

## Family-Centered Treatment: Policy, Practice and Funding Innovations in Connecting Substance Abuse Treatment, Child Welfare and the Family Courts

*Wisconsin Bureau of Prevention, Treatment  
and Recovery (BPTR) Teleconference Series  
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National Center on  
Substance Abuse and Child Welfare

Bringing Systems Together for  
Family Recovery, Safety, and Stability





A Program of the  
Substance Abuse and Mental Health  
Services Administration  
Center for Substance Abuse Treatment  
and the  
Administration on Children, Youth and Families  
Children's Bureau  
Office on Child Abuse and Neglect

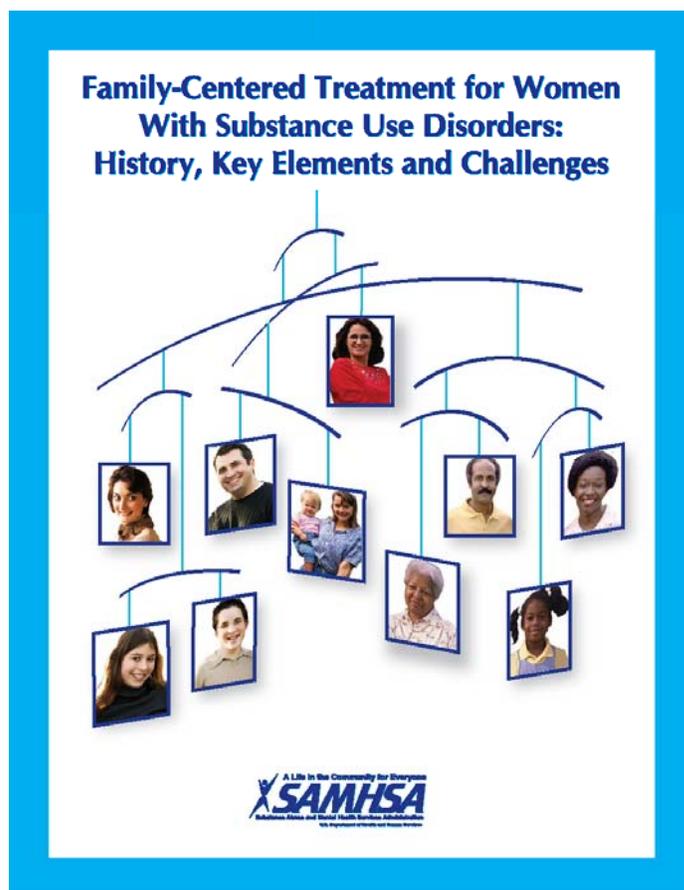


**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Administration for Children and Families  
[www.samhsa.gov](http://www.samhsa.gov)



## **Welcome**

- Introduction
- Overview: Family Centered Treatment
- Introduction to Funding Family Centered Treatment
- Case Study: Meta House
- Technical Assistance Resources
- Discussion



[http://womenandchildren.treatment.org/documents/Family\\_Treatment\\_Paper508V.pdf](http://womenandchildren.treatment.org/documents/Family_Treatment_Paper508V.pdf)



## Principles

- Family-centered treatment is comprehensive
- Women define their families
- Treatment is based on the unique needs and resources of individual families
- Families are dynamic, and thus treatment must be dynamic
- Conflict is inevitable, but resolvable
- Meeting complex family needs requires coordination across systems





## Principles

- Substance use disorders are chronic, but treatable
- Services must be gender responsive and specific and culturally competent
- Family-centered treatment requires an array of staff professionals as well as an environment of mutual respect and shared training
- Safety comes first
- Treatment must support creation of healthy family systems



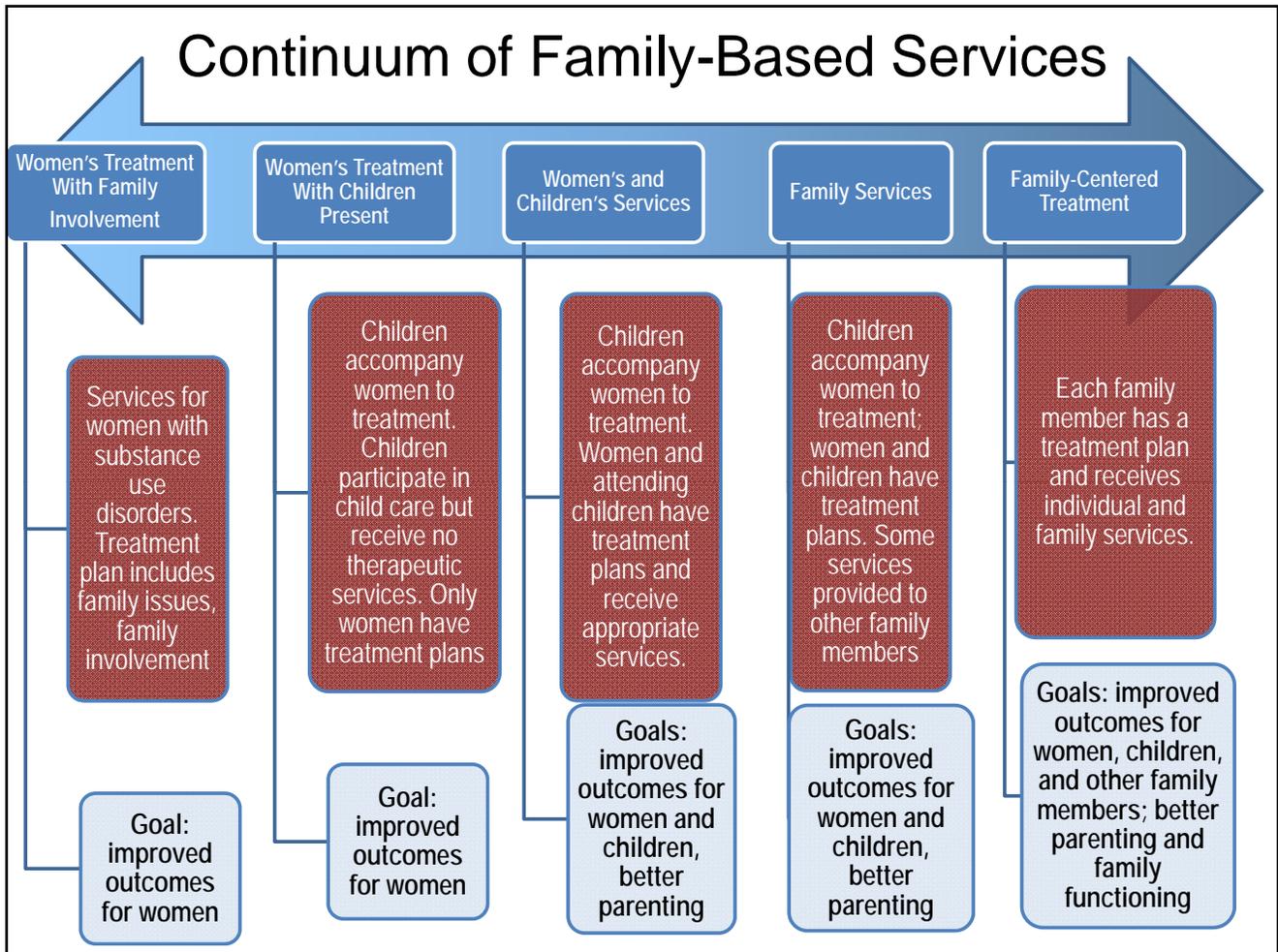


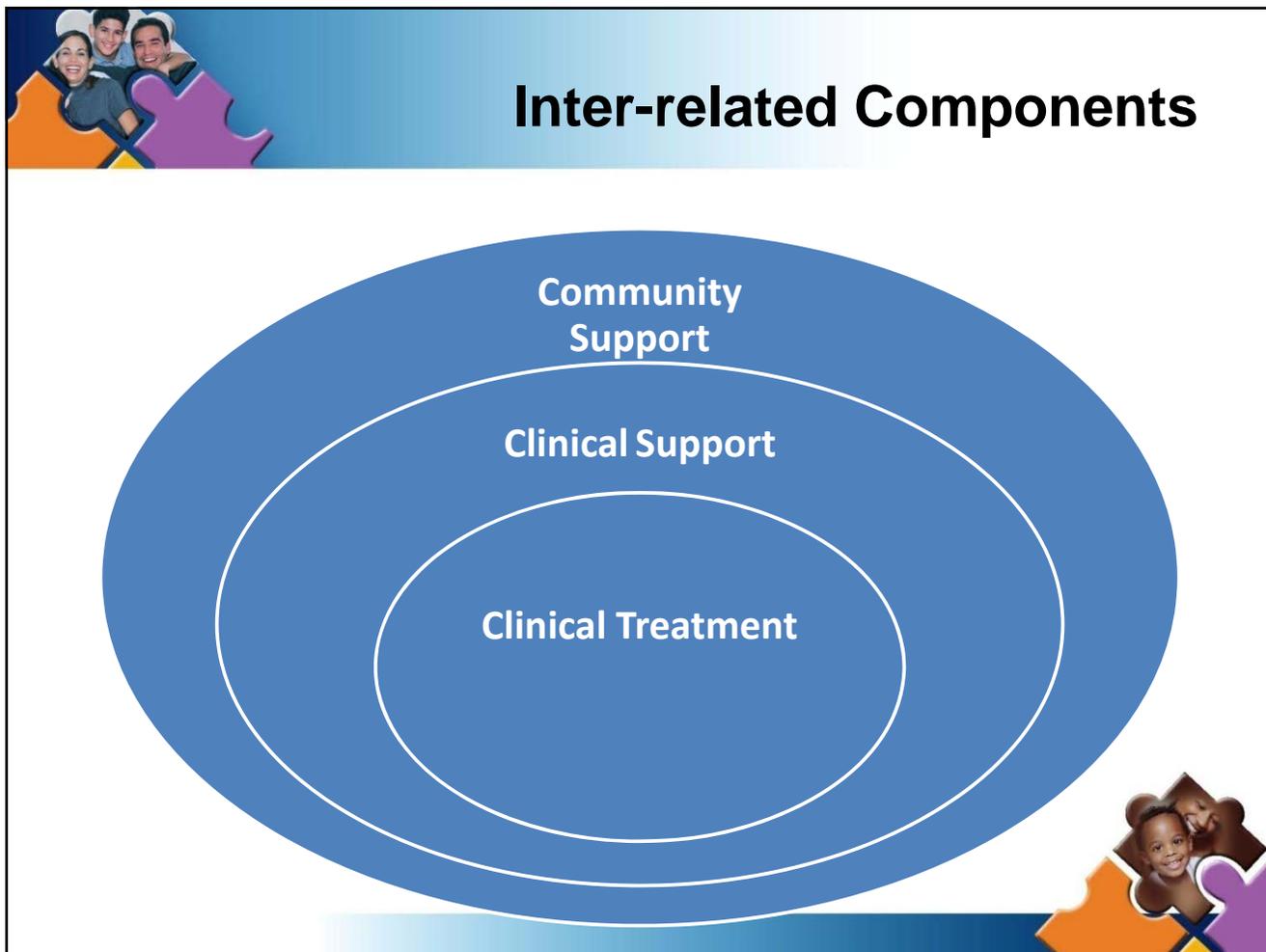
## Recovery and Recovery Oriented Systems of Care (ROSC)

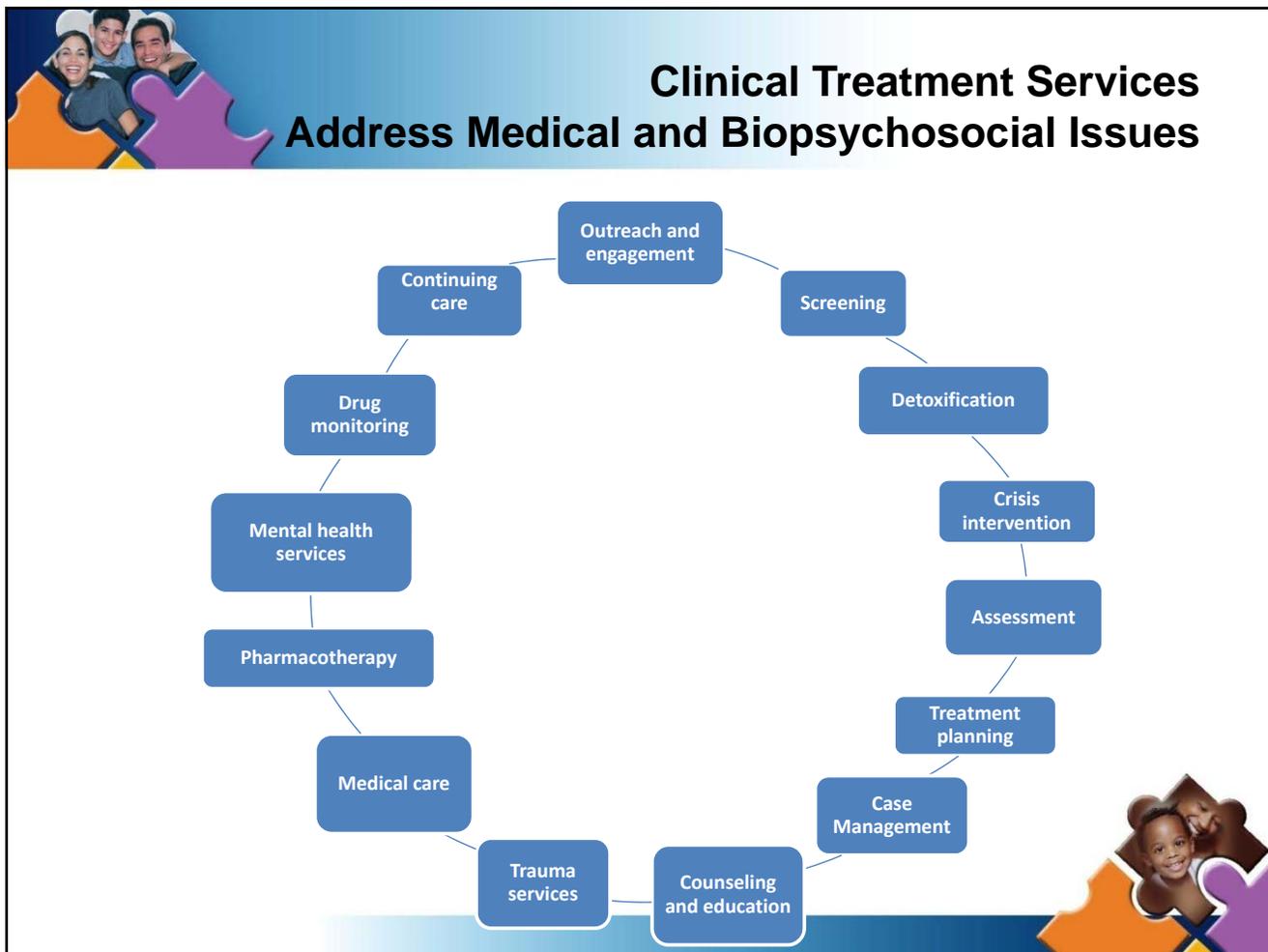
- **Working Definition of Recovery:** Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.
- **Recovery Oriented Systems of Care (ROSC)** support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to sustain personal responsibility, health, wellness and recovery from alcohol and drug problems.

<http://www.ncsl.org/print/health/roscsworkshop.pdf>

[pfr.samhsa.gov/docs/ROSCs\\_principles\\_elements\\_handout.pdf](http://www.samhsa.gov/docs/ROSCs_principles_elements_handout.pdf)







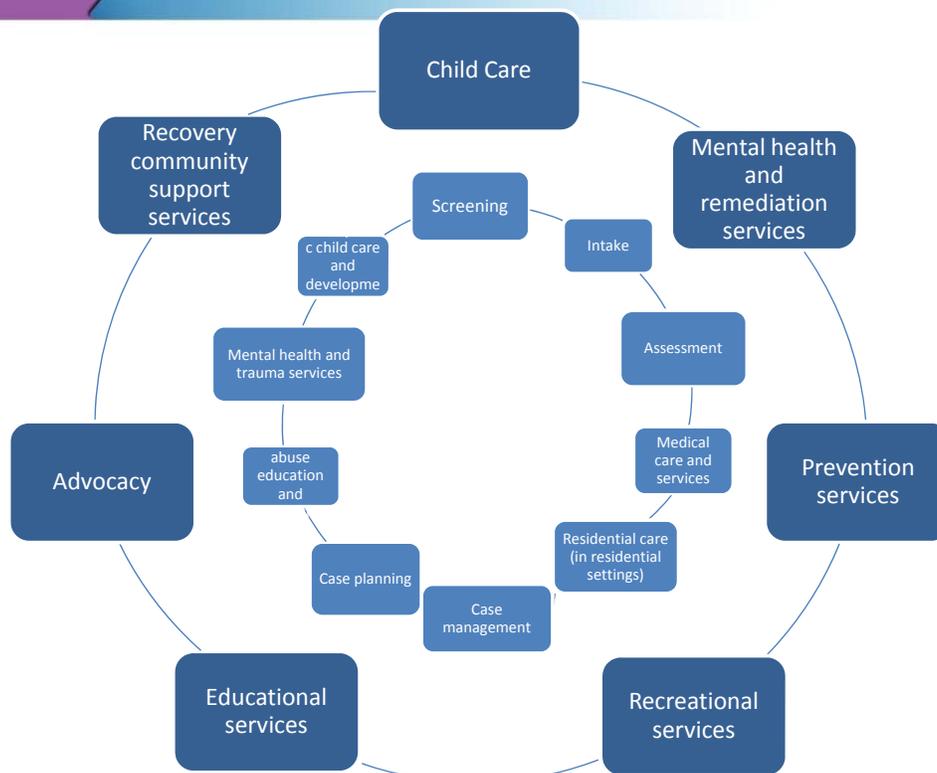


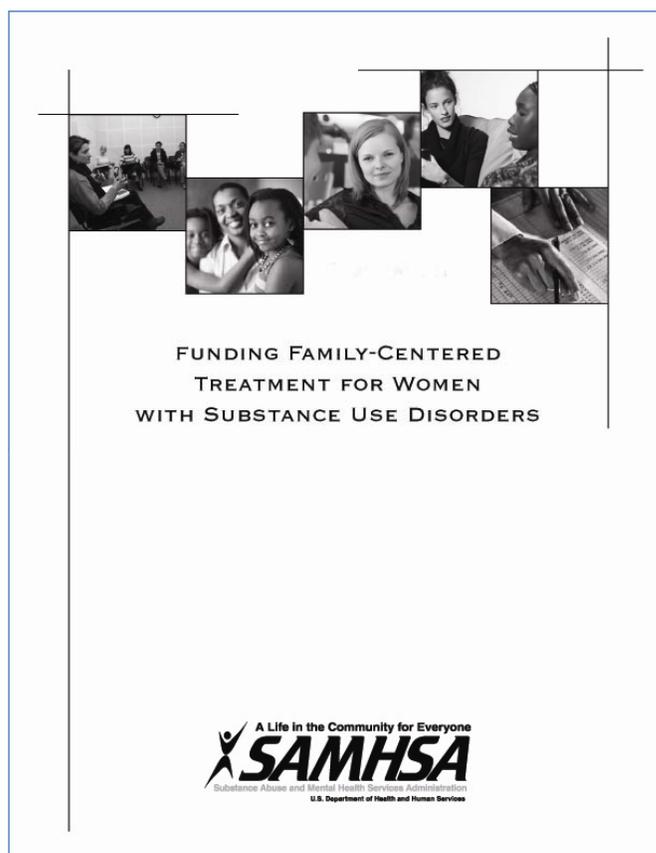


# Children's Clinical Treatment Services



# Children's Clinical Support Services





[http://womenandchildren.treatment.org/documents/FINAL\\_Funding\\_Paper\\_508V.pdf](http://womenandchildren.treatment.org/documents/FINAL_Funding_Paper_508V.pdf)



## Purpose

- To identify strategies to
  - Increase funding flexibility
  - Maximize revenues
  - Optimize the efficiency of existing resources





## Funding Family Centered Treatment

- By...
  - Detailing Federal and State funding sources that could support treatment services for women and their families
  - Highlight the experiences and insights of SHIELDS for Families
  - Provide concrete, next-step starting points





## For more information on Funding Family Centered Treatment

- Family Centered Treatment Webinar  
<http://www.cffutures.org/webinars/family-centered-treatment-women-substance-use-disorders>





# Family-Centered Treatment

## Meta House, Inc

**Francine Feinberg, Psy.D., LCSW**  
**August 26, 2010**



## Consistently Positive Outcomes

*Mother House, Inc.*



**Significant drops in  
substance use**

**Improved employability**

**Higher family  
reunification**

**Improved parenting**

**Less criminality**

**Less psychological  
distress**

**Longer lengths of stay**

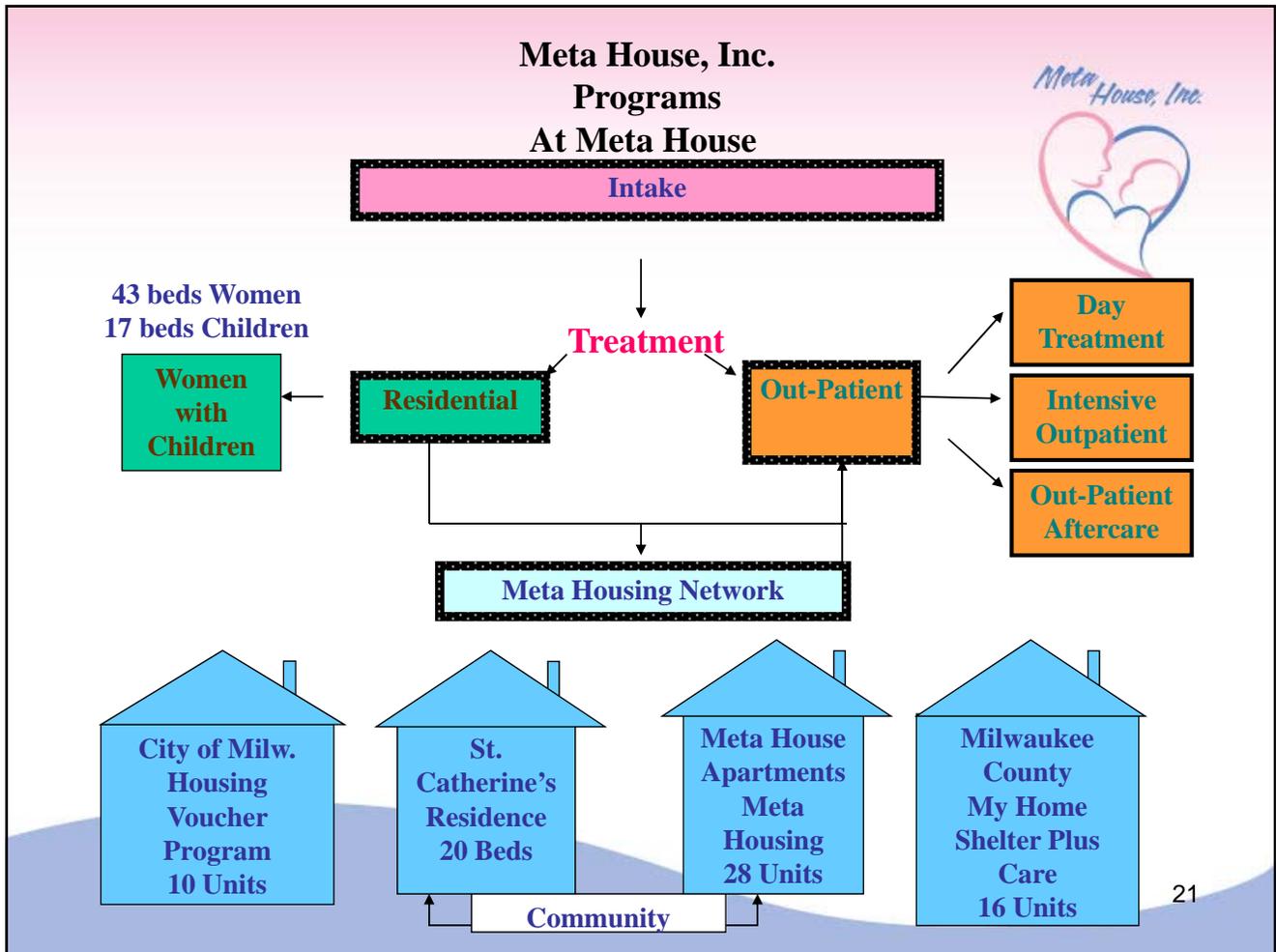
**Less depression**

**Higher self-esteem of mothers**

**Improved scores on  
measures of parental stress**

**Improved emotional and  
behavioral functioning for  
children**

**Improved parenting attitudes**



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## Clinical Team

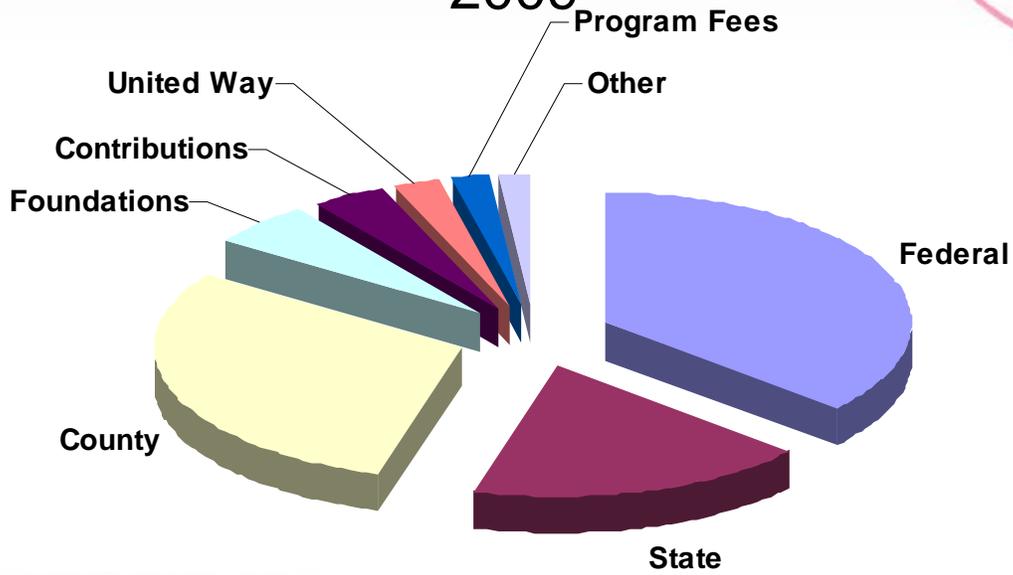


- **AODA Counselors**
- **MSW-AODA/MH**
- **Case managers**
- **Child Care Staff**
- **Child & Family Therapists (Art Therapist)**
- **Parenting Specialists**
- **Child & family Facilitators/Assts**
- **Living Support Staff**
- **Living Skills Specialist**
- **Vocational/Educational Specialist**
- **Maternal Health Nurse**
- **Psychiatrist**



# Funding Sources

2009



## Two Major Components



- **Philosophy**
  - What drives the interpersonal and organizational style that we will have with the women and families we serve?
- **Services**
  - What are we going to provide?

# Philosophy



**Acknowledging and understanding the female experience and frame of reference**

**Recognizes the centrality of relationships in women's lives and their importance in the development of and healing from substance abuse.**



## Philosophy

- **Majority are mothers - Recovery needs to revolve around the role that most defines their essence and absorbs their daily lives – being a mother**
- **Maternal reflective functioning and the enhanced ability to parent fosters a decrease in substance abuse.**

# The welfare of children, positive self-perception and ability as a mother supports sobriety

*Mother House, Inc.*



**Sobriety**

**Positive Self  
Perception  
as Mother**



**Welfare  
of  
Children**



## **Family-Centered Treatment -Services**

- **Services to women**
- **Services to children**
- **Services for the mother child relationship**
- **Services to other family members**

## **Family Treatment Model Services to Women**



- **Substance Abuse Education, Treatment and Relapse Prevention as it pertains to women**
- **Medical & Dental Care**
- **Education, Screening, Counseling, and Treatment of HIV**
- **Mental Health Assessment and Treatment**
- **Employment Readiness, Training and Placement**
- **Transportation, Other Wraparound Services**
- **Peer to Peer Activities**

## **Family Treatment Model Services to Children**



- **Screenings/Assessments**
- **Therapeutic Interventions**
- **Pediatric Health Care**
- **Social Services and Financial Supports**
- **Education and Recreation Services**
- **Child and Infant Mental Health and Trauma treatment**
- **Age Specific Substance Use Prevention**
- **Education and Other Prevention**
- **Youth Prevention/Education Groups**

## **Family Treatment Model Services for Mother Child Relationship**



- **Training in Parenting**
- **Basic Life Skills**
- **Trauma Informed Parenting Program**
- **Childcare**
- **Filial Therapy – Mother Child Therapy**
- **Supervised Visitation**



## **Family Treatment Model -Services to Other Family Members**



- **Referral Services**
- **Engagement of the family**
- **Alcohol and Drug Education - Family education and support program**
- **Parenting Training for Fathers and Partners**
- **Family Strengthening and Reunification**

## **The Commitment – Complex Nature of the Task**



- **Not just the just the expected substance abuse and mental health issues**
- **Shift from a focus on the woman as an individual to a focus on her many roles in relationship to others as a mother, family member, employee, community member**

## The Commitment – Complex Nature of the Task



- **Focus not only on building relationships among the peers but also to an expedient number of relationships within the milieu and outside the milieu.**
- **With children in program, you are concerned with the relationship and behavior of the mothers and the behavior of the children as it relates to:**
  - the mother & her children
  - children and the other mothers
  - children with other children
  - Etc.

## The Commitment – Complex Nature of the Task



**Commit to addressing any and everything that arises in the families' life – regardless of what you are being paid to do**

## Building an Internal Team



- Team is made up of many disciplines which must operate as one
- Must share a common philosophy about the organizational and interpersonal style that is accepted practice for each family
- Staff that has expertise and primary responsibility for the adults and those that have expertise and primary responsibility for the children - **must become aligned**

## Building an Internal Team



- **Need staff that**
  - are willing to be team players
  - can be very flexible, creative – and do not need to be told what to do
- **Each person needs to make it a priority to know how everyone else is working with the family**

# Take the Time Build the Team



## Conflict is inevitable!

- Cross training
- Spend time in other discipline
- Provide supervision that is family-focused
  - Address the staff emotional attachment to the children
- Staffings
- Logs
- Communication

## Building the External Team



- **Families are likely to be involved in multiple systems**
- **Each has their own goals, timelines, language, expectations**
- **Coordination and communication is vital**
  - **It's a win – win situation for everyone when the family succeeds in treatment.**

## Further Implications



- **Assessments**

**Goes beyond the usual and customary**

- How does substance use impact ability to parent?
- What are the needs of the children?
- What are the requirements of other systems?
- Are there areas of interest to support family members?
- Assessing trauma in mothers, children – other family members
  - What is impact on ability to parent?

## Further Implications



- **Mis-match with family – centered assessment and funding source?**
  - Implications for length of stay
  - Implications for level of care
- **Good news – Opens up many new options for funding**

## It's Worth It

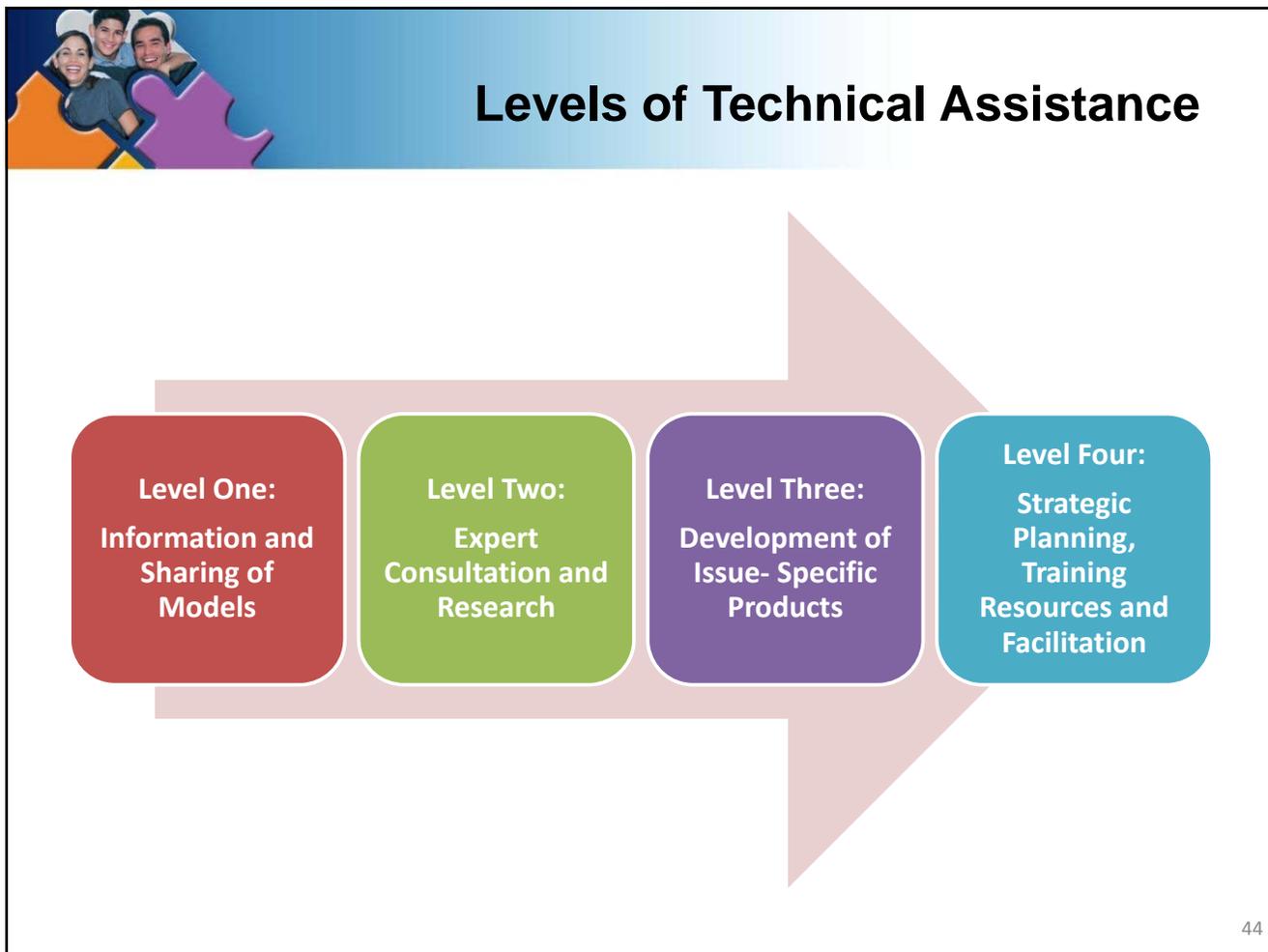


- **Sounds complicated and it is - but opens up the opportunity for a much more accurate picture of how women navigate their world in an area that is so vitally important to them**
- **Gives opportunity to assist with coping and behavior change in real life situations**

# Technical Assistance Resources



**N C S A C W**  
National Center on  
Substance Abuse and Child Welfare  
Bringing Systems Together for  
Family Recovery, Safety, and Stability





## Types of TA Products

- Collaborative practice and policy tools
  - Information and sharing of models
  - Expert consultation and research
  - Development of issue-specific products
    - Monographs, white papers, fact sheets
  - **Training resources and collaborative facilitation**
    - **On-line courses, training materials**
  - Longer-term strategic planning and development of protocols and practice models
- 



## Online Training Resources

Available at no cost! Certificate of completion issued!

- Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
  - 4 CEUs from the National Association of Social Workers (NASW)
- Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
  - 4 CEUs from the National Association of Alcoholism and Drug Abuse Counselors (NADAC)
- Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals
  - Up to 6 CLEs from the American Bar Association (ABA), dependent on state guidelines

## **NEW! Child Welfare Training Toolkit**

6 modules, each containing:

- Trainer Script
- PowerPoint Presentation
- Handouts
- Case Vignettes

Available at **NO CHARGE!**

<http://www.ncsacw.samhsa.gov/training/default.aspx>

### What You Need To Know About Substance Abuse and Mental Health Disorders To Help Families in Child Welfare.




**The toolkit contains the following six modules:**

- Understanding the Multiple Needs of Families Involved With the Child Welfare System
- Understanding Substance Use Disorders, Treatment, and Recovery
- Understanding Mental Disorders, Treatment, and Recovery
- Engagement and Intervention With Parents Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders
- Developing a Comprehensive Response for Families Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders
- Understanding the Needs of Children of Parents With Substance Use or Mental Disorders

**Each module is approximately 2-3 hours and can be delivered over a series of weeks or through a 1-2 day training program. The modules each contain an agenda, training plan, training script, PowerPoint presentation, case vignettes, handouts, and reading materials. References include a trainer glossary, training guide, and a bibliography.**

**Helping Child Welfare Professionals Support Families With Substance Use, Mental, and Co-Occurring Disorders Training Toolkit**

This toolkit is designed to help educate pre-service or in-service child welfare professionals about substance abuse and mental health disorders that exist among families in the child welfare system. It is intended to provide learning opportunities and baseline knowledge on substance abuse and mental health problems and interventions, motivate and facilitate cross-systems work, and incorporate cultural awareness and facilitate cultural competency in child welfare practice.

**Don't miss out on this valuable product!  
Get your **FREE** toolkit today!**

Modules can be downloaded individually or as a package at <http://www.ncsacw.samhsa.gov/training/toolkit/>.



**National Center on  
Substance Abuse and Child Welfare**  
Visit our Web site at  
<http://www.ncsacw.samhsa.gov>  
For assistance, call 866-493-2758



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## National Center on Substance Abuse and Child Welfare

- How do I access technical assistance?
  - Visit the NCSACW website for resources and products at <http://ncsacw.samhsa.gov>
  - Email us at [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)
  - Call us: 1-866-493-2758





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Please visit our website:**

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

<http://www.metahouse.org/index.html>

# Discussion



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