

Family Treatment Court Best Practices



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Learning Objectives

1. Provide an overview of research-supported best practices in FTCs that help improve outcomes for children and families affected by substance use disorders
2. Explore how FTCs across the country operationalize best practices
3. Identify the concrete action steps FTC teams perform in self-assessment, implementation, and broader systems change



Target Population

- Substantiated child welfare case
- Child welfare plan for reunification
- Assessed substance use or co-occurring disorder
- Requires increased supports to successfully close child welfare case

Don't vote!

Screening and Assessment

Use of subjective criteria has the potential to exclude families from FTCs for reasons that have not proved valid or meaningful in the course of the court experience. Removing subjective eligibility restrictions and applying evidence-based selection criteria significantly increase the effectiveness and cost-efficiencies of drug courts by allowing them to serve their target population.

(Source: Bhati, Roman & Chalfin, 2008)

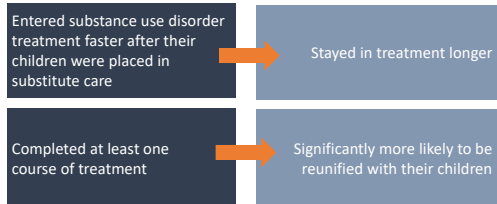
Research

Studies of family treatment courts showed equivalent or better outcomes for the most difficult and demanding cases.

(Boles & Young, 2011; Carey, et al., 2010; Carey, et al., 2010; Worcel, et al., 2007)

Time To & Time In Treatment Matters

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



(Source: Green, Rockhill & Furrer, 2007)

Timely Access to Appropriate Treatment

Participants in an FTC that were **provided immediate, intensive SUD treatment** had significantly more reunifications, their children had fewer placements in longer-term foster care, and their children spent less time in non-kinship care than families not in the FTC.

(Source: Burrus, Mackin & Aborn, 2008)



Practice Reflection

Julie Spielman
Coordinator
Dunklin County, Missouri

In the chat box, share something your FTC collaborative has implemented to reduce the time from when a family is identified as needing SUD treatment to when that parent begins treatment.



Practice Reflection

In the chat box, share one practice you would like to explore or change to reduce the time from when a parent is identified as needing SUD treatment to initiating treatment.





Coordinated Case Plans

Family Team Meetings

- Facilitated meeting
- Parent(s), child(ren), other family members (as appropriate) are **ACTIVELY** engaged in meeting
- Focus on determining individual and family strengths and needs
- Results in written plan that family understands with clearly articulated action steps and who is responsible

Family Group Decision Making

- Sets out broad steps needed for successful discharge
- Seeks to reduce the number of times a family has to tell their story or engage with professionals in developing a case plan –
Professionals accommodate the needs of the family not the other way around!

Engagement of Fathers in Family-Based Services

- Make father engagement a priority
- Identify and locate fathers as early as possible
- Ensure quality father-child visits
- Ensure fathers receive gender-responsive services
- Ensure that treatment is gender-responsive

Engaging Fathers

Fathers' involvement in parenting is associated with:

- more reunifications and fewer adoptions
- substantially lower likelihood of later maltreatment allegations
- more rapid exits from foster care for children.

(Source: US DHHS. *More About Dads*, 2008)

Serving all Families

Identify and actively identify fathers as early as possible

In a review of foster care files, a father's active involvement in the child welfare case increased the likelihood that children were reunified or placed with relatives. Another study examining fathers' involvement in permanency planning found children were more often reunited with birth families and had shorter stays in foster care.

(Source: Coakley, 2013; Coakley, 2008)

Four Major Dimensions of Recovery

Health

Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being

Home

Maintaining a stable and safe place to live

Purpose

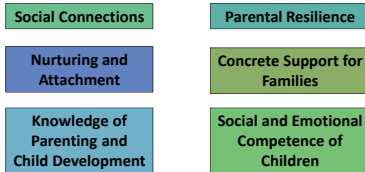
Conducting meaningful daily activities, such as a job, school or volunteerism, and having the independence of income, and resources to participate in society

Community

Having relationships and social networks that provide support, friendship, love, and hope

Coordinated Case Plans

Build Protective Factors to Strengthen Families




(Source: ACYF 2018 Prevention Resource Guide)

Parenting Time Effects 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)



Do parents know what they
need to do to reunify?



Practice Reflection

Kelli Sutton
Coordinator
Jefferson County, Colorado

In the chat box, share one practice you would like to explore
or change to improve the development of comprehensive
case plans for your FTC families.



Engagement
and Behavior
Responses

Responding to behavior



You have a toolbox.

In the toolbox, you have:

- Treatment adjustments
- Complementary services modifications
- Incentives
- Sanctions

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 FTC team can respond.

Treatment Adjustments

- | | |
|---------------------------------------|--------------------------------|
| • Individual | • Gender-specific |
| • Group | • Culturally-centered |
| • Family | • Trauma-focused |
| • Parent-Child | • Community support meetings |
| • Psychiatric medication | • Meditation/Moving meditation |
| • Medications for addiction treatment | |

Treatment Adjustments

- Trauma
- Depression
- Anxiety
- Cognitive function
- Fetal Alcohol Spectrum Disorder
- Developmental (mental maturity adolescent vs adult)
- Attention Deficit Disorder/Hyperactivity Disorder (ADD/ADHD)
- Serious and Persistent Mental Illness (SPMI)

Complementary Service Modifications

- | | |
|--------------------------|-----------------------------|
| • Life management skills | • Alarm clock |
| • Transportation | • Neighborhood |
| • Housing | • Literacy |
| • Physical health | • Education |
| • Dental/Vision | • Vocational/Rehabilitation |
| • Housing | • Employment |
| • Parenting | • Social skills |
| | • Others |

Range of Incentives

Low

- Verbal Praise
- Small Tangible Rewards
- Recognition in Court
- Symbolic Rewards
- Posted Accomplishments
- Written Commendations

Medium

- Reduced Monitoring Requirements
- Moderate Tangible Rewards
- Fishbowl Drawings
- Self-Improvement Services

High

- Large Tangible Rewards
- Point Systems
- Ambassadorships
- Commencement Ceremony

Remember to ask what would be meaningful to the participant!

Zero or Minimal Cost Rewards

- Judicial acknowledgement
- Tokens
- Inspirational stones and notes
- Ceremonies
- Reflection
- Candy with affirmation
- Letter from the team
- Family activities
- Key chains
- Mugs
- Special privileges
- Journals
- Coupons for services
- Children's books
- Fishbowl
- Community donations

Range of Sanctions

Low

- Verbal Admonishments
- Letters of Apology
- Essay Assignments
- Daily Activity Logs
- Journaling
- Life Skills Assignments

Medium

- Increased Monitoring Requirements
- Increased structured activities
- Monetary Fines and Fees

High

- Move to concurrent plan
- Highly structured activity
- Termination from program

Child and Family Focus

- Provide incentives that support family needs, parenting, and the parent-child relationship
- Court must consider affect of a response on children and family as a unit
- Accountability is focused on parent
- Parenting time should be determined solely on basis of child's safety and best interest (vs. parent sanction or reward)

Incentives and Sanctions to Promote Engagement

- Imposing sanctions as opposed to incentives too often can generate behaviors consistent with learned helplessness and undermine the FTC's ability to support positive behavior change. (Hiroto, 1974)
- Incentives help FTC and participants focus on desired behaviors as opposed to undesired ones. (Burdon, 2001; Kratoski, 2017)
- When a drug court team responded to participant behavior with positive comments and treatment adjustments, participants were less likely to use drugs. In contrast, negative comments by the team are associated with increased numbers of positive drug test results. (Senjo & Leip, 2001)

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

Jail as a Sanction

- FTC involves a non-criminal case in dependency or family court
- The ultimate "sanction" in a dependency case is Termination of Parental Rights (TPR)
- Jail should not be used in a non-criminal case – it can interfere with family time and dependency court requirements

**Focus on Engagement
and Treatment**

The goal of incentives and sanctions is to increase participant engagement and accountability.



Practice Reflection

Magistrate Sherry Hartzler
Magistrate for Family Recovery Court
Allen County, Indiana

In the chat box, share one behavior response practice you would like to explore or change to improve parent engagement.



Next Steps

Next Steps

1. Assess your FTC practice in light of FTC best practices
2. Bring together your stakeholders to discuss priority, interim, and longer-term action items
3. Develop a plan to educate, develop, and implement new practices
4. Collect data
5. Engage in Continuous Quality Improvement - review data, determine effect of practice, change or maintain practice

Just do the next right thing!

*There is a lot to think about
and to do...*

*You will achieve it
One Step at a Time*

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Contact Information

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