Every Healing To Wellness Court is a Family Focused Court: How To Improve Recovery Outcomes for the Individual and the Entire Family

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Acknowledgment

This presentation 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.



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.

Our Mission

Center For Children and Family Futures (CCFF) 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.



Learning Objectives

- 1. Summarize the research linking a family-centered approach to better outcomes for adult recovery, children, and families.
- 2. Describe what makes practice family-centered.
- 3. Apply practical strategies that can move any treatment court further along the family-centered spectrum.



Who Do We Mean When We Say "Family"?

- Multiple generations and households
- Immediate or nuclear family members (e.g., children and other parent)
- Extended family members (e.g., aunts, uncles, cousins, stepparents, grandparents)
- Individuals who play a significant role but are not related by blood or marriage
- Resource families and other supports

Every Person Defines "Family" Differently



Participants Do Not Exist in Isolation

Substance Use Disorder (SUD) is a family disease affecting all relationships in the family

Participants are parents, grandparents, spouses, children, siblings, aunts/uncles

Treat the Family – Heal Relationships Break the Cycle





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



From Child Welfare to Juvenile Justice

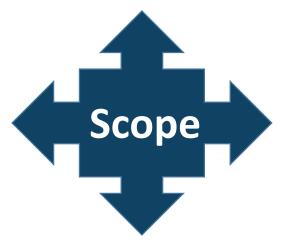
A prospective study found that being abused or neglected as a child before age 12 increased the likelihood of:

- 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.



A. Scope of Complementary Services

The Drug Court provides or refers participants for treatment and social services to address conditions that are likely to interfere with their response to substance abuse treatment or other Drug Court services (responsivity needs), to increase criminal recidivism (criminogenic needs), or to diminish long-term treatment gains (maintenance needs). Depending on participant needs, complementary services may include housing assistance, mental health treatment, trauma-informed services, criminal-thinking interventions, family or interpersonal counseling, vocational or educational services, and medical or dental treatment. Participants receive only those services for which they have an assessed need.

What Is Recovery?

SAMHSA's Working Definition

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.



Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.

SAMHSA's 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

Principles of Person-Centered Treatment

- Respectful
- > Responsive to individual needs, preferences, and values
- > Services are gender- and culturally responsive
- ➤ Treatment requires an array of professionals and an environment of mutual respect
- > Treatment supports creation of healthy individuals and family systems

Principles of Family-Centered Treatment

- The participant defines "family" and treatment identifies and responds to the effect of substance use disorders on every family member
- Families are dynamic, and thus treatment must be dynamic
- Conflict within families is resolvable, and treatment builds on family strengths to improve management, well-being, and functioning
- Treatment is comprehensive and inclusive of substance use disorder, clinical support services, and community supports for participants and their families
- > Cross-system coordination is necessary to meet complex needs

Numbers

Needs

Networks

3Ns

What Can You Do to Be More Family-Centered?

Take the Next Steps



KEY STRATEGY NUMBERS

You cannot change what you cannot count

Take the Next Steps: Numbers

- Ask about other family relationships, such as non-custodial parents (identity, location and quality of relationship)
- Ask questions about family status at intake
- Ensure you are asking questions about family structure
- Strategize on how to get entire family into treatment
- Ensure information systems including tracking of family members





KEY STRATEGY NEEDS

Provide services that support family needs and the parent-child relationship

Numbers

Take the Next Steps: Neds

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

Montana Pilot: Family Issues & Recovery

- 52.7% had concerns regarding one or more of their children's social and emotional well-being
- 47.2% had concerns regarding medical problems or issues with one or more of their children
- 40.0% had concerns about one or more of their children's behavior
- 17.8% had significant concerns about their spouse's or significant other's mental health

Family Centered Treatment

INDIVIDUAL

Parent - substance use, employment, health or mental health status

Child - developmental progress, educational performance, improved resiliency

Other family members - substance use, employment, health or mental health status



SYSTEM - SOCIETAL

Community - cost savings and increased tax base from improved employment, cost savings from reduced criminal recidivism, improved prenatal and birth outcomes, reduced school problems, future health costs

RELATIONAL

Whole families - family stability, reduced violence, healthy communication and parenting improvement Between family members - parent-child relationship, attachment, relationship satisfaction, reunification

Developmental & behavioral screenings and assessments

Quality and frequent parenting time

Early and ongoing peer recovery support

Parent-Child: Key Service Components

Parent-child relationship-based interventions

Trauma

Parenting Education

Community and auxiliary support

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 Clearinghouse www.cebc4cw.org
- SAMHSA's Evidence-Based Resource Center www.samhsa.gov/ebp-resource-center

Treatment During Pregnancy



Windows of Opportunity

 Motivation to make health related changes is enhanced during pregnancy

 Prenatal care is a touch point with the system



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.





Roadmap to Collaboration

KEY STRATEGY NETWORKS

Community Mapping

Mapping

Mapping the community's existing resources identifies the client-level service gaps, program overlap, and opportunities to leverage available resources, particularly for shared clients.



Numbers

Needs

Take the Next Steps:

Networks

- 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?









Resources

TRANSITIONING TO A FAMILY CENTERED APPROACH:

Best Practices and Lessons Learned from Three Adult Drug Courts



Transitioning to a Family
Centered Approach:
Best Practices and
Lessons Learned from
Three Adult Drugs Courts

To download a copy:
https://www.ndci.org/wp-content/uploads/2016/05/Trans
itioning-to-a-Family-Centered-Approach.pdf

NCSACW Online Tutorials Cross-Systems Learning



https://ncsacw.acf.hhs.gov/



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