FAMILY MATTERS - TRANSITIONING TO A FAMILY-CENTERED APPROACH IN ALL TREATMENT COURTS

Best Practices and Lessons Learned

NATIONAL FAMILY DRUG COURT TTA Program

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

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Center for Children and Family Futures

MATCP | **April 21, 2021**

Our Mission

To improve 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
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Acknowledgment

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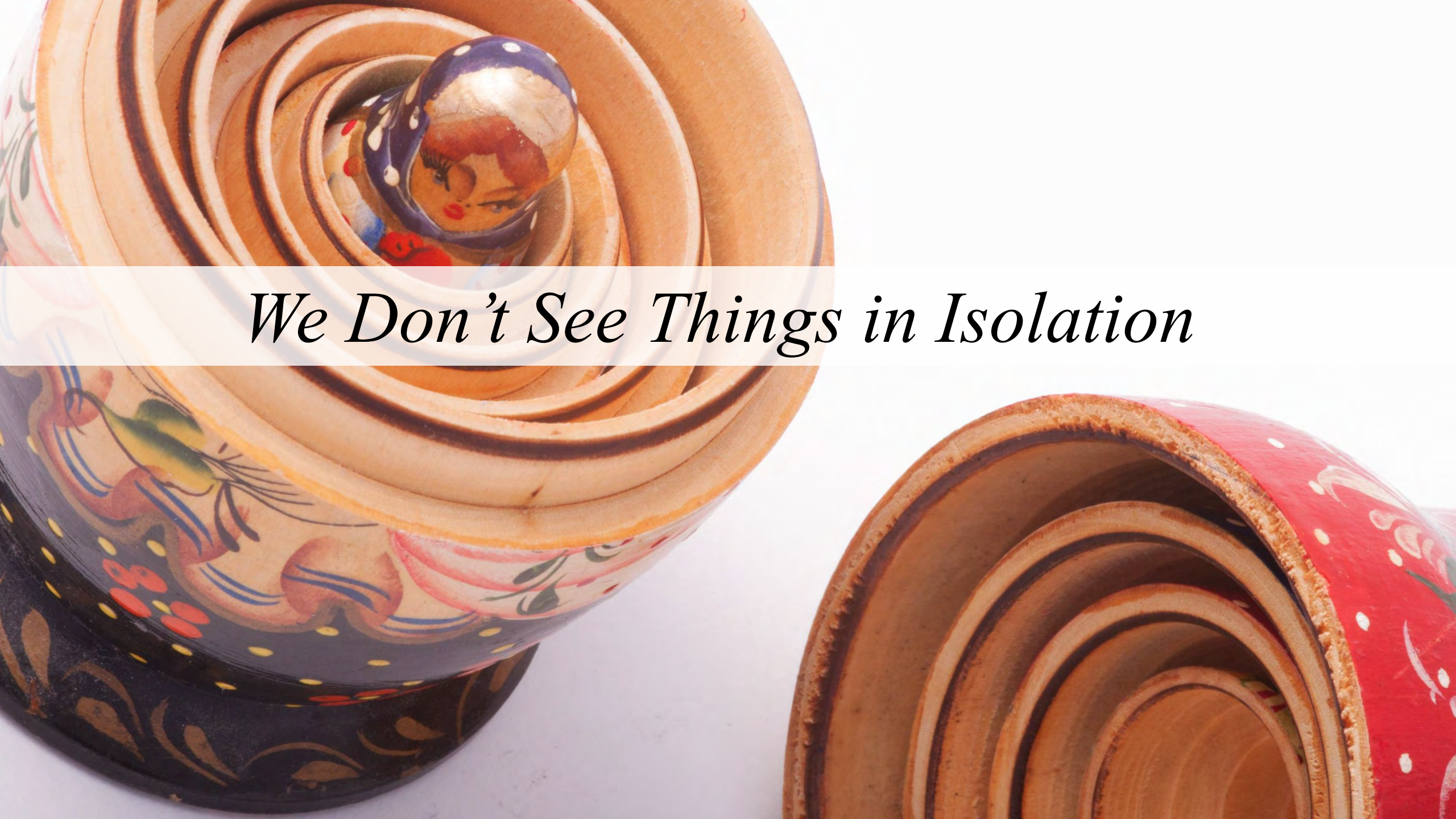
Rethinking
RECOVERY

Substance Use Disorders: A family disease affecting all relationships in the family unit



We Don't See Things in Isolation

Why Focus on Children - All Courts are Family Courts

- Power of therapeutic jurisprudence
- Court decisions have an effect on relationships
- Courts hold systems accountable for responding to the needs of children, parents and families

Why Is This Important?

8.7 million children live with one or more parents who are dependent on alcohol or need treatment for illicit drug use.

Source: 2009 – 2014 SAMHSA National Survey on Drug Use and Health (NSDUH)

50-70% of participants in three adult drug courts recently studied have at least one minor child.

Lipari, R.N. and Van Horn, S.L. Children living with parents who have a substance use disorder. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drug Courts, 2017)

The Costs of Focusing Only on Parent Recovery

- Threaten parent's ability to achieve and sustain recovery; increase risk of relapse
- Threaten parent's ability to establish a healthy relationship with their children
- Additional exposure to trauma for child/family
- The parent will continue to struggle with unresolved guilt
- Prolonged and recurring impact on child safety and well-being

The Costs of Focusing on Parent Recovery Only - What Happens to Children?

- They are children who arrive at kindergarten not ready for school
- They are in special education caseloads
- They are disproportionately in foster care and are less likely to return home
- They are in juvenile justice caseloads
- They are in residential treatment programs
- They develop their own substance use disorders

Family Issues that May Affect Recovery

- **52.7%** had concerns of their **child(ren)'s social and emotional well-being**
- **47.2%** of participants had concerns regarding **medical problems or issues** with their child(ren)
- **40.0%** had concerns about their **child(ren)'s behavior**
- **17.8%** had significant concerns about their spouse's or significant other's **mental health**

The Importance of the Parent-Child Relationship

- A child develops attachments and recognizes as parents as adults who provide **day-to-day** attention to his needs for physical care, nourishment, comfort, affection, and stimulation.
- The loss a child experiences when separated from his parent is **profound** and can last into adulthood.
- Strengthening parent-child relationships can be **the foundation needed to repair** the harm and improve family functioning.

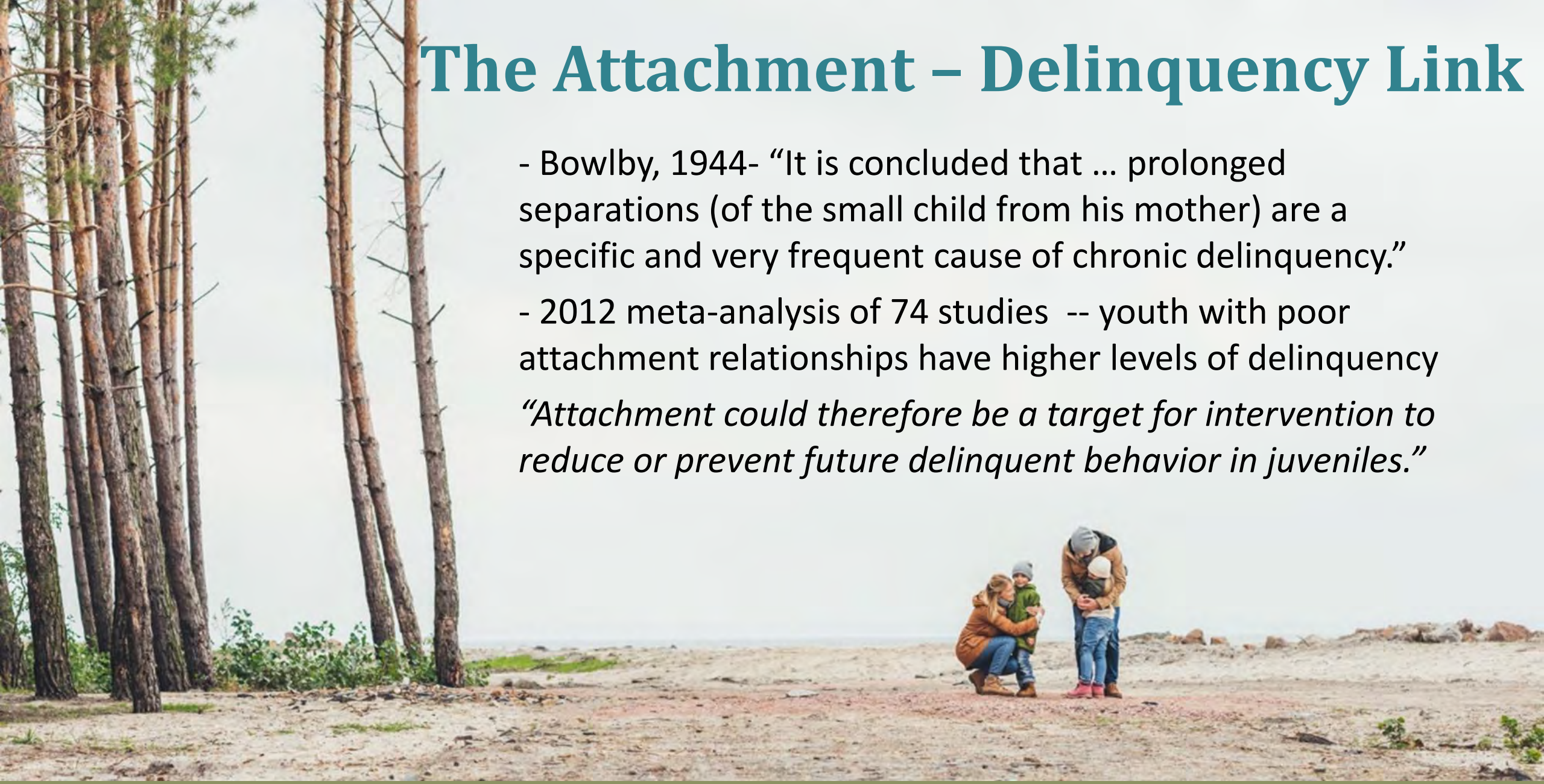
Source: American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care. “Developmental Issues for Young Children in Foster Care.” Pediatrics 105(5), 2000, 1146.; Sankaran, V. "A Cure Worse Than the Disease? The Impact of Removal on Children and Their Families." Christopher Church and Monique Mitchell, co-authors. Marq. L. Rev. 102, no. 4 (2019): 1163-94.

The Attachment – Delinquency Link

- Bowlby, 1944- “It is concluded that … prolonged separations (of the small child from his mother) are a specific and very frequent cause of chronic delinquency.”

- 2012 meta-analysis of 74 studies -- youth with poor attachment relationships have higher levels of delinquency

“Attachment could therefore be a target for intervention to reduce or prevent future delinquent behavior in juveniles.”



Sources: Bowlby J. Forty-four juvenile thieves: their characters and home life. International Journal of Psycho-Analysis. 1944;25:107–127.; Hoeve, M., Stams, G. J., van der Put, C. E., Dubas, J. S., van der Laan, P. H., & Gerris, J. R. (2012). A meta-analysis of attachment to parents and delinquency. *Journal of abnormal child psychology*, *40*(5), 771–785. doi:10.1007/s10802-011-9608-1

By the Numbers

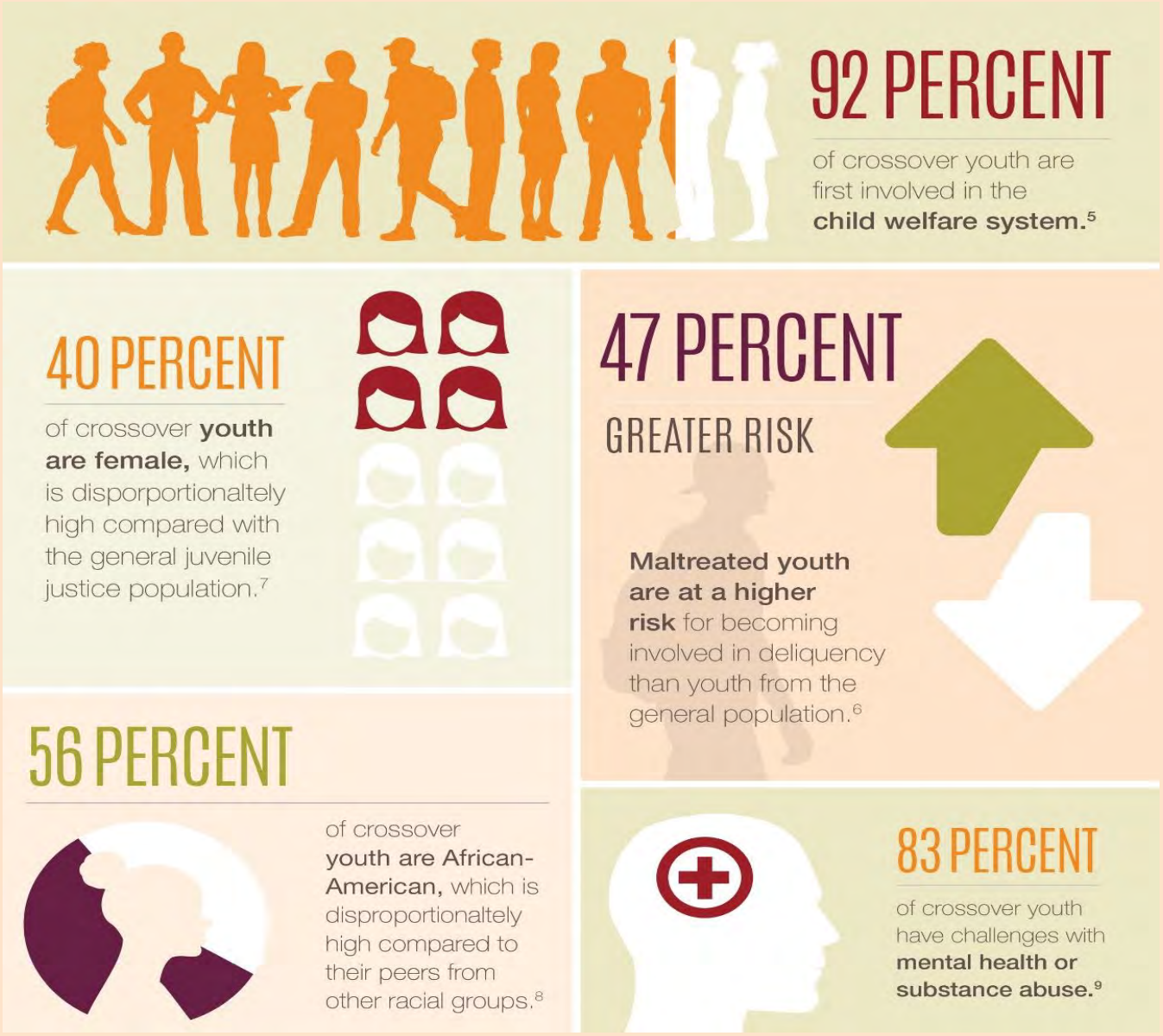
Juvenile Justice

- An estimated 2.1 million youth under the age of 18 are arrested in the US each year
- More than 31 million youth were under juvenile court jurisdiction in 2017
- Within 12 months, the average rate of re-arrest after a delinquent offense was 55%

Child Welfare

- 3.5 million children received a CPS response in 2017 – a 10% increase from 2013
- After a decade of decreasing the number of children in out-of-home care, that trend began to reverse in 2012-2013

Cross-over Youth



Infographic from Casey Family Programs

Hockenberry, Sarah, and Puzzanchera, Charles. 2019. Juvenile Court Statistics 2017. Pittsburgh, PA: National Center for Juvenile Justice.; Snyder, Howard N., and Sickmund, Melissa. 2006. Juvenile Offenders and Victims: 2006 National Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.; U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). Child Maltreatment 2017; AFCARS Data, 2018; Casey Family Programs, 2018. Supportive Communities Brief.; Puzzanchera, C. & Adams, B. (2011). Juvenile arrests 2009. *Juvenile Offenders and Victims: National Report Series Bulletin.* U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

From Child Welfare to Juvenile Justice

A prospective study found that being abused or neglected as a child before age 12 increased the likelihood of:

- Arrest as a juvenile by **59%**
- Arrest as an adult by **28%**
- Arrest for a violent crime by **30%**

These children:

- Are **younger** at the time of their first arrest
- Committed nearly **twice** as many offenses
- Are **arrested** more frequently

Source: Widom, C.S. & Maxfield, M.G. (2001). An update on the "cycle of violence". *National Institute of Justice Research in Brief.* U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Coping Solutions

What are conventionally viewed as Public Health ***problems*** are often personal ***solutions*** to long concealed adverse childhood experiences.

ACES and Juvenile Justice

- 220 juvenile offenders committed to incarceration in 2011
- 86% of incarcerated juveniles experiences 4+ ACEs; this is 7 times higher than the CDC-Kaiser study
- Among these youth
  - 76% emotional abuse
  - 94% physical abuse
  - 86% neglect, parental divorce/separation
  - 80% substance abuse in the home

Cannon, Y., Davis, G., Hsi, A., Bochte, A., in collaboration with the New Mexico Sentencing Commission, (February 2016)

ACES are the Pipeline to Prison

- **1 in 6** state male inmates reported being physically or sexually abused before age 18, and many more witnessed interpersonal violence
- **Over half** of male inmates (56%) report experiencing childhood physical trauma
- **Over one-quarter** (1/4) of incarcerated men report being abandoned during childhood or adolescence
- Of the more than 93,000 children currently incarcerated, between **75 and 93 percent** have experienced at least one traumatic experience

Childhood and Adult Trauma Experiences of Incarcerated Persons and Their Relationship to Adult Behavioral Health Problems and Treatment) Int Journal of Environ Res Public Health. 2012 May; 9(5): 1908–1926. Published online 2012 May 18.

Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense,

ACES are Intergenerational

Traumatized children become

Traumatized parents who have

Traumatized children

Why Will Serving the Whole Family Matter to Your Funders?

- Decrease recidivism - offenders with more family contact are less likely to be arrested or incarcerated again
- Cost savings for courts and county
- Engage community- Family assessment tools can capture family strengths as well as needs
- Highlight your leveraged funds for sustainability
- Trauma and prevention

You do not have to divert resources from treating parents to help their children

- Children and families have multiple and complex needs
- Serving these needs will require more resources
- Build collaborative partnerships and seek out existing resources

Serving Families Saves Money

Adult drug courts that provided parenting classes had **65% greater reductions** in criminal recidivism and **52% greater cost savings** than drug courts that did not provide parenting classes.

Source: Carey, S.M., Mackin, J.R., & Finigan, M.W. (2012). What works? The 10 key components of Drug Court: Research-based best practices. Drug Court Review.

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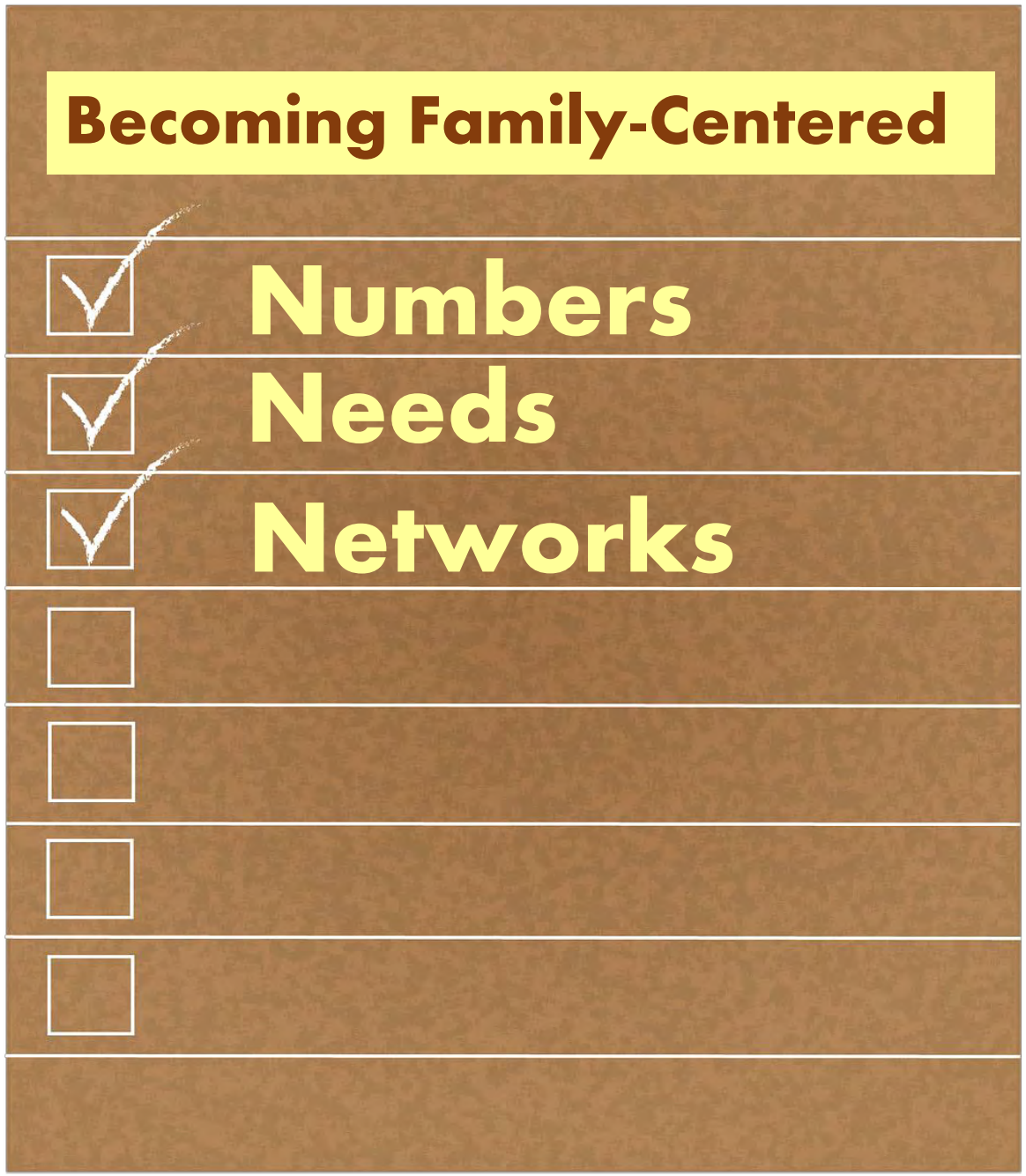

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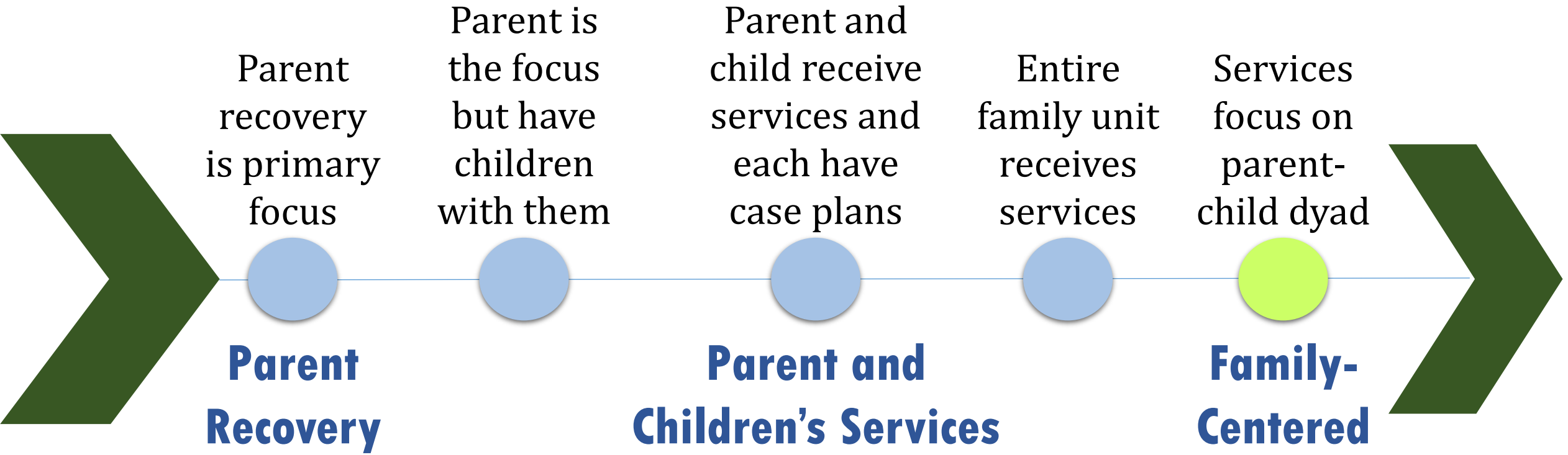
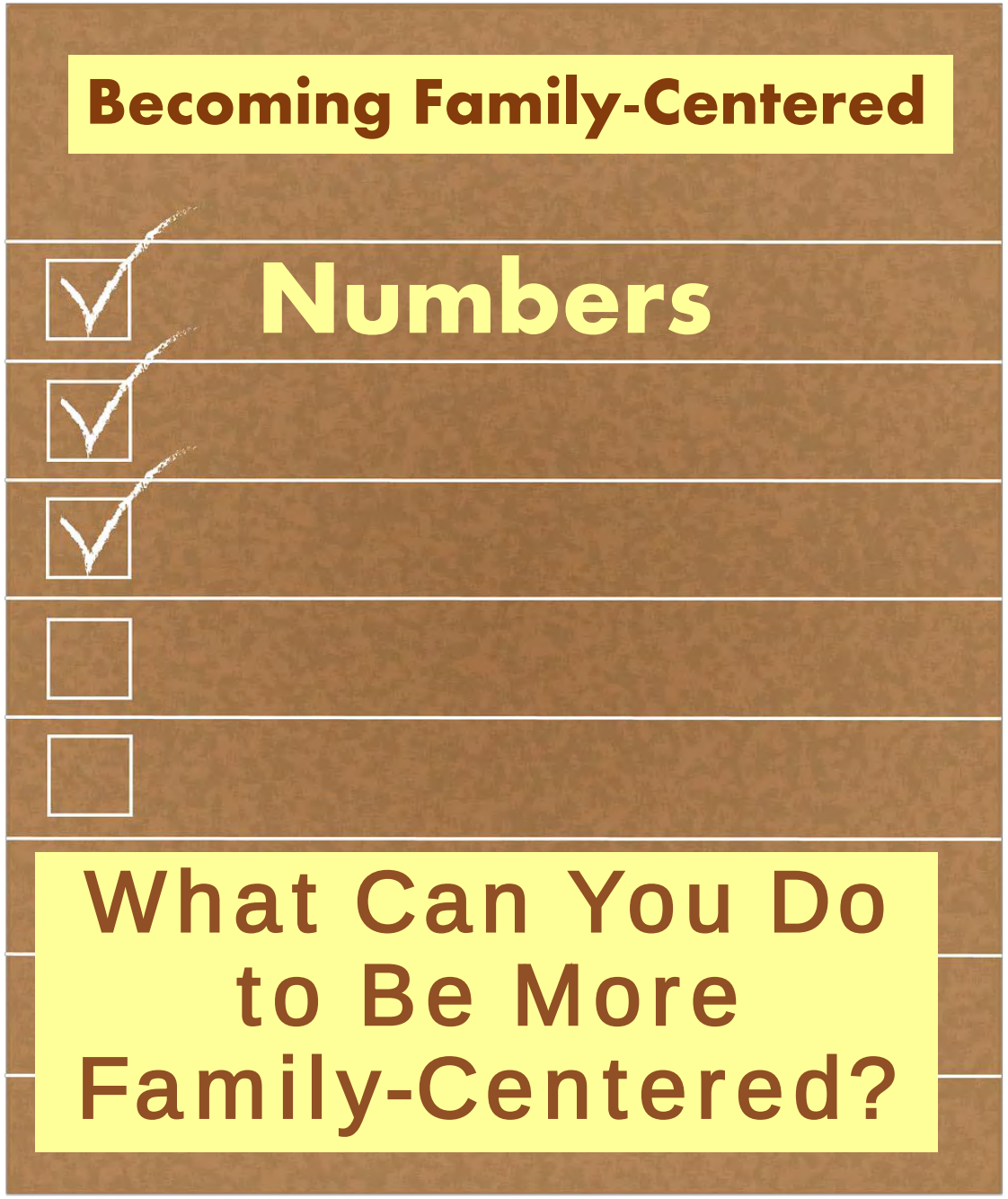
What Can You Do to Be More Family-Centered?

Take the Next Steps

How Family-Centered Is Your Court?

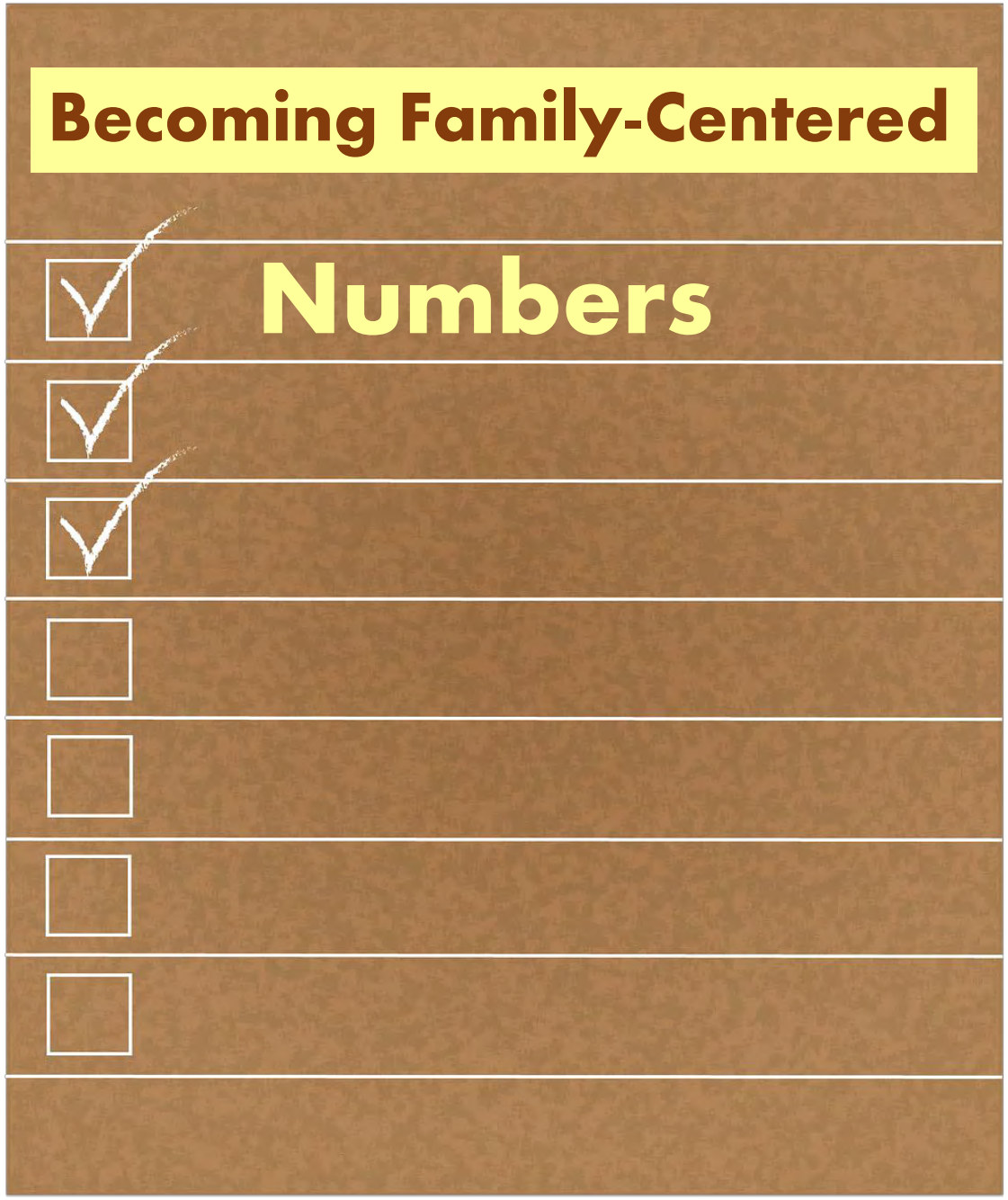


What steps can you take to move practice?



Add a box on your current intake form asking if your participants have children.

Count - *How many children of participants are in your court program?*



The Judge can:

- Ask clients if they have children
- Ask about other family relationships, such as non-custodial parents (identity, location and quality of relationship)
- Ask questions about family status at intakes

The Coordinator and Team can:

- Ask questions about family structure
- Strategize on how to get entire family into treatment
- Ensure that court information systems including tracking of family members
- Know how many of your clients have a child welfare case

Re-Thinking Your Caseload

- How are you counting your caseload?
- Shift from case managing adults to case managing families
- Does your database allow for family linking?

Domain	Performance Measure
Child Welfare	• Occurrence/Recurrence of Maltreatment • Children Remain at Home • Length of Stay in Out-of-Home Care • Timeliness of Reunification and Permanency • Re-entry to Out of Home Care • Prevention of Substance Exposed Infants
Substance Use Disorder Treatment	• Access to Treatment • Retention in Treatment • Length of Stay in Treatment
Parent Education	• Connection to Parenting • Completion of Parenting
Children's Intervention	• Connection to Children's Service • Completion of Children's Service

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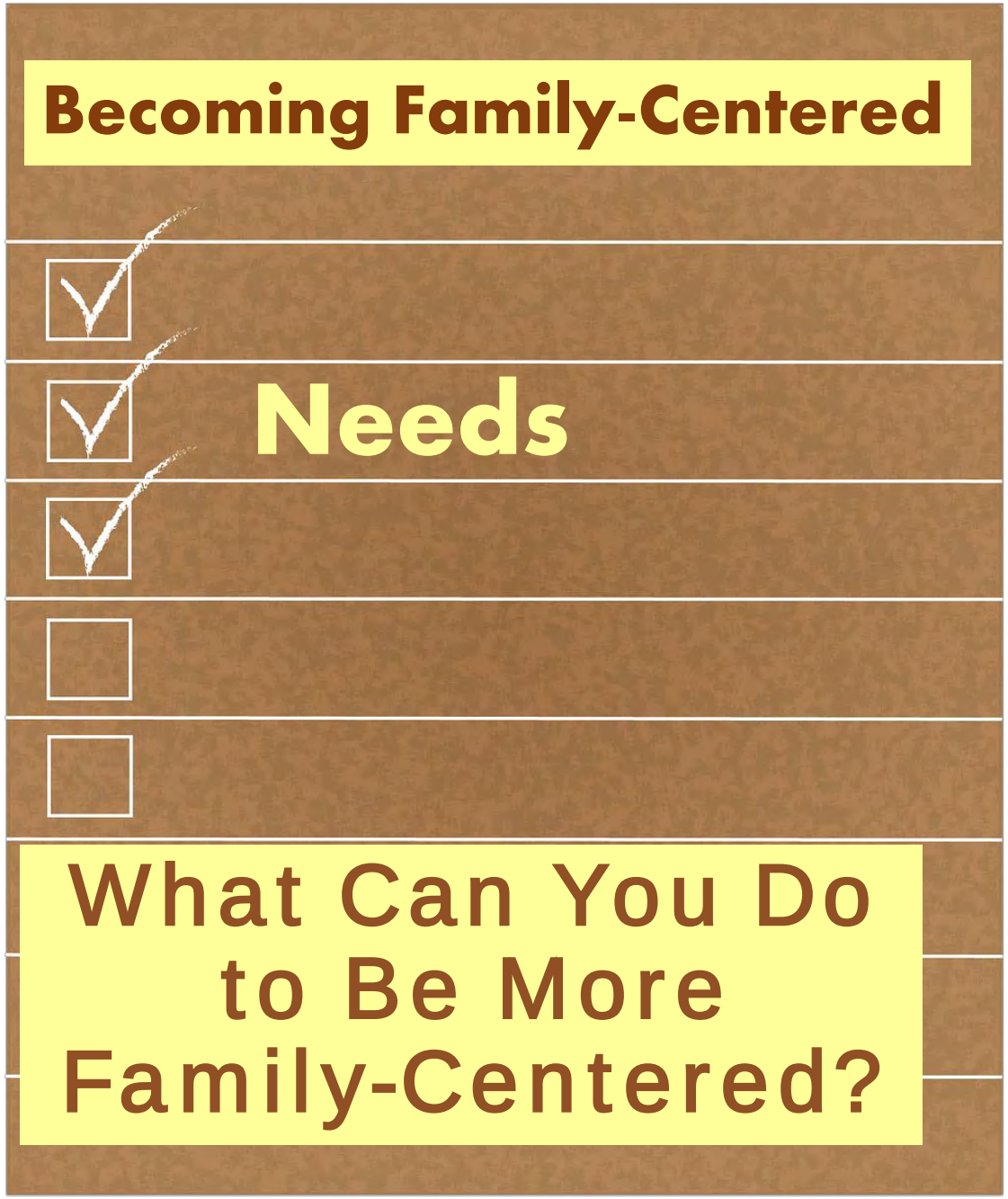


Adding the question to intake/enrollment/health history forms opens the conversation about needs.

Assess – What do the children and families need?

What are You Trying to Assess?

Domains:

- Participant demographics
- Family demographics
- History and current dynamic
- Emotional support system
- Substance use impact
- Family medical and mental health history
- Childcare
- Parenting
- Education
- Employment and financial status
- Trauma

Feedback From Montana Court Coordinators

Assessment process fostered rapport and contributed to building a relationship between the survey administrator and participant.

The process expanded administrators' view of a participant to include her/his family issues and dynamics and other factors affecting recovery.

Feedback From Montana Court Coordinators

"This experience opened up a world of needs that have gone unaddressed and also provided motivation for finding these services and linking with other community organizations."

Tool vs. the Team

Moving the conversation and attention from

What tool should we use?

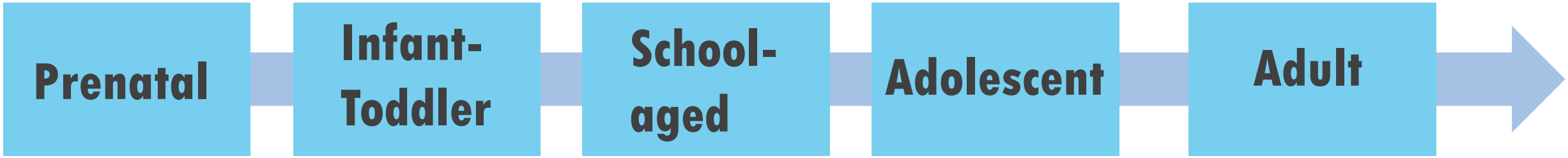
What information do we need? What is the purpose?

What are we going to do with the information?

How are we going to share it?

KEY STRATEGY

Provide evidence-based services to children and parents including services that address the parent-child dyad



New Beginnings

- Motivation to make health related changes is enhanced during pregnancy
- Prenatal care is a touch point to services

Edvardsson, K., Ivarsson, A., Eurenius, E., Garvare, R., Nyström, M. E., Small, R., & Mogren, I. (2011). Giving offspring a healthy start: parents' experiences of health promotion and lifestyle change during pregnancy and early parenthood. *BMC public health*, *11*(1), 936.
Crittenden, K. S., Manfredi, C., Lacey, L., Warnecke, R., & Parsons, J. (1994). Measuring readiness and motivation to quit smoking among women in public health clinics. *Addictive behaviors*, *19*(5), 497-507.

A Revised Approach to NAS Treatment

Report on a Multi-Year Improvement Effort

Interventions – Treat Mom like a Mom and Baby like a Baby

Non-pharmacologic NAS Treatment (morphine as needed)

+

Parent Empowerment, Mom and Infant admitted to general floor

+

Simplified NAS Assessment – Eat, Sleep and Consoled

+

Increased Interdisciplinary Communication and Coordination

Outcomes

Decreases in:

- Length of hospital stay for infants: 22.4 days to 5.9 days
- Pharmacological tx: 98% to 14%
- Costs: $44,824 to $10,289

No infants were readmitted for treatment of NAS and no adverse events were reported.

Grossman MR, Berkwitt AK, Osborn RR, et al. (2017). An Initiative to Improve the Quality of Care of Infants With Neonatal Abstinence Syndrome. *Pediatrics* 139(6):e20163360 -- Webinar link available from NCSACW@cffutures.org

What Practice Tells Us:

- Attachment-based treatment practices have produced **positive outcomes for women and children** in both residential and outpatient settings
- Family-focused treatment has produced **improvements in treatment retention, parenting attitudes, and psychosocial functioning**
- Postpartum women who had their infants living with them in treatment had **highest treatment completion rates and longer stays in treatment**

Family-Centered Approach - Adolescent Substance Use

- Family-based approaches to treating adolescent substance abuse highlight the need to engage the family
- Research shows that family-based treatments are highly efficacious; some studies even suggest they are superior to other individual and group treatment approaches
- Family-based approaches address a wide array of problems in addition to the young person's substance problems, including family communication and conflict; other co-occurring behavioral, mental health, and learning disorders; problems with school or work attendance; and peer networks.

Connecting Families to Evidence-Based Parenting Program

- Knowledge of parenting skills and 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)

Parenting Programs Specific to Families Affected by Substance Use Disorders

- **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

Please visit:

- **California Evidence-Based Clearing House -** www.cebc4cw.org

Grantee	EBPs Identified and/or Selected
Grantee A	• Baby Smarts (existing) • Positive Indian Parenting (new)
Grantee B	• Child-Parent Psychotherapy (existing) • Trauma-Focused Cognitive Behavioral Therapy (existing) • Alternatives for Families: A Cognitive-Behavioral Therapy (existing) • SafeCare (existing) • Celebrating Families! (new)
Grantee C	• Nurturing Families (existing) • Strengthening Families Program (existing) • Incredible Years (existing) • Triple P (existing)
Grantee D	• Celebrating Families! (existing) • Early Pathways (existing) • Parents Interacting with Infants (existing) • Solution-Focused Brief Therapy (new) • Caring for Children Who Have Experienced Trauma (new)

"Existing" – leveraging existing EBP community resource; "New" – implementing new EBP

KEY STRATEGY

Ensure responses to behaviors are sensitive to the needs of families

Things to Consider

When deciding on a response, consider the effect of that sanction would have on children and the parent-child relationship, and family's participation in case plan.

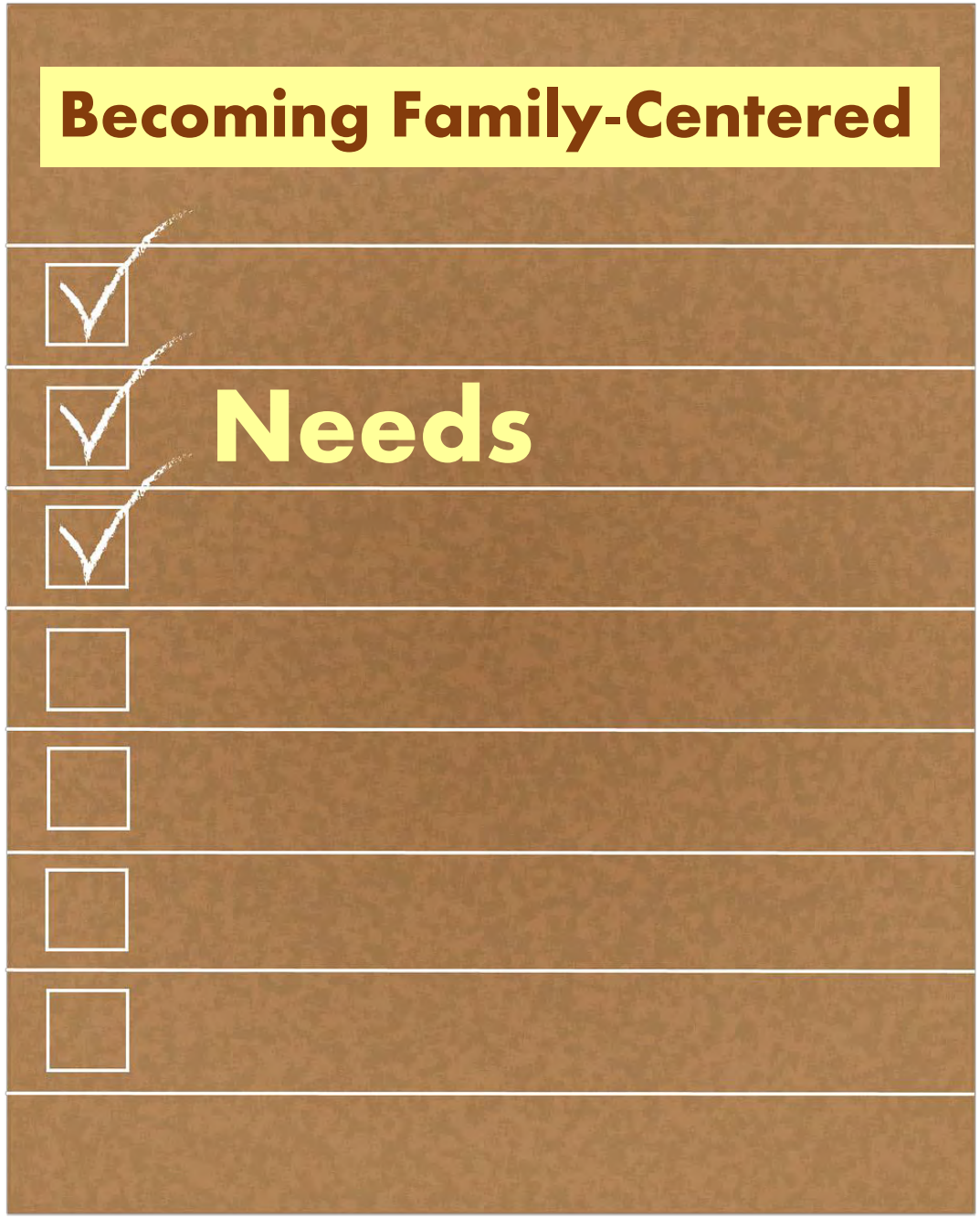
Children Need to Spend Time with Their Parents

How can your Treatment Court team:

- Remove barriers to parenting time?
- Support quality parenting time?
- Facilitate additional parenting time?

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: Weintrub (2008); Child Welfare Capacity Building Collaborative; Child Welfare Information Gateway, 2015)



The Coordinator and Team strategize:

- Are child's medical, developmental, behavioral, and emotional needs assessed?
- How will your DC ask clients if their children have received appropriate screenings and assessments?
- Has child and family been assessed for trauma? Relationship issues? Family Functioning?
- Did child receive appropriate interventions or services for the identified needs?

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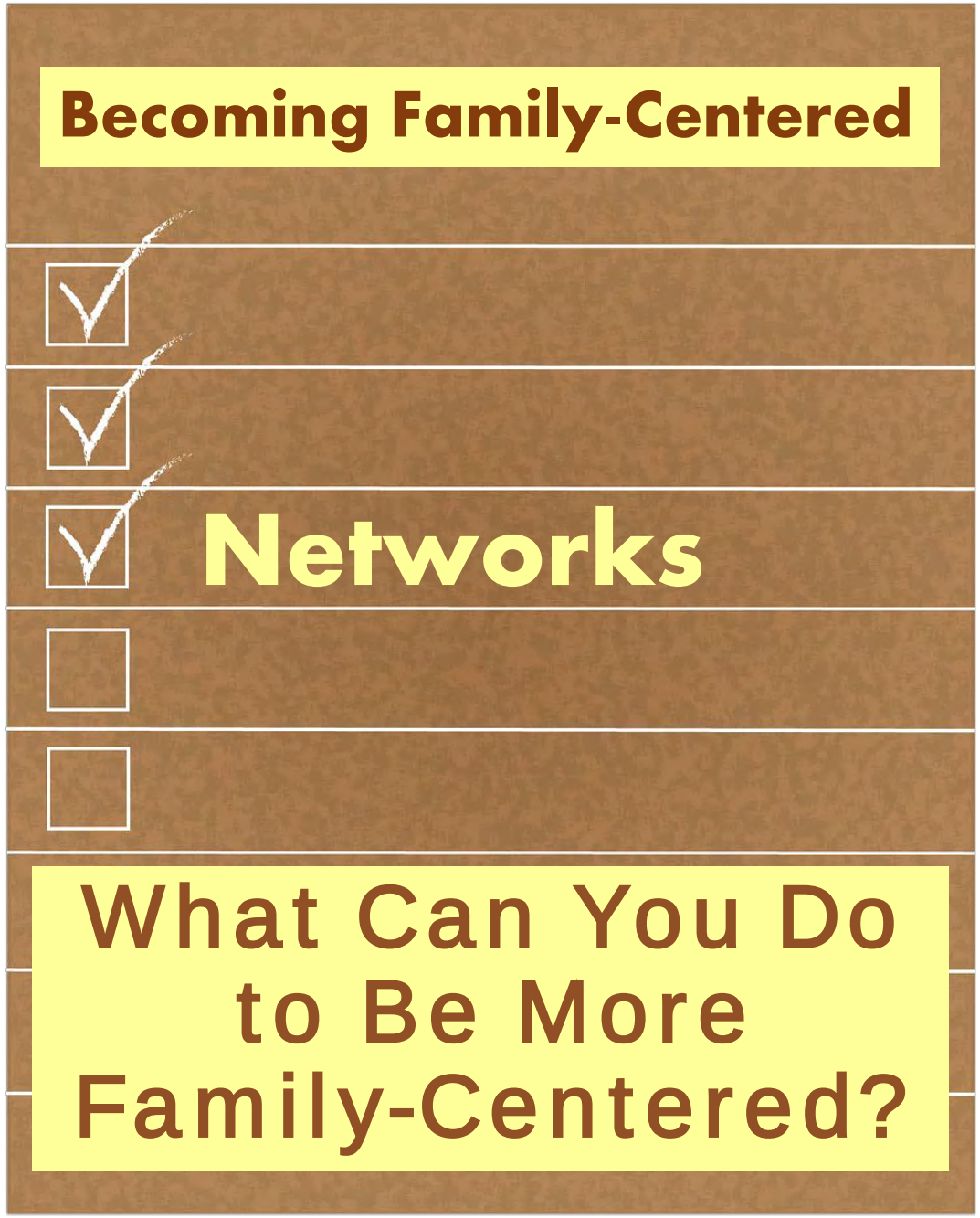
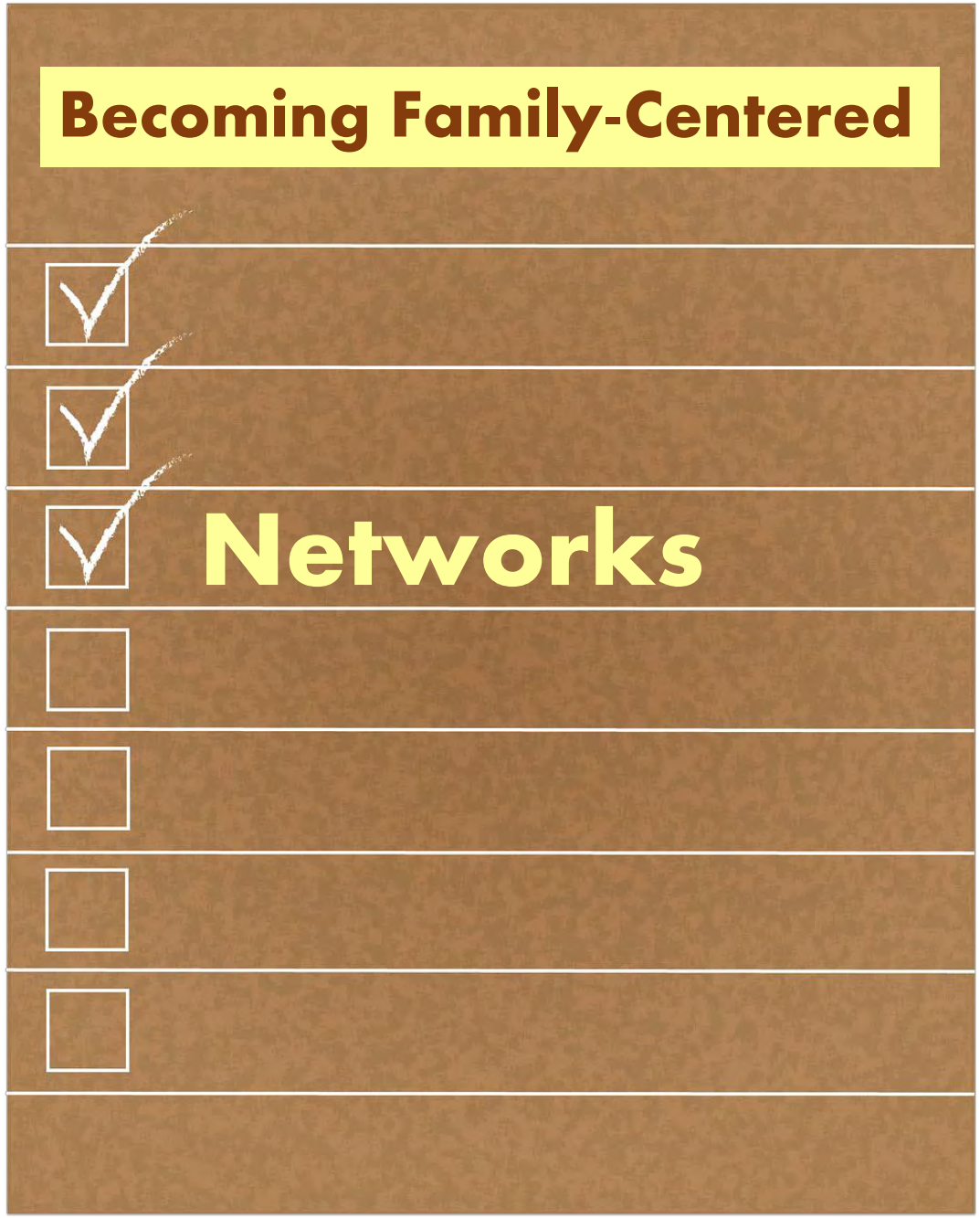


Opening the conversation allows for more informed treatment/care planning and the ability to identify the optimal and specific referrals/resources.

Refer – What networks exist or need to be developed to meet the identified needs?



The Coordinator and Team strategize:

- Do you refer and follow-up to outside agencies with children's services?
- Are child and family-serving agencies on your collaborative team?
- Are you mobilizing and linking to new resources from other agencies that already serve children and families?
- Have you developed formal relationships and information sharing protocols?
- How strong is your relationship with Child Welfare?

Parent-Child: Key Service Components

- Developmental & behavioral screenings and assessments
- Quality and frequent visitation
- Parent-child relationship-based interventions
- Trauma
- Early and ongoing peer recovery support
- Parent Education
- Community and auxiliary support

Multiple Needs Require Multiple Partners

PARENTS

- Parenting skills and competencies
- Family connections and resources
- Parental mental health; co-occurring
- Medication management
- Parental substance use
- Domestic violence

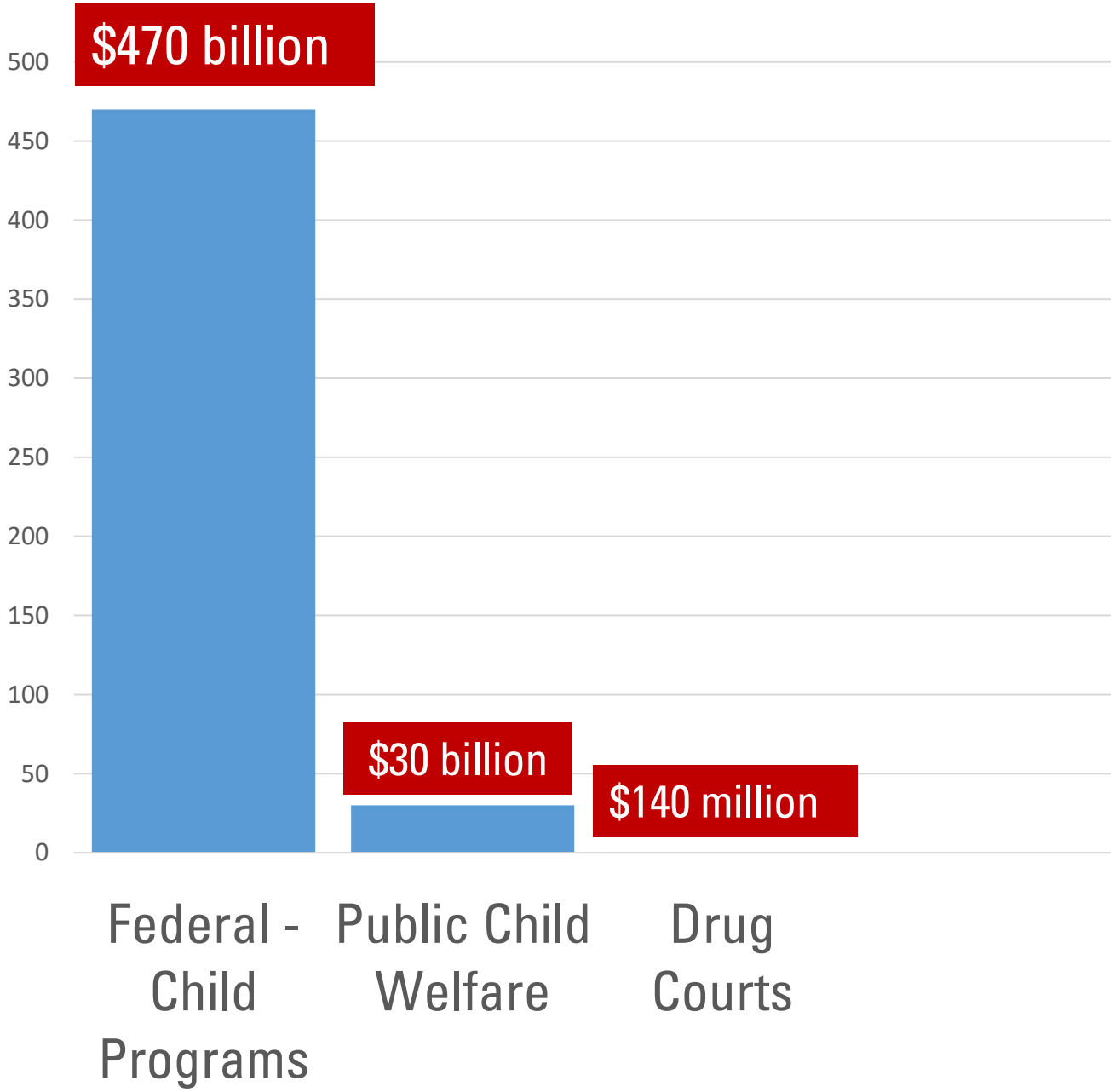
FAMILY

- Basic necessities
- Employment
- Housing
- Childcare
- Transportation
- Family counseling

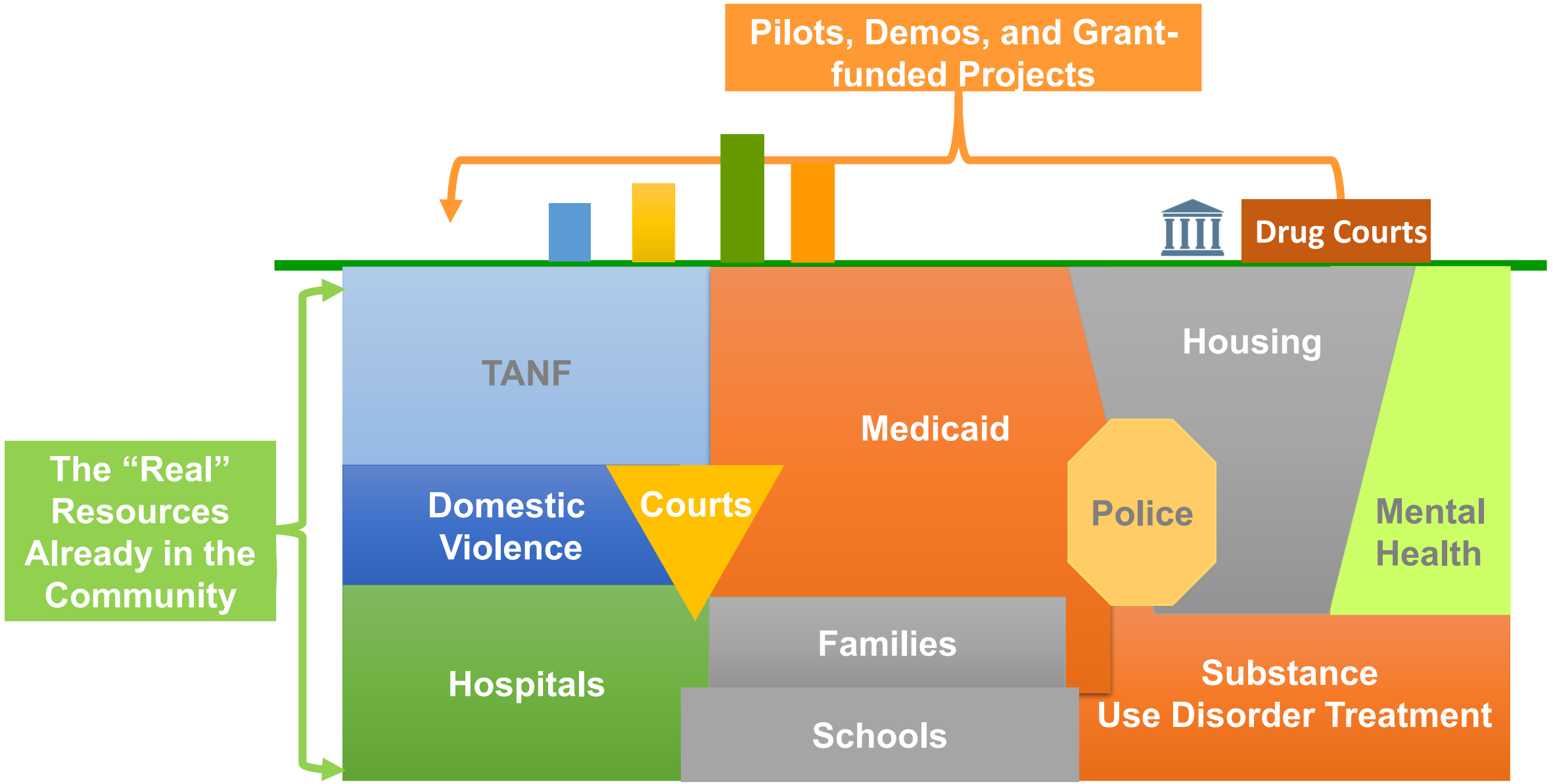
CHILD

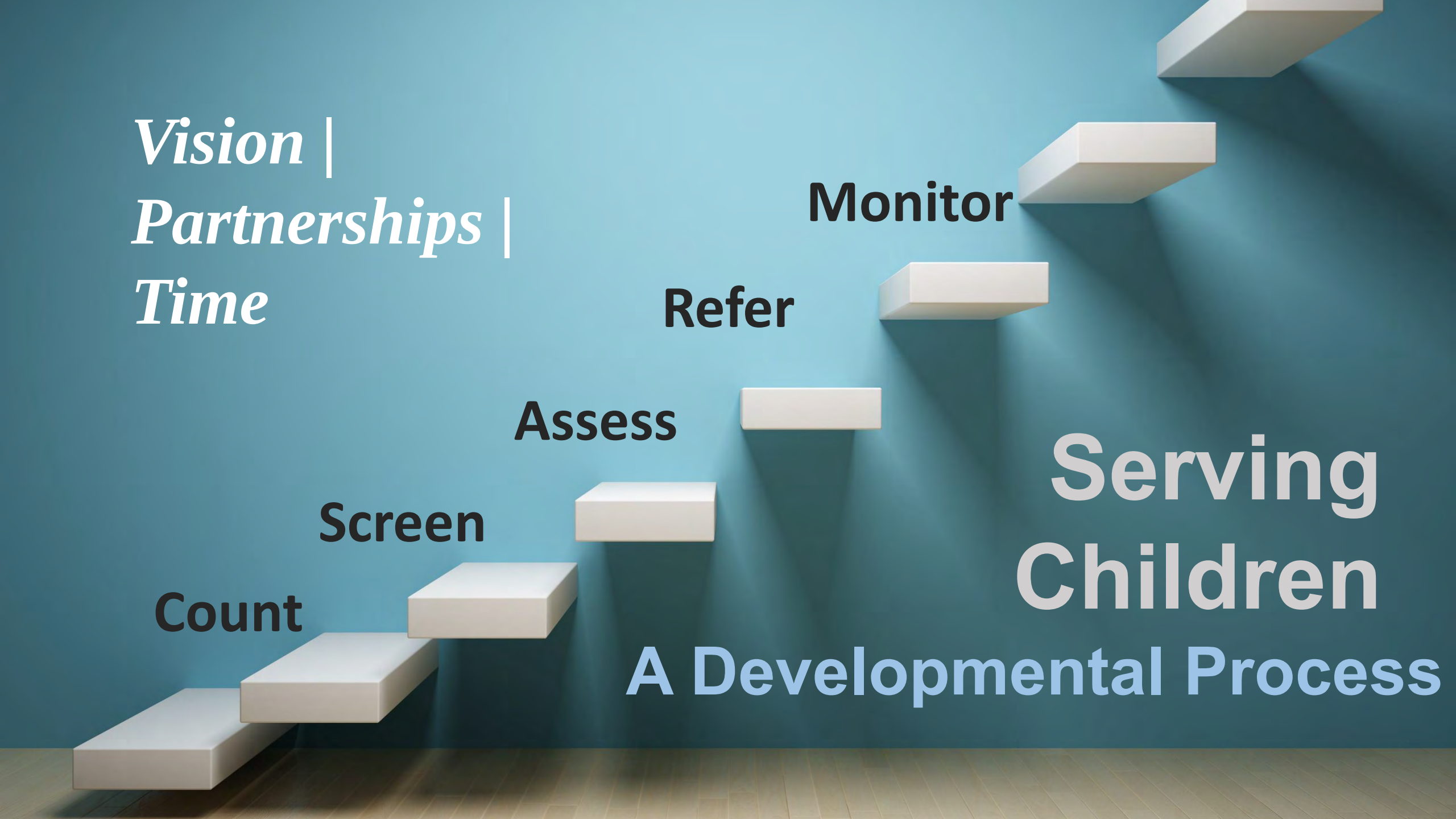
- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance use
- At-risk youth prevention

Getting a Piece of the Pie



Redirection of Resources Already Here




Vision |
Partnerships |
Time
Count
Screen
Assess
Refer
Monitor
Serving Children
A Developmental Process

PAUSE

Big steps
Small steps
Just keep moving

Q&A and Discussion

Strengthening Partnerships

Improving Family Outcomes

Contact Information

Family Drug Court Training and Technical Assistance Team

Center for Children and Family Futures

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(714) 505-3525

www.cffutures.org

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