The Parent-Child Relationship: The Unique Opportunities of FDTCs to Achieve Improved Outcomes

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Acknowledgement

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Points of view or opinions expressed in this presentation are those of the presenter(s) and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.
Learning Objectives

• Gain understanding of the importance of a comprehensive family-centered approach in serving families in FDCs, healing the parent-child relationship, and keeping kids safe
• Highlight two FDCs programs from Nebraska and Sacramento and how their approach in supporting the parent-child relationship to achieve recovery, safety, and permanency outcomes
• Explore strategies on how to leverage collaborative partnerships to meet the multiple and complex needs of participant families
What have we learned?
How Collaborative Policy and Practice Improves

5Rs

- Recovery
- Remain at home
- Reunification
- Re-occurrence
- Re-entry
First Family Drug Courts Emerge – Leadership of Judges Parnham & McGee

Six Common Ingredients Identified (7th added – 2015)

Grant Funding – OJJDP, SAMHSA, CB

Practice Improvements – Children Services, Trauma, Evidence-Based Programs

Systems Change Initiatives

Institutionalization, Infusion, Sustainability

FDC Movement

1994
2002
2004
2007
2014
Next
Important Practices of FDCs

- System of identifying families
- Timely access to assessment and treatment services
- Increased management of recovery services and compliance with treatment
- Improved family-centered services and parent-child relationships
- Increased judicial oversight
- Systematic response for participants – contingency management
- Collaborative non-adversarial approach grounded in efficient communication across service systems and court

Sources: 2002 Process Evaluation and Findings from 2015 CAM Evaluation
FDC Model & Unique Focus

Judicial Oversight

Drug Court Hearings

Therapeutic Jurisprudence

Comprehensive Services

Intensive Case Management & Recovery Support

Enhanced Family-Based Services
Addiction affects the whole family

Developmental impact

Generational impact

Impact on parenting

Psycho-social impact
Scope of Services

FDCs should provide the scope of services needed to address the effects of parental substance use on family relationships – family based and family – strengthening approaches towards recovery.

Family is the Focus
Family Recovery

**Needs**

**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
- Child care
- Transportation
- Family counseling

**CHILD**
- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance use
- At-risk youth prevention
Rethinking Parent Recovery

- Parent recovery must occur in the context of family relationships
- Connect with services that strengthens families and supports parent-child relationships

85% of children in substantiated abuse and neglect cases either stay home or go home
Rethinking Child Well-Being

Stay home
Go home
Find home

“the remarkable ability to find their way home, even across huge and disorienting distances”
A Collaborative System

Children in Focus
Early Intervention
Family Drug Court:

Sacramento County, California

Sharon DiPirro-Beard LMFT
Early Intervention Family Drug Court

- Collaboration between Child Welfare and Alcohol and Drug Services
- Increase well-being and improve permanency outcomes for children affected by parental drug use
- Enhances Child Welfare Service interventions with families before removal of children is necessary
EIFDC Goals

- Remain in home without court dependency
- Treatment and service compliance
- Re-occurrence of maltreatment
- Child welfare and court costs for reports, attorneys and proceedings
- Support for families through linkages to community resources
• Mother and/or baby tests positive for drugs at time of delivery
• Parents with children ages 0-5, affected by drug use (primarily methamphetamine)
• Emergency Response Social Worker, using appropriate assessment tools and guidelines (SDM), assesses that parent meets criteria for Informal Supervision (IS) services with children under age of six
• Parent agrees to participate in EIFDC IS services
• Parent signs an IS case plan, EIFDC consent form and a viable petition is drafted but held in abeyance
Judicial Oversight + Engagement & Intensive Case Management

Drug Court Hearings

EIFDC Administrative Officer

Informal Supervision Social Worker

Specialized Treatment and Recovery Services (STARS)
Key Service Components

- Implementation of Celebrating Families
  - 16-week curriculum for families affected by parental substance use and child maltreatment and/or neglect
- Linkage to local Family Resource Center
- Warm-hand offs and case management support provided by Recovery Resource Specialists
Sacramento County
Family Drug Court Programming

- Dependency Drug Court (DDC)
  - Post-File
  - Early Intervention Family Drug Court (EIFDC)
    - Pre-File

Parent-child parenting intervention
Connections to community supports
Improved outcomes

DDC has served over 4,200 parents & 6,300 children
EIFDC has served over 1,140 parents & 2,042 children
CIF has served over 540 parents and 860 children
Recovery  Access to, length, and completion of treatment for substance use disorder

Remain at Home  Child removals

Reunification  Length of removals, and child reunification.

Re-occurrence  Re-occurrence of child abuse and/or neglect

Re-Entry  Removals following child reunification

Graduation from FDC
Meth or other amphetamines was most common primary substance. Parents in DDC were more likely than parents in EIFDC to report opiates as their primary drug.
Heroin or other opioids as primary drug used has increased among parents in DDC and EIFDC. The percent of parents reporting heroin or other opioid use among parents in EIFDC has tripled since 2007/08 FY.
Treatment completion rates were higher for parents in DDC and EIFDC than the overall County rate. Parents provided CIF Enhancement were significantly more likely to successfully complete treatment.
Almost all children in EIFDC were able to stay in their parents care. Families provided the CIF Enhancement were on average more likely to have children stay home.
Families in DDC or EIFDC were less likely than the larger Sacramento County population to experience reoccurrence of child abuse and/or neglect.
Families in DDC were less likely than the larger Sacramento County population to experience removals of children following reunification.

DDC: n.s. p > 0.05
## Cost Avoidance

During FY 12-13, the average monthly OOHC costs was $1,605 ($52.77 per day).

<table>
<thead>
<tr>
<th></th>
<th># of Children Removed</th>
<th>Average # of Days Removed (per child)</th>
<th>Average Cost per Child (average days removed x $52.77)</th>
<th>Cost Savings per Child (average cost tx. – average cost comp.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDC</td>
<td>689</td>
<td>334.7</td>
<td>$17,662.12</td>
<td>$26,833.55</td>
</tr>
<tr>
<td>DDC Comparison Group</td>
<td>170</td>
<td>843.2</td>
<td>$44,495.66</td>
<td></td>
</tr>
</tbody>
</table>

**Cost Avoidance**: $2,683,354.50 per 100 children served

DDC: $17,662.12 per child
DDC Comp: $44,495.66 per child
Cost Savings: $26,833.55 per child
Graduation from FDC

**Graduation Rates**

- **DDC Only**: 33.6%
- **DDC + CIF**: 54.7%
- **EIFDC Only**: 27.0%
- **EIFDC + CIF**: 45.8%

*Families provided the CIF Enhancement were significantly more likely to graduate FDC.*

DDC and EIFDC: $p < 0.05$
• CIF program has been sustained
• CIF process has remained consistent
• Evaluation of impact on outcomes of FTDC is evaluated
• CWS recognized added value of program in combination with FTDC both in wellness and outcome measures
Lessons Learned

- Linked to FTDC is critically important
- Collaboration with the CPS Social Worker, Foster Parent, or Family Service worker
- The CIF team engages parents through “real life” examples they draw from their own experiences
- Provide environment to allow children and parents to interact and engage
Contact Information

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Department of Health & Human Services
Division of Behavioral Health- Alcohol & Drug Services
(916) 875-2038
Co Directors

Jennie Cole-Mossman LIMHP and Kelli Hauptman JD
• Four-year project
• Administrative Office of Nebraska Supreme Court is grantee
• Works in partnership with the Court Improvement Project
• Six Family Treatment Drug Courts
Participants

<table>
<thead>
<tr>
<th></th>
<th>Number Included in an Intake</th>
<th>Number Received Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>144</td>
<td>124</td>
</tr>
<tr>
<td>Parents</td>
<td>121</td>
<td>105</td>
</tr>
<tr>
<td>Families</td>
<td>94</td>
<td>82</td>
</tr>
</tbody>
</table>

- **Number Included in an Intake**: Represents the total number of participants who were included in the intake process.
- **Number Received Services**: Represents the total number of participants who received services after being included in the intake process.
Requirements

- Methamphetamine in some (not all) cases
- Children five and under
- Permanency goal of reunification
Services and Activities

- Assessment of the parent-child relationship via structured assessments
  - Parent interview, ASQ-3, ASQ-SE, CBCL, and modified Crowell Assessment
- Provision of Child-Parent Psychotherapy (when indicated by assessment)
- Forwarding of clinical information to the courts
- Development and expansion of high-quality mental health services for young children
  - Coordination of peer case conferences, expert case consultation, and intensive on-site skill training
  - Advocacy for Medicaid coverage of CPP
  - Assisting therapists in gaining approval as Medicaid providers
- Quarterbacking of CAPTA Early Identification referrals and assessments
Services and Activities

- Service coordination (AKA, the project did not manage itself!)
  - Attendance/participation at all court staffings and hearings for five courts
  - Coordination of information among four agencies that provided direct therapeutic services
  - Arranging for appropriate referrals; ensuring quality services; routing information to the court; educating court staff and providers about early childhood trauma and early development needs, holding providers accountable for meeting program standards
  - Assisting with technical assistance initiatives
  - Collaborating to improve CAPTA procedures and services
  - Participating on a multi-disciplinary child maltreatment investigative team
Ages and Stages Questionnaire – Social Emotional (ASQ SE)

- Measure of Social Emotional Functioning
- Given pre/post to all Safe Start Children
- 56% showed improvement in social emotional competence (out of 9 matched sets of data)
Child Behavior Checklist (CBCL)

- Child Behavior Checklist
- Given to all Safe Start Clients 1 ½ or older
- 63% showed improvement in problem behaviors as measured by lower raw scores (in 8 matched sets of data)
The National Child Traumatic Stress Network defines Child-Parent Psychotherapy (CPP) as:

“CPP integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories into a dyadic treatment approach designed to restore both the child-parent relationship and the child’s mental health and developmental progression that have been damaged by the experience of family violence. Child-parent interactions are the focus of the intervention.”

Originally designed for children exposed to family violence but can be adapted for other types of trauma and loss.
Child Parent Psychotherapy

- 60 minute sessions
- Office or Home visits
- Session with parent and child together
Goals of CPP:

- Safety
- Affect Regulation
- Improve parent-child relationship
Goals of CPP

- Normalize Trauma Response
- Trauma Narrative
- Developmental Trajectory
Child-Parent Interaction Assessment

- Originally for assessing models of attachment but adapted
- Done prior to CPP
- Assessment for various domains of functioning
What an Assessment Looks like:

- Parent and child are together
- 8-10 minutes of free play
- Bubbles
- 3-4 structured tasks that are based upon the age of the child
- Separation
- Reunion
Short Clip of Assessment
What is Being Observed:

Caregiver behavior

Child behavior
What is Being Observed:

- Caregiver’s awareness of the child’s developmental needs
Child’s reaction to the caregiver and Caregiver’s reaction to the child
Separation and Reunion
New Beginnings
## Project Outcomes/Results

<table>
<thead>
<tr>
<th>Time from Removal to Physical Reunification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Median Length of Time to Reunification</strong></td>
</tr>
<tr>
<td><strong>Physically Reunified within 12 months</strong></td>
</tr>
<tr>
<td><strong>Physically Reunified within 18 months</strong></td>
</tr>
</tbody>
</table>
Re-occurrence of Maltreatment

- Re-occurrence of Maltreatment: 7.8%
- No Re-occurrence: 92.2%
### Project Outcomes/Results

<table>
<thead>
<tr>
<th>Ages and Stages Questionnaire</th>
<th>Measuring the developmental performance of children ages 5 and below in five domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domains most relevant to the current program intervention</td>
<td>Domains of: 1) communication, 2) personal-social skills</td>
</tr>
<tr>
<td>Pre- and Post-Test Results</td>
<td>Statistically significant improvement in test scores in both domains.</td>
</tr>
</tbody>
</table>
Ages and Stages Questionnaire

<table>
<thead>
<tr>
<th>Domain</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Domain</td>
<td>50.5</td>
<td>54.4</td>
</tr>
<tr>
<td>Personal-Social Skills</td>
<td>51.9</td>
<td>55.6</td>
</tr>
</tbody>
</table>

N = 42
Pre-test: 16.4
Post-test: 14.6

N = 20
North Carolina Family Assessment Scale

<table>
<thead>
<tr>
<th>Category</th>
<th>Intake</th>
<th>Closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>3.2</td>
<td>2.9</td>
</tr>
<tr>
<td>Parental Capabilities</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Family Interactions</td>
<td>3.2</td>
<td>3.3</td>
</tr>
<tr>
<td>Family Safety</td>
<td>3.3</td>
<td>2.8</td>
</tr>
<tr>
<td>Child Well-Being</td>
<td>4.1</td>
<td>3.3</td>
</tr>
<tr>
<td>Social/Community Life</td>
<td>3.3</td>
<td>2.7</td>
</tr>
<tr>
<td>Self-Sufficiency</td>
<td>3.3</td>
<td>3.1</td>
</tr>
<tr>
<td>Family Health</td>
<td>3.5</td>
<td>3</td>
</tr>
<tr>
<td>Caregiver/Child Ambivalence</td>
<td>3.4</td>
<td>2.9</td>
</tr>
<tr>
<td>Readiness for Reunification</td>
<td>3.4</td>
<td>2.9</td>
</tr>
<tr>
<td></td>
<td>3.5</td>
<td>3.1</td>
</tr>
</tbody>
</table>
Follow up for all Safe Start referrals under age 3

- Providing collateral
- Reporting to the court
Sustainability Status

• Program enhancements to Family Drug Court Track
  - NCTSN trauma referral tool for CWS
  - Reflective supervision for CWS social workers
  - Circle of Security parenting groups
• Collaborative efforts in Lancaster County
• Infusion track drug court track – all children under age 6 receive an assessment for CPP
• Medicaid’s coverage for children under 5
• Privately funded grant to infuse what we learned into the regular court practice
• Creation of Family Treatment Drug Court Track and Impact from Infancy
Lessons Learned

• No harm was ever done by trying to enhance these relationships and there was always some good.
• Reunification was the goal but didn’t always define success for the parent or the child.
• Relationships are key – between parent and child, between therapist and coordinator, between coordinator and FTDC teams....
• Just like our families, systems and policies that belong to them are dynamic and ever changing, so we have to adapt and move forward.
• It’s never in anyone’s salary but somebody has to do it...
Jennie Cole-Mossman LIMHP
The Nebraska Resource Project for Vulnerable Young Children
Co-Director
Center on Children, Families, and the Law
206 South 13th St, Suite 1000, Lincoln, NE 68588-0227
402-472-9807 phone
www.nebraskababies.com
Q&A and Discussion
FDC Guidelines

To download a copy today visit our website:

FDC Guidelines Self-Assessment

• Designed to assist FDC Practitioners determine alignment with FDC Guidelines of their own policies, procedures and operations
• Assessment results may be used for action planning and discussion to identify program strengths and opportunities for improvement

Have not yet considered  Exploration  Installation  Initial Implementation  Full Implementation  Sustained

10 FDC Recommendations
Join Us!

August 1-3, 2016  |  Hyatt Regency  |  Orange County, California

CWLA 2016 National Conference
In partnership with Children and Family Futures
Advancing Excellence in Practice & Policy:
What Works for Families Affected by Substance Use
Visit: www.cwla.org
2015 Special Issue

Includes four Family Drug Court specific articles presenting findings on:

- Findings from the Children Affected by Methamphetamine (CAM) FDC grant program
- FDC program compliance and child welfare outcomes
- Changes in adult, child and family functioning amongst FDC participants
- Issues pertaining to rural FDCs
Children Affected by Methamphetamine Brief

• Overview Children Affected by Methamphetamine (CAM) grant program (funded by SAMHSA from October 2010 – September 2014)
• Key implementation lessons learned
• Highlights safety, permanency, recovery, and well-being outcomes for the 1,850 families served during the first three years of the grant
<table>
<thead>
<tr>
<th>Virtual Classroom</th>
<th>Webinar Available</th>
<th>Classroom Schedule</th>
</tr>
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<tbody>
<tr>
<td>Screening &amp; Assessment</td>
<td>April 1</td>
<td>April 14, May 12, May 26</td>
</tr>
<tr>
<td>Governance &amp; Leadership</td>
<td>April 5</td>
<td>April 19, May 3, May 17</td>
</tr>
<tr>
<td>Parent-Child Relationships</td>
<td>July 1</td>
<td>July 12, July 26, August 16</td>
</tr>
<tr>
<td>Data &amp; Info Systems</td>
<td>July 5</td>
<td>July 21, August 11, August 25</td>
</tr>
</tbody>
</table>

- Real-time networking and knowledge sharing
- Coaching & mentoring
- Applied learning through homework or project assignments
- 24/7 access to classroom
- Technical assistance and resources

Register Now! Space Limited
Parent-Child Relationships
Supporting Families in FDCs for Recovery, Reunification, and Permanency

July 5
July 12
July 26
August 16

Facilitators:
Russ Bermejo
Anna Rosales

Essential Elements
Readiness
Information

= Integrated and coordinated approach

Register Now!
Space Limited

www.familydrugcourts.blogspot.com
FDC Learning Academy Blog

- Webinar Recordings
- FDC Podcasts
- FDC Resources
- FDC Video features
- Webinar registration information

www.familydrugcourts.blogspot.com
Family Drug Court Online Tutorial

FDC 101 – will cover basic knowledge of the FDC model and operations
FAMILY DRUG COURT
PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION: fdc@cffutures.org
Resources

FDC Discipline Specific Orientation Materials

Child Welfare | AOD Treatment | Judges | Attorneys

Please visit: www.cffutures.org/fdc/


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

Please visit:  http://www.ncsacw.samhsa.gov/
Contact Information

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