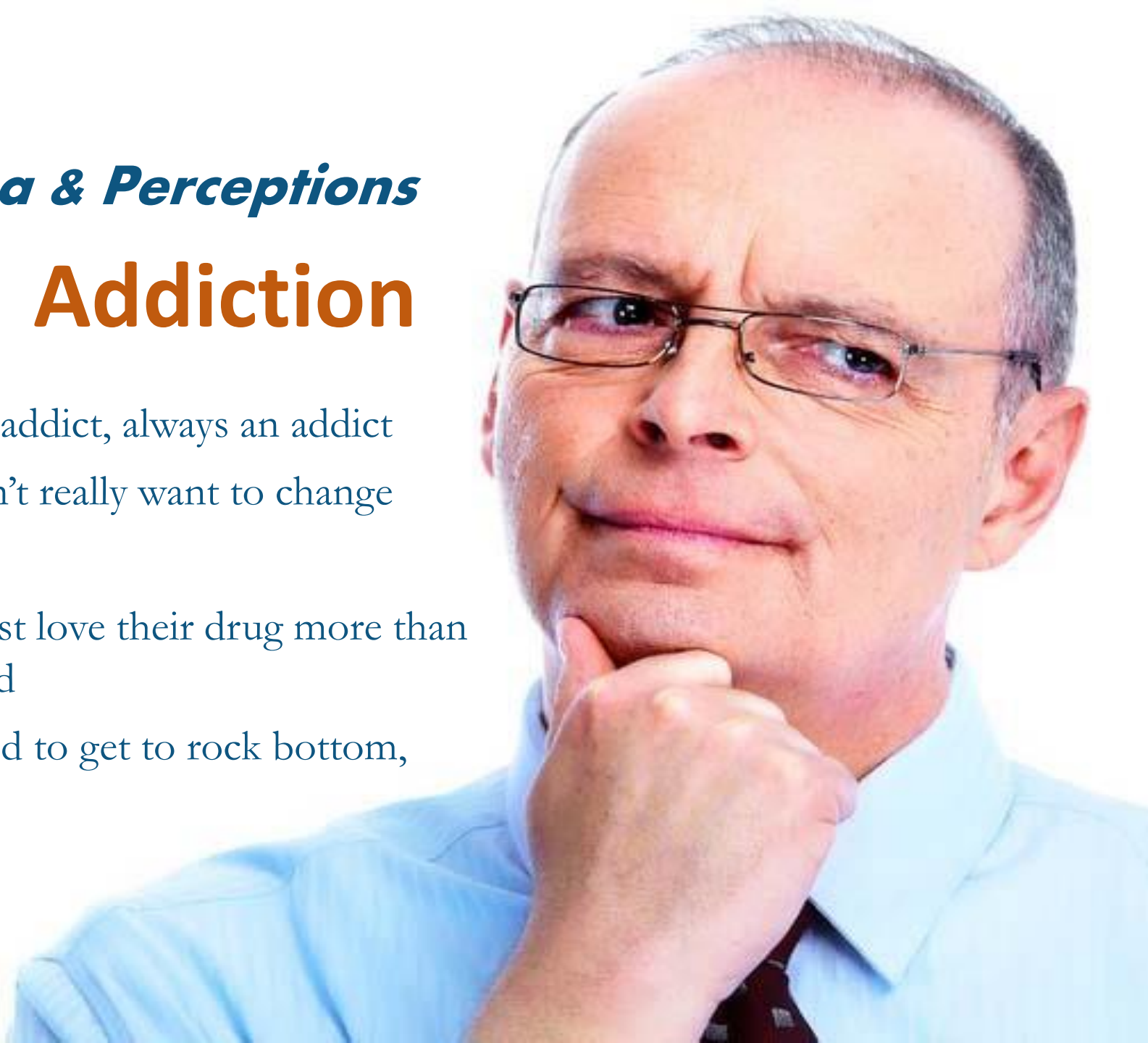
Safe vs. Perfect



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...



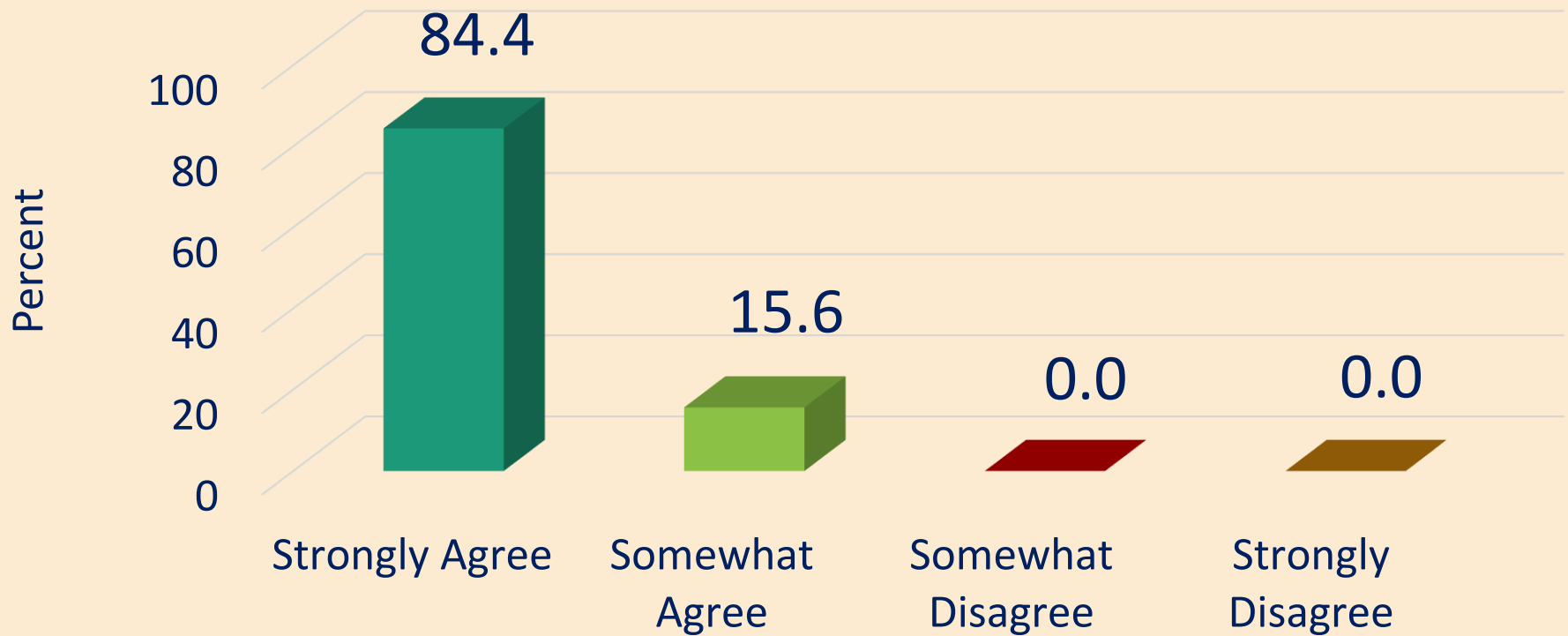
Collaborative Value Inventory (CVI)

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

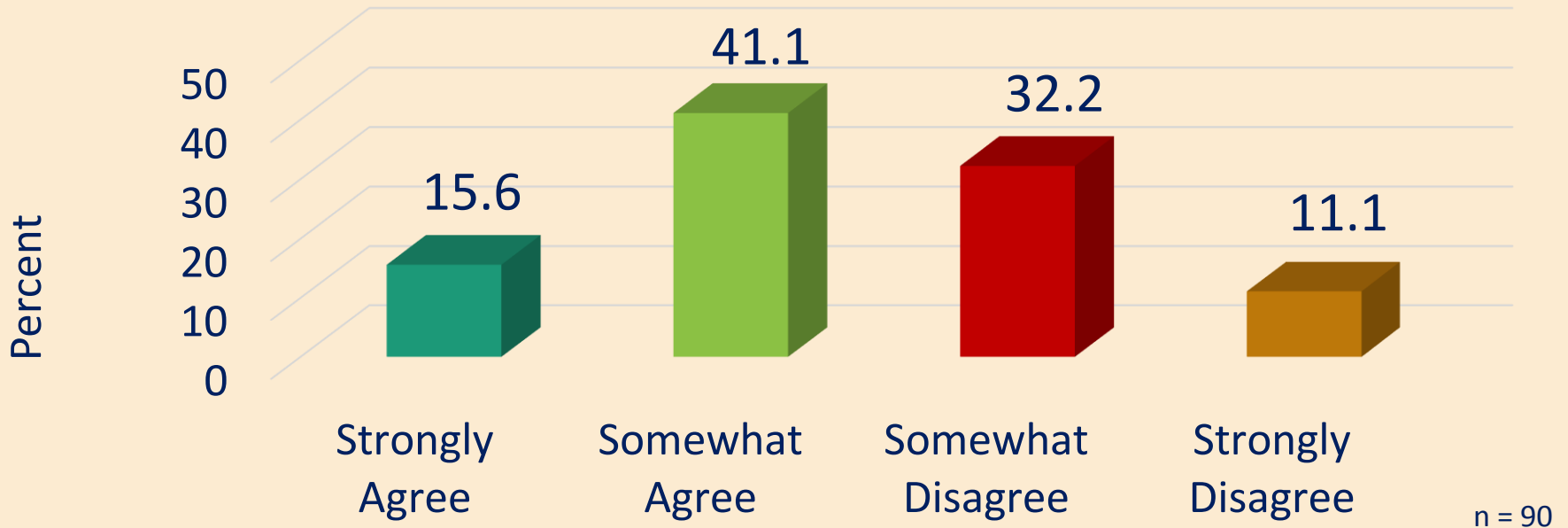


PEOPLE WHO ARE CHEMICALLY DEPENDENT HAVE A DISEASE FOR WHICH THEY NEED TREATMENT



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



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?



Monitoring – What Has Been the Impact?

- Staff – what is feedback regarding implementation?
What barriers exist?
- Referral and treatment access and quality
- Outcome monitoring – what is impact key indicators?
- Information sharing – how is it collected, shared, and reported?

Defining Your Drop off Points (Example)

6,071 Substantiated Cases of neglect and/or abuse due to substance use disorders (60% SUD Avg)

Potential participants assessed for treatment (Tx)
25% drop off = 4,553

Number of participants deemed appropriate
50% = 2,276

Number admitted to Tx= 1,593
30% drop off

638 successfully completed Tx
- 60% drop off

Payoff

- Substantiated cases pulled from Louisiana AFCARS data files
- Drop off percentages estimated based on previous drop off reports
- To be used only as an example



*Building on
our Success*

Q&A and Discussion



Resources



FDC Learning Academy



FAMILY DRUG COURT LEARNING ACADEMY WEBINAR SERIES

The Family Drug Court (FDC) Learning Academy offers web-based training events to assess the needs, implement program improvements, evaluate performance and sustain FDC programs.

Launched in June 2010 by Children and Family Futures (CFF), the Learning Academy consists of six learning "Learning Communities" to address the developmental needs of FDC programs. Webinars are offered to FDC teams and professionals at no cost. Many FDCs have viewed these web-based trainings as a team and then discussed implications for their respective programs.

For a complete listing of the FDC Webinars, please see the back of this flyer.

To view the webinar recordings and download webinar materials, please visit: www.cffutures.org

Visit the FDC Blog: www.familydrugcourts.blogspot.com

If you have any questions, including how you can use these webinars to train your FDC team, please contact us: fdc@cffutures.org



*This Project is supported by Award 2013-DC8X-K-002 awarded by the Office of Juvenile Justice and Delinquency, Office of Justice Programs



FDC Learning Academy Webinars

Planning Community

June 2010 Mission and Values
July 2010 Principles of Collaboration
August 2010 Screening and Assessment
September 2010 Engagement and Retention
October 2010 Information Sharing and Data Systems
November 2010 Engaging Defense Attorneys

Early Implementation & Enhanced Community

February 2011 Engaging Fathers in Family Drug Courts
March 2011 Services to Children
April 2011 Trauma-Informed Services
May 2011 Engaging the Community & Marketing to Stakeholders
June 2011 Responding to Participant Behavior
July 2011 Critical Issues in Running a FDC
August 2011 Joint Accountability and Shared Outcomes
October 2011 Budget & Sustainability: Conducting a Cost Analysis
November 2011 Moving Toward System-Wide Change

Advanced Practice Community

February 2012 Use of Jail as a Sanction in FDCs
March 2012 Family Drug Court Models - Parallel vs. Integrated
April 2012 What You Need to Know in Becoming a Trauma-Informed Family Drug Court
May 2012 Role of Judicial Leadership and Ethical Considerations in FDCs
July 2012 What You Need to Know About Child Well-Being and Serving Children in FDCs
August 2012 Ensuring Effective and Quality Substance Abuse Treatment in FDCs
October 2012 Implementing Evidence-Based Parenting in FDCs

Knowledge Sharing

March 2013 Responding to Domestic Violence in FDCs
April 2013 Passing the Baton - Why Judicial Succession Matters in FDCs
May 2013 Reaching the Tipping Point - FDCs as a National Child Welfare Reform Strategy
June 2013 FDC Peer Learning Courts - Highlighting Effective FDC Practices
August 2013 So Who Are You Really Serving? Challenges of Serving Special Populations in FDCs
September 2013 Raising the Bar in FDCs - A Look at FDC Guidelines

Leading Change - This Changes Everything

March 2014 Utilizing Recovery Support Specialists as a Key Engagement and Retention Strategy
April 2014 Our Grant is Over - Now What? Re-Financing and Re-Directing as Real Sustainability Planning
June 2014 Closed Doors or Welcome Mat? Opening the Way for Medication-Assisted Treatment
July 2014 How Do You Know They Are Ready? Key Considerations for Assessing Reunification
August 2014 Exploring Solutions Together - The Issue of Racial and Ethnic Disproportionality and Disparity
October 2014 Matching Services to Need - Exploring What "High-Risk," "High-Need" Means for FDCs

Leading Change 2015

March 2015 Are You Building Your FDC by Default or Design?
April 2015 So Who Wants to Be an FDC Coordinator?
May 2015 Leading from the Front-Line: Case Managers in Your FDC and Why You Need Them
June 2015 Leading Change in Serving Families in FDCs - Prevention & Family Recovery Project
August 2015 Leading the Way to Best Practices - Ideas Worth Sharing from FDC Peer Learning Courts
October 2015 Leading Change - State Systems Reform Program
November 2015 Identifying Substance Use as a Risk Factor in CWS Cases and Understanding How to Respond

For more
information please
visit:

<http://www.cffutures.org/projects/family-drug-court-learning-academy>

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Family Drug Court Learning Academy

2016 *Virtual Classroom Series*

Watch Pre-Recorded Webinar



Register and Join Live Virtual Classroom



Convenient & Effective Learning





Virtual Classroom

Webinar Available

Classroom Schedule

Screening & Assessment

April 1

April 14,
May 12, May 26

Governance & Leadership

April 5

April 19,
May 3, May 17

Parent-Child Relationships

July 1

July 14, July 28,
August 18

Data & Info Systems

July 5

July 21,
August 11, August 25

- Real-time networking and knowledge sharing
- Coaching & mentoring
- Applied learning through homework or project assignments
- 24/7 access to classroom
- Technical assistance and resources

Register Now!
Space Limited

FDC Learning Academy Blog

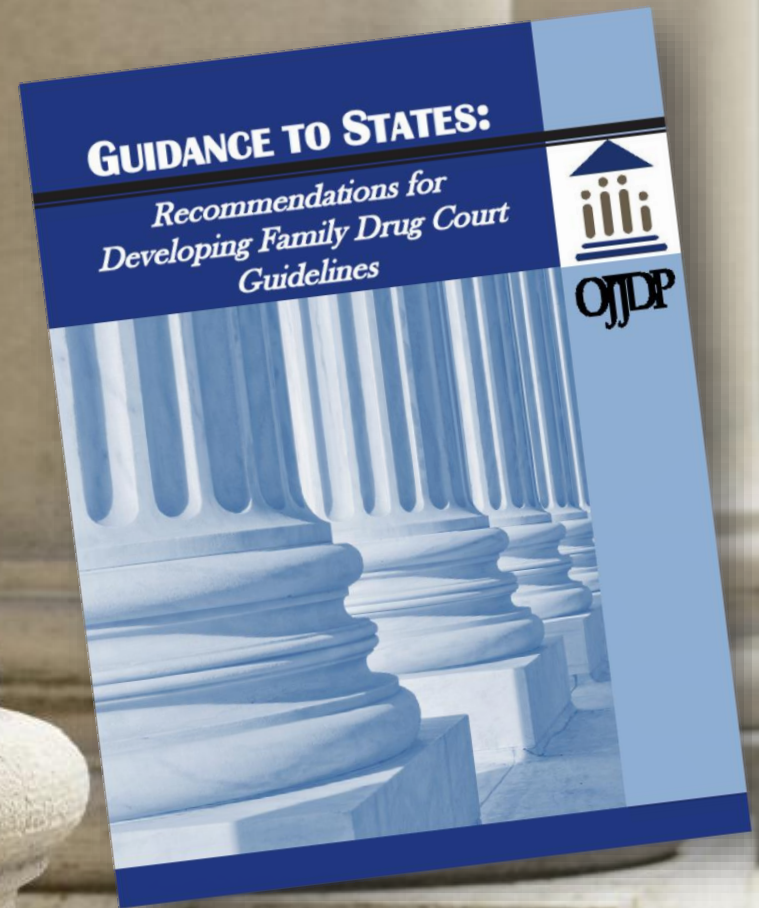


- Webinar Recordings
- FDC Resources
- FDC Video features
- FDC Podcasts & Interviews
- Virtual Classroom registration

www.familydrugcourts.blogspot.com

**2nd Edition – Research Update
– Just Released**

FDC Guidelines



To download a copy today visit our website:

<http://www.cffutures.org/files/publications/FDC-Guidelines.pdf>

2015 Special Issue

Includes four Family Drug Court specific articles presenting findings on:

- Findings from the Children Affected by Methamphetamine (CAM) FDC grant program
- FDC program compliance and child welfare outcomes
- Changes in adult, child and family functioning amongst FDC participants
- Issues pertaining to rural FDCs



CWLA

www.cwla.org

Coming in 2016!

Family Drug Court Online Tutorial



***FDC 101 - Will cover basic knowledge
of the FDC model and operations***



 **FAMILY DRUG COURT
PEER LEARNING COURT PROGRAM**

CONTACT US FOR MORE INFORMATION: fdc@cffutures.org



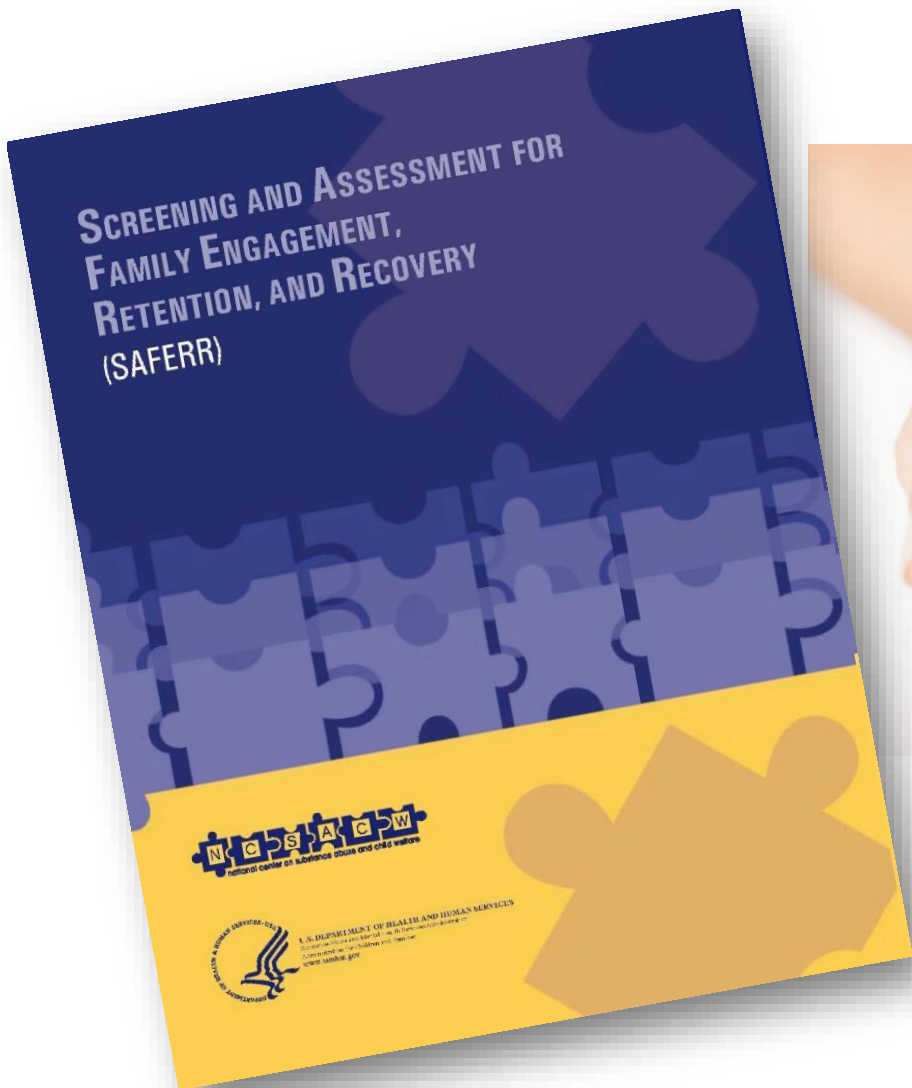
Resources

FDC Discipline Specific Orientation Materials

Child Welfare | AOD Treatment | Judges | Attorneys

Please visit: www.cffutures.org/fdc/

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>

FREE CEUs!

Resources

NCSACW Online Tutorials

- Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
- Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
- Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Please visit: <http://www.ncsacw.samhsa.gov/>



Research and Evaluation

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*Improving
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