

# Georgia's 10th Annual Accountability Courts Conference

September 17, 2014

*So How Do You Know They Are Ready?*

Key Considerations for Assessing Families in  
Recovery for Reunification



**Phil Breitenbucher, *Children and Family Futures* / Alexis Balkey, *Children and Family Futures***

# Presentation Objectives



- Understand the impact of parental substance use 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

Perception  
Matters

Safe vs.  
Perfect

It's a  
Process

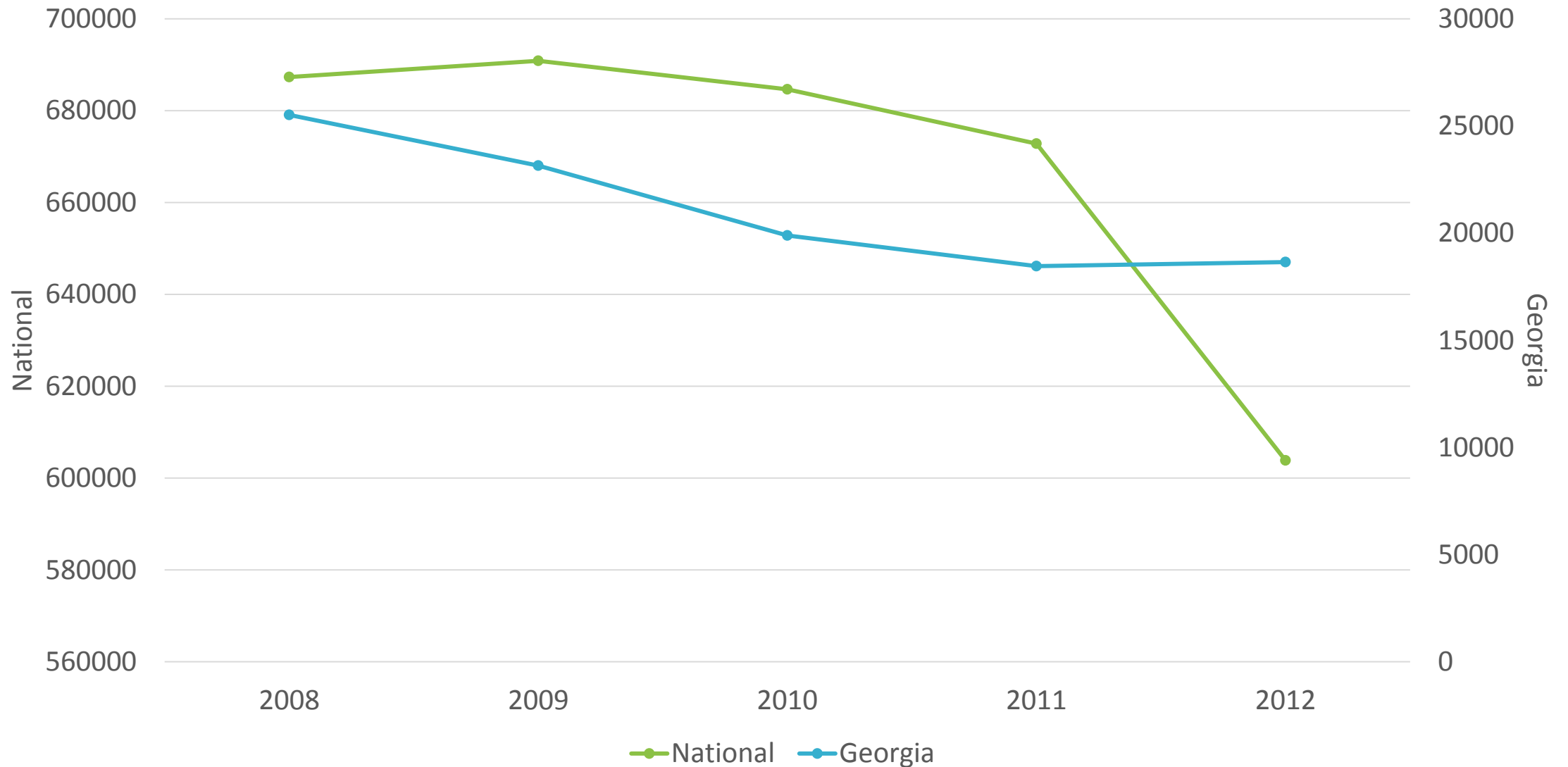
Hot  
Button  
Issues



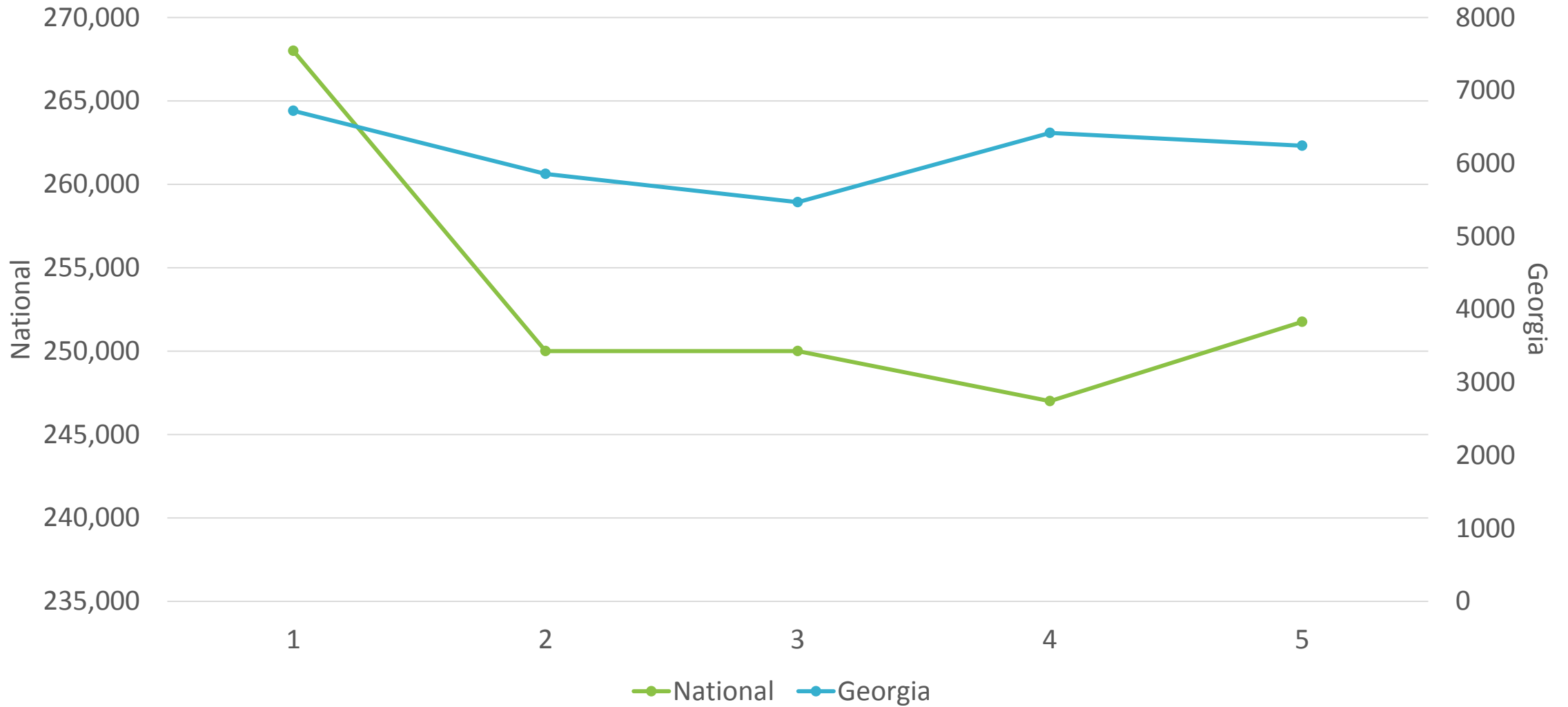
**8.3 million children**

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

# National Child Welfare Data: Children Who Are Confirmed As Victims Of Maltreatment – Nationally and in Georgia



## Child Welfare Data: Children entering Foster Care Nationally and in Georgia

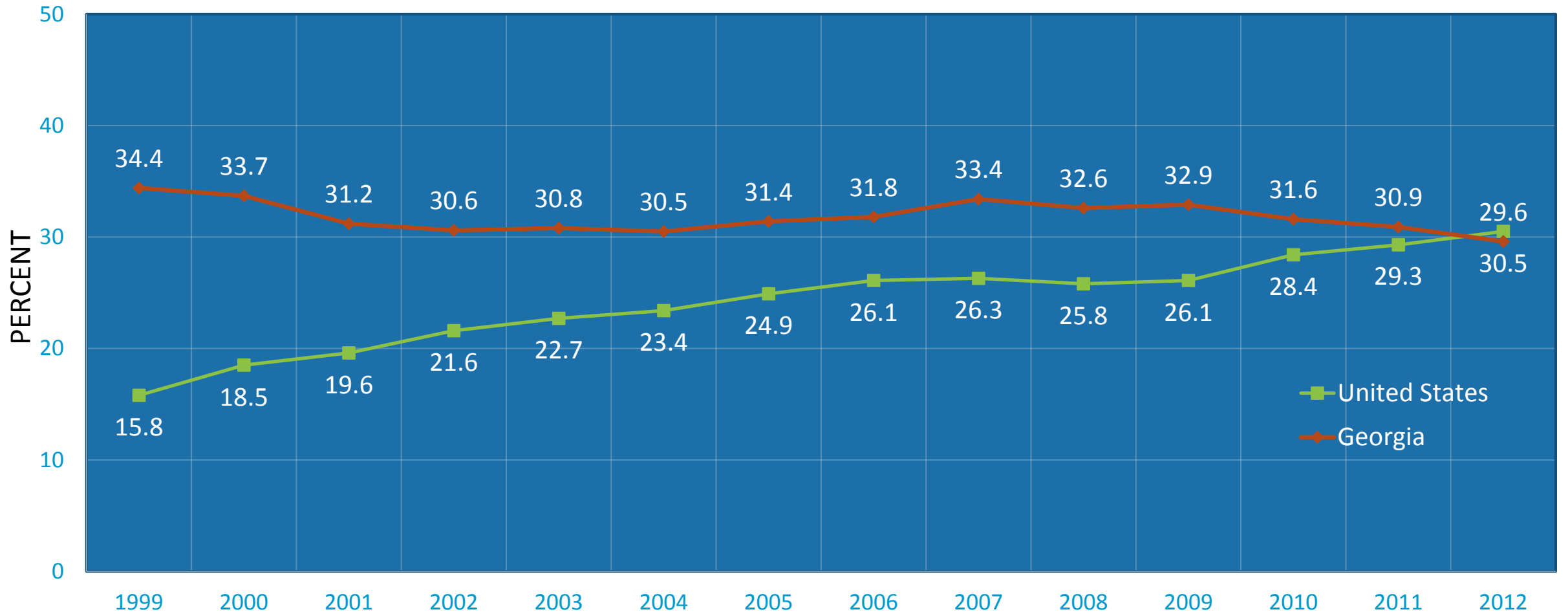


# Prevalence of the Issue

**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)

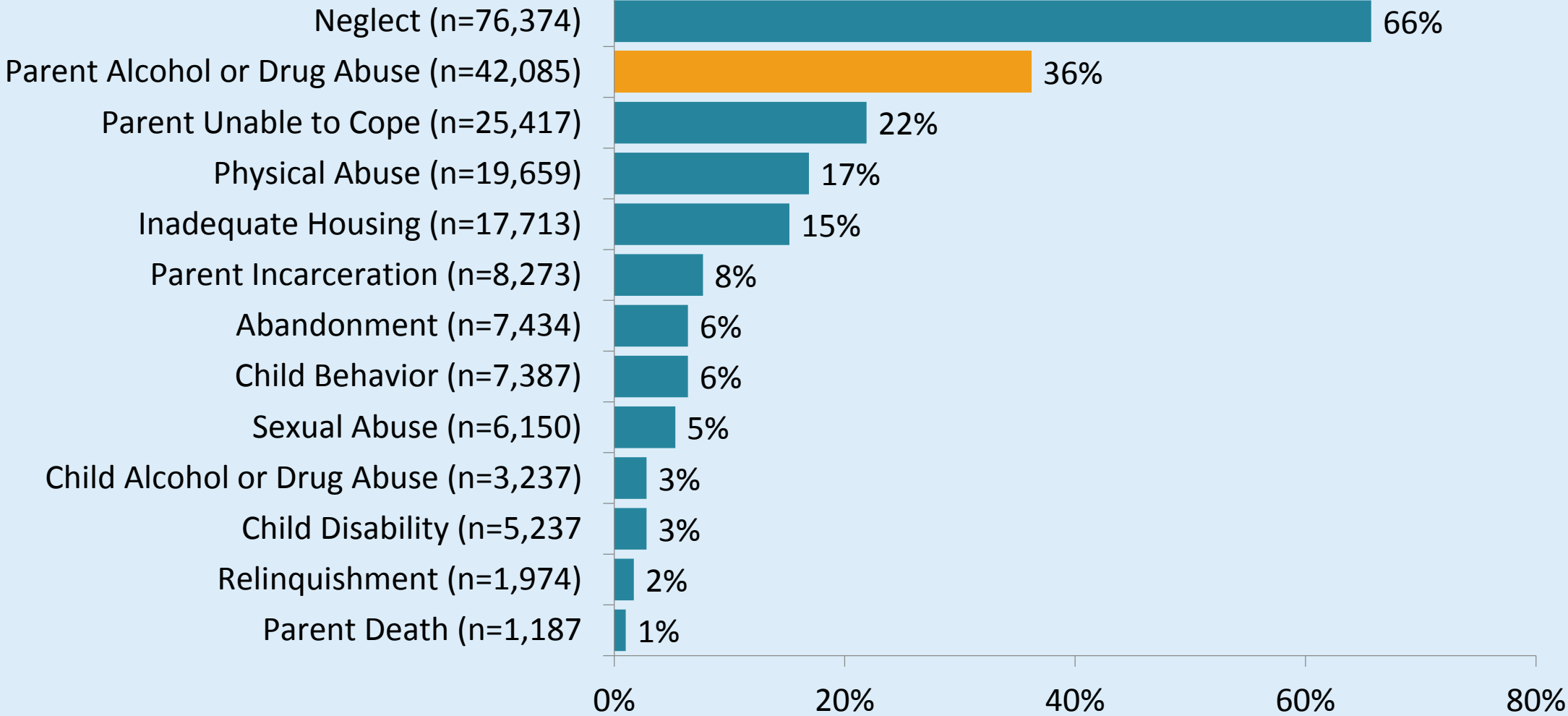
# PARENTAL AOD AS REASON FOR REMOVAL IN THE UNITED STATES AND GEORGIA 1999-2012



Source: AFCARS Data Files



# Percent and Number of Children with Terminated Parental Rights by Reason for Removal – 2012



Adoption and Foster Care Reporting System (2011) [Data file]. Ithica, NY: National Data Archive on Child Abuse and Neglect.


## *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

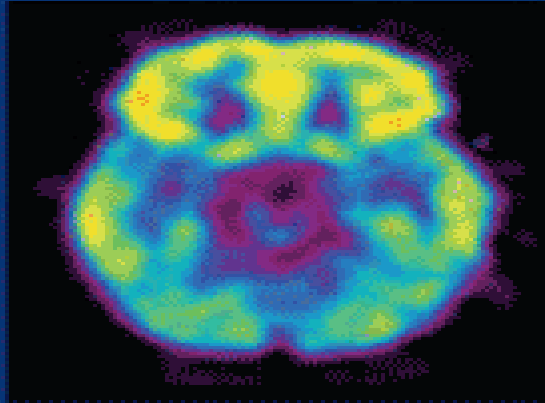
- 
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response
  - Like other chronic diseases, addiction often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

# A Chronic, Relapsing Brain Disease

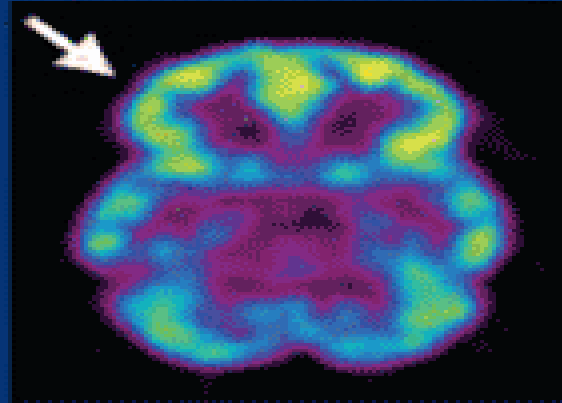


- Brain imaging studies show physical changes in areas of the brain that are critical to
  - Judgment
  - Decision making
  - Learning and memory
  - Behavior control
- These changes alter the way the brain works, and help explain the compulsion and continued use despite negative consequences

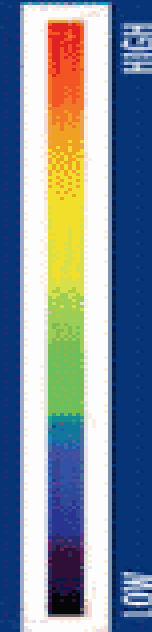
## DECREASED BRAIN METABOLISM IN **DRUG ABUSER**



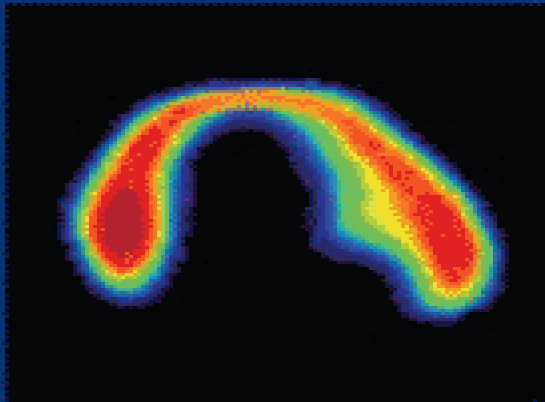
Healthy Brain



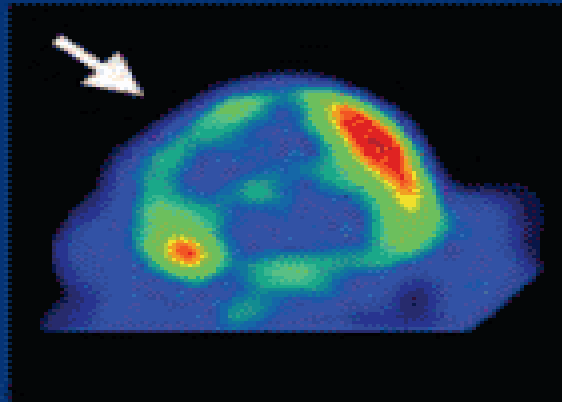
Diseased Brain/Cocaine Abuser



## DECREASED HEART METABOLISM IN **HEART DISEASE PATIENT**



Healthy Heart



Diseased Heart

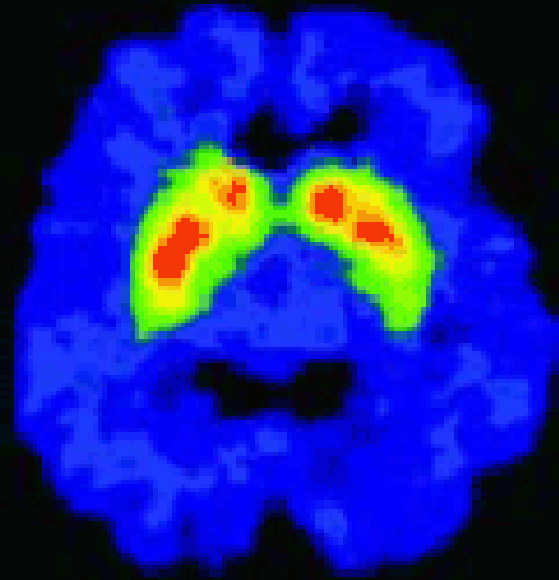
Substance Use Disorders are similar to other diseases, such as heart disease.

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.

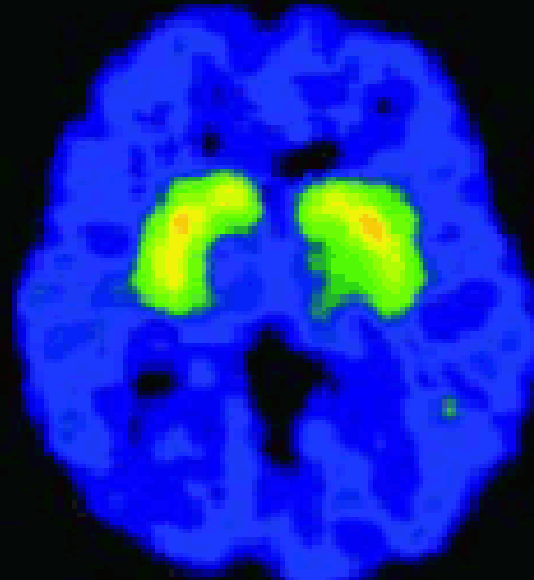
# A Treatable Disease

- 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

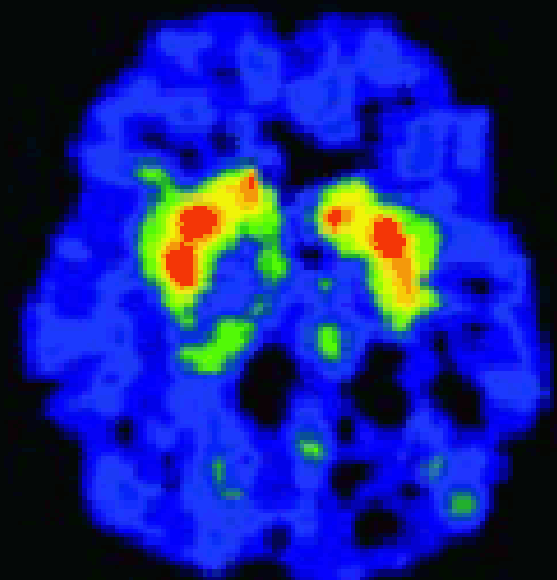
## BRAIN RECOVERY WITH PROLONGED ABSTINENCE



Healthy Person



METH Abuser  
1 month abstinence

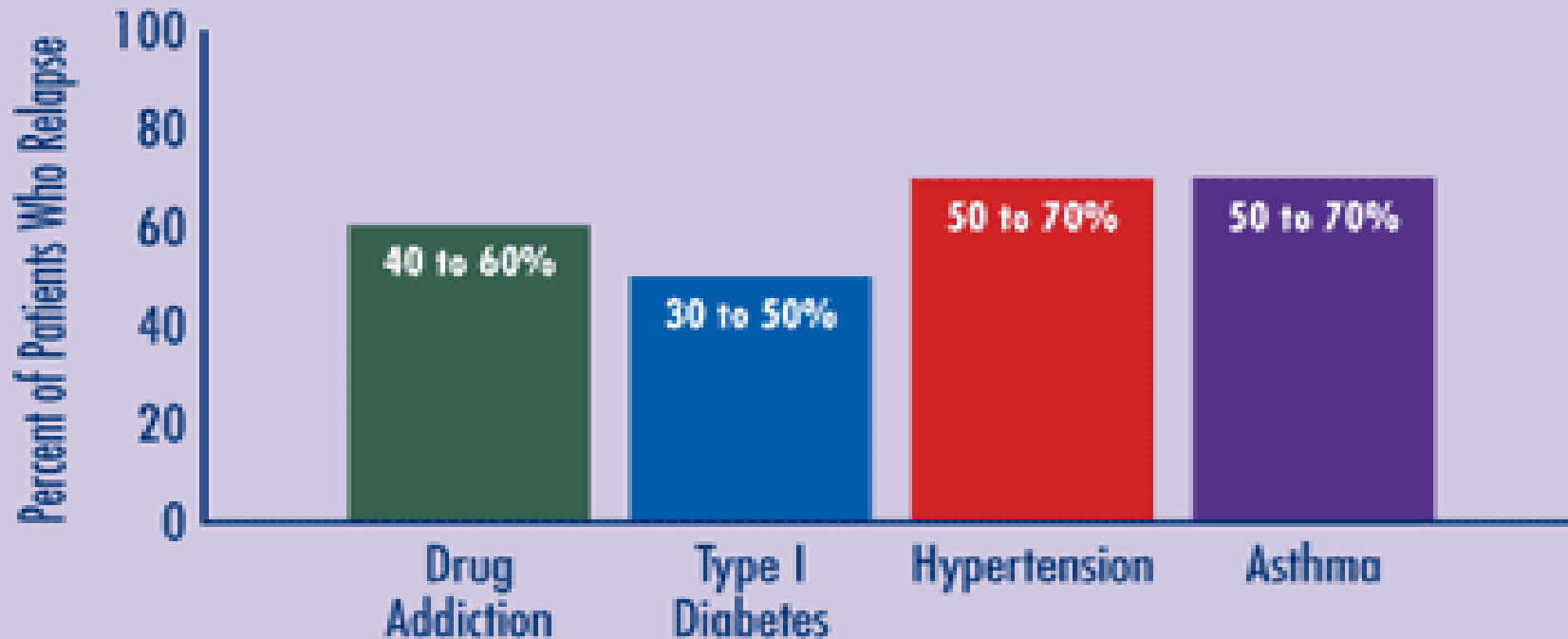


METH Abuser  
14 months abstinence

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.<sup>9</sup>

# Addiction and Other Chronic Conditions

## COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES



JAMA, 284:1689-1695, 2000



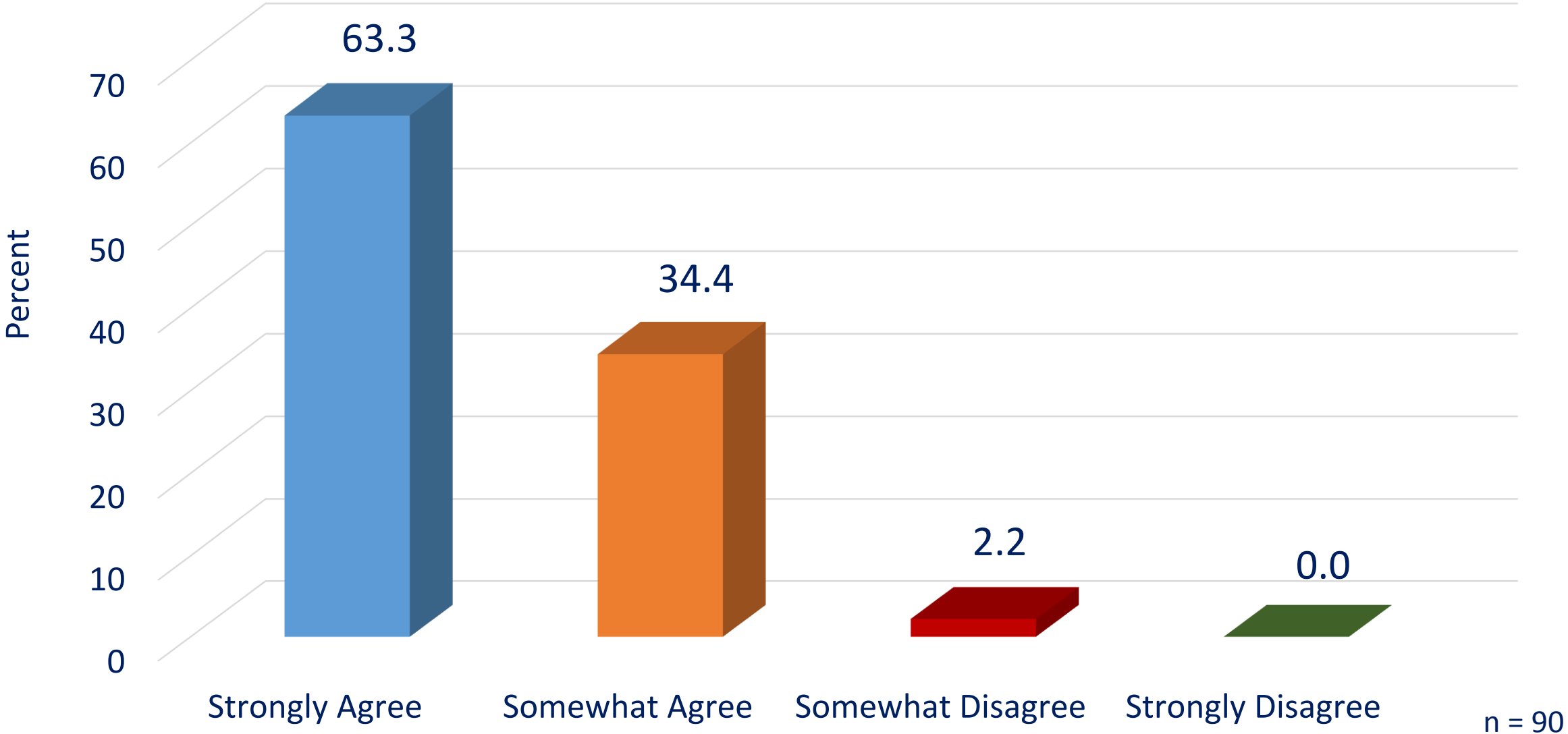
# Collaborative Value Inventory (CVI)

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

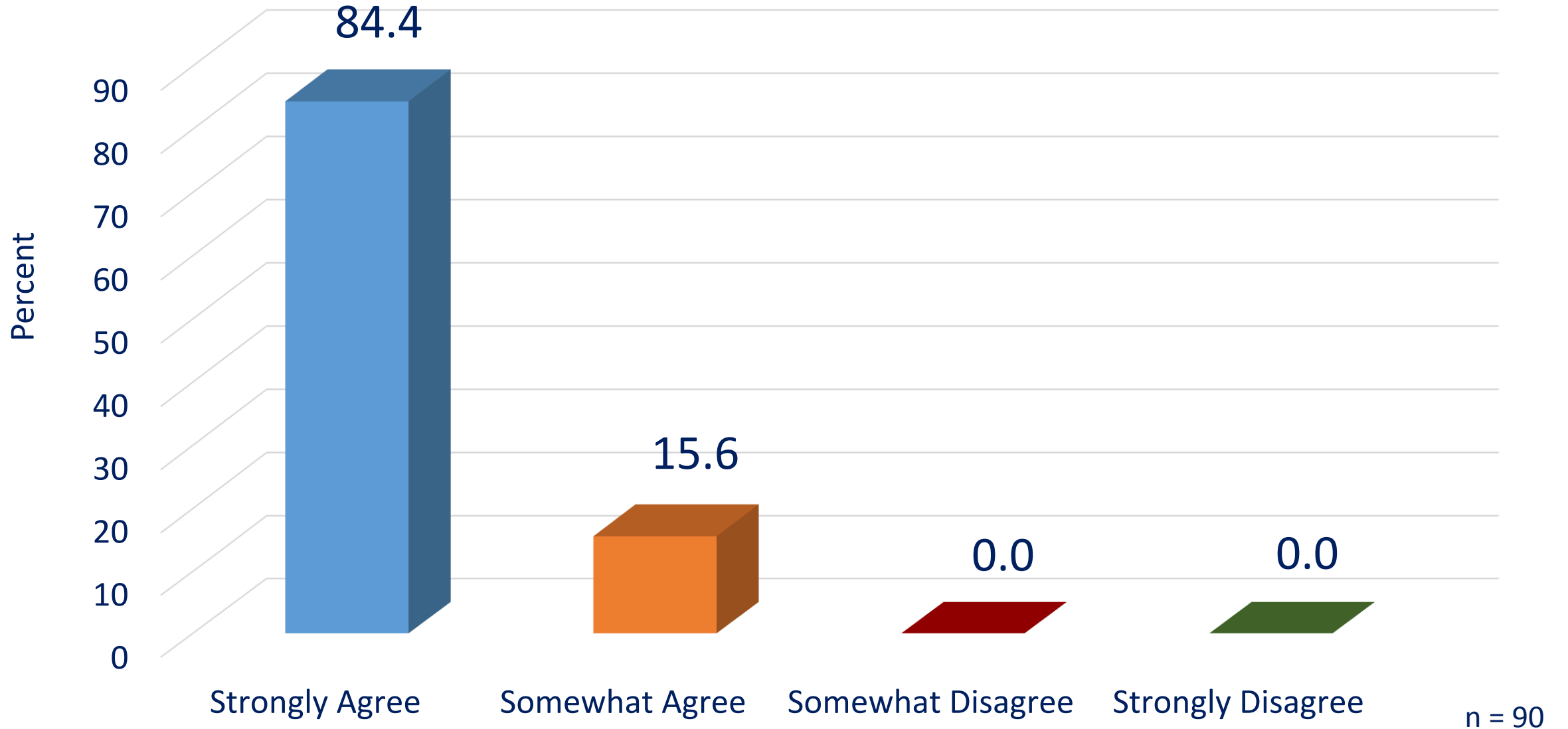
- Anonymous web-based survey to be completed by cross-disciplinary teams of professionals
- Increase the understanding of the values that guide different disciplines and systems
- To assist community members and professional staff in developing common principles for their work together.



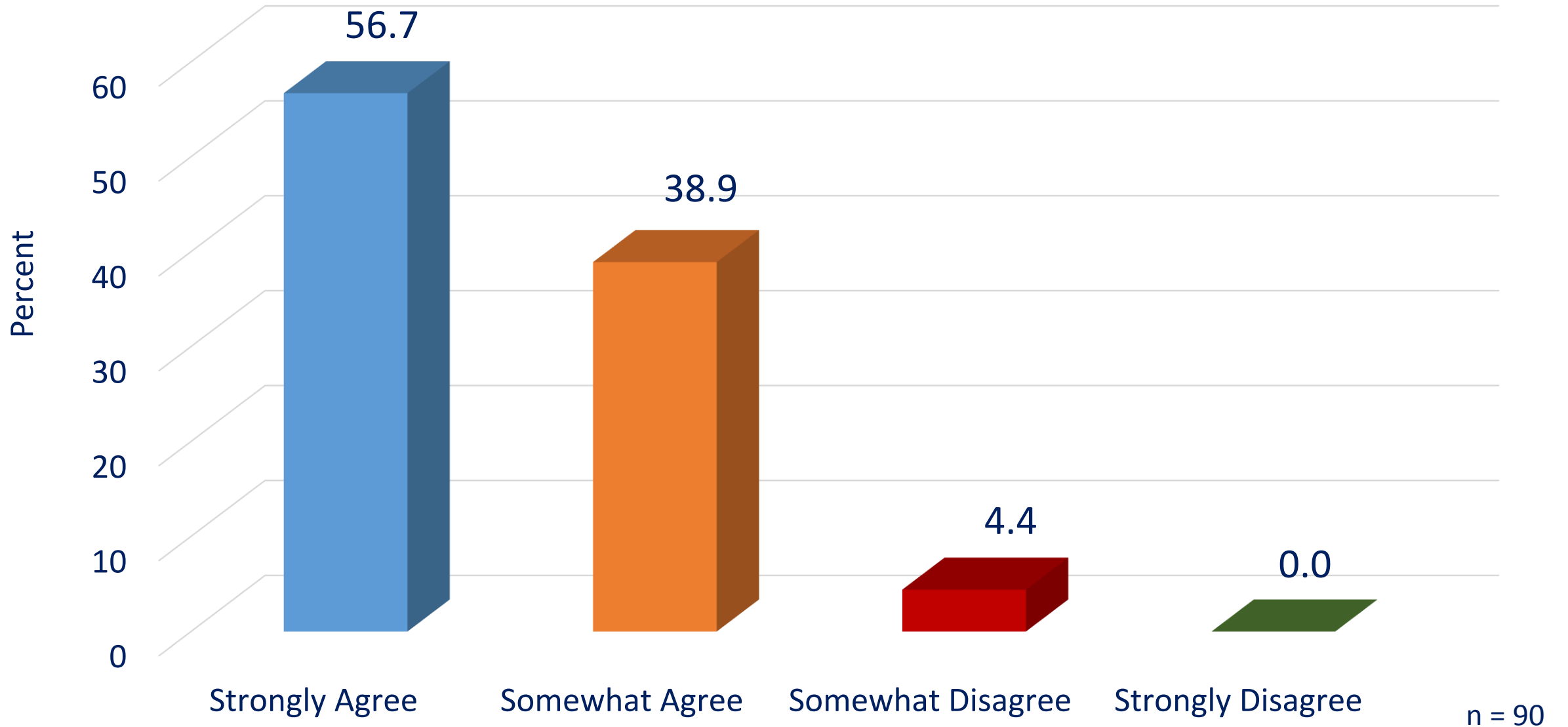
# PEOPLE WHO ABUSE ALCOHOL AND OTHER DRUGS HAVE A DISEASE FOR WHICH THEY NEED TREATMENT



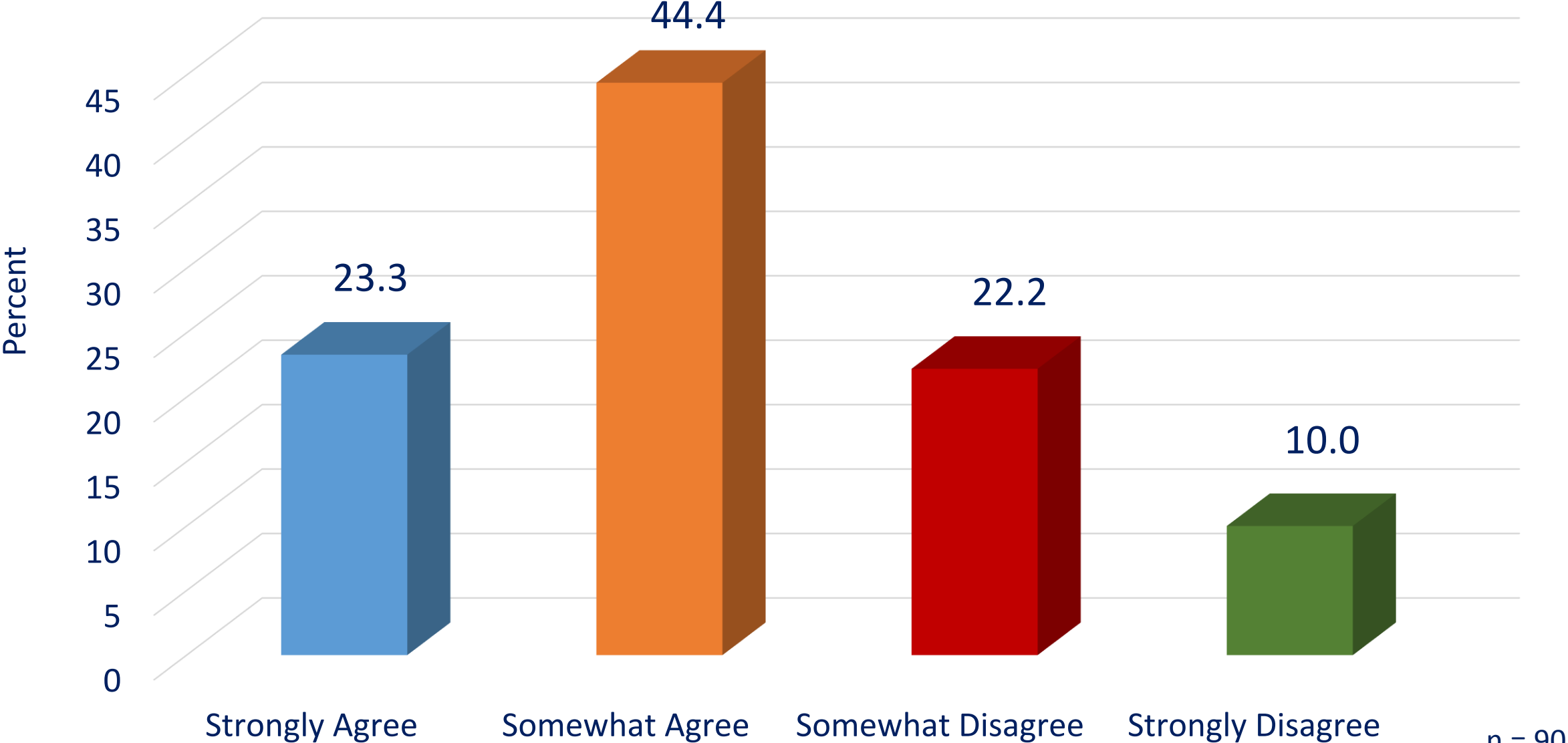
# PEOPLE WHO ARE CHEMICALLY DEPENDENT HAVE A DISEASE FOR WHICH THEY NEED TREATMENT



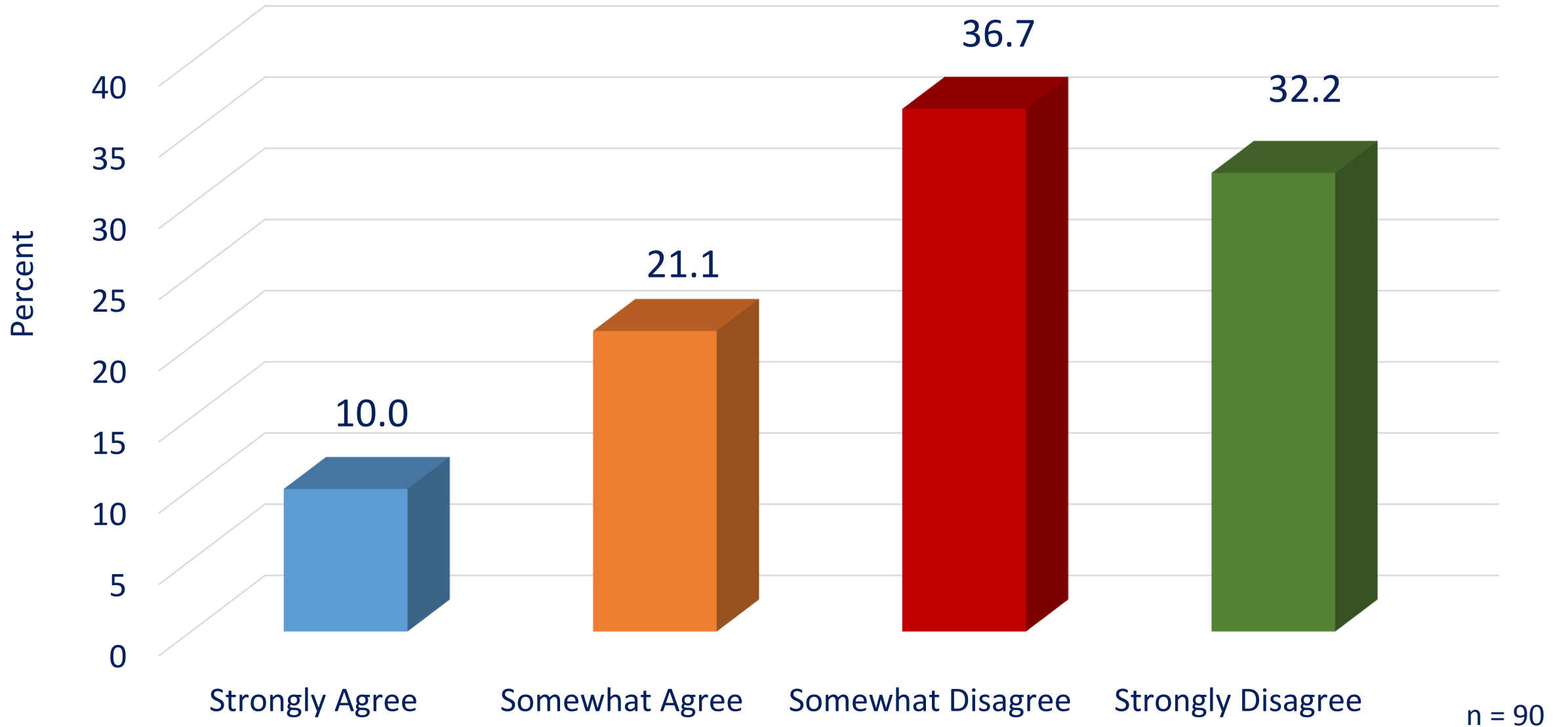
# PEOPLE WHO ABUSE ALCOHOL AND OTHER DRUGS SHOULD BE HELD FULLY RESPONSIBLE FOR THEIR OWN ACTIONS



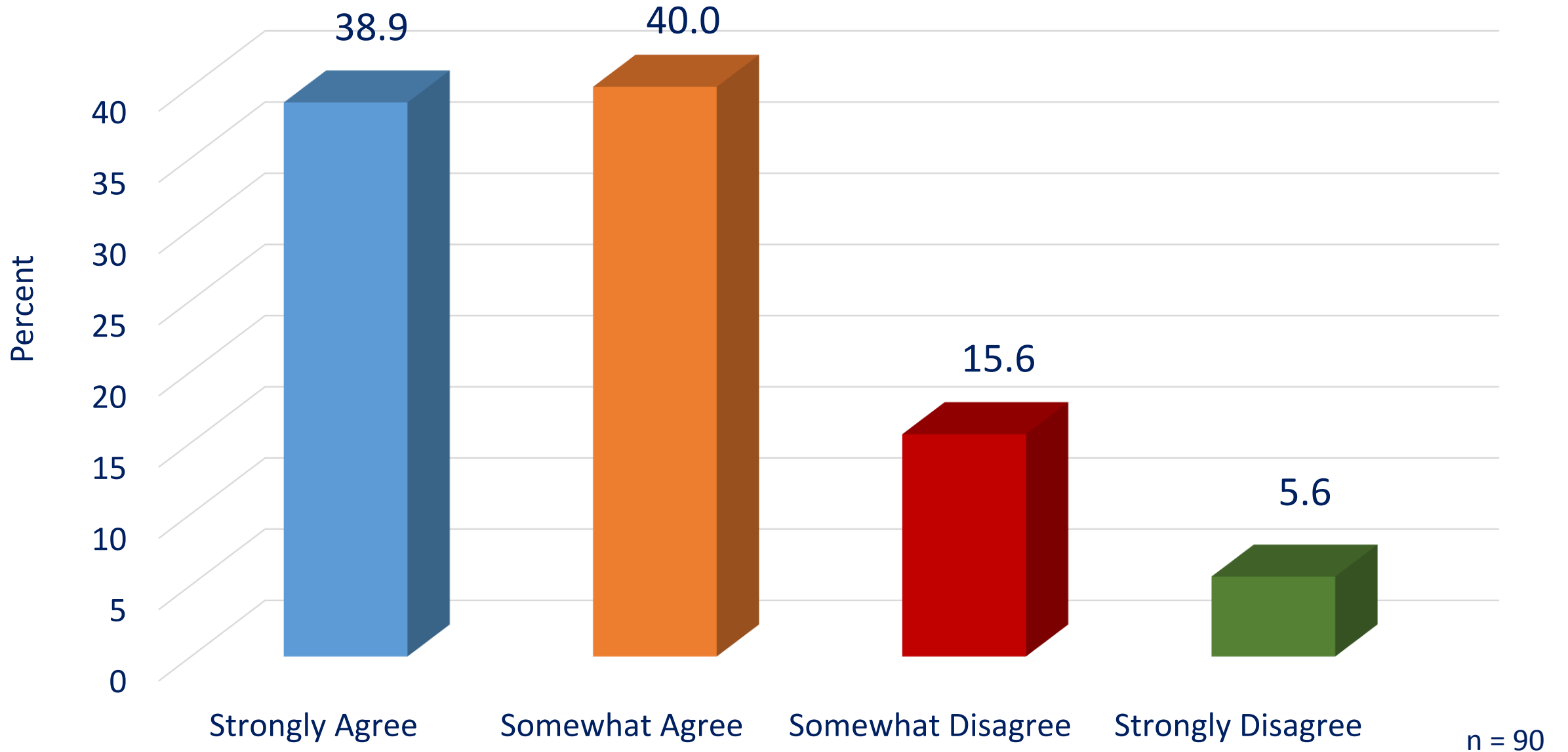
**THERE IS NO WAY THAT A PARENT WHO ABUSES ALCOHOL OR OTHER DRUGS CAN BE AN EFFECTIVE PARENT**



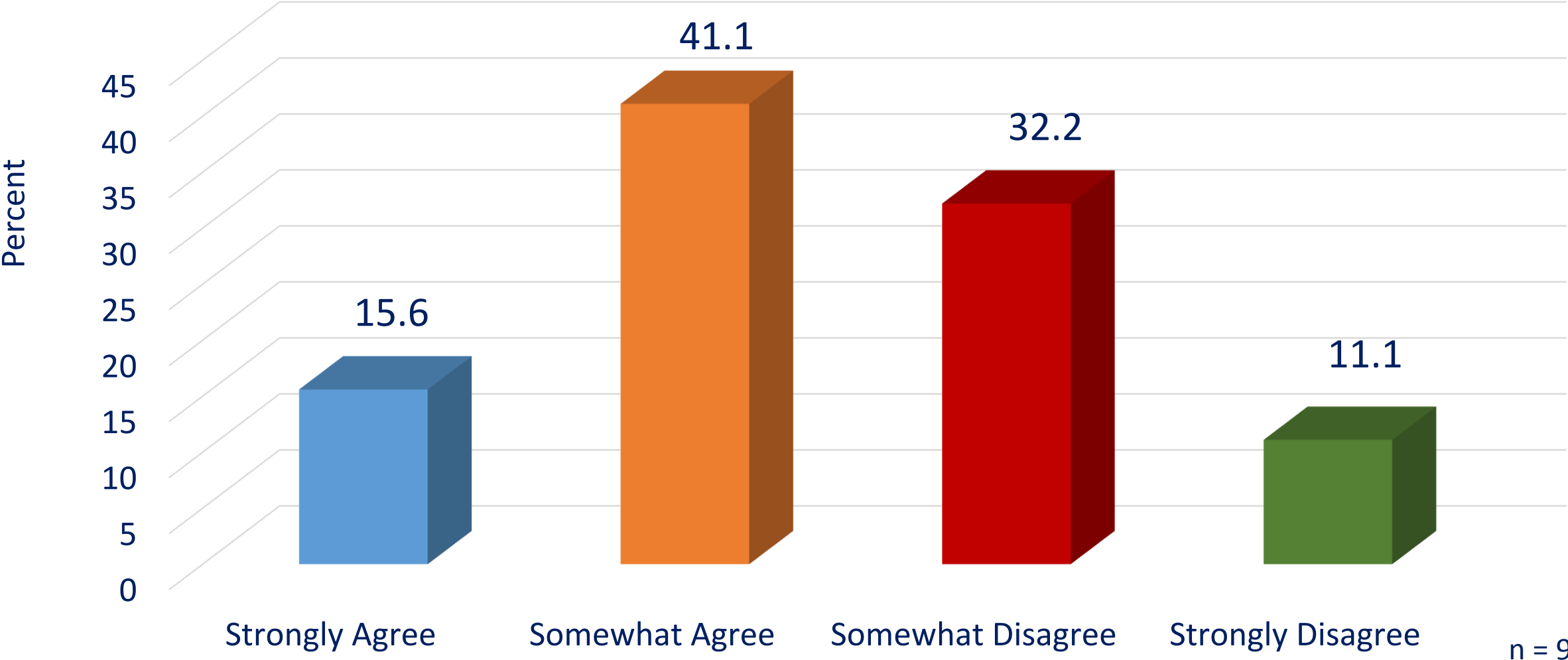
# THERE IS NO WAY THAT A PARENT WHO USES ALCOHOL OR OTHER DRUGS CAN BE AN EFFECTIVE PARENT



# THERE IS NO WAY THAT A PARENT WHO IS CHEMICALLY DEPENDENT ON ALCOHOL OR OTHER DRUGS CAN BE AN EFFECTIVE PARENT

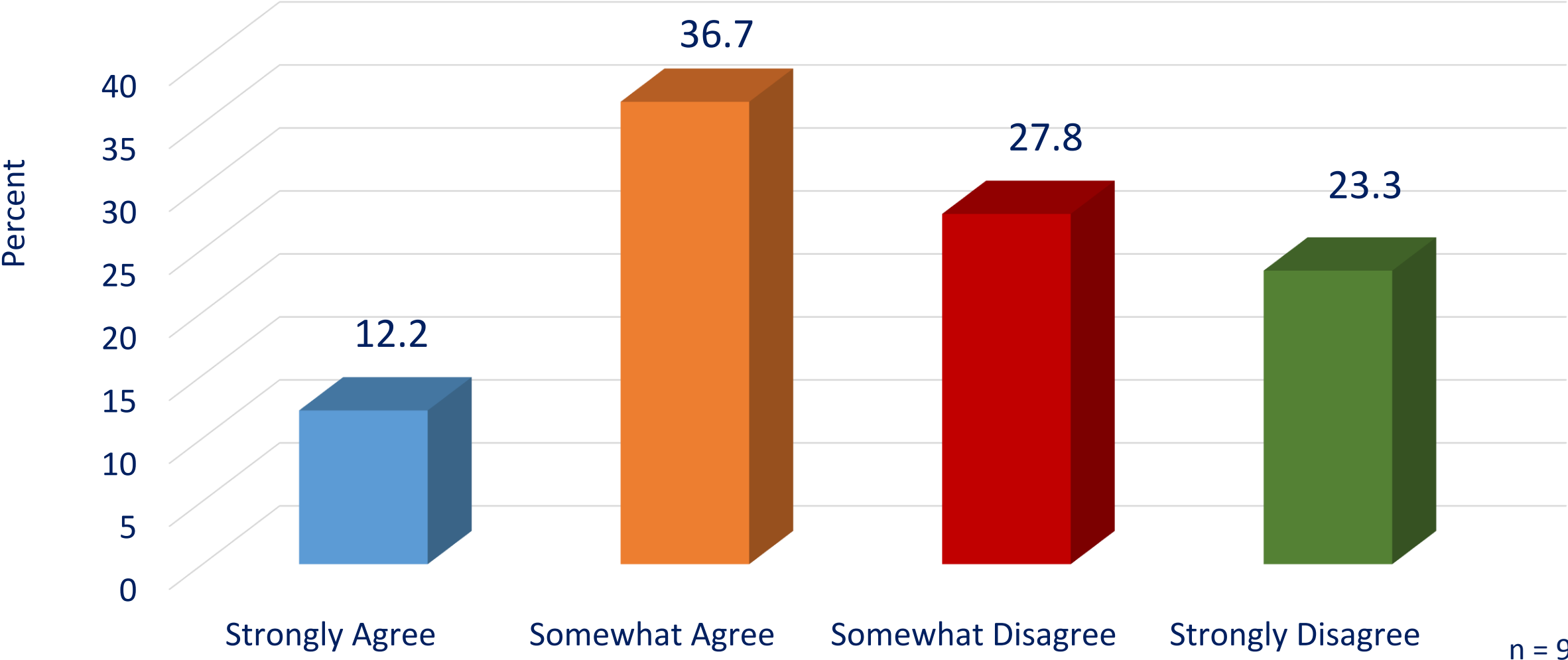


**IN ASSESSING THE EFFECTS OF THE USE OF ALCOHOL AND OTHER DRUGS, THE STANDARD WE SHOULD USE FOR DECIDING WHEN TO REMOVE OR REUNIFY CHILDREN WITH THEIR PARENTS IS WHETHER THE PARENTS ARE FULLY ABSTAINING FROM THE USE OF ALCOHOL OR OTHER DRUGS**

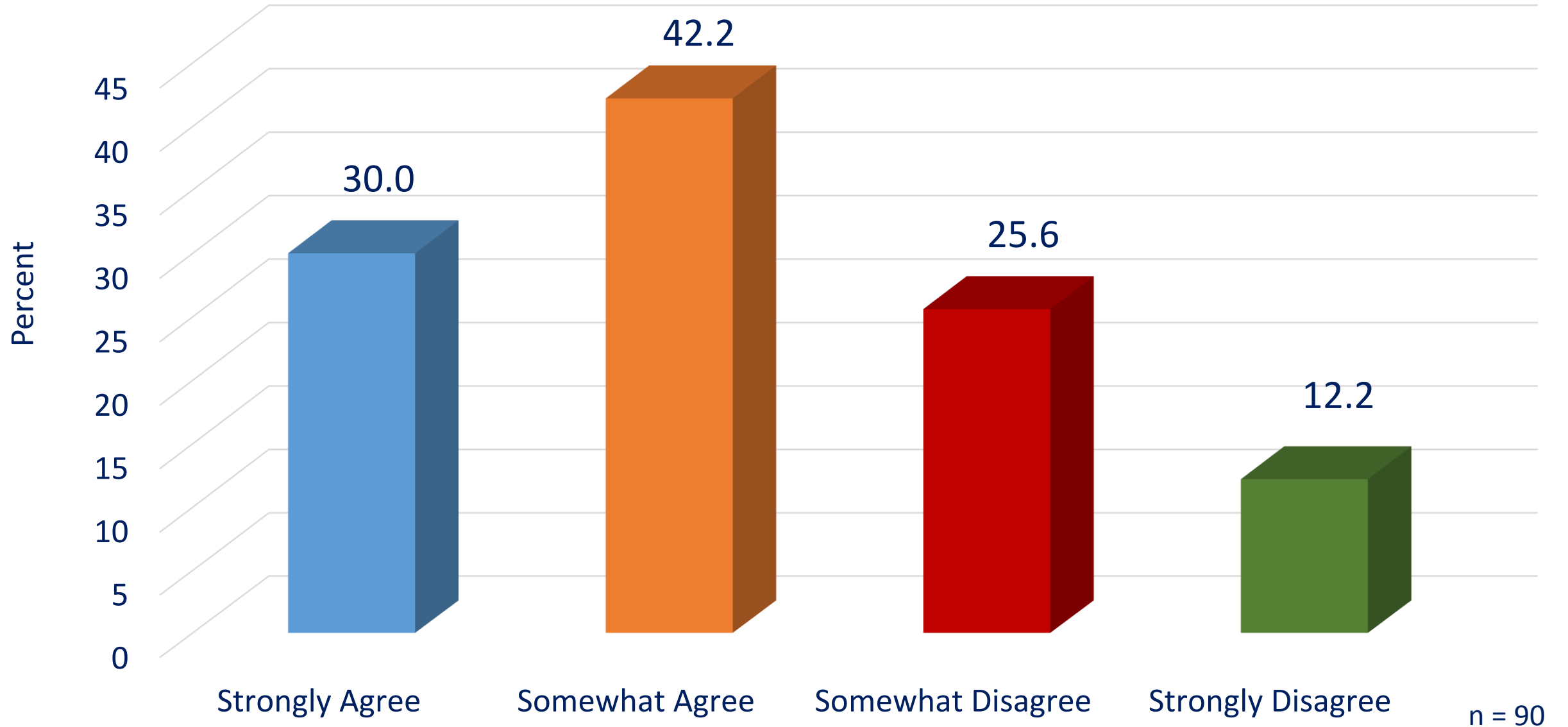




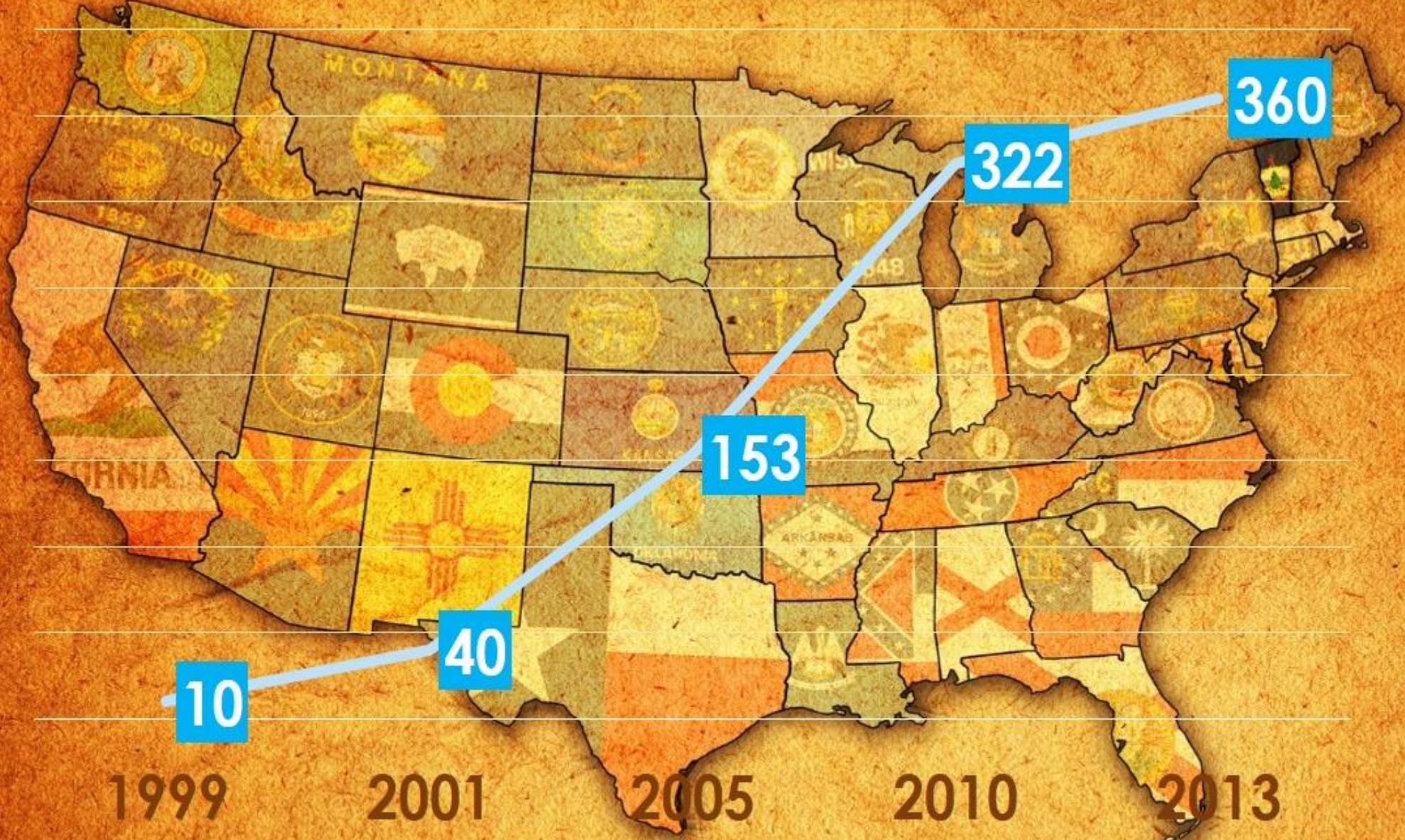
**IN OUR COMMUNITY, THE JUDGES AND ATTORNEYS IN THE DEPENDENCY COURT AND THE AGENCIES DELIVERING SERVICES TO CHILDREN AND FAMILIES ARE SOMETIMES INEFFECTIVE BECAUSE THEY DON'T WORK TOGETHER WELL ENOUGH WHEN THEY ARE SERVING THE SAME FAMILIES**



# SOME PARENTS WITH PROBLEMS WITH ALCOHOL AND OTHER DRUGS WILL NEVER SUCCEED IN TREATMENT

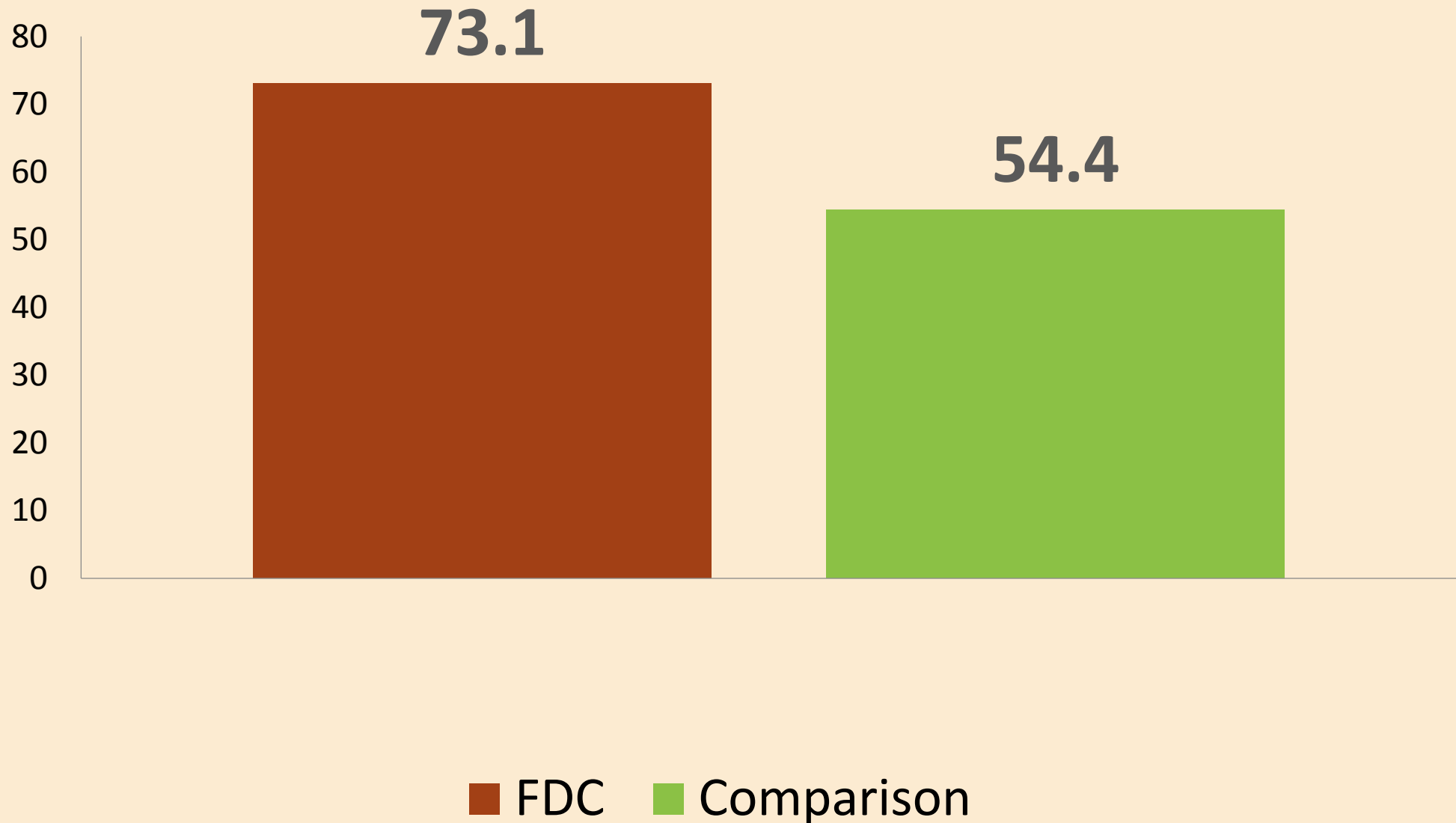


# FDC Movement

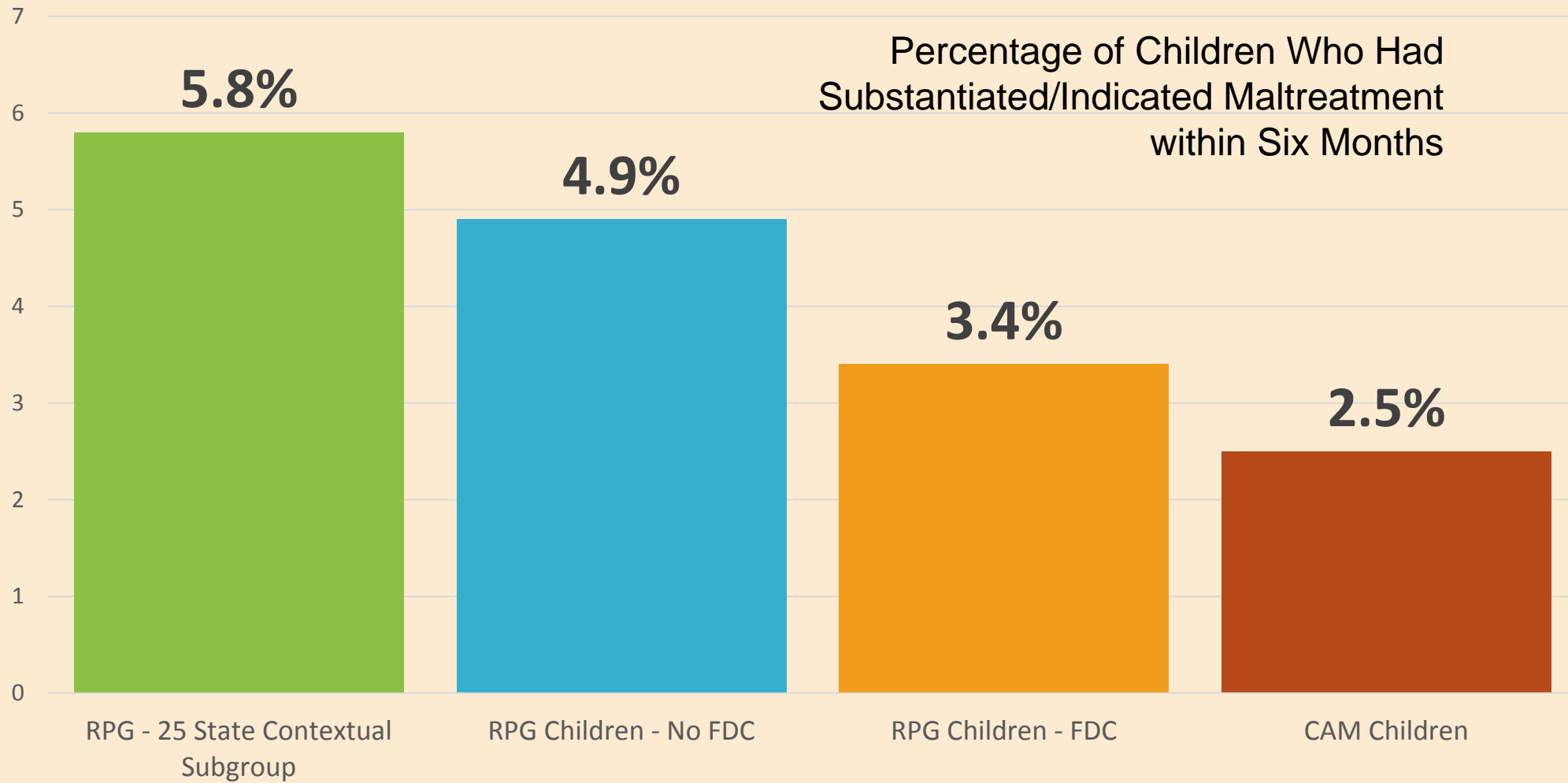




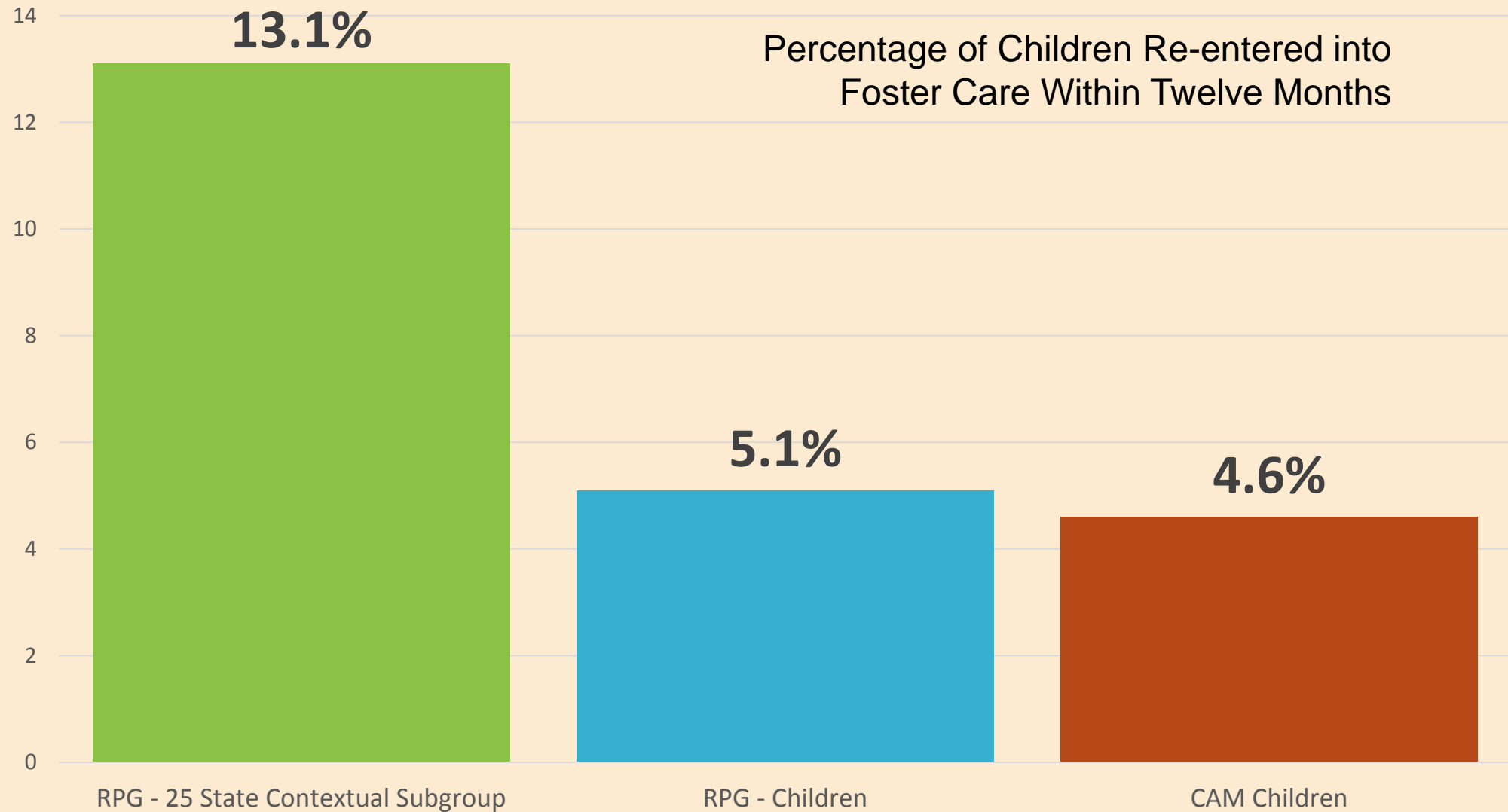
# Reunification Rates



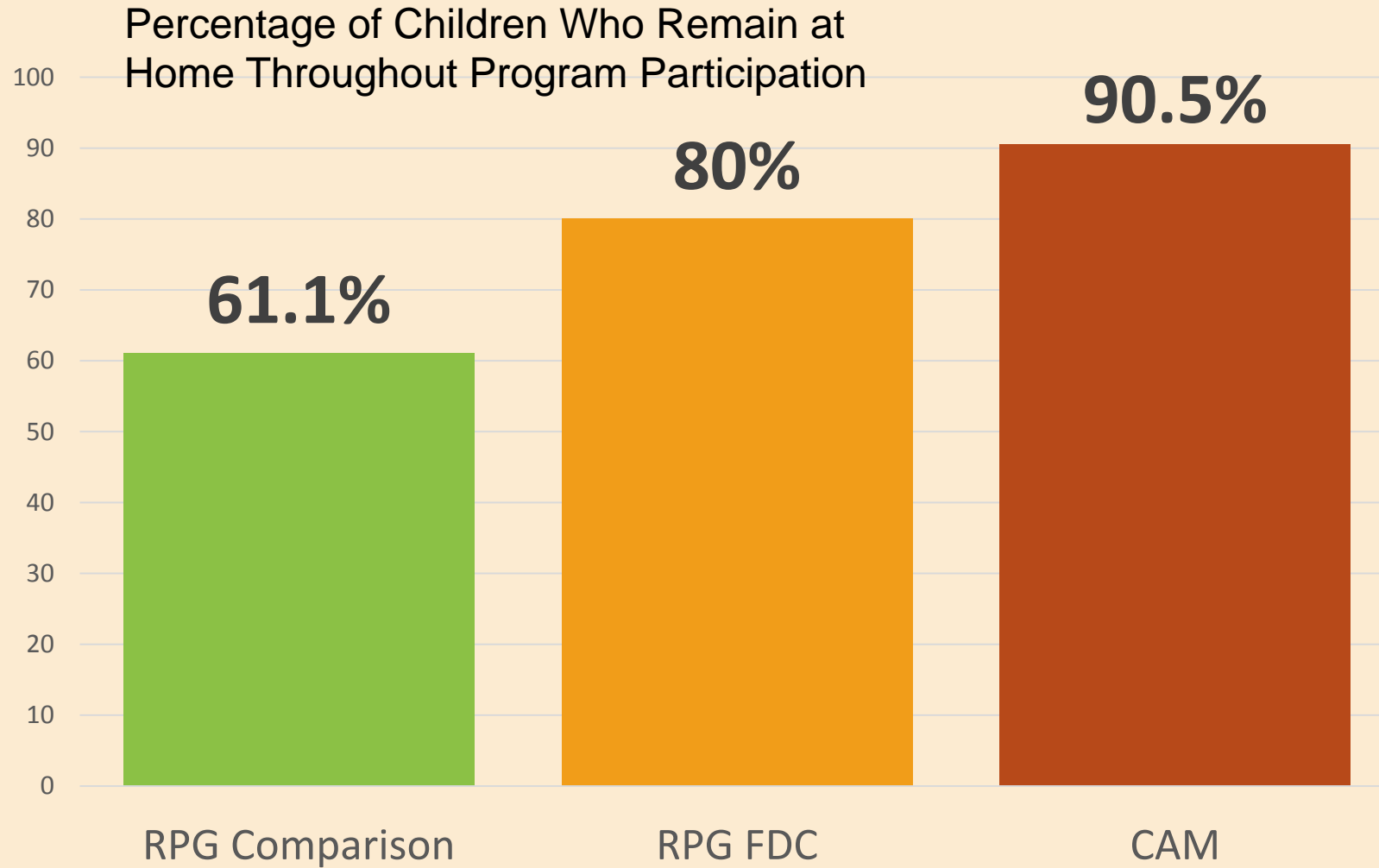
# Recurrence of Child Maltreatment



# Re-entries into Foster Care



# Remained in Home





# Rethinking our Practice

*How can we support reunification success?*

**Effective FDCs focus on behavioral benchmarks**





## 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.”*

*“They must love drugs more than their children.”*

*We know more about*

# **The Impact of Recovery Support**

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



# Family-Centered Approach



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



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



## **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

*We know more about*

# **Effective Substance Abuse Treatment**

**To view our webinar on this  
topic, please visit  
[www.familydrugcourts.blogspot.com](http://www.familydrugcourts.blogspot.com)**

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

*(National Institute on Drug Abuse, 2012)*

# TREATMENT SHOULD BE EVIDENCE-BASED (E.G. EBPS FOR TRAUMA SURVIVORS)

Addiction and Trauma Recovery Integration Model (ATRIUM)

Essence of Being Real

Risking Connection

Sanctuary Model

Seeking Safety

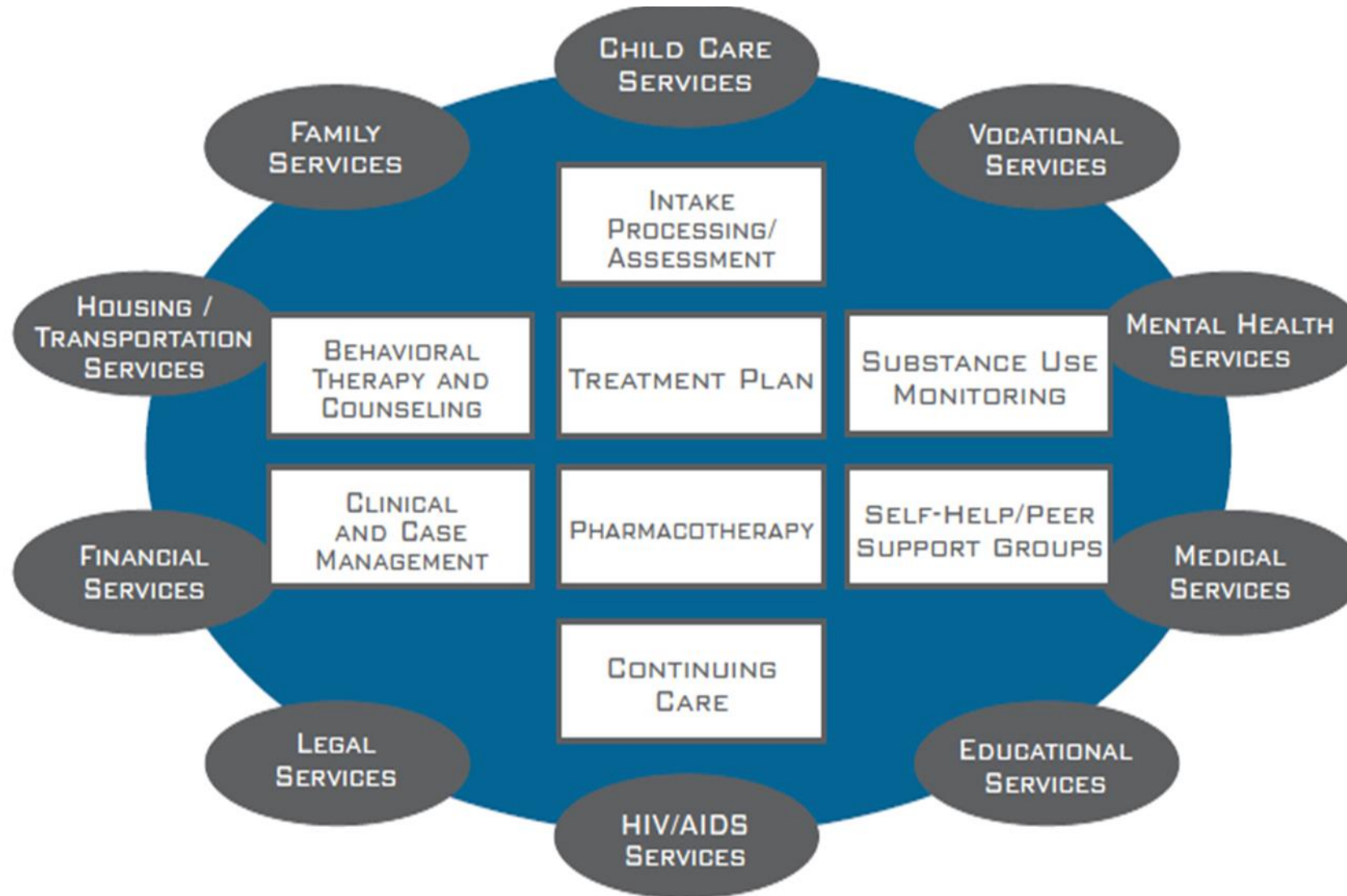
Trauma, Addictions, Mental Health, and Recovery (TAMAR) Model

Trauma Affect Regulation: Guide for Education and Therapy (TARGET)

Trauma Recovery and Empowerment Model (TREM and M-TREM)



# 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.

## 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**.

# Family Engagement and Ongoing Support

Ensure family treatment and recovery success by:

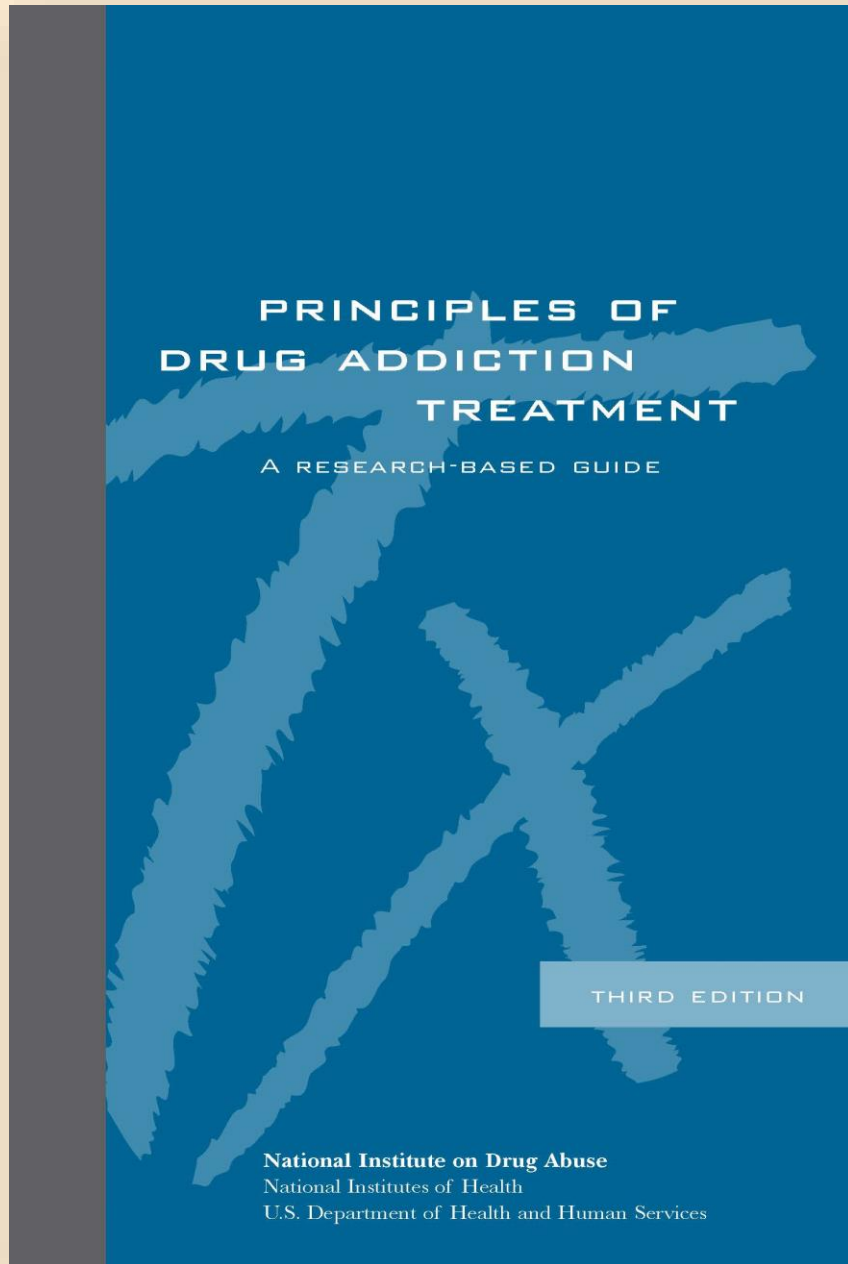
- Understanding, changing and measuring the cross-system processes for referrals, engagement and retention in treatment
- Recruiting and training staff who specialize in outreach and motivational (i.e. Motivational Interviewing) approaches and who monitor processes of recovery and aftercare
- Jointly 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

# 13 Principles of Effective Treatment



**Principles of Drug Addiction Treatment: A Research-Based Guide (3<sup>rd</sup> Edition - Revised 2012)**

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



# Functions of RSS



## LIASON

- 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

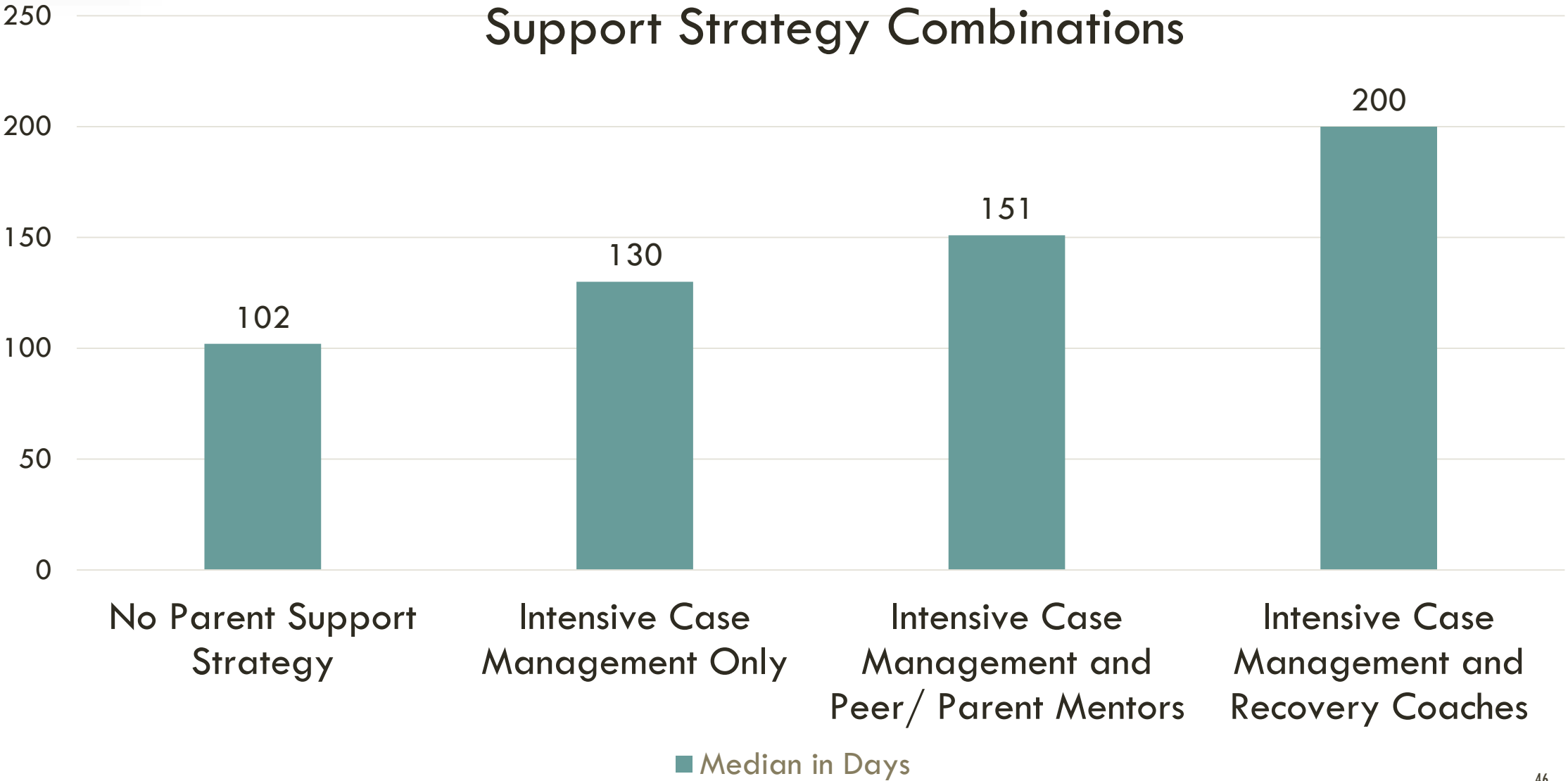
## ADVISOR

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



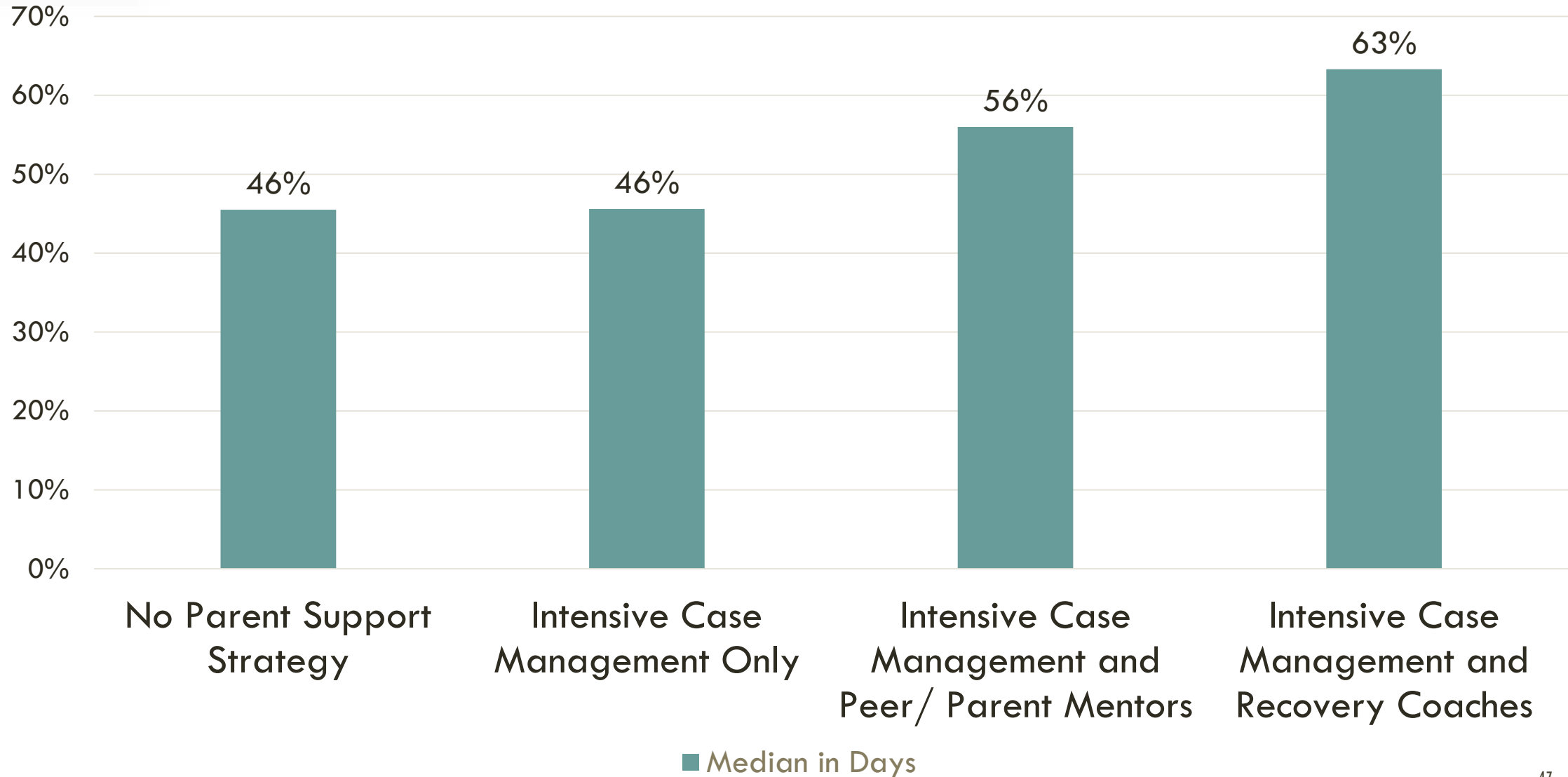


# Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations





# Substance Abuse Treatment Completion Rate by Parent Support Strategies



# Selection of an Evidence-Based Parenting Program

To view our webinar on this topic, please visit [www.familydrugcourts.blogspot.com](http://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



# Selection of an Evidence Based Parenting Program



- 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 would 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

# Elements of Successful Visitation Plans



Visits should occur:

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

# 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.



# 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 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

# Rethinking Readiness

*How will we know?*

**Effective FDCs focus on behavioral benchmarks**



Case Name: Jane Doe

Children: John Doe, Jill Doe

# FDC Team Bi-Weekly Reporting

Case Plan Activity	6/2	6/9	6/16	6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25
FDC Court Appearance	●	●	●	●	●	●	●	●	●	●	●	●	●
Case Management	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Drug Test	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Drug treatment	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Parent Education	-----			●	●	●	●	●	●	●	●	●	●
Visitation	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Employment/ Training/School	-----										●	●	●
Phase Compliance				●		●				●			



*Safe vs.  
Perfect*



# 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?

# Considerations: Reunification Plan

The reunification plan must:

- State the **reasons why the child cannot be adequately protected in the home** as determined by the Court based on the evidence
- **Identify the changes** that must be made in order for the child to be safely returned home
- Describe the **specific actions** to be taken by the parents and the **specific services** to be provided in order to effect the identified change

# 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?





# **Q&A and Discussion**

The background features a light green and white color palette. On the left side, there is a circular graphic composed of concentric rings of various shades of green, blue, and yellow, resembling a data visualization or a stylized sun. Scattered throughout the background are several green leaves of different sizes and orientations, some with visible veins. The overall aesthetic is clean, modern, and nature-inspired.

# Resources

# Collaborative Practice



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

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



# FDC Learning Academy

2010-2014

**32** Webinars

**60** Hours of Content

**50** Expert presenters

**2200** Attendees

**45** States

**4.3** Satisfactory Rating



# Collaboration Webinars

## **Principles of Collaboration**

This module conceptualizes the principles of collaborative practice through presentation of the Screening for Family Engagement and Retention (SAFERR) Model. This webinar also draws from lessons learned from the Regional Partnership Grant program and explores the principles of collaborative practice through a national lens.

## **Mission and Vision**

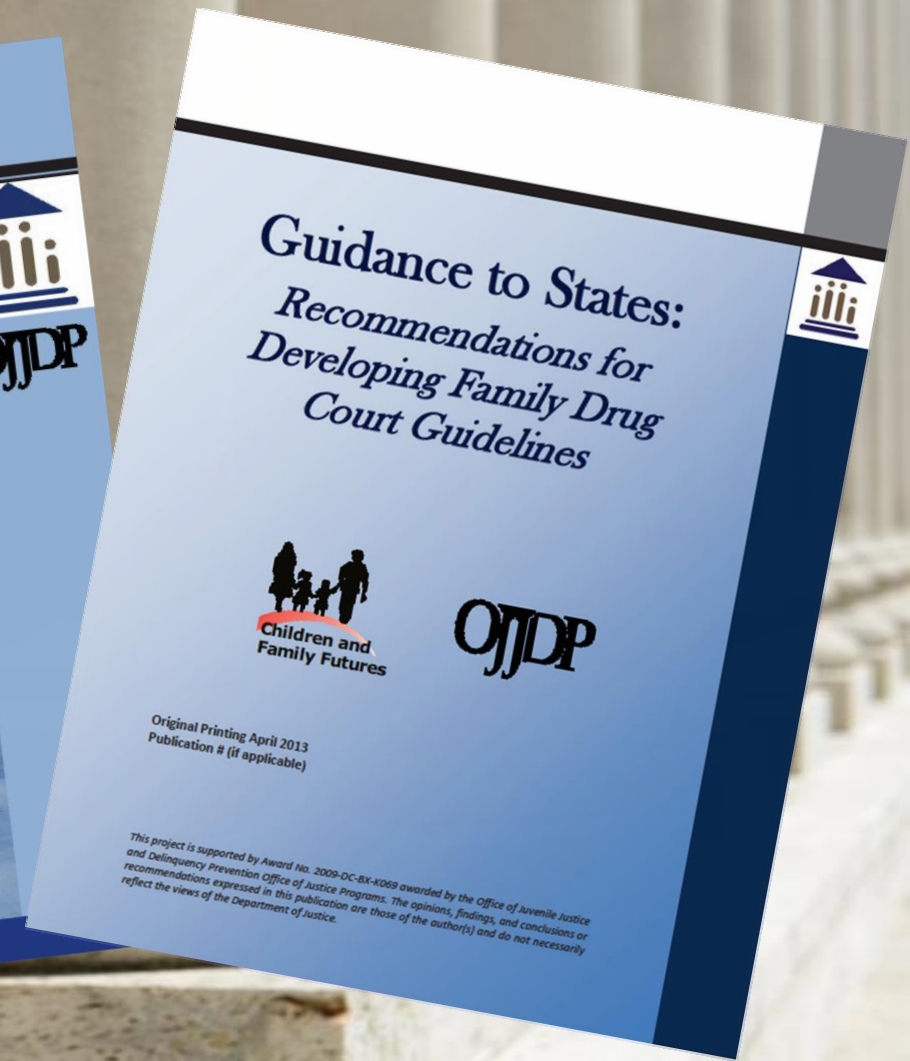
Each partner enters the collaboration with its own perspective and particular assumptions about the mission and mandates of the other partners. Unless these differences are identified and addressed, the collaborative will find it difficult to reach agreement on the issues. This webinar helps sites develop common principles of how the agencies and staff will work together to best serve FDC clients.

## **Joint Accountability and Shared Outcomes**

Joint accountability and shared outcomes developed in a collaborative process guide the work of the partnership by providing a performance and measurement driven framework for working with children and families. Defined performance indicators or benchmarks allow the partnership to measure the impact it is having together in the respective systems.



# FDC Guidelines



2012



- Designed to assist FDC Practitioners in assessing their own policies, procedures and operations based on the FDC Guidelines
- Please contact us: [fdc@cffutures.org](mailto:fdc@cffutures.org)



**Family Drug Court Learning Academy  
Webinar Series**

**2014**

*This Changes Everything*

**For more information, please visit the FDC Learning Academy Webinar Library**  
**[www.cffutures.org/presentations/webinars/category/fdc-series](http://www.cffutures.org/presentations/webinars/category/fdc-series)**

# This Changes Everything - 2014

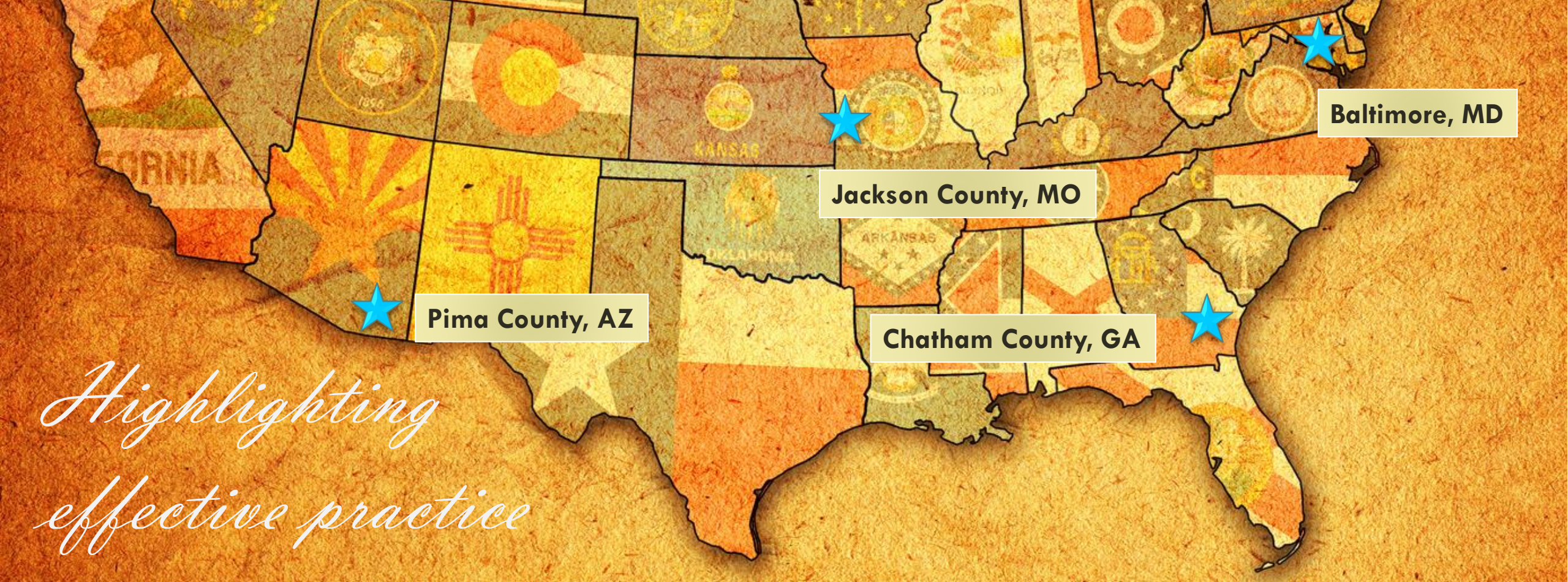
- March 6<sup>th</sup>** Tested and Proven – Utilization of Recovery Support Specialists as a Key Engagement and Retention Strategy in FDC (and Beyond)
- April 10<sup>th</sup>** Our Grant is Over – Now What? Re-financing and Re-Directing as Real Sustainability Planning for Your FDC
- June 12<sup>th</sup>** Closed Doors or Welcome Mat? Opening the Way for Medical Assisted Treatment in FDC
- July 10<sup>th</sup>** So How Do You Know They Are Really Ready? Key Considerations for Assessing Families in Recovery for Reunification
- Aug. 14<sup>th</sup>** Exploring Solutions Together – The Issue of Racial and Ethnic Disproportionality in FDCs
- Sept. 11<sup>th</sup>** Matching Service to Need – Exploring What “High- Risk, High-Need” Means for FDCs



*Visit*

**FDC Learning Academy Blog**

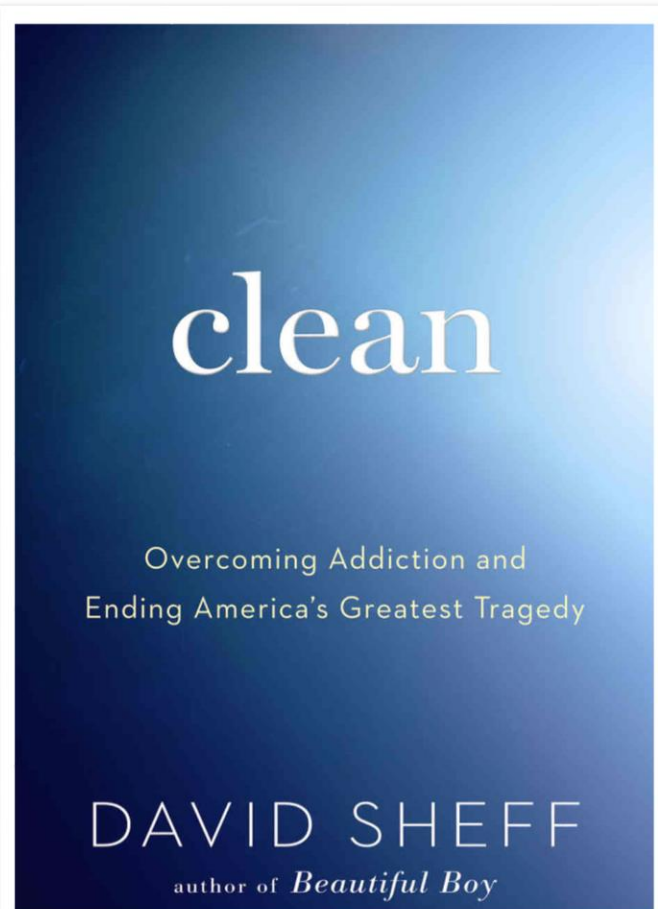
[www.familydrugcourts.blogspot.com](http://www.familydrugcourts.blogspot.com)



*Highlighting  
effective practice*

★ FAMILY DRUG COURT  
PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION: [PeerLearningCourts@cffutures.org](mailto: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](http://www.davidsheff.com)



# Training and Staff Development



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>**

Download today's PPT,  
materials and resources

resources

Webinar recordings

what's new **FDC**

fyi **blog**

info

talk

comments

*Visit*

**FDC Learning Academy Blog**

[www.familydrugcourts.blogspot.com](http://www.familydrugcourts.blogspot.com)

# Contact Information

**Phil Breitenbucher, MSW**  
**FDC TTA Program Director**  
**Children and Family Futures**  
**[pbreitenbucher@cffutures.org](mailto:pbreitenbucher@cffutures.org)**  
**(714) 505-3525**

**Alexis Balkey, BA, RAS**  
**FDC TTA Program Coordinator**  
**Children and Family Futures**  
**[abalkey@cffutures.org](mailto:abalkey@cffutures.org)**  
**(714) 505-3525**

