



Oklahoma State Specialty Court Conference  
August 2015

Jane Pfeifer, MPA  
*Children and Family Futures*

*Assessing and Addressing*  
**Family Needs in Every Drug Court**

## Children and Family Futures

**The Mission:**  
To improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental health disorders



 25371 Commercentre Drive, Suite 140, Lake Forest CA 92630 | [www.cffutures.org](http://www.cffutures.org)



## Presentation Objectives

- Gain greater understanding why addressing family needs is important for individual and family recovery in all drug courts.
- Learn about the Family Strengths and Needs Survey and its implementation in pilot projects.
- Explore the impact of providing intensive services to children and families on well-being, permanency and safety outcomes.
- Explore practice and policy implications for addressing family needs, including the need for greater collaboration within drug court and the community.

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## Core Messages

**Don't forget the children—  
treatment is about families**

**Recovery for both parent  
and child occurs in the  
context of family**



# 8.3 million children

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

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**Adult Drug Courts**

**Juvenile Delinquency Drug Courts**

**Family Drug Courts**

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**60–75%**  
of participants in  
adult drug courts  
have at least  
one minor child

Did You Know?

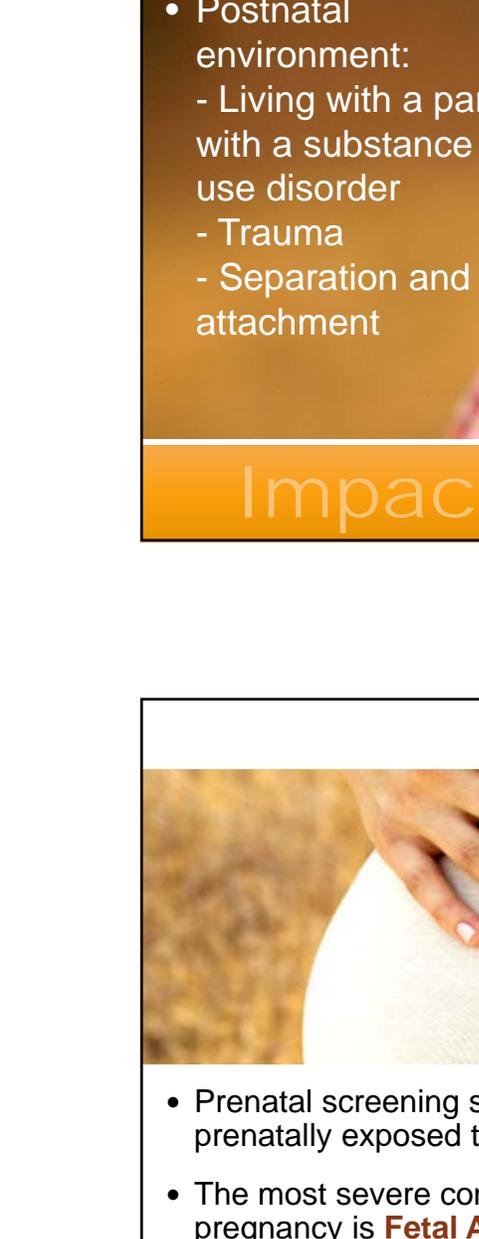
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## Raising the Bar— All Drug Courts are Family Courts



- Collaborative Courts **hold parents responsible** for their recovery and their parenting
- But to function effectively, courts must also **hold the system accountable** for responding to the needs of children
- If treatment has a family dimension, collaborative courts must **raise the bar on their capacity to serve families**



- 
- Prenatal exposure
  - Postnatal environment:
    - Living with a parent with a substance use disorder
    - Trauma
    - Separation and attachment

## Impact on the Child

### Prenatal Exposure



- Prenatal screening studies document **11–15%** of infants were prenatally exposed to alcohol, tobacco, or drugs
- The most severe consequence of exposure to alcohol during pregnancy is **Fetal Alcohol Syndrome (FAS)**, the largest **preventable** cause of birth defects and mental retardation
- **Fetal Alcohol Spectrum Disorder (FASD)**—full range of effects

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## Impact on the Child

- Executive functioning problems, inability to self-regulate and to generalize across situations
- Gross and fine motor delays
- Attention problems
- Memory difficulties
- Attachment disorders



**Children of parents with substance use disorders are at an increased risk for developing their own substance use and mental health problems.**

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## Postnatal Environment— Potential Impact of Living in Substance Abusing Family

The potential impact on the child can range from:

- Severe, inconsistent or inappropriate discipline
- Neglect of basic needs: food, shelter, clothing, medical care, education, supervision
- Situations that jeopardize the child's safety and health (e.g. drug manufacturing and trafficking)
- Trauma as a result of all of the above as well as from removal
- Disruption of parent/child relationship, child's sense of trust, belonging
- Chronic trauma of childhood

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## Sources of Trauma in the FDC Population?



Source: E. Telford, Children's Research Triangle, 2012

- Neglect
- Physical abuse
- Sexual abuse
- Placement history

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## Childhood Trauma

**Trauma disrupts all aspects of normal development,**

especially during infancy and early childhood, including:

- Brain development
- Cognitive growth and learning
- Emotional self-regulation
- Attachment to caregivers and social-emotional development
- Trauma predisposes children to subsequent psychiatric difficulties



Source: Lieberman et al., 2003

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## We Know the Costs: Children of Parents with a Substance Use Disorder



- 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

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## The Costs of Ignoring One or the Other

- The **parents** lack understanding of and 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), relationship issues and family functioning
- **Families** often need longer access to supportive services following reunification

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## Importance of a Cross-Systems Response

- Effective family interventions require **collaboration** to facilitate meaningful and sustainable family involvement and successful individual and family outcomes.
- Interventions are most effective when implemented within the context of a **coordinated, cross-system approach**
- Interventions should consider youth's and family's ecology—extended family, peers, school, and neighborhood.
- Youth substance use and juvenile delinquency are often **multi-generational problems** that can only be addressed through a **coordinated approach across multiple systems** to address needs of **both parents and youth**

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## What is the Relationship Between Children's Issues and Parents' Recovery?

A black and white photograph of a man's profile on the left side of the slide. He is wearing a dark suit jacket and has his right hand raised to his face, with his fingers resting against his cheek and temple. The background is white.

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

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

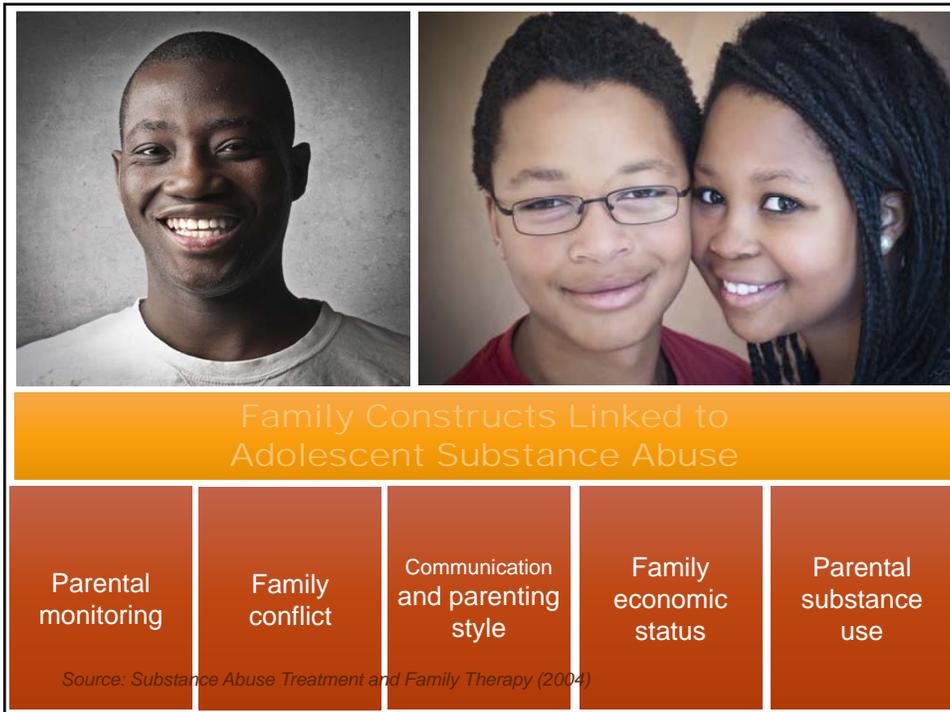
- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained sobriety
- Additional substance-exposed infants
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being

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## Challenges for the Parents

- The parent or caregiver's lack understanding of and ability to cope with the child's medical, developmental, behavioral and emotional needs
- The child's physical, developmental needs were not assessed, or the child did not receive appropriate interventions/treatment services for the identified needs
- The parent and child did not receive services that addressed trauma (for both of them) and relationship issues

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

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

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

*Source: David Sheff, 201*



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

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



### Key Elements of Effective Treatment for Adolescents

1. Screening and comprehensive assessment to ensure understanding of the full range of issues the youth and family are experiencing.
2. Comprehensive services to address the adolescent's substance abuse problem as well as any medical, mental health, familial, or education problems.
- 3. Family involvement on multiple levels.**
4. Developmentally appropriate services and therapies to address the different needs and capabilities of adolescents and their families.
5. Strategies to engage and keep adolescents and their families in treatment.

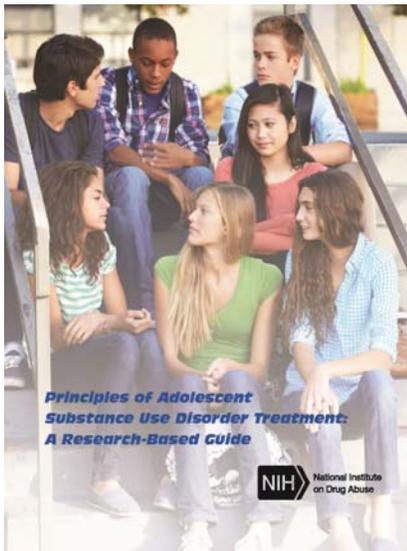


## Key Elements of Effective Treatment for Adolescents

5. Qualified staff with the knowledge of and experience with adolescents/young adults with substance abuse problems and their families.
6. Cultural and gender differences.
7. Aftercare support for the adolescent and the family.
8. Data gathering to measure outcomes and success of the program.

Source: Drug Strategies. 2003. *Treating Teens: A Guide to Adolescent Drug Programs*. Washington, DC: Drug Strategies

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## Principles of Adolescent Substance Use Disorder Treatment

### #8– Families and the community are important aspects of treatment.

The support of family members is important for an adolescent's recovery. Several evidence-based interventions for adolescent drug abuse seek to strengthen family relationships by improving communication and improving family members' ability to support abstinence from drugs....

Source: National Institute on Drug Abuse, January 2014

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## Family-Centered Approach



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

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## Substance Use and Child Maltreatment



Substance use and child maltreatment are often **multi-generational problems** that can only be addressed through a **coordinated approach across multiple systems** to address needs of **both parents and children**

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## Raising the Bar— All JDCs are Family Courts



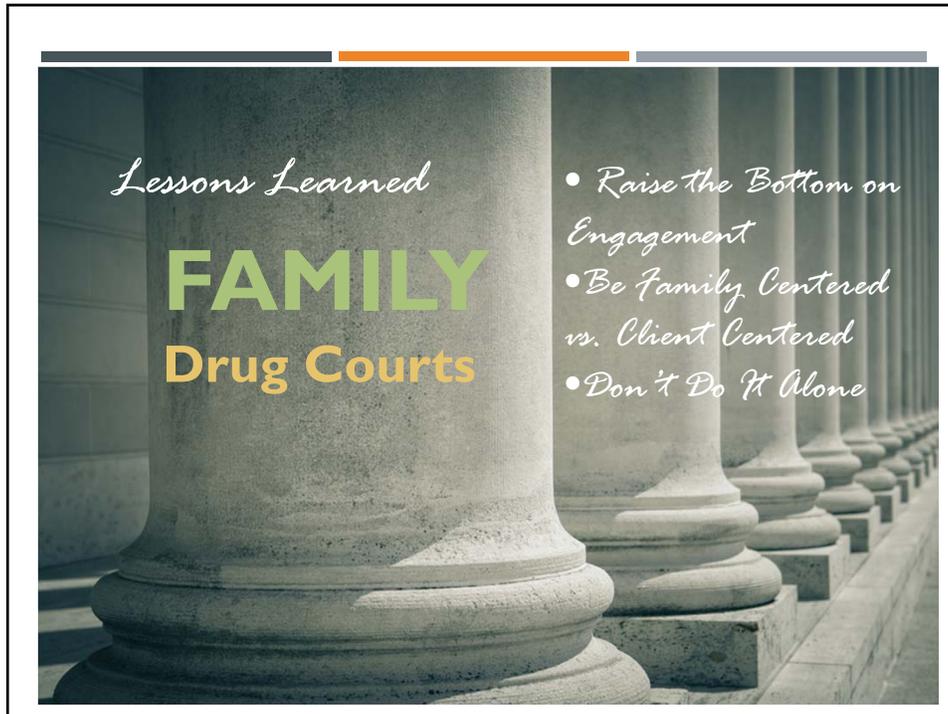
- Juvenile Drug Courts **hold youth responsible** for their recovery and behavior
- But to function effectively, courts must also **hold the system accountable** for responding to the needs of family
- If treatment has a family dimension, collaborative courts must **raise the bar on their capacity to serve families**

## You Do Not Have to Do it Alone!



- The challenge is *not* to divert resources from treating youth to help their parents
- But to mobilize and link to new resources from other agencies that already serve families and parents
- Include family-serving agencies on your collaborative team
- That's what collaborative means!

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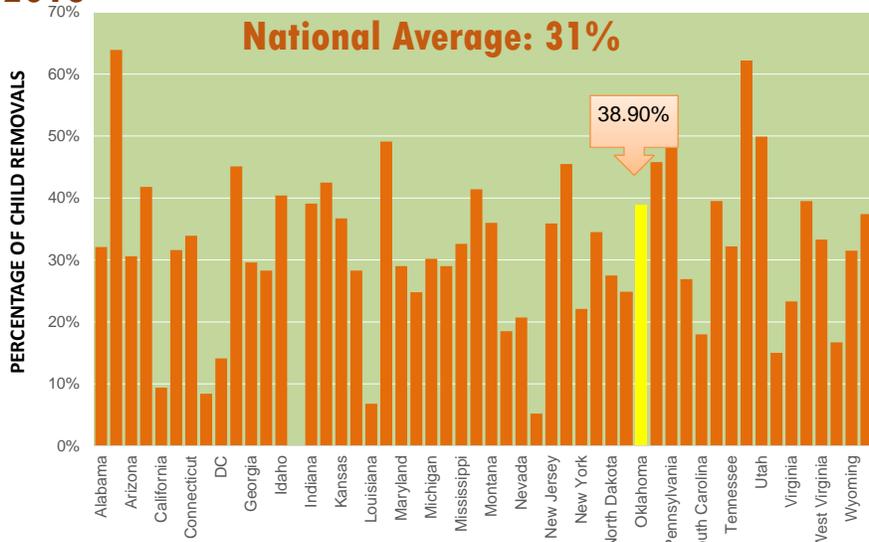


## Statements of the Problem

**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; 67% with two (Smith, Johnson, Pears, Fisher, DeGarmo, 2007)

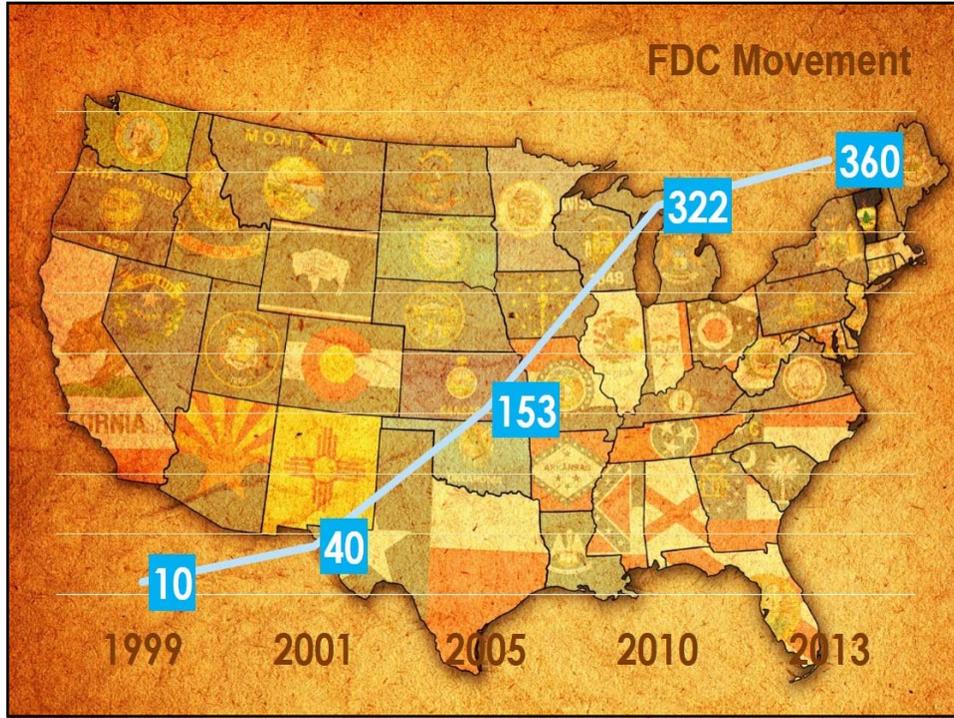
## Parental Alcohol or Other Drugs as Reason for Removal, 2013



Source: AFCARS 2013

### What are Family Drug Courts?

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



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*We are learning more about*

## Engagement & Retention

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# 3Ms

A Framework for  
Serving Families  
in Drug Court



Mapping out Needs  
Matching Needs  
Through Services  
Monitoring Progress



# 3Ms

A Framework for  
Serving Families  
in Drug Court



Larger System

How well  
do you  
know?



Drug Court population



Your community



## Mapping Out Needs

### System Data

- What is the prevalence rate of families affected by substance use disorders in the larger pool of potential referrals?
- What is the penetration rate?

### Family Needs & Challenges

- Have you identified needs among participants and families?
- Have you defined severity of need for treatment services?
- What are the unmet needs?
- What are the service gaps?

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## Matching Needs through Services

- Do you know what services are available in the community?
- Are you matching needs with appropriate intensity level of service?
- What new partnerships are necessary to fill service gaps?

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## Monitoring Progress

- How are you monitoring client progress?
- How are you monitoring project effectiveness?
- How are you monitoring partnerships?
- Do you have data systems and case management that is focused on both the drug court project and the larger system?
- Do you have annual evaluations that include compelling data (i.e. cost offset data) to convince policy leaders to expand scope and scale?

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## What Works

Strategies and  
Essential  
Elements for  
Engaging  
Participants

## Family Engagement and Retention in Treatment

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, Alumni Groups

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## JDC — Engaging Parents

- Discuss the **“role of the parent”**— consultants, collaborators, co-clients?
- Discuss parent’s **attitude towards treatment**
- Discuss parent **perception of responsibility** for their child’s behavior; discuss perception of what the parties think of them as a contributing factor to the child’s SUD
- Are you giving the parents the impression that they’re at fault— how you deal with them is critical

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## Engaging Parents

- Understand **adolescent development**— normal development and atypical
- Understand **prenatal/environmental exposure** and impact on functioning
- Ask parents— “**Do you understand** your child’s assessments, intervention and treatment services?”
- Ask parents— “**Are you getting the help** you need to effectively parent your child?”

Program expectations, requirements and timelines are clearly explained and written in “understandable” language  
Clear and consistent referral process— preferably *Warm Hand-Off*

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## Engagement Strategy— Trauma Systems Therapy

- Adolescents whose caregivers are involved and engaged in treatment likely will have a better outcome than those whose caregivers do not believe that treatment will help and are unwilling to work with treatment providers.
- For example, **Trauma Systems Therapy (TST)** addresses the importance of involving both the youth and families in care. Strategies for family involvement in TST include:
  - Determine what changes the families would most like to see and incorporate those changes into the treatment so the families have a clear motivation for engaging in treatment
  - Provide psychoeducation to the family regarding the presenting problem and how they can help
  - Validate parents’ past and ongoing efforts to help the adolescent
  - Acknowledge parents’ stress and burden (as both a parent and an individual)
  - Generate hope and act as an ally for the parent

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## Engagement Strategy— Parent Support Group

- Can be incorporated following weekly JDC session
- Staffed by an outside treatment provider or designated juvenile court worker
- Focus on education on complexities of addiction and adolescent development
- Group process provides guidance and encouragement; opportunity to express concerns about parenting without repercussion

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## Engaging Adolescents

- Focus on **family, school and community**
- Immediate use of judicial **sanctions and incentives**
- Enhance motivation through **personalized responses**



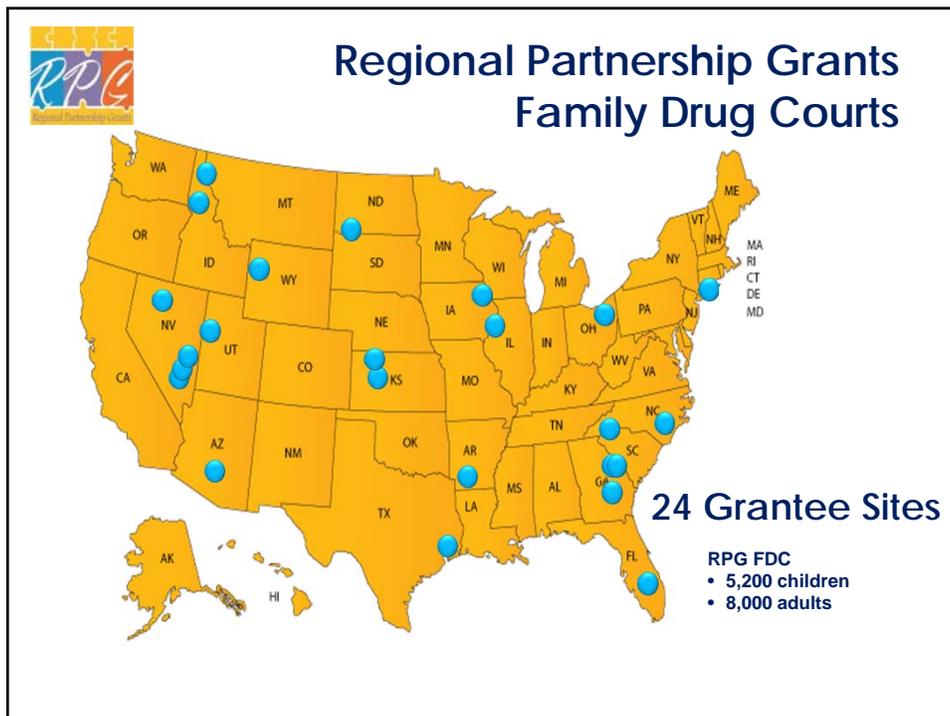
Source: Wormre & Lutze (2011)

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## Engaging Families by Asking

- Are you **involved in any other Court** system? Can this Court obtain information about your other case(es)? Are there other Court orders that may impact your family's progress
- Ask parents— “**Do you understand** your child's assessments, intervention and treatment services?”
- Ask parents— “**Are you getting the help** you need to effectively parent your child?”

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## Retention in Substance Abuse Treatment

- Rates of participation, median length of stay in substance abuse treatment and positive treatment outcomes were **significantly higher** among grantees **implementing FDCs** compared to other strategies.
- The longest median lengths of stay in substance abuse treatment and the highest proportion of positive treatment outcomes are associated with **Recovery Coaches** alone, and with the combination of Recovery Coaches and **Intensive Case Management**.

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*We are learning more about*

Serving Families

Serving Children



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## FDC Practice Improvements

*Approaches to child well-being in FDCs have changed.*



## Children Affected by Methamphetamine Grant Program



## Challenges Being Addressed by CAM Grantees



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

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

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*We are learning more about*



## Importance of Collaboration

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## Child and Family Services



- Maternal and child health
- Mental health
- Child development
- Youth services
- Special education
- Delinquency prevention

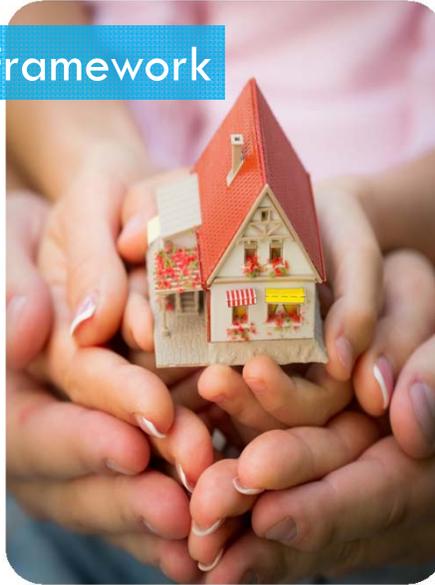
*Are child and family-serving agencies on your collaborative team?*

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A Framework

3Ns

NUMBERS  
NEEDS  
NETWORK

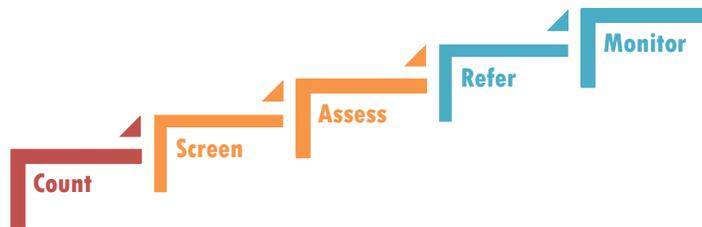


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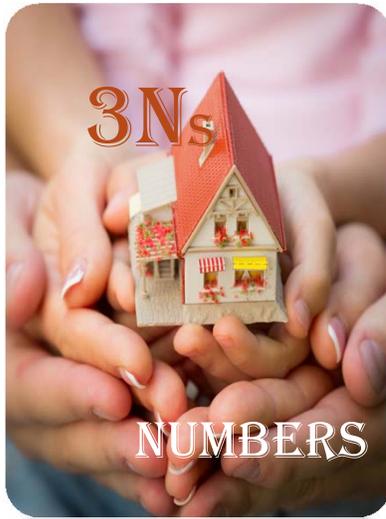
Serving Children & Families—  
A Developmental Process

3Ns

Numbers Needs Network



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**How can Collaborative Courts determine the number of children associated with participant adults?**

*You can't coordinate what you can't count.*

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## Numbers

- How will your Court ask clients if they have children?
- How will your Court ask about other family relationships, such as non-custodial parents (identity, location and quality of relationship)?
- Ask questions about **family status** at intakes?
- Strategize on how to get **entire family into treatment** to assist in identification of parental drug use and facilitate treatment
- Ensure that **court information systems** including tracking of family members

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**How can Collaborative Courts determine the needs of children and families associated with participant adults?**

*What services and supports do these children and families need?*

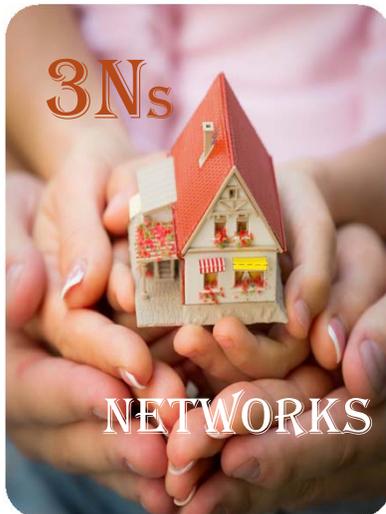
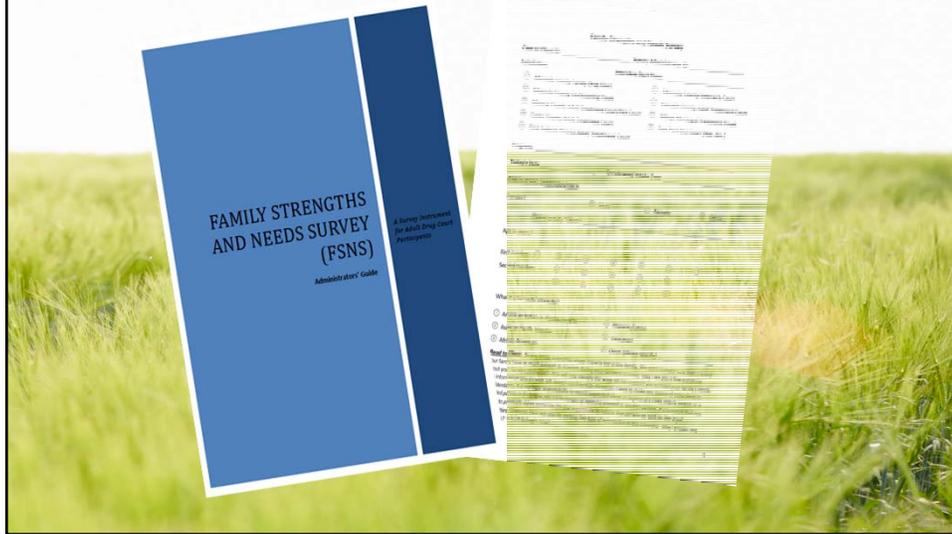
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## **Needs – Guiding Questions**

- Are child's medical, developmental, behavioral, and emotional needs assessed?
- How will your Court ask clients if their children have received appropriate screenings and assessments?
- Has the child and family been assessed for trauma?  
Relationship issues?
- Did the child receive appropriate interventions or services for the identified needs?
- Do the parents have an understanding of the child's identified needs? Are they able to cope with the child's needs?
- Does the family have access to long-term supportive services?
- Are you providing training and education to the Court Team, including judicial leaders on the importance of serving children and families?

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## Family Strengths and Needs Survey



**How can Collaborative Courts build lasting effective networks or partnerships to respond to the needs of these children?**

*You don't have to do it alone- that's what collaborative means*

## Building A Network of Services

- How will you refer and follow up to outside agencies with children's services?
  - You need an inventory of children's services
    - Ask your Family Drug Court, Juvenile Drug Court, Veterans Treatment Court
    - Ask local coordinating bodies
    - Ask local congregations
- How will you ensure availability of evidence-based, family-centered treatment services?
  - Which agencies just got new federal or state funding? Are children in their caseloads? Should they be?

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## Comprehensive Treatment and Support

- Family-centered services
  - Interventions with parents and children
  - Attached focused interventions
  - Successful visitation
- Evidence-based treatment and services
  - Peer/Parent mentors
  - Home services
  - Recovery support specialists
  - Parenting services
- Gender-responsive
- Trauma-informed and focused
- Clinically sound, non-judgmental and nurturing relationships with staff
- Ongoing support

## Network - Guiding Questions



- 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?

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## Q&A and Discussion





## Resources

**Miami Child Well-Being Court Model**

THE MIAMI CHILD WELL-BEING COURT™ MODEL  
**Essential Elements and  
Implementation Guidance**



Prepared by  
Jennifer Goldman Fraser, PhD, MPH  
Cecilia Casanueva, PhD

THE MIAMI CHILD WELL-BEING COURT™ MODEL  
**A Handbook for Clinicians**



Prepared by  
Jennifer Goldman Fraser, PhD, MPH  
Cecilia Casanueva, PhD

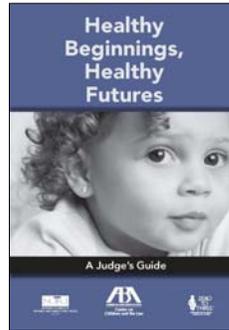
**For more information, visit:**  
<http://www.lindaraycenter.miami.edu/Home.html>

## Child-Centered Resources



Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System

To download a copy:  
[http://www.ncjfcj.org/images/stories/dept/ppcd/pdf/spr%2004\\_4%20osofsky%20et%20al.pdf](http://www.ncjfcj.org/images/stories/dept/ppcd/pdf/spr%2004_4%20osofsky%20et%20al.pdf)



*A Judges Guide* - addresses the wide array of health needs of very young children in the child welfare system

To download a copy:  
[http://www.americanbar.org/groups/child\\_law/pages/healthybeginnings.html](http://www.americanbar.org/groups/child_law/pages/healthybeginnings.html)

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## Child-Centered Court Resources



Helping Babies from the Bench: Using the Science of Early Childhood Development in Court -DVD

To request a copy of this DVD, visit:  
[www.zerotothree.org](http://www.zerotothree.org)

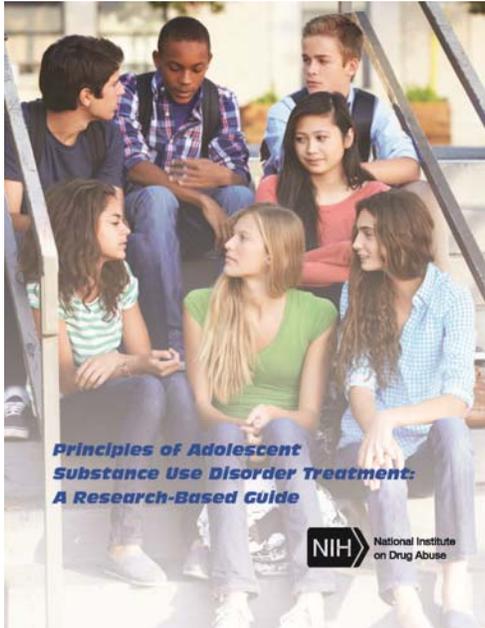


Child-Centered Practices for the Courtroom & Community

by Lynn F. Katz, Cindy S. Lederman, and Joy D. Ososky (2011)

Available at:  
[www.Amazon.com](http://www.Amazon.com)

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**Principles of Adolescent  
Substance Use Disorder Treatment:  
A Research-Based Guide**



## National Institute on Drug Abuse

To download, visit:

<http://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide>

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## Save the Dates!

To for more information,  
including registration, please visit:  
[www.familydrugcourts.blogspot.com](http://www.familydrugcourts.blogspot.com)

- March 12<sup>th</sup>** Building Your FDC - Design or Default?
- April 16<sup>th</sup>** Leading the Team - So Who Wants to Be an FDC Coordinator?
- May 14<sup>th</sup>** Leading from the Front Line - Case Managers in the FDC and Why You Need Them
- June 11<sup>th</sup>** Leading Change - Prevention & Family Recovery Project
- Aug. 13<sup>rd</sup>** Peer Learning Courts - TED Talks
- Sept. 10<sup>th</sup>** Leading Change - State System Reform Project

## Leading Change 2015

Family Drug Court Learning Academy Webinar Series



To download a copy today visit our website:

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



**FDC Discipline Specific Orientation Materials**

**Child Welfare | AOD Treatment | Judges | Attorneys**

Please visit: [www.cffutures.org/fdc/](http://www.cffutures.org/fdc/)



★ **FAMILY DRUG COURT  
PEER LEARNING COURT  
PROGRAM**

**CONTACT US FOR MORE INFORMATION:**  
[PeerLearningCourts@cffutures.org](mailto:PeerLearningCourts@cffutures.org)



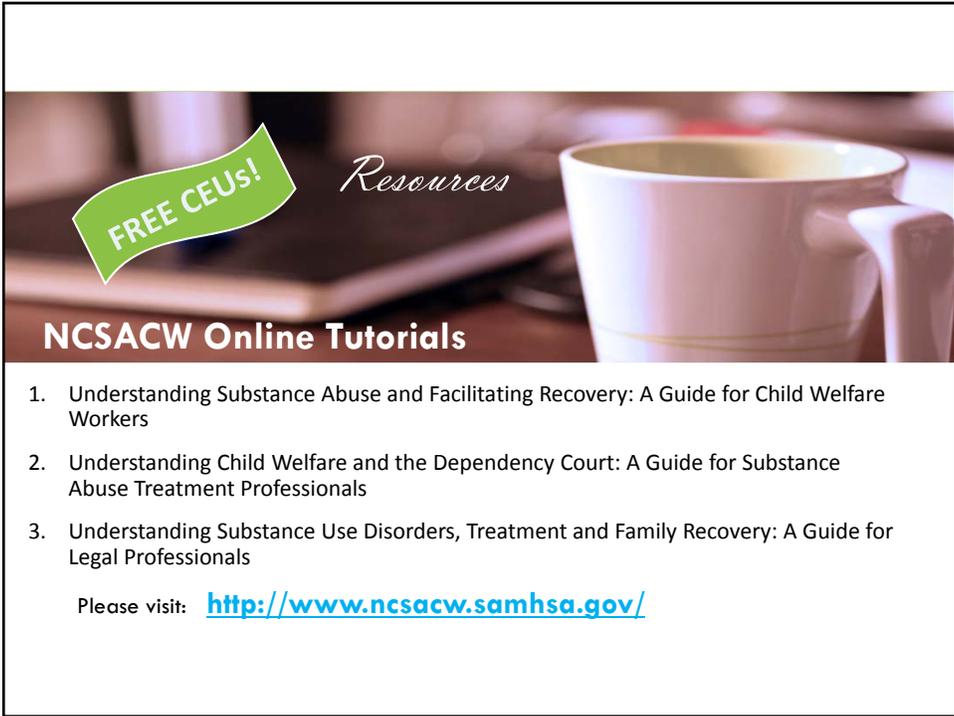
*Leading Change*

**2015**

**FDC Learning  
Academy Blog**

- FDC Peer Learning Court
- FDC Podcasts
- Leadership Resources
- FDC Video features
- Webinar registration information

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



**FREE CEUs!** *Resources*

### NCSACW Online Tutorials

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

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



*Coming in Summer 2015*

### Family Drug Court Online Tutorial



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

# Contact Information



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