# Supporting Families Affected by Substance Use

## *By Applying Family Dependency Treatment Court Principles*

**Oregon Model Court Summit 2021**

August 10, 2021


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


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# *Our Mission*

Children and Family Futures strives to prevent child abuse and neglect while improving safety, permanency, well-being and recovery outcomes with equity for all children, parents, and families affected by trauma, substance use and mental health disorders.

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

NATIONAL
FAMILY
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COURT
TTA Program

# Acknowledgment

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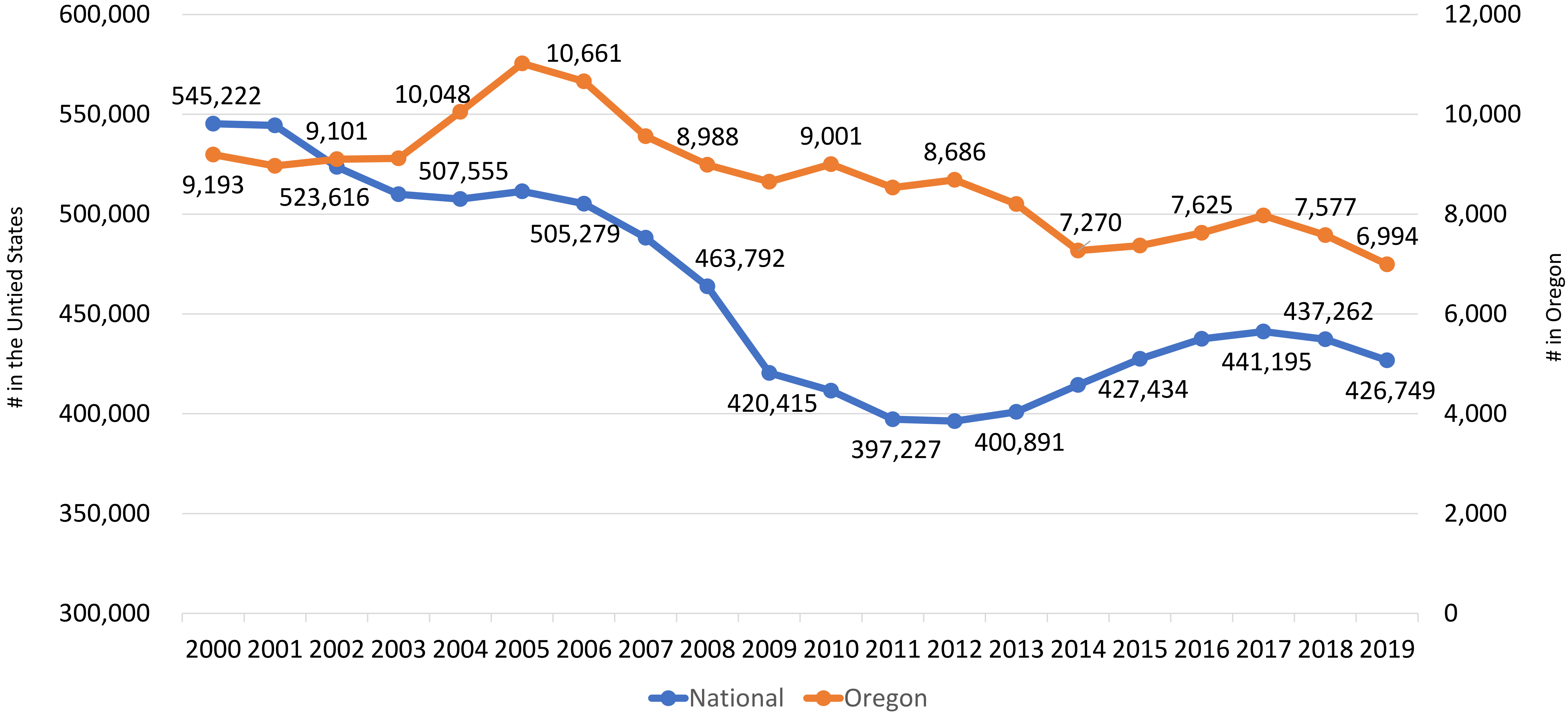
*This project is supported by Grant # 2019-DC-BX-K013 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.*

# Why Do We Need to Shift How We Work with Families Affected by Substance Use?

# Statement of the Problem

How many children are affected by substance use disorders?

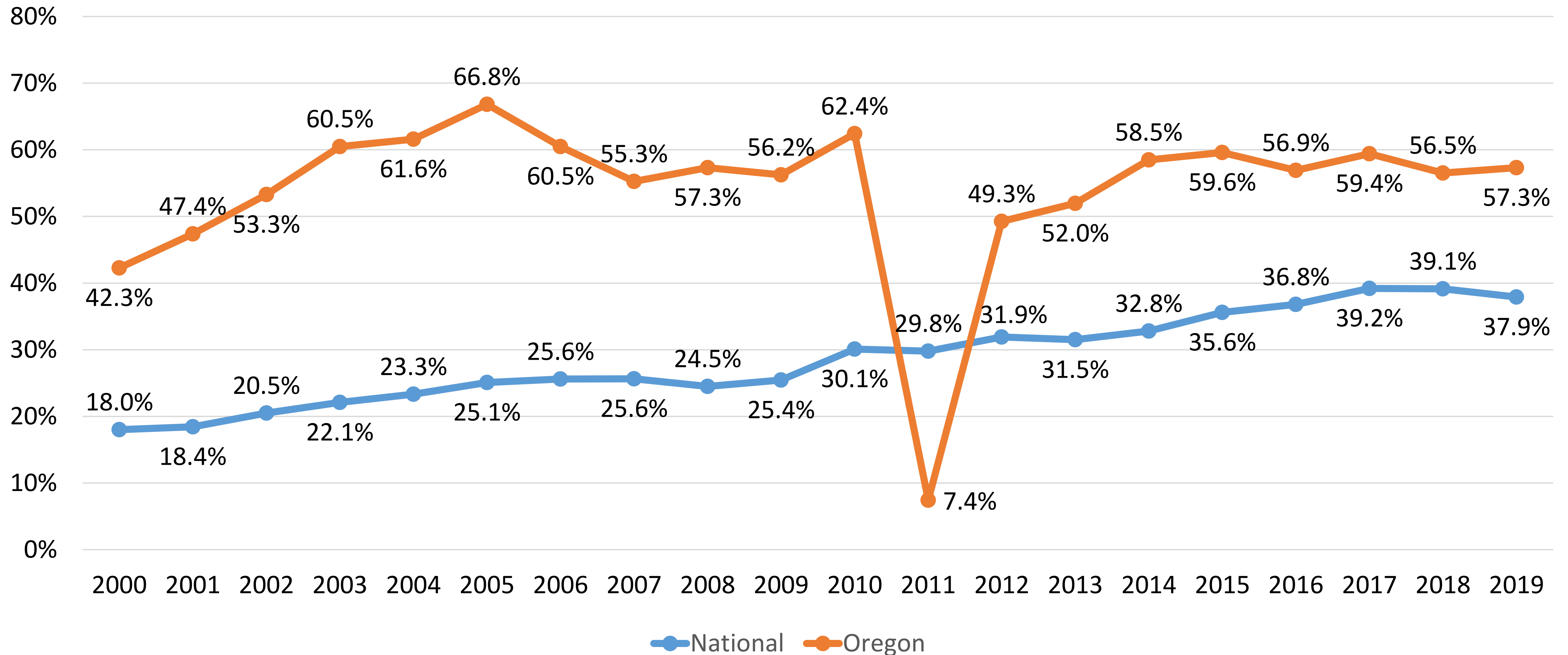
- Between 60–80% of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian (Young, et al, 2007)
- 87% of families in foster care with one parent in need; 67% with two (Smith, Johnson, Pears, Fisher, DeGarmo, 2007)
- 61% of infants, 41% of older children who are in out-of-home care (Wulczyn, Ernst and Fisher, 2011)
- One in 8 children in the United States aged 17 or younger reside in homes with at least one parent who have a substance use disorder (Lipari et al., 2017)




*Note: Estimates based on **children in foster care** as of September 30*

*Source: AFCARS Data, 2000-2019*

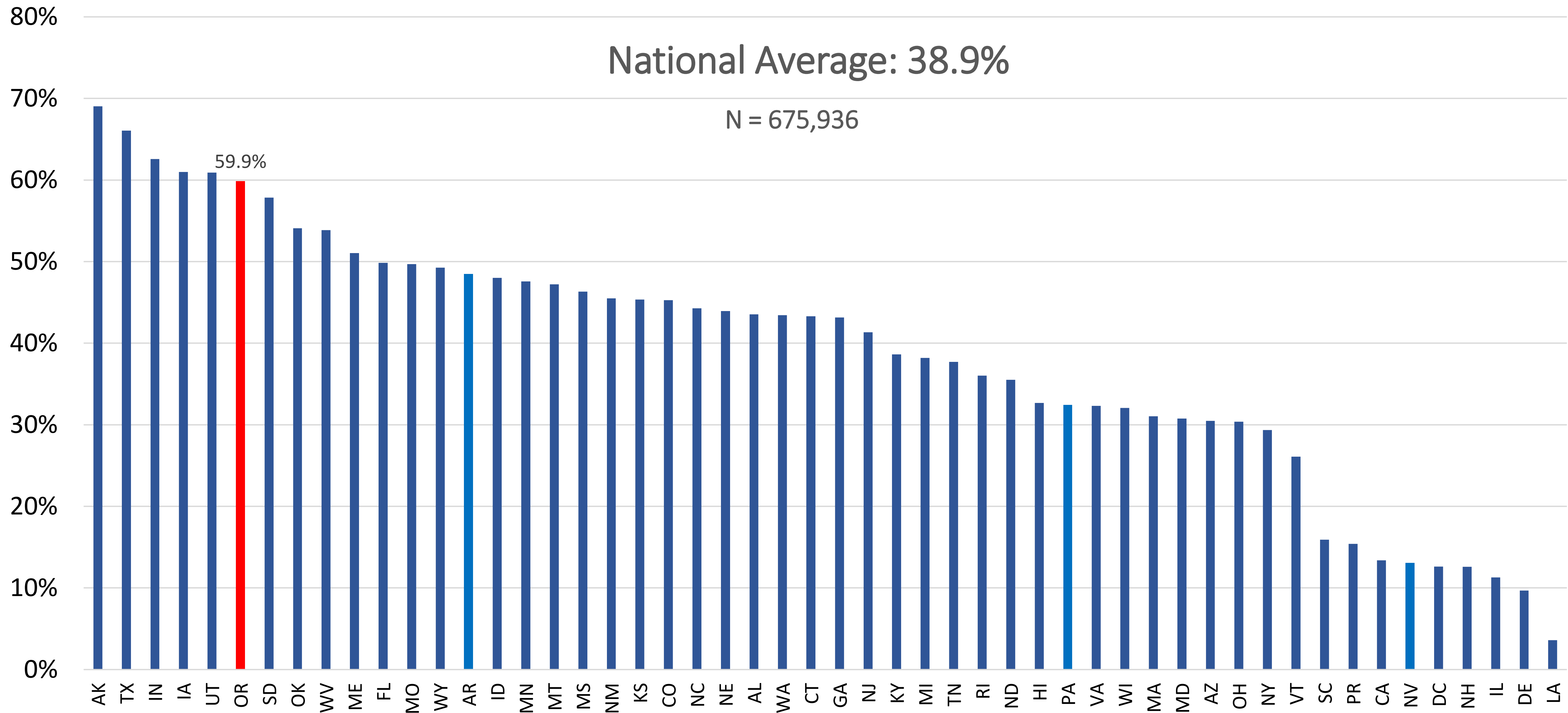
# Incidence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States and Oregon, 2000 to 2019




*Note: Estimates based on **children who entered out of home care** during Fiscal Year*

*Source: AFCARS Data, 2000-2019*

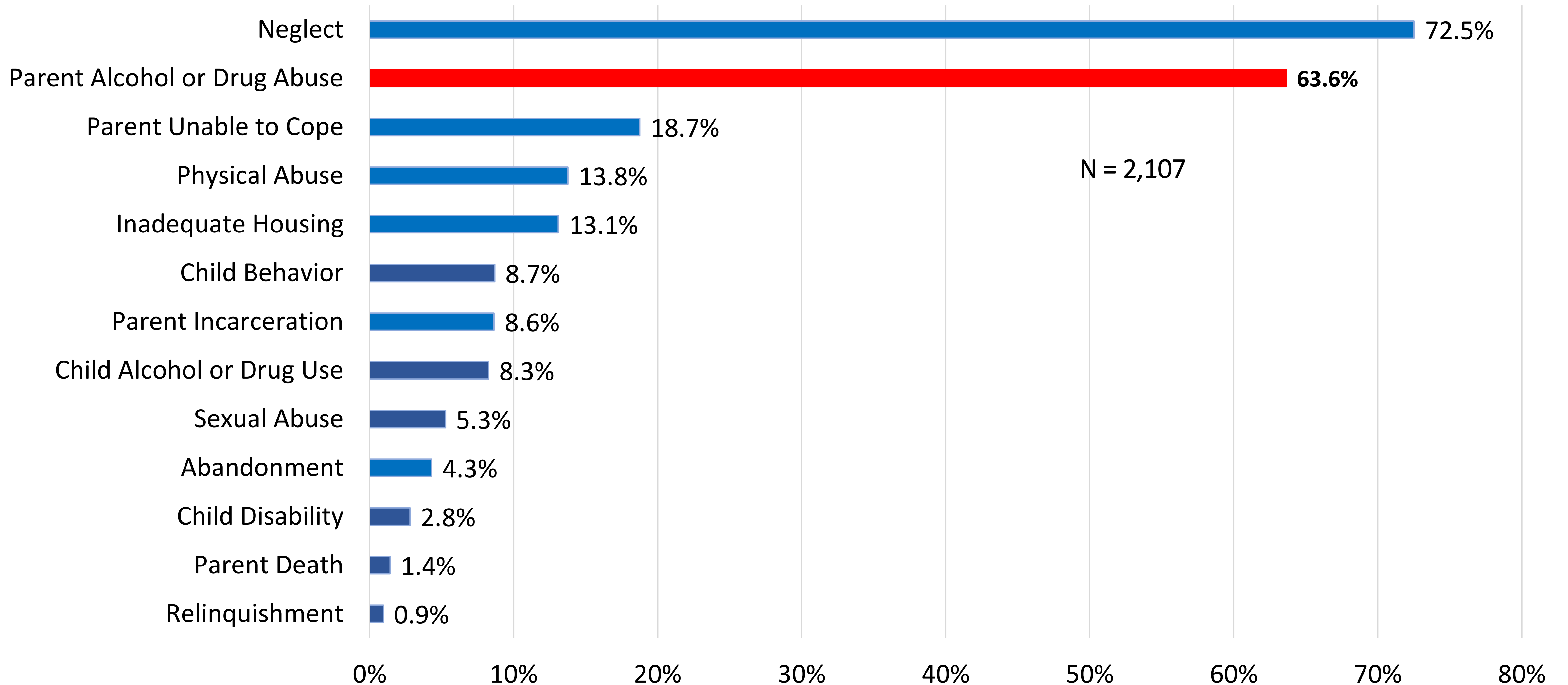
# Parental Alcohol or Drug Abuse as an Identified Condition of Removal by State, 2019




*Note: Estimates based on **all children in out of home care at some point** during Fiscal Year*

*Source: AFCARS Data, 2019 v1*

# Percent of Children with Terminated Parental Rights by Identified Condition of Removal in Oregon, 2019




*Note: Estimates based on __all children in out of home care at some point__ during Fiscal Year*

*Source: AFCARS Data, 2019 v1*

# The Need to Do Better for Families

Substance use disorders (SUDs) can negatively affect a parent's ability to provide a stable, nurturing home and environment. **Most children** involved in the child welfare system and placed in out-of-home care **have a parent with a SUD** (Young, Boles & Otero, 2007).

Families affected by parental SUDs have a **lower likelihood of successful reunification** with their children, and their children tend to **stay in the foster care system longer** than children of parents without SUDs (Gregorie & Shultz, 2001).

The **lack of coordination and collaboration** across child welfare, substance use disorder treatment and family or dependency drug court systems has **hindered their ability to fully support these families** (US Department of Health and Human Services, 1999).

## Conflicting Clocks

Child Welfare –
12-month timetable
for reunification

Treatment and
recovery – ongoing
process that may take
longer

Child Development
Impact of removal on the child
and parent-child relationship

# How Can We Do Better?

- How can we get parents into treatment sooner?
- How can we get kids home sooner?
- How can keep kids safe and families together?
- How can we work together to improve outcomes for children and families?

# Long Term Outcomes - What is Success?
# E and 5 Rs

| Equitable Outcomes in: | All outcomes should be disaggregated by race, ethnicity, gender, and other key demographic information |
|---|---|
| Recovery | •Parents access treatment more quickly<br>•stay in treatment longer<br>•decrease substance use |
| Remain at Home | More children remain at home throughout program participation |
| Reunification | Children stay fewer days in foster care and reunify within 12 months at a higher rate |
| Repeat Maltreatment | Fewer children experience subsequent maltreatment |
| Re-entry | Fewer children re-enter foster case after reunification |

No Single
Agency Can
Do This
Alone

# The Three-Legged Stool

**Child Welfare** assesses child risk and safety and needs of child and family.

**Treatment** assesses parent's and family's need for treatment – level of care, areas of life functioning and recovery supports.

**Court** provides oversight, ensures timeliness, child well-being and access to services.

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

What Works for Families?

# 7 Principles – What Works for Families

- System of identifying families
- Timely access to assessment and treatment services
- Enhanced Recovery Support
- Improved family-centered services and parent-child relationships
- Increased judicial oversight
- Responding to participant behavior
- Collaborative non-adversarial approach grounded in efficient communication across service systems and court

*Sources: 2002 Process Evaluation and Findings from 2015 CAM Evaluation*

# 1 Systematic Approach for Early Identification

There is no time to lose

# Primary Question | Tools

Screening

Assessment

Treatment

Is substance use a factor? Yes or No?
UNCOPE, CAGE

How severe is the substance use disorder?
DSM V Criteria

Does level of treatment match the identified need?
ASAM Continuum of Care

# What Do We Mean By a Systematic Approach?

**Systematic & Objective**

- Defined protocols
- Based on legal and clinical criteria

**Relational & Subjective**

- Based on staff relationships
- Based on perceptions and attitudes
- Based on client motivation and perceived readiness
- At risk of biases

# 4 Prong – Screening

- ❑ Tool
- ❑ Signs & symptoms
- ❑ Corroborating reports
- ❑ Drug screen

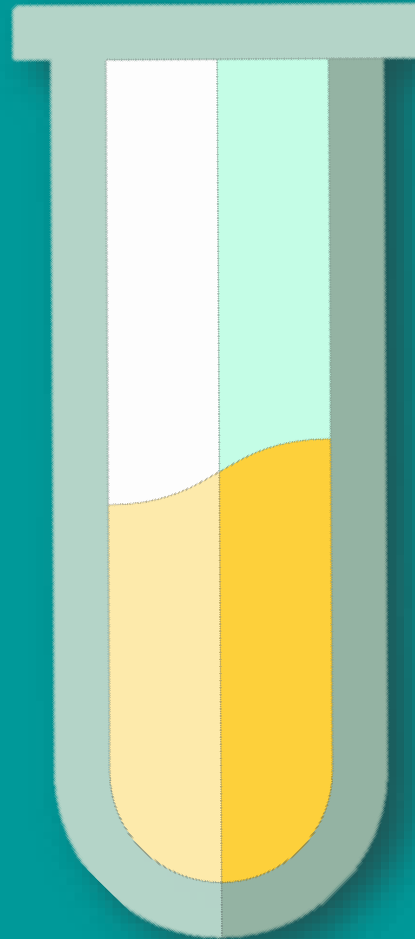
**Yes?**

**Send to SUD Assessment**

# Drug Testing

## Can Answer

- Whether an individual has used a tested substance within a detectable time frame



## Cannot Answer

- The existence or absence of a substance use disorder
- The severity of an individual's substance use disorder
- Whether a child is safe
- The parenting capacity and skills of caregiver

# 2 Timely Access to Assessment and Quality Treatment

**Time to and time in treatment is critical**

# Time To & Time In Treatment Matters

## In a longitudinal study of mothers (N=1,911)

Entered substance abuse treatment faster after their children were placed in substitute care

Stayed in treatment longer

Completed at least one course of treatment

Significantly more likely to be reunified with their children

*Source: Green, Rockhill & Furrer (2007)*

# Becoming Consumers of Quality Treatment

- Is it evidence-based? Will you offer medication assisted treatment?
- Is it trauma-informed? Will you offer trauma-focused services?
- Is it family-centered? Will you offer services to focus on the parent-child relationship?
- Is it gender-responsive? Will you offer services specifically on engaging fathers?
- Is it culturally competent? How will you serve families of color?

# Treatment Matches Assessed Need

*Individuals who receive the level of care indicated by the ASAM Patient Placement Criteria have significantly higher treatment completion rates and fewer returns to substance use than those who receive a level of care higher or lower than clinically needed.*

(Source: DeLeon, et al., 2010; Gastfried & Lu, 200; Magura, et al., 2003; Mee-Lee & Gastfried, 2008)

*Drug court participants who received psychiatric medications for psychological or emotional problems, in addition to their SUD treatment, were 7x more likely to graduate than participants with psychiatric symptoms who did not receive psychiatric medications.*

(Source: Gray, 2005)

# Treatment makes treatment decisions.

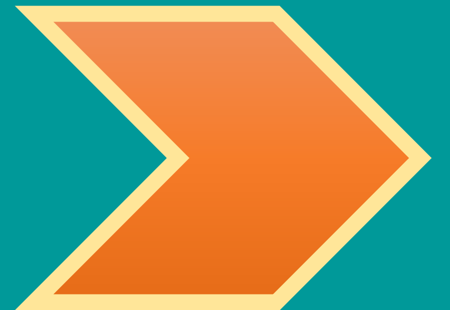
The **treatment provider** and the **parent** jointly determine the appropriate level of SUD treatment.

Other members of the team share pertinent information about the family's strengths and needs with the treatment provider to help the provider make the most informed decision.

Standardized assessment results drive the treatment provider's recommendations. The ASAM criteria for addictive, substance-related, and co-occurring conditions are the most widely used and comprehensive guidelines for treatment level of care placement.

# 3 Enhanced Recovery Support

## Actively Engage in Treatment

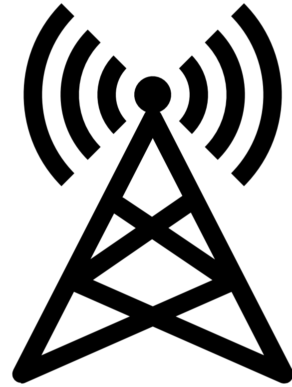


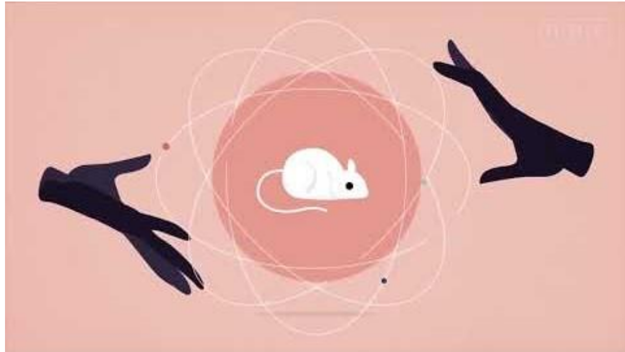
Re-thinking
SUD
Treatment
Recovery
Response

Thoughts & beliefs

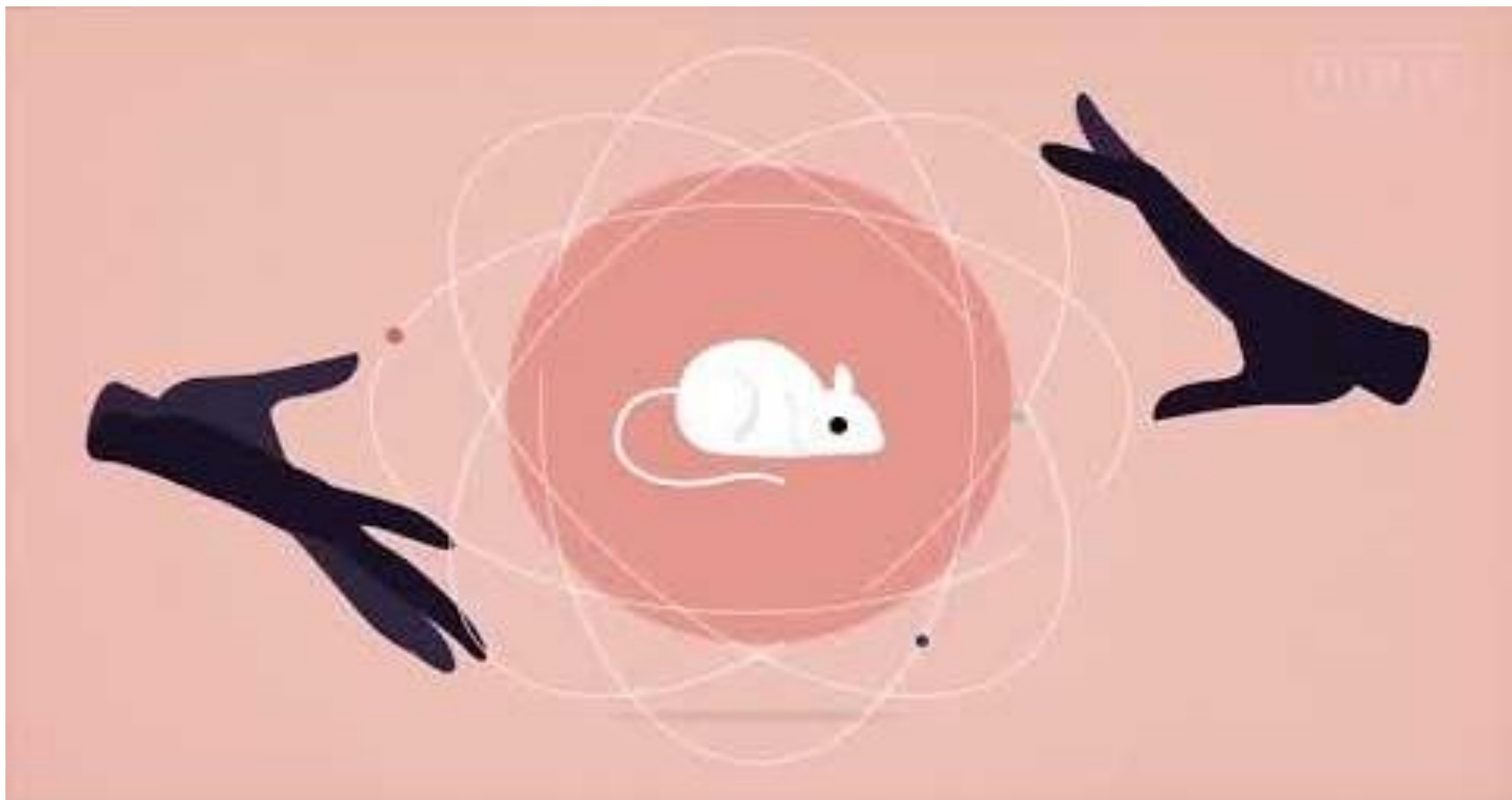
Emotions and feelings

Behavior and practice





# What Are Your Expectations?



# Our Beliefs

*Why won't they just stop?*

*They must love their drug more than their kids.*

*They need to really want to get sober.*

*They need to hit rock bottom.*

# Our Response

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

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

*We will see you back here in 90 days.*

*Don't work harder than the client.*

# Active Engagement

*Let's call the treatment agency together now.*

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

*Let me introduce you to your counselor.*

*Let's schedule to come back to court next week and see what that assessment recommends.*

# Engagement is Everyone's Job

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

## Strategies for Improving Equity and Inclusion

Common program components and strategies:

- Enhanced or intensive case management
- Access to SUD treatment services
- Enhanced outreach and engagement strategies
- Family-based services
- Mental health and trauma services
- Family group decision-making
- Housing services

*Source: Breitenbucher P, Bermejo R, Killian C, Young NK, Duong L, DeCerchio K. Exploring racial and ethnic disproportionalities and disparities in family drug courts: findings from the Regional Partnership Grant Program. Journal of Advancing Justice. 2018;1:35–61.*

# Your Choice of Language Reflects Your Understanding of SUD as a Disease

| Instead of… | Try… |
|---|---|
| Addict, Drug Abuser | Person/Parent with a Substance Use Disorder |
| Clean/Dirty Drug Screen | Screen tested negative/positive for substances |
| Former Addict | Person in recovery |
| Opioid Replacement | Medication-assisted treatment or Medication for opioid use disorder |
| Drug Addicted Baby | Infant prenatally exposed to substances |
| Drug of Choice | Drug of Use |

# When SUD is treated as a disease…

- Parents are placed into SUD treatment only after receiving a clinical diagnosis and appropriate level-of-care recommendation
- Only qualified SUD professionals make treatment recommendations, and judges, caseworkers, and attorneys support the clinical treatment recommendation
- Only medical professionals help parents make decisions about medication-assisted treatment (MAT)
- MAT is allowed and supported throughout the case, and parents are not required to stop use of MAT in order to close their case
- Parents are referred to quality treatment agencies that use evidence-based practices

# When SUD is treated as a disease…

- Professionals understand:
  - the components of quality treatment
  - the importance of timely access to quality treatment
  - their role of supporting, engaging, and requiring parents to attend SUD treatment
  - reality-based statistics on recovery and relapse
- Professionals believe that treatment works, and recovery is possible
- Professionals use person-first, non-pejorative terms when discussing SUD and recovery
- Parents are allowed and expected to stay in treatment after a relapse
- Peer support is integrated into the system

Break
10 minutes

# 4 Family-Centered Care

Support Family Recovery

# Treat Parents as Parents

# and Kids as Kids

# Recovery Occurs in the Context of Relationships

- SUD is a brain disease that affects the family
- Adults (who have children) primarily identify themselves as parents
- The parenting role and parent-child relationship cannot be separated from treatment
- Adult recovery should have a parent-child component including prevention for the child

Services that strengthen families and support parent-child relationships
HELP KEEP CHILDREN SAFE

For young children in the Dependency system, **early relationships may have been the cause of harm or neglect**, with potential negative consequences on their developmental trajectories if we don’t **intercede early**.

Strengthening parent-child relationships can be **the foundation needed to repair** the harm and improve family functioning.

The challenge for teams is to **create partnerships** with child welfare, treatment providers and family members and to **provide family focused evidence-based interventions** to strengthen the bonds between parents and their children.

# Parent-Child: Key Service Components

Developmental & Behavioral Screenings and Assessments

Quality and Frequent Parenting Time

Early and Ongoing Peer Recovery Support

Parent-Child Relationship-Based Interventions

Trauma

Evidenced-Based parenting

Community and Auxiliary Support

# 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).

| Age Range | Frequency with Parents | Frequency with Siblings | Duration |
|---|---|---|---|
| 0-12 months | Daily if possible; 3-5x per week | One or more times per week | At least 60 minutes |
| 12-24 months | Daily if possible; 2-4x per week | | 60-90 minutes |
| 2-5 years | Daily if possible; 2-4x per week | | 1-2 hours |
| 6-12 years | At least 1-3x per week | | 1-3 hours |
| 13-18 years | At least 1-2x per week | | 1-3 hours |

*Sources: Weintraub (2008); Child Welfare Capacity Building Collaborative; Child Welfare Information Gateway, 2015)*

## Connecting Families to Evidence-Based Parenting Program

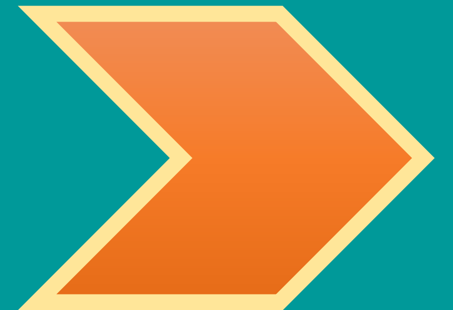
- **Celebrating Families -** http://www.celebratingfamilies.net/
- **Strengthening Families -** http://www.strengtheningfamiliesprogram.org/
- **Nurturing Program for Families in Substance Abuse Treatment and Recovery -** http://www.healthrecovery.org/publications/detail.php?p=28

## Treatment to Strengthen the Parent-Child Relationship

- **Child-Parent Psychotherapy (CPP)**
- **Parent-Child Interactional Therapy (PCIT)**

# 5 Increased Judicial Oversight

**Holding each other accountable**



# Therapeutic Jurisprudence

- Engage directly with parents vs. through attorneys
- Create collaborative and respectful environments
- Convene team members and parents together vs. reinforcing adversarial nature of relationship
- Rely on empathy and support (vs. sanctions and threats) to motivate

*Lens, V. Against the Grain: Therapeutic Judging in a Traditional Court. Law & Social Inquiry. American Bar Association. 2015.*

# The Judge Effect

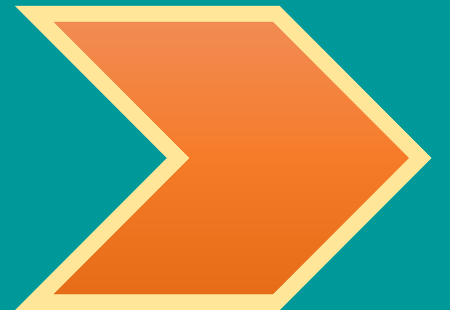
- The **judge was the single biggest influence** on the outcome, with judicial praise, support, and other positive attributes translating into fewer crimes and less use of drugs by participants (Rossman et al., 2011).
- Positive supportive comments by judge were correlated with few failed drug tests, while negative comments led to the opposite (Senjo and Leip, 2001).
- "Drug Courts where the judge spent an average of **three minutes or greater** per participant during court hearings had 153% greater reductions in recidivism compared with programs where the judge spent less time." (Carey et al, 2008, 2012)

*When a single judge presides throughout a child welfare case, the parents are more likely to feel the dependency court cares about their child and outcome of their case; having a single judge also increases the likelihood that the parents will perceive the process as fair.*

(Source: Shdaimah and Summers, 2014)

# 6 Respond to Behavior

## Problem-solving and Responding



# Why?

When behavior does not support long-term recovery and successful closure of the child welfare case… Ask WHY.

**Treatment adjustments and complementary service adjustments are often the two most effective ways the team can respond.**

Adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant's substance use and mental, physical, social, or emotional health. **When a participant does not meet treatment expectations, child welfare case plan goals, or FTC phase requirements, the clinical treatment professionals, in consultation with members of the FTC team, implement a treatment adjustment.**

FTC Best Practice Standards, Standard 7

The Family Treatment Court (FTC) identifies and seeks to overcome structural (e.g., transportation, housing, and income) and individual (e.g., learning or health disabilities) barriers when deciding how to most effectively respond to participant behaviors. **When determining what type of response is warranted, the FTC also considers whether changes to a participant's case plan, that are related to their structural or individual barriers, are needed to further support engagement and success.**

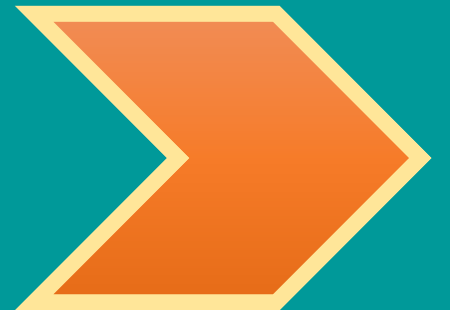
FTC Best Practice Standards, Standard 7

# Rethinking Relapse

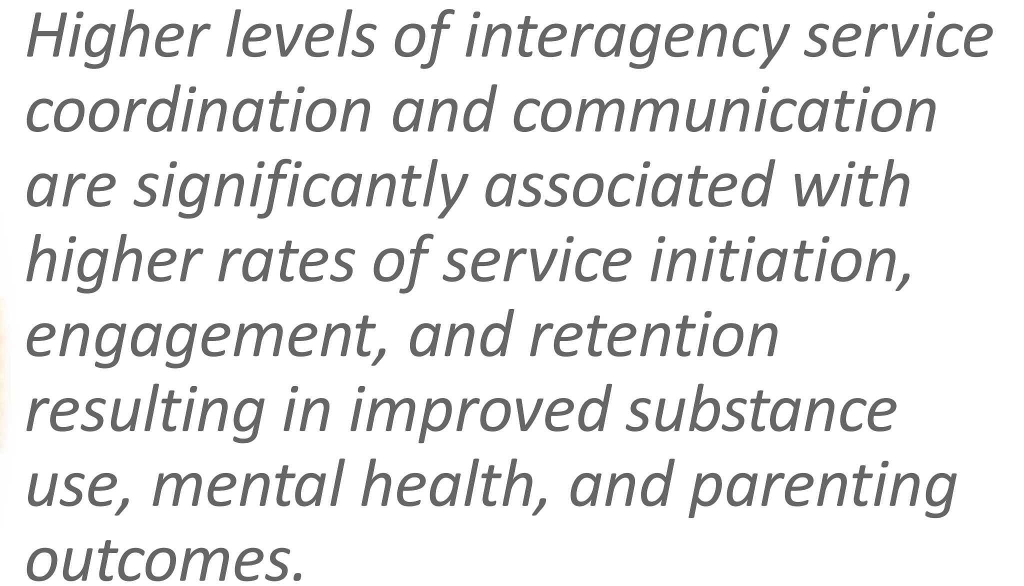
- Relapse vs. lapse
- Relapse is not the same as treatment failure
- Relapse is not an isolated event, but rather a process
- Relapse Prevention/Recovery Planning: plan and strategies
- Relapse presents a therapeutic opportunity; focus should be on collaborative intervention to reengage client in treatment and reassess child safety

# 7 Collaborative, Non-Adversarial Approach

Coordinate, collaborate, communicate



# Interagency Service Coordination



*Higher levels of interagency service coordination and communication are significantly associated with higher rates of service initiation, engagement, and retention resulting in improved substance use, mental health, and parenting outcomes.*

(Alcohol and Drug Abuse Institute, 2018; Morgenstern, et al, 2006; Morgenstern, et al, 2009; National Center on Addiction and Substance Abuse at Columbia University, 2009; National Association of State and Alcohol and Drug Abuse Directors, 2011; Bai, et al, 2009)

# What is Collaboration?

## Not

- Meetings
- Signing an MOU
- Working together to achieve only the goals of the Project

## Is:

- Based on understanding different values, beliefs, and goals
- Shared outcomes
- Joint accountability
- Prioritizing needs of families over interests of individual agencies, organizations or systems

## Front-Line Level (micro)

- Case management
- Reporting
- Tracking

## Administrative Level (macro)

- Baselines and Dashboards
- Outcomes
- Sustainability

# Two Levels of Information Sharing

- Reason for referral, including current/history of mental health, trauma, and substance use?
- Child welfare history as parent and as child?
- Current custody and placement status of children?
- Any screening and assessment results already conducted?
- Parenting time schedule and plan?
- Mandated services through treatment plan?
- Court dates, multidisciplinary team staffing dates?
- Permanency goal and return home plan?

**Do child welfare and court partners know:**

- Assessment summary including Level of Care recommendations, current diagnosis, and recommended services?
- Treatment plan and services that will be provided?
- Goals and progress including attendance, participation, attitude, motivation, engagement, interest, behavioral changes, improved functioning?
- Discharge and aftercare plans/needs?

# Short Term/Process Outputs – What is Success?

| | |
|---|---|
| Scale | Of all families in child welfare, the percentage affected by parental substance use |
| Engagement in SUD Treatment | Of the families affected by SUD, those who entered SUD treatment |
| Timely Access to SUD treatment | • Average number of days from child welfare case open to SUD assessment<br>• Average number of days from SUD assessment to SUD treatment |
| Retention and Discharge | • Average number of days in SUD treatment<br>• Percentage of parents discharged successfully from SUD treatment |

# Long Term Outcomes - What is Success?
# E and 5 Rs

| Equitable Outcomes in: | All outcomes should be disaggregated by race, ethnicity, gender, and other key demographic information |
|---|---|
| Recovery | •Parents access treatment more quickly<br>•stay in treatment longer<br>•decrease substance use |
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# Drug Courts Where Review of the Data and Stats Has Led to Modifications in Drug Court Operations Had a 131% Increase in Cost Savings



Note: Difference is significant at $p<.05$

# The Nuts and Bolts of Applying FDTC Principles

## *In Your Local Courts*

**Oregon Model Court Summit 2021**

August 10, 2021

Tessa Richter | Senior Program Associate | CCFF

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Center for Children and Family Futures

Strengthening Partnerships, Improving Family Outcomes

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## There is No Time to Lose

# Practice Examples

- Child welfare, judicial officers, and attorneys are trained in Motivational Interviewing principles.
- Child welfare examines existing screening and assessment tools to determine gaps.
- Treatment providers prioritize child welfare referrals and actively reach out to schedule and follow-up with child welfare families.
- Judicial officers ask if screens have been completed and if referrals for assessment have been made.
- The team understands the screening, assessment, and referral process and can explain it to families.
- Attorneys utilize a protective order to encourage client participation in screening, assessment, and services prior to an adjudicatory hearing.

# 2 Timely Access to Assessment and Treatment

## Time to and Time in Treatment is Critical

# Practice Examples

- The court brings a parent back weekly until he/she is established in his/her treatment routine.
- The judicial officer asks specific questions about assessments, scheduled appointments, and how the team is supporting the parent.
- A judge calls the inpatient facility during the hearing to schedule an intake time and makes concrete plans with the family and team to ensure parent can get there.
- A treatment agency staffs an experienced clinician at the courthouse to meet with parents during Shelter and ongoing court hearings, explain the assessment and treatment process, schedule meetings, and build a relationship with parents.
- Peer support or child welfare case workers help parents schedule their assessments and accompany them to their first treatment sessions.

## Actively Engage in Treatment

# Practice Examples

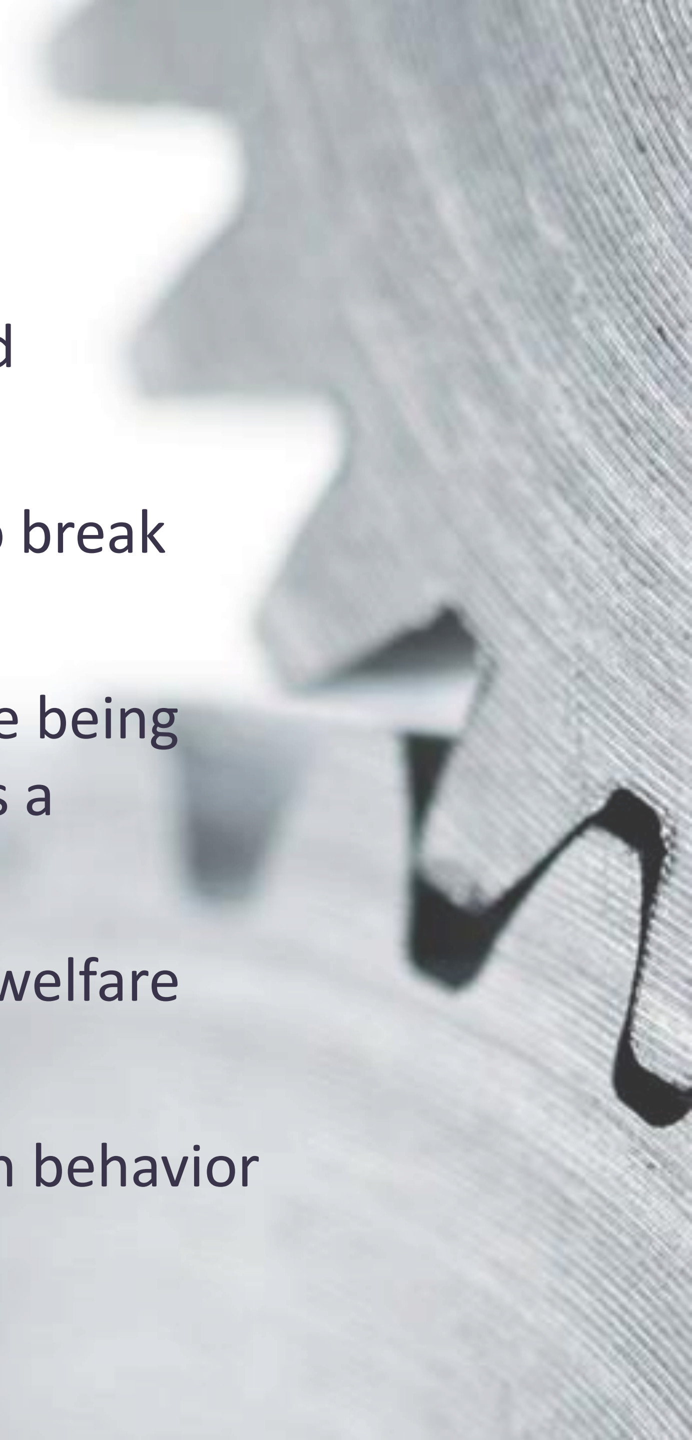
- Peer support is available to parents throughout the case, especially in the first weeks.
- The team partners with a trusted MAT provider to consult with and refer parents.
- The team celebrates small wins with families.
- The team responds appropriately to relapses and lapses.
- The team brainstorms different ways to engage parents into services.
- The judicial officer asks the parents and team questions about services, engagement, and support.
- The team is connected with the recovery community and can make warm handoffs to meetings and other community-based supports.

# 4 Family-Centered Care

## Support Family Recovery

# Practice Examples

- Partners work together to bring in evidence-based, family-centered programming to their jurisdiction.
- The system prioritizes family/parenting time and works together to break down barriers for frequent, quality time.
- Partners examine how foster parents, CASA, and other supports are being recruited and trained. The system shifts to seeing foster parents as a resource to children AND their parents.
- Treatment providers are well-trained in the intricacies of the child welfare system including its mandates and timelines.
- Discussions move from being focused on compliance to focusing on behavior change and safety.

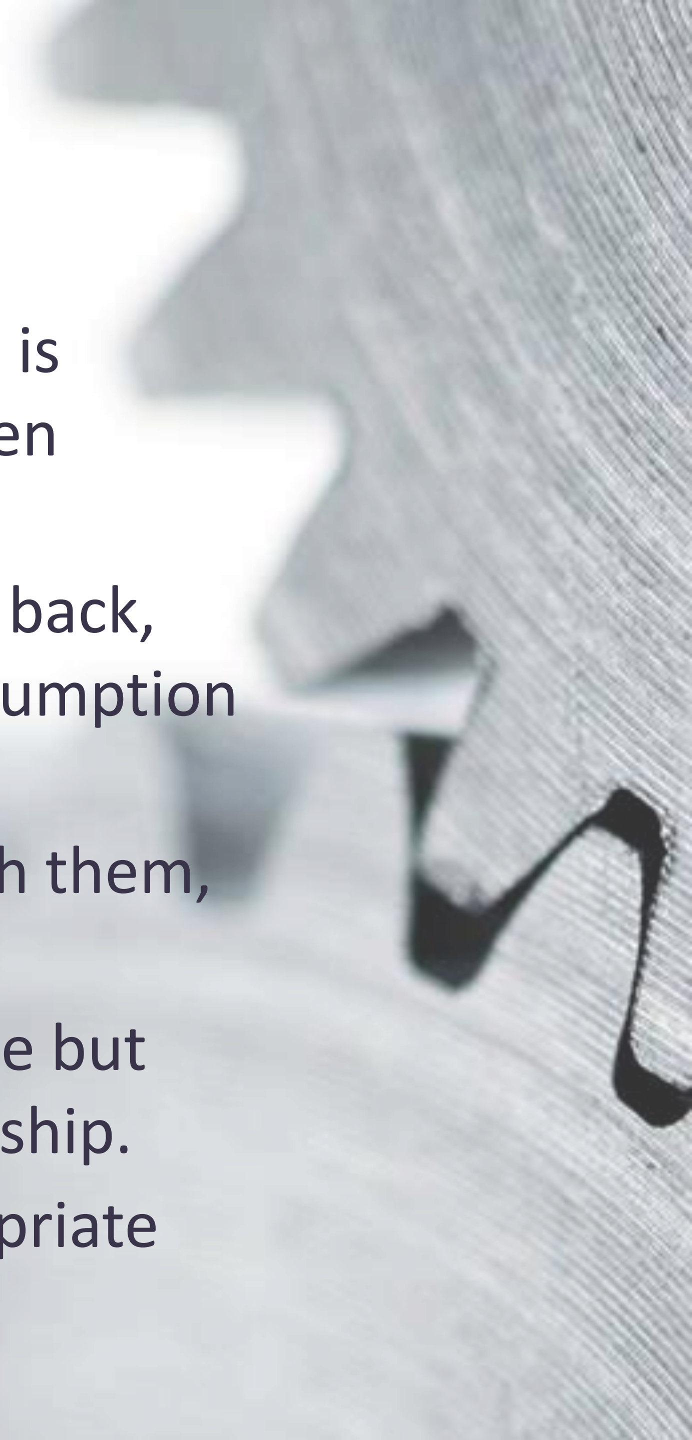


# 5 Increased Judicial Oversight

## Holding Each Other Accountable

# Practice Examples

- “Check-in” dockets are scheduled weekly or biweekly, so time is available to schedule families for court appearances in between permanency hearings.
- Teams discuss when it makes most sense for families to come back, depending on what is going on in the case, vs. working off assumption that families only come back for permanency hearings.
- The Judge spends time with each family, speaking directly with them, building relationships.
- Discussions at the hearings are not solely based on compliance but revolve around behavior change and the parent-child relationship.
- All partners are held accountable at hearings to ensure appropriate services are actively provided to families.



# 6 Respond to Behavior

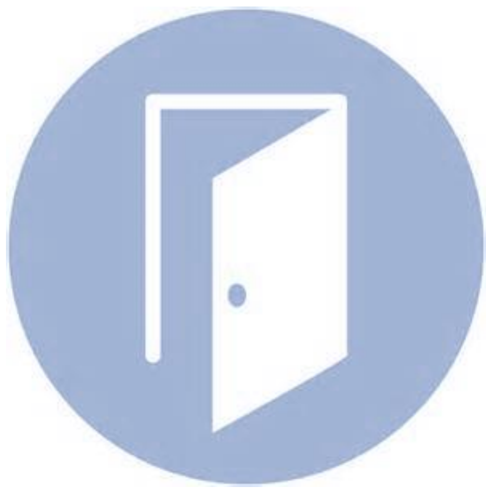
## Problem-solving and Responding

# Practice Examples

- Regular, multidisciplinary staffings are held, focused on engagement and problem solving. Treatment providers are present and help problem-solve.
- The team is always asking “why” when discussing parents who aren’t engaged in their treatment plan.
- Treatment providers’ voices are central to discussions and decisions related to treatment services and level of care.
- The team asks the family what they need, and truly listen.
- The team considers the parent-child relationship when discussing treatment, services, schedules, and behavior.

# How Do We Get Started? Who Do We Involve?

## Coordinate, Collaborate, Communicate



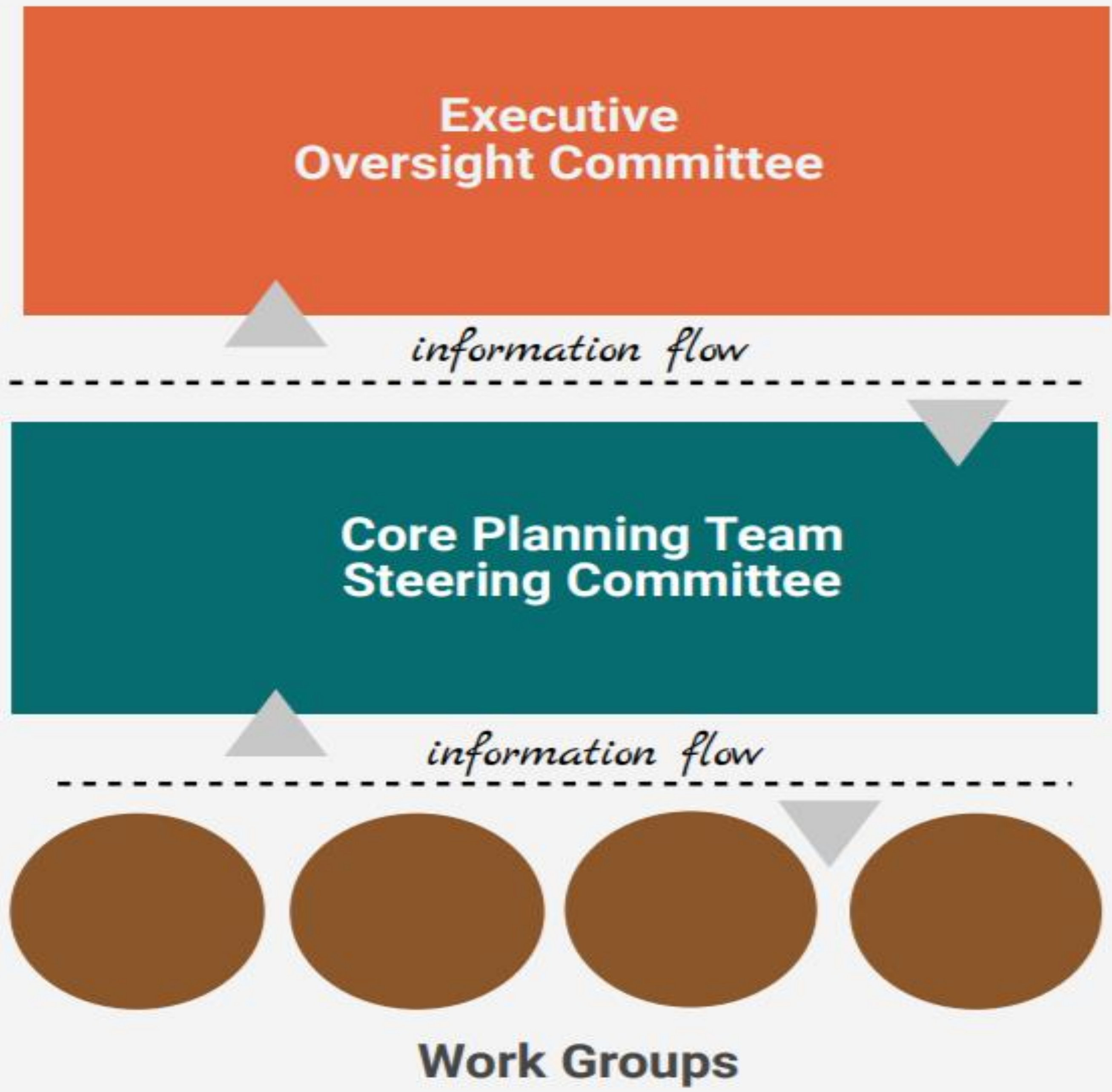
# Getting Started

- Develop a timeline to hold each other accountable
- Identify the right people for the right committees and workgroups
- Be crystal clear about functions and membership
- Need strong leadership to pull and keep momentum in between meetings
- Ensure information flow between different committees

# Who Should Be at the Table?

- Judicial officer(s)
- Child welfare leadership and frontline staff
- SUD treatment leadership and frontline staff
- Parent attorneys
- Children's attorneys/CASA
- Agency attorney
- Children/family service providers
- Peer support/Families with lived experience
- Staff from each partner who manage "workflow"

# Collaborative Structure for Systems Change

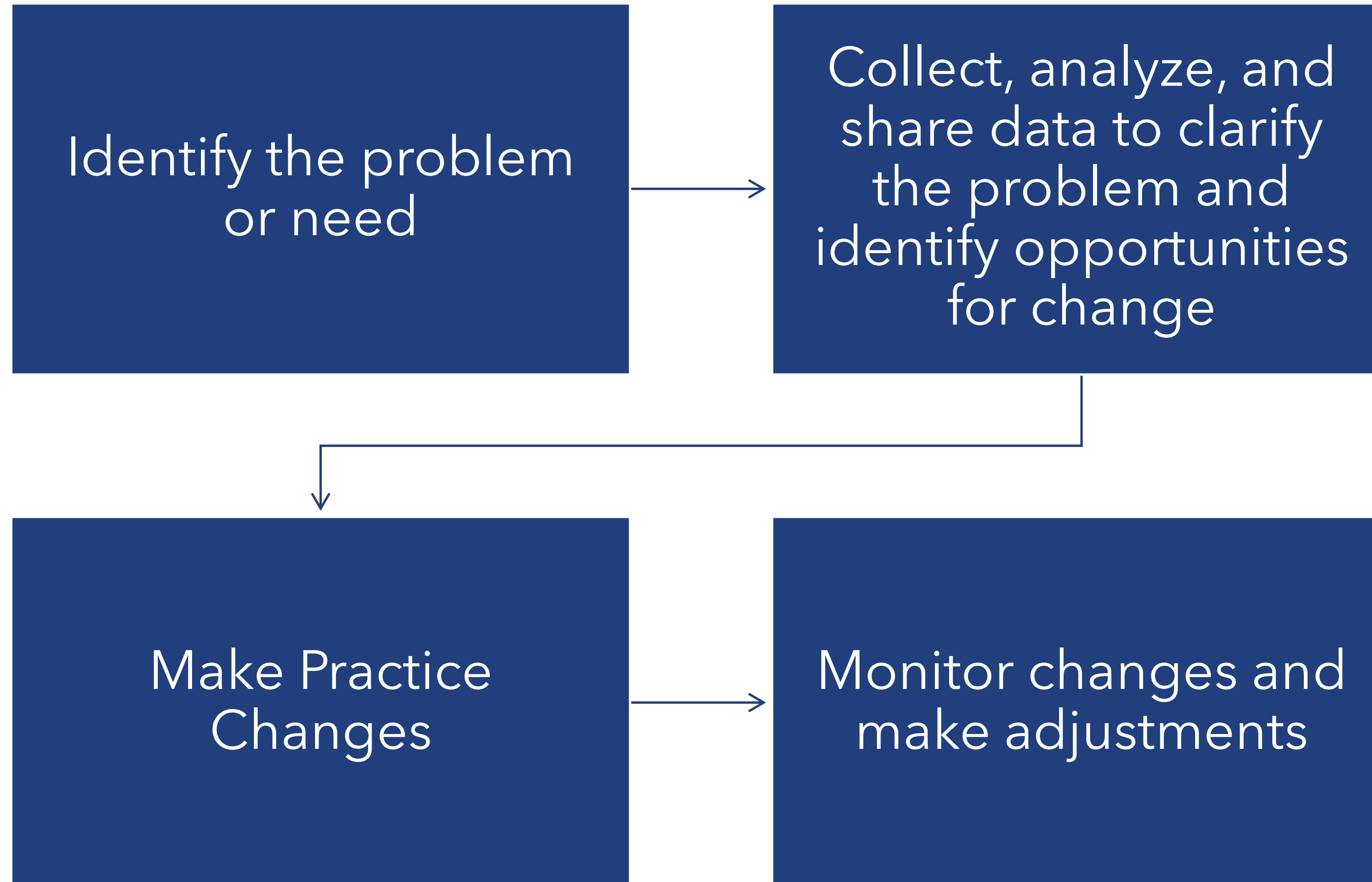



- Members – Senior officials or executives
- Primary Functions – Oversees various initiatives within the state to improve outcomes for all families; final review and approval of policy and practice recommendations; sustainability planning; secures new and leverages existing resources; maintains communication with other state agencies and policy leaders about goals and outcomes
- Convenes on a quarterly basis

- Members – Cross-agency leaders
- Primary Functions – Responsible for overall planning and implementation of goals and strategies; ensures ongoing communication and serves as liaison between oversight committee and work groups; formulates solutions for barriers identified by work groups
- Convenes on a monthly basis

- Membership – Staff and stakeholders from various agencies and levels to accomplish identified tasks and products
- Primary Functions – Identifies priorities to be accomplished within a specific period of time
- Convenes monthly or as needed

# Data-Driven Management and Continuous Quality Improvement



# Mission

# Action Planning

**Ideas to start:**

- Start with the first principle. Identify strengths, gaps, and opportunities. Gather baseline data, implement changes, and track improvements.
- Start with the most exciting, pressing, or needed.
- Start with the "low hanging fruit". What can you implement quickly and fairly easily?
- Gather information in various ways to help partners get good understanding of strengths, challenges, and gaps in system.

| **Goal 1:** | | | |
|---|---|---|---|
| **Necessary Partners:** | | | |
| **Major Action Steps** | **Completion Date** | **Lead Staff** | **TA Needed** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

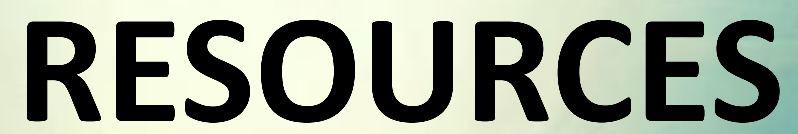
# Action Planning

| ENTITY | ROLE/PURPOSE | MEMBERS | ADDITIONAL PARTNERS NEEDED | MEETING SCHEDULE |
|---|---|---|---|---|
| Oversight Committee | | | | |
| Steering Committee | | | | |
| On the Ground | | | | |

# Looking Forward....

- How will you connect with other initiatives?
- How will you gather baseline data and track outcomes?
- How will you foster expansion of scale and scope?
- What are some additional opportunities?
- Who is missing from the table?

Discussion
*and* Q&A


RESOURCES

*Family Treatment Court*
*Best Practice Standards*

NATIONAL FAMILY DRUG COURT
TTA Program

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

NADCP
National Association of Drug Court Professionals

# Family Treatment Court Best Practice Standards

**8** *Standards*

**and Key Provisions**

https://www.cffutures.org/home-page/ftc-best-practice-standards-2019/

NDCI
NATIONAL DRUG COURT INSTITUTE

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

Family Treatment Court

PLANNING GUIDE

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

# 3 *Leading Change* Briefs

## *Lessons for State and Local Leaders*

The ***Leading Brief Series*** synthesizes the experiences of SSIP state grantees (Alabama, Colorado, Iowa, New York, Ohio, and Territory of Guam) to formulate lessons for state and local leaders to achieve systems change.

Download:

www.cffutures.org/ssip

## Course #1: May 25, 2021

Applying a Family-Centered, Problem-Solving Approach to Family Treatment Court Staffing and Court Hearings

## Course #2: July 8, 2021

Disrupting Stigma to Support Meaningful Change for Families in Family Treatment Court

## Course #3: October 12, 2021

Harnessing the Power of Parenting Time to Strengthen the Parent-Child Relationship and Support Reunification Efforts in Your Family Treatment Court

**11 – 12:30 PT | 2 – 3:30 ET**

Register at: cffutures.org/ftc-practice-academy

Questions? Email us at fdc@cffutures.org

*Previously named the Family Drug Court Learning Academy*

# NCSACW Online Tutorials *Cross-Systems Learning*

### Tutorial 1

Understanding Substance Abuse and Facilitating Recovery: **A Guide for Child Welfare Workers**

### Tutorial 2

Understanding Child Welfare and the Dependency Court: **A Guide for Substance Abuse Treatment Professionals**

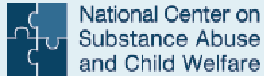
### Tutorial 3

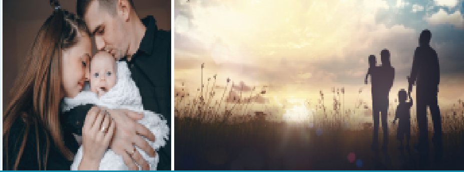
Understanding Substance Use Disorders, Treatment and Family Recovery: **A Guide for Legal Professionals**

**https://www.ncsacw.samhsa.gov/**

# NCSACW TIP Guides

## Understanding Substance Use Disorders – What Child Welfare Staff Need to Know



1 **Substance use disorders (SUDs) are complex, progressive, and treatable diseases of the brain that profoundly affect how people act, think, and feel.** SUDs affect an individual's social, emotional, and family life resulting in emotional, psychological, and sometimes physiological dependence.

2 **Be aware of common misperceptions and myths.** Many people incorrectly believe that a parent with a SUD can stop using alcohol and/or illicit drugs with will power alone or that if they loved their children they would be able to just stop using the drug.

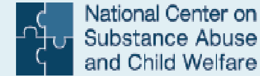
3 **Relapse rates for SUDs are similar to other chronic medical conditions such as diabetes or hypertension.** Because SUDs are a chronic brain disease, a return to use or relapse, especially in early recovery, is possible. Therefore, SUDs should be treated like any other chronic illness. A recurrence or return to use is an opportunity to examine a parent's current treatment and recovery support needs, and adjust them as needed.

4 **SUDs can be successfully treated and managed.** Like other diseases, SUDs can be effectively treated. Successful substance use treatment is individualized and generally includes psycho-social therapies, recovery supports, and when clinically indicated, medications.

5 **SUDs can affect each member of the family, relationships, and parenting.** SUDs can contribute to a chaotic and unpredictable home life, inconsistent parenting and lack of appropriate care for children. Treatment and recovery support must extend beyond solely focusing on the parent's substance use to a more family-centered approach that addresses the needs of each affected family member.

6 **Recognize co-occurrence of trauma.** For many people, trauma is a common experience associated with their SUD. Substance use might be an individual's way to cope with their trauma experience. Good practice integrates a trauma-informed approach that realizes the widespread impact of trauma, recognizes the signs and symptoms, and avoids causing further harm and re-traumatization.

## Understanding Screening and Assessment of Substance Use Disorders – Child Welfare Practice Tips




1 **Know what to look for.** When conducting child welfare assessments, know that specific drugs have specific physiological effects. Common signs in the home environment, and symptoms of substance use or misuse, may include:

| *Personal Appearance* | *Behavioral Signs* | *Physical Environment* |
|---|---|---|
| • Slurred speech<br>• Nodding off<br>• Disorientation<br>• Tremors<br>• Cold or sweaty palms<br>• Dilated or constricted pupils<br>• Blood shot or glazed over eyes<br>• Needle marks<br>• Bruises<br>• Poor personal hygiene | • Agitated behavior or mood<br>• Excessive talking<br>• Paranoia<br>• Depression<br>• Manic behavior<br>• Lack of motivation<br>• Criminal activity<br>• Financial challenges<br>• Missed appointments | • Signs of drug paraphernalia (such as straws, rolling papers, razor blades, small mirrors, glass pipes, aluminum foil, lighters, needles, syringes, tourniquets, belts, shoelaces, spoons)<br>• Unusual smells<br>• Reluctance to allow home visits<br>• Unexplained visitors in and out of home |

2 **Screen all families for substance use.** The purpose of SUD screening is to determine the presence of substance use and identify the need for a further clinical SUD assessment. Gather information from a variety of sources including review of corroborating reports, observation of signs and symptoms, drug testing, and using a valid screening tool such as the AUDIT, AUDIT-C, or ASSIST. The UNCOPE is another valid screening tool that asks the following six questions:

U - Have you continued to use alcohol or drugs longer than you intended?

N - Have you ever neglected some of your usual responsibilities because of your alcohol or drug use?

C - Have you ever wanted to cut down or stop using alcohol or drugs but could not?

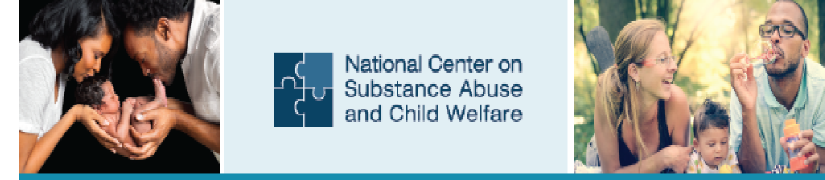
O - Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?

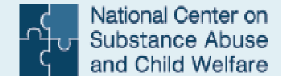
P - Have you ever found yourself preoccupied with wanting to use alcohol or drugs?

E - Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

Source: Norman G. Hoffmann, Ph.D., Evince Clinical Assessments. For more information about the UNCOPE tool and scoring, please visit: www.evinceassessment.com/ UNCOPE_for_web.pdf

## Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips






1 **Engage in non-judgmental conversation.** Parents may feel overwhelming shame and guilt about how their substance use affects their children. Engage the parent about observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use "person first" language and avoid using labeling terms such as "addict." Use a conversational approach with open-ended questions such as the following:

- "Tell me more about . . ."
- "As part of our work with families, we ask all families about . . ."
- "I'm noticing that . . ."
- "How can I help you with . . ."
- "I'm concerned about you because . . ."

2 **Provide active support in early recovery.** SUDs may affect cognitive functions (e.g. memory) and result in behavior that is often perceived as "resistant." Examples include lack of follow-through with services and missed appointments. Provide active support to help engage parents attend SUD treatment, court, visitation, and parent strengthening programs. Assist the parent make and keep appointments by marking their calendar/schedule providing reminders and incentives. Identify barriers for making an appointment - such as competing service priorities or lack of transportation - and work together to formulate solutions.

3 **Link to peer or recovery support.** Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process. Peer or recovery support roles are often persons with lived experience of recovery from substance use disorders and child welfare involvement, or by professionally trained recovery specialists. Refer to these types of programs to address barriers in engaging parents and to facilitate receipt of treatment services.

4 **Support the children.** Help children develop an understanding of SUDs that is supportive and non-judgmental. Convey information about their parents' substance misuse in a way that defines the disorder, not the person, and is appropriate to their developmental stage and age. Child welfare workers can use these talking points to help guide supportive discussions:

- "Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don't understand when they drink too much or use drugs, but this doesn't mean that they don't love you."
- "You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent's drinking or drug use."
- "There are a lot of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone."
- "Let's think of people who you might talk with about your concerns. You don't have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or family member you trust."

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Strengthening Partnerships, Improving Family Outcomes

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