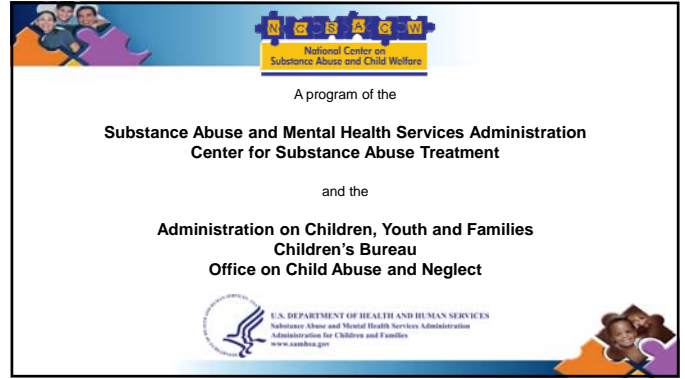


Why Won't They Just Go To Treatment?
Engaging Families Affected by Substance Abuse Disorders
 Alexis Balkey, *Children and Family Futures*

9th Annual International Conference on Child and Family Maltreatment
 January 28, 2015




N C E S A C W
 National Center on Substance Abuse and Child Welfare

A program of the
**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**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Substance Abuse and Mental Health Services Administration
 Administration for Children and Families
 www.samhsa.gov



Presentation Objectives

- Understand the brain science of addiction and the impact parental substance on the parent-child relationship and the essential service components needed to address these issues
- Understand family readiness as a collaborative practice issue and why "team" is just as important as any "tool" for assessing readiness
- Learn various case management strategies, including implementation of quality visitation and contact, evidence-based services, coordinated case plans, and effective communication protocols across child welfare, treatment, and court systems
- Re-consider perceptions of "client-readiness" and recognize importance of RSS role in promoting family engagement
- Learn about positive outcomes demonstrated by RSS model and learn key considerations and practical solutions for hiring, training, and funding RSS positions.

Timelines - History as Opportunity

"Men make history and not the other way around. In periods where there is no leadership, society stands still. Progress occurs when courageous skillful leaders seize the opportunity to change things for the better." - Harry S. Truman



1997

2015



1997 Adoption and Safe Families Act



1999

Five National Goals Established

1. Building collaborative relationships
2. Assuring timely access to comprehensive substance abuse treatment services
3. **Improving our ability to engage and retain clients in care and to support ongoing recovery**
4. Enhancing children's services
5. Filling information gaps

Blending Perspectives and Building Common Ground (Report to Congress in response to ASFA)



How Collaborative Policy and Practice Impacts

5Rs

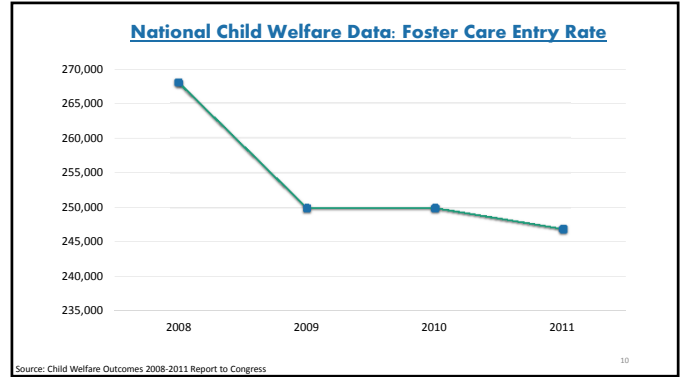
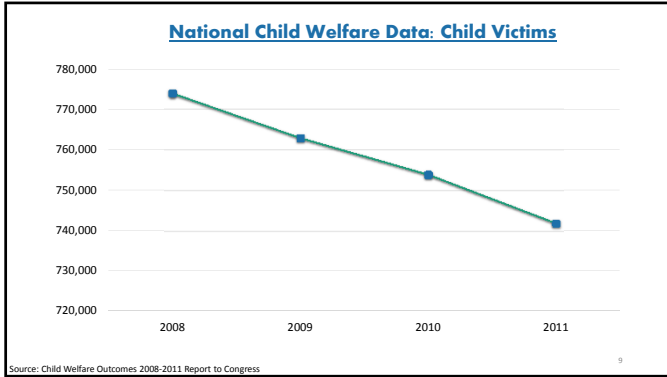
- R**ecovery
- R**emain at home
- R**eunification
- R**ecidivism
- R**e-entry



Oh Say Can You See

8.3 million children

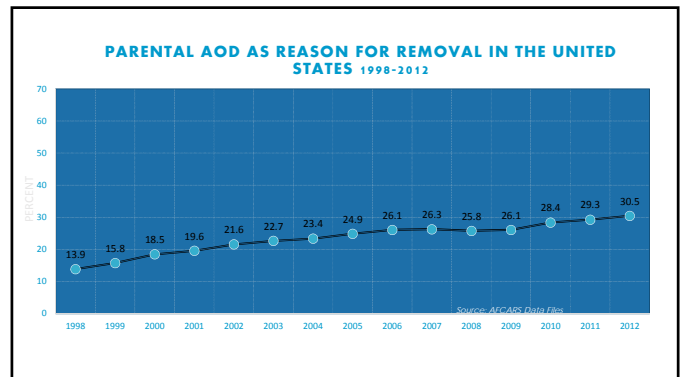
* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)

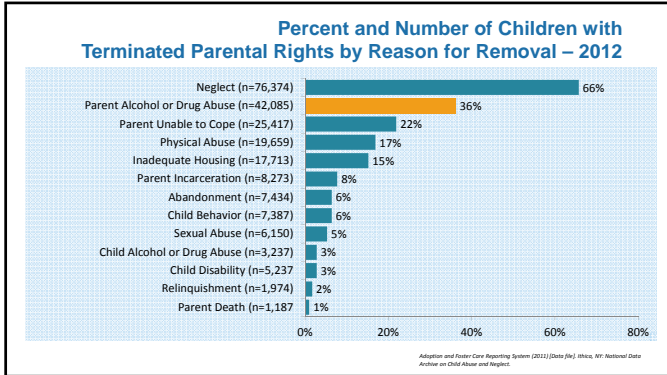


Prevalence of the Issue

How many children in the child welfare system have a parent in need of treatment?

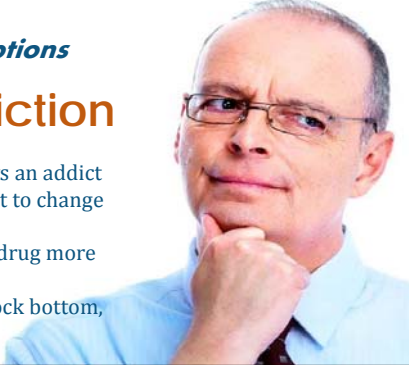
- Between 60–80% of substantiated child abuse and neglect cases involve substances by a custodial parent or guardian (Young, et al, 2007)
- 61% of infants, 41% of older children who are in out-of-home care (Wulczyn, Ernst and Fisher, 2011)
- 87% of families in foster care with one parent in need of treatment; 67% with two parents in need (Smith, Johnson, Pears, Fisher, DeGarmo, 2007)






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....



ASAM Definition of Addiction

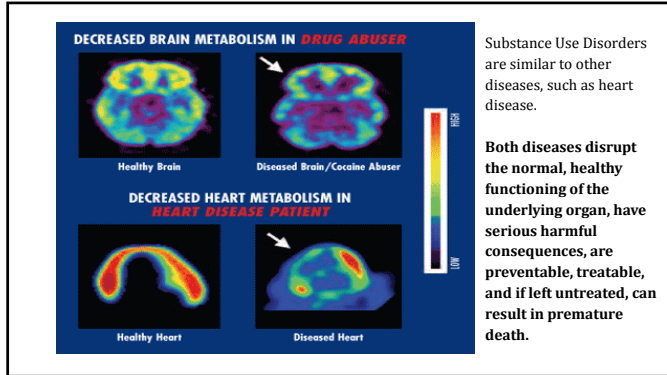
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response
- Like other chronic diseases, addiction often involves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

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



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 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?



Every day an average of 8,120 people age 12 and over **try drugs for the first time** and 12,800 try alcohol—more than 20,000 people

Life time **marijuana use** among teenagers is at its highest level in 30 years. Nearly a quarter of those over twelve years old, sixty million people, **binge drink**


Between 2000–2009, poisoning deaths among teens increased 91%, with most caused by **overdoses of prescription pills** than from cocaine and heroin combined

Source: David Sheff, 2013



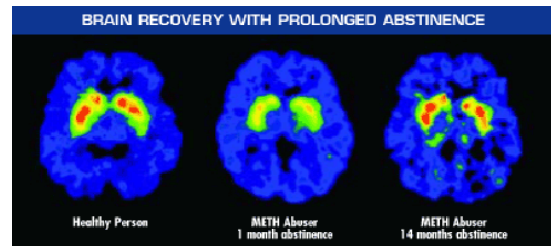
50% of all lifetime cases of mental and substance use disorders **begin by age 14**, and 75% by age 24 (Kessler et al., 2005).

In 2009, an estimated 23.5 million Americans age 12 and older **needed treatment** for substance use (SAMHSA, 2010).



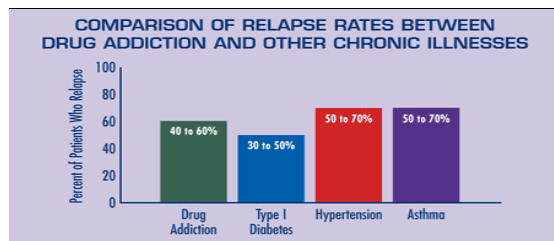
A Treatable Disease

- 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



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

25



What is the relationship between children's issues and parent's recovery?

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


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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

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Rethinking our Practice

How Can we Support Family Engagement?

Effective Engagement Requires Recovery Support

29



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"

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Rethinking Treatment Readiness

Re-thinking "rock bottom"

Addiction as an elevator

"Raising the bottom"

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Rethinking Treatment Readiness

Re-thinking "Rock Bottom"

- "Tough love" - in the hopes that they will hit rock bottom and wanting to change their life.
- Collective knowledge in the community is to "cut them off, kick them out, or stop talking to them."
- Addiction as a disease of isolation

"Raising the bottom"

- Getting off on an earlier floor
- Has realistic expectations and understands both the neuro-chemical effects on people with substance related and addiction disorders and difficulties and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships

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We know more about
The Impact of Recovery Support



- Collaborative Approach
- Family-Centered Services
- Evidence Based Treatment
- Evidence Based Parenting
- Successful Visitation
- Recovery Support Specialists
- Reunification Groups and Ongoing Support

Trauma-Informed Care and Substance - Informed care; A Potential Parallel Process?

Trauma-Informed Care	Substance Abuse-Informed Care
<ul style="list-style-type: none"> • Being a trauma-informed organization means that every part has an understanding of how trauma affects the life of an individual seeking services • Trauma-informed organizations are based on an understanding of the vulnerabilities at triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. <small>• Source: National Center for Trauma-Informed Care. (2013). Trauma-informed care and trauma services. Substance Abuse and Mental Health Services Administration. Retrieved from: http://www.samhsa.gov/nctic/trauma.asp</small>	<ul style="list-style-type: none"> • Being a substance abuse-informed organization means that every part has an understanding of how substance abuse affects the life of an individual seeking services • Substance abuse-informed organizations are based on an understanding of the vulnerabilities or triggers of substance abuse that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and protect against relapse.

Better together




An Important Premise

Improving the outcomes of children and families affected by parental substance use require a coordinated response which draw from the talents and resources of at least three systems:

- Child Welfare
- Substance Abuse Treatment
- Courts

More Premises



- The team is the tool, and people, not tools, make decisions
- The family is the focus of concern
- Problems don't come in discrete packages; they are jumbled together
- Assessment is not a one person responsibility
- Information is limited, and there is no research-based answer
- There is no time to lose
- Developing and sustaining effective collaborations is hard work

Important Principles



- Improving the outcomes of children and families affected by parental substance use demand urgent attention and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being.
- Success is possible and feasible. Staff in child welfare, substance abuse, and court systems have the desire and potential to change individual lives and create responsible public policies.
- Family members are active partners and participants in addressing these urgent problems.

Essential Elements



- Shared mission and vision - agreement and understanding of target population and expected outcomes
- Clear and consistent referral process—preferably warm hand-off
- Coordinated case planning, information sharing, timely and ongoing communication
- Understanding of and attention to competing “clocks”—timeframes

Essential Elements



- All partners (including parents) are in sync regarding:
 - Compliance with plans
 - Drug Testing
 - Relapse
 - Successful Completion
 - Responses to behavior
- Program is clearly explained and written in language that is understandable
- Services are culturally and gender appropriate and family-focused

Family-Centered Approach



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

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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**.

4

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 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

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 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)

Connecting Families to an Evidence-Based Parenting Program

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

- Knowledge of parenting skills as well as a 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). Characteristics of effective parenting include (a) interaction style with their child, (b) warmth and affection towards their child, and (c) parenting strategies used (Johnson, et al., 2008).

Elements of Successful Visitation Plans



- Visits should occur:
- Frequently
 - For an appropriate period of time
 - In a comfortable and safe setting
 - With therapeutic supervision
 - In normal parenting situations (when appropriate; e.g. doctor visits)

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Children Need to Spend Time with Their Parents

Children who were visited frequently (once a week or once every two weeks):

- exhibited fewer behavioral problems (Kelly & Lamb, 2000)
- showed less anxiety and depression than children whose parents' (Cantos & Gries, 1997)
- more likely to have higher well-being ratings, and adjusted better to placement, were more likely to be discharged from placement, and experienced shorter placements (Hess, 2003)



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WE WANT TO KNOW....



Does your agency currently utilize a Recovery Support Specialist as an engagement and retention strategy?

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Titles and Models

- Peer Mentor
- Peer Specialist
- Peer Providers
- Parent Partner
- Recovery Support Specialist
- Substance Abuse Specialist
- Recovery Coach
- Recovery Specialist
- Parent Recovery Specialist

Experiential Knowledge, Expertise

Experiential Knowledge, Expertise + Specialized Training

YOU NEED TO ASK:

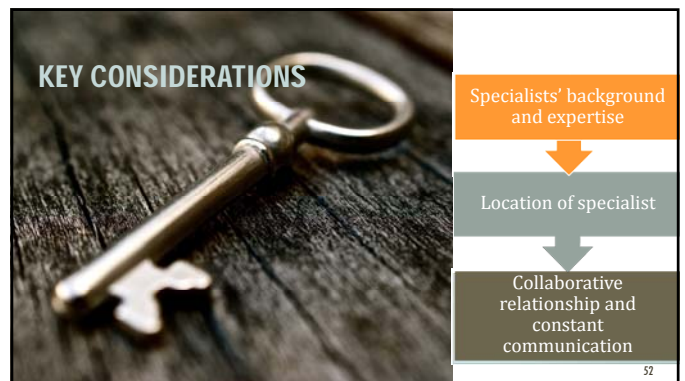
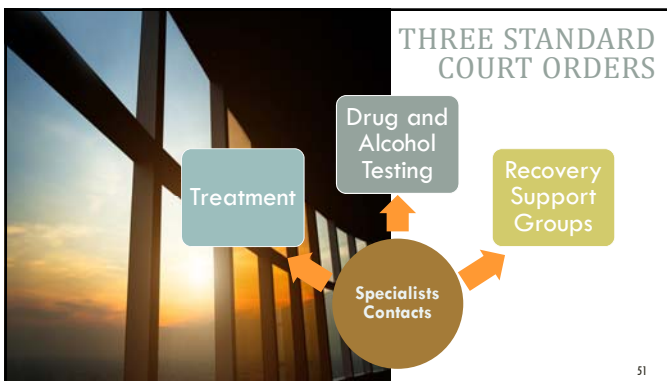
What does your agency need?

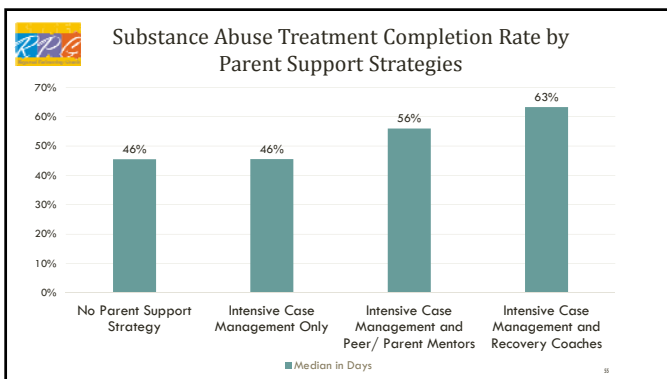
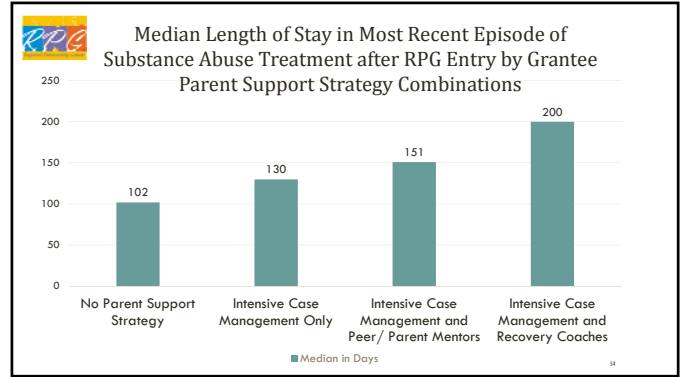
Roles	
Purpose of the Program	Role
Building linkages and improving communication and collaboration between systems	Formal liaison responsible for building and enhancing relationships
Improve parents' access to assessment and treatment	Treatment broker; front-line service provider
Improve ability of CWS and Court staff to manage caseloads in which substance abuse is a factor	Advisor about the nature of substance use disorders



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





Resource: Substance Abuse Specialist in Child Welfare Agencies and Dependency Courts

6 State Case Studies

To download a copy, visit:
<http://www.ncsacw.samhsa.gov/files/SubstanceAbuseSpecialists.pdf>

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

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Aftercare and Ongoing Support

Ensure aftercare and recovery success beyond FDC and CWS participation:

- Personal Recovery Plan – relapse prevention, relapse
- Peer-to-peer support – 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

58

Full Spectrum of Treatment and Services



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

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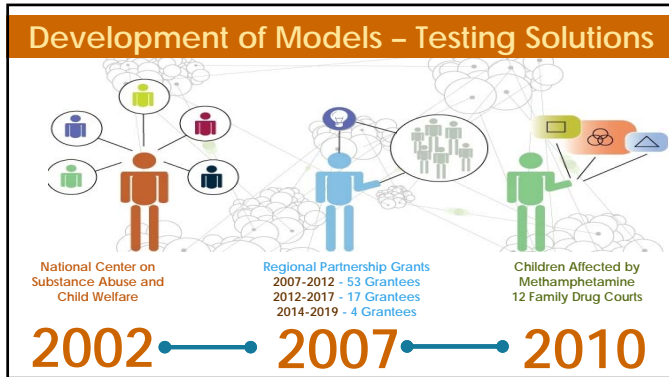


Rethinking our Practice

Do We Know What Works?

Effective Practices that Increase Family Engagement

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What are Family Drug Courts?

- Devoted to **cases of child abuse and neglect that involve substance abuse** by the child's parents and/or other caregivers
- Focused on safety and welfare of the child while giving parents tools needed to become sober, responsible caregivers
- Utilizes a **multidisciplinary team approach** to assess the family's situation, devising **comprehensive case plans** that address needs of children and parents

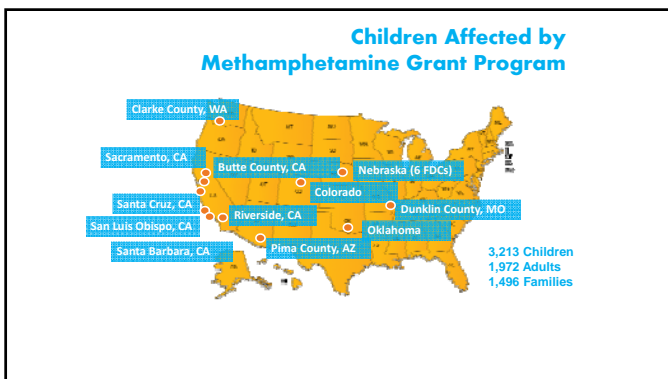
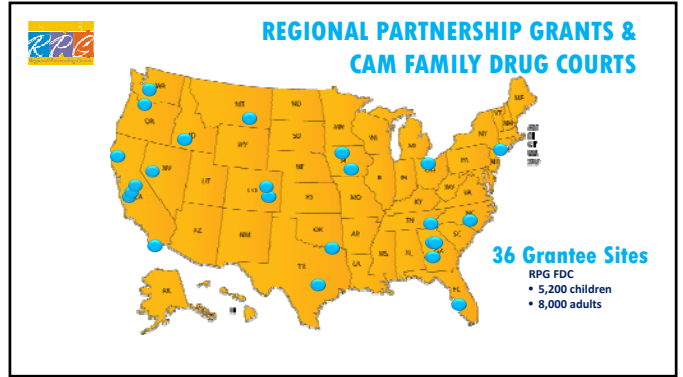
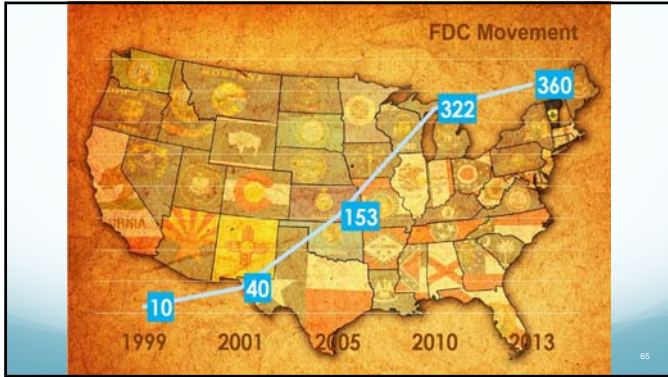

- System of identifying families
- Earlier access to assessment and treatment services
- Increased judicial oversight
- Increased management of recovery services and compliance
- Responses to participant behaviors (sanctions & incentives)
- Collaborative approach across service systems and Court

2002 — Six Common Ingredients – FDCs — 2002 Process Evaluation

How Collaborative Policy and Practice Impacts

5Rs


- R**ecovery
- R**emain at home
- R**eunification
- R**ecidivism
- R**e-entry

Challenges Being Addressed By Grantees

- Parents need understanding and skill to meet children's needs
- Children need comprehensive assessments and services
- Parents and children need assessments and services to address trauma and relationship issues
- Families need access to supportive services following reunification

When parents engage and complete treatment



in Family Drug Court


- >85%** Parents entered treatment
- 50%** Successfully completed treatment (Children and Family Futures, 2014)

vs Dependency Cases

- < 40%** Parents entered treatment
- < 20%** Successfully completed treatment (Olivares & Kaufman, 2011)

FDCs outperformed comparison groups by **20-30%** in terms of parental substance abuse treatment completion (Marlowe & Carey, 2012)

Children stay home and don't come back....



Begin in Family Drug Court

- 90%** Children stay with their families
- 91%** Reunited with their families (Children and Family Futures, 2014)

Children spent fewer number of days in in out-of-home care (Marlowe & Carey, 2012)

2.3% of children participating in FDCs experienced repeat maltreatment within six months (Children and Family Futures, 2014)



Cost Savings Per Family

\$ 5,022	Baltimore, MD	<small>Burrus, et al, 2011</small>
\$ 5,593	Jackson County, OR	<small>Carey, et al, 2010</small>
\$ 13,104	Marion County, OR	<small>Carey, et al, 2010</small>

What's Working?
Practice and Policy Approaches



- Over 55,000 persons have registered for the online training offered by the National Center on Substance Abuse and Child Welfare
- North Carolina has done extensive clinical training through their Regional Partnership Grant to familiarize them with the fundamentals of addiction and recovery

Training child welfare workers



- Universal screening tools - UNCOPE, GAIN Short Screen
- Maine, Oklahoma, Florida, New Jersey adopted universal screening methods to determine prevalence of AOD in CWS families

Screening of parents for substance use



- Prenatal screening, screening at birth, and developmental screening as required by CAPTA should be in place for all children under age 3 in substantiated cases
- *"You cannot coordinate what you cannot count"*

Screening and assessment of children for the effects of substance abuse



- Miami, Florida, family drug court's Engaging Moms Program provides case management by specially trained case workers for mothers in treatment
- Recovery coaches and peer mentors used in numerous programs as a means of improving retention in treatment programs

Parent support models - recovery coaches, peer mentors, navigators, recovery support specialists




- Parenting programs - Celebrating Families, Strengthening Families
- Parent-child relationships - Parent-Child Interaction Therapy, Parent-Child Psychotherapy
- Developmental assessments and therapy
- Pre-natal screening and post-natal follow-up

Evidenced-based programs for parents and children

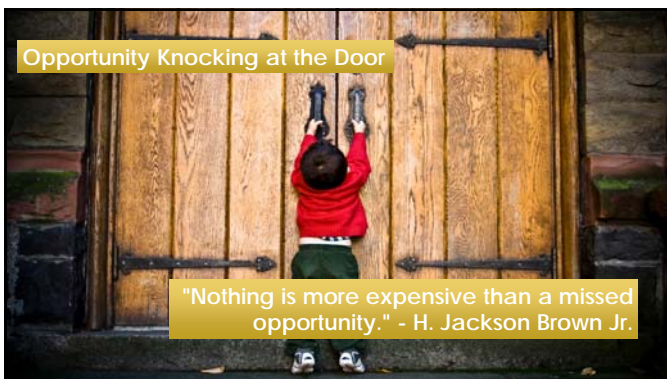


We can no longer say
"We don't know what to do."

2015



Opportunity Knocking at the Door



"Nothing is more expensive than a missed opportunity." - H. Jackson Brown Jr.



Q&A and Discussion



Training and Staff Development



NCSACW Online Tutorials

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

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

Earn 6 CLEs Free!

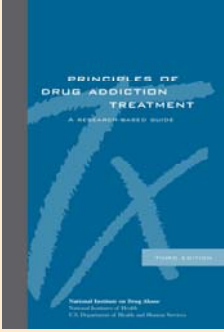
National Center on Substance Abuse and Child Welfare
 Online Tutorial: *Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals*



- Roles of Child Welfare and Substance Abuse Treatment Professionals
- Engaging and Retaining Families
- Impact of alcohol and drug addiction on children and families
- Principles of addiction and recovery
- Child Welfare Timetables – AFSA Guidelines
- Cross-system communication and collaboration

Visit: <http://ncsacw.samhsa.gov/training/default.aspx>

13 Principles of Effective Treatment




NIDA
NATIONAL INSTITUTE ON DRUG ABUSE

Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Edition - Revised 2012)

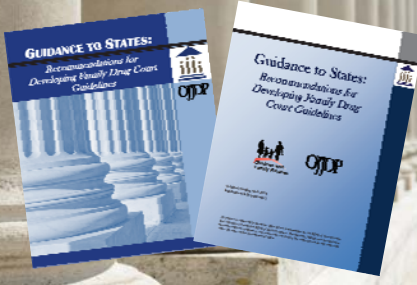
<http://www.drugabuse.gov/publications/principles-drug-addiction-treatment/principles-effective-treatment>

Collaborative Practice



- SAFERR
- Collaborative Practice Model
- Cross-Systems Collaboration Primer
- Cross-Systems Data Primer

<http://www.ncsacw.samhsa.gov/resources>



FDC Guidelines

2012



FDC Guidelines 2.0

COMING SOON!

2015

FDC Learning Academy

2010-2014

- 34 Webinars
- 60 Hours of Content
- 50 Expert presenters
- 2200 Attendees
- 45 States
- 4.3 Satisfactory Rating

88

*** New & Exciting Ahead!**




Leading Change 2015



Family Drug Court Learning Academy Webinar Series
www.cffutures.org/presentations/webinars/category/fdc-series

Leading Change - 2015

March 12 th	Building Your FDC – Design or Default?
April 16 th	So Who Wants to Be an FDC Coordinator?
May 14 th	Case Managers in the FDC and Why You Need Them
June 12 th	Leading Change – Prevention and Family Recovery Project For more info, visit – www.cffutures.org/pfr
Aug. 13 th	FDC Peer Learning Courts – TED Talks For more info, visit – www.cffutures.org/plc
Sept. 10 th	Leading Change – State System Reform Program For more info, visit – www.cffutures.org/ssrp



★ FAMILY DRUG COURT PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION: PeerLearningCourts@cffutures.org



Recommended Reading

“David Sheff has written the most important book about addiction in a decade. Clean is a blueprint for thinking clearly – and empathetically – about America’s costliest and most misunderstood public health crisis.”
 — Benoit Denizet-Lewis, The New York Times Magazine

For more information, please visit: www.davidsheff.com

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