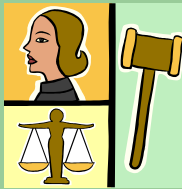


The Engaging Moms Dependency Drug Court



Gayle Dakof, PhD
University of Miami
Miller School of Medicine

Eliette Duarte & Jeri Cohen, JD
State of Florida
11th Judicial Circuit Court

National Conference on Women, Addiction
and Recovery: News You Can Use
Anaheim, CA
July 2006

Why Create a DDC?

No Safe Haven: Children of Substance-Abusing Parents

The National Center on Addiction and Substance Abuse (January, 1999), Columbia University

- Substance abuse and addiction severely compromise or destroy the ability of parents to provide a safe and nurturing home for the child
- Timely and comprehensive treatment can work and is cost-effective
- Only dramatic changes in child welfare practice can make real progress against this problem

Why Create a DDC?

District 11 Department of Children Families (1998)

New cases filed due to:

- Substance Abuse Issues: 46%
 - Neglect: 32%
- 87% of mothers substance-exposed newborn (SEN) cases had multiple substance-exposed children

Ages & Stages Developmental Screenings in Miami-Dade County for Dependent Children

- 100 screenings completed as of 2001
- Children range from 4 months-48 months
- 72% of children showed delays as compared to the 10%-20% expected within general population

One half of the children in foster care show developmental delay that is approximately four to five times the rate of delay found in children in the general population.

(Dicker and Gordon, 2000)



Why Create a DDC?

- **Foster Care and Adoption Should Be a Last Resort**
- **Reunification With Parents Is the Goal; Better For Children and Parents**



Why Create a DDC?

- Traditional child welfare and court response not effective—Revolving Door
 - Not family-based
 - Ignores co-morbidity
 - Delays services
 - Services not individualized
 - Sporadic case management
 - Limited capacity for monitoring
 - No communication between court and treatment

Therapeutic Jurisprudence

“proposes the exploration of ways in which, consistent with principles of justice, the knowledge, theories, and insights of the mental health and related disciplines can help shape the law”

Source: Wexler, DB and BJ Winick, eds. *Law in a Therapeutic Key*, Durham, NC; Carolina Academic Press, 1996

A New Perspective

- The court system as
 - An interdisciplinary
 - Problem-solving
 - Community institution
- “Remember to cure the patient as well as the disease.”



Dr. Alvan Barach, quoted by Bill Moyers in *Healing and the Mind*, 1993

Changes in Thinking

Specific changes in thinking to address families with drug, alcohol and mental health problems:

- How do we integrate strength based approaches?
- What is the role of the family and how can the court involve the family?
- How can the court collaborate with community agencies to develop holistic plans for the family?
- What is the role of the judge?

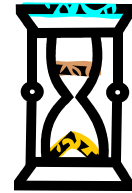
Hallmarks of Efficiency

- One family / One judge
- Front load the system
- Frequent court review to monitor effectiveness
- Set expectations at hearings for all participants
- Holistic case plans
- Hold people accountable
- Collaboration



The Problem

- Competing Time Lines
 - Child welfare mandates decisions regarding permanent placement in 12 months
 - Substance abuse treatment may take multiple treatment attempts and relapse is common
- A child cannot be put on hold without serious developmental consequences



Adoption and Safe Families Act of 1997

- Child's health and safety are paramount concerns in court proceedings
- Emphasis on permanency and adoption
- Stronger court role in monitoring the process



What is the Key Issue?



- Can parents possibly recover from serious drug involvement in one year's time?
 - Only if treatment:
 - Begins at once
 - Is appropriate for the degree of substance use
 - Is coordinated with other necessary services
 - And if the family's progress is closely monitored by the court so the judge has confidence in the final child placement decision

Miami DDC: Vision / Mission Elements.....

- Non-adversarial approach
- Early identification and early placement in DDC
- DDC specialist creates and coordinates a system of services
- Abstinence monitored by frequent drug testing
- Coordinated response to participant compliance and non-compliance
- On-going judicial interaction

Developmental History of DDC

Review of three iterations to get to where we are now:

- Case management
- Intensive case management
- Engaging moms



Miami Dependency Drug Court: Eligibility Requirements

- Dependency petition reviewed
- Evidence of drug use (self report or urinalysis)
- Evidence of potential for reunification
- Woman volunteers for DDC
- Defense Attorney approves

Miami Dependency Drug Court: Case Flow-The Beginning

- Conduct needs assessment
- Place in appropriate substance abuse treatment
- Specify other needed services-begin referral
- Request court ordered psychiatric & psychological evaluation
- Begin collaboration with child welfare workers



Miami Dependency Drug Court

- No single comprehensive multi-component program
- DDC creates a
 - Multi-component program
 - By working with various providers

Miami Dade Dependency Drug Court: Role of the Specialists

- Refer to program/services
- Monitor progress
- Troubleshoot problems to enhance/ensure participation in services
- Coordinate system of services
- Facilitate mother's success in DDC
- Make recommendations to the Court



Miami Dependency Drug Court: Services Profile

- Substance Abuse Treatment
- Domestic Violence Counseling
- Parenting Classes/Dyadic Therapy
- AA/NA Meeting, Sponsor
- Psychiatric Evaluation-Psychiatric Services
- Psychological Evaluation
- Medical
- Financial
- Vocational-Educational
- Housing-Supportive Housing
- Family Therapy

Dependency Drug Court

- Referrals to services
 - Appropriateness of treatment
 - Identification of risk factors for negative outcomes
 - Coordination and timing of services
 - Ensuring smooth transition and access to services
 - Facilitating mother-provider relationship to maximize the chances that mother will succeed

Dependency Drug Court

Monitoring:

- Weekly moving to bi-weekly sessions with clients
- Involvement of family members/support systems
- Communication and written reports from providers
- Collaboration with child welfare workers
- Urinalysis testing
- Summary report for the Court

Dependency Drug Court

Recommendations based on client's progress / lack of:

- Treatment Needs
- Phasing
- Rewards or Sanctions
- Visitation / Reunification
- Termination



Dependency Drug Court

Collaboration

- Child Welfare Workers
- Providers
- Attorneys



Dependency Drug Court

Child Welfare Workers

- Staffing
 - o One week prior to court hearings
 - o Problem cases as needed
 - o Treatment team as needed
 - Discharge/transition meetings, relapses, non-compliance
 - o Ongoing telephone contact



Dependency Drug Court

Providers

- Develop close relationship with staff
- Encourage team approach
- Coordinate a communication plan
 - Access to client
 - Problems with client
 - Reporting of progress
 - Recommendations for changes

Dependency Drug Court

Attorneys

- Initiation of case
 - Explain allegations and repercussions
 - Encourage/Approve Drug Court
 - Encourage compliance
- Appearance in court for legal matters
 - Case Plan, Judicial Reviews, Permanency
 - Visitation
- Non-compliance



NIDA Funded Study

4 Year Intervention Development Study

- Randomized design
- Final sample size = 72 women
- Followed for 18 months
- Comprehensive Assessment
 - Reunification
 - Parenting Skills
 - Substance Use
 - Neglect/Abuse
 - Vocational Functioning
 - Psychological Functioning
 - Child Functioning

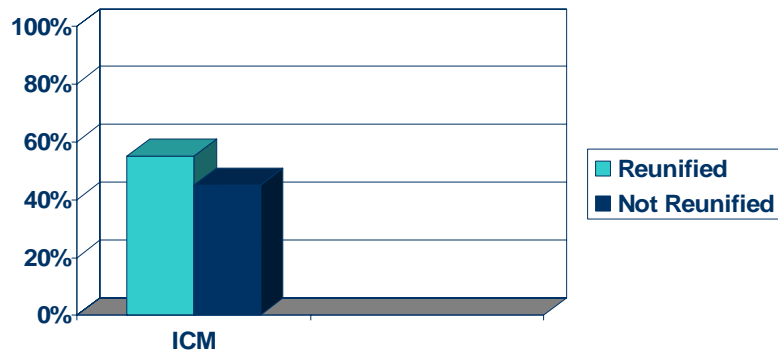


Engaging Moms Program Versus Intensive Case Management (ICM)

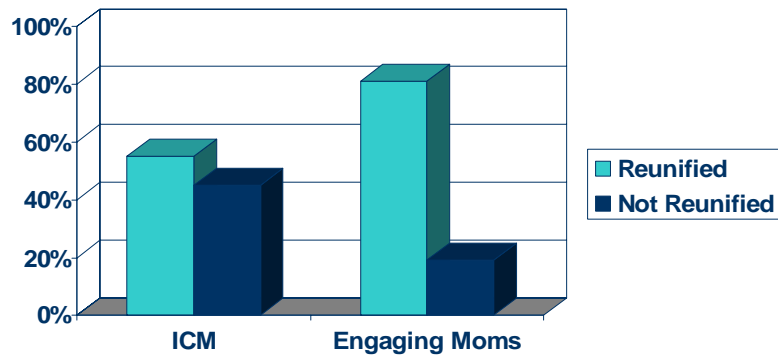
- Parameters of the 2 Models are the same
- The Content and Process of the sessions are different



Permanency: Preliminary Results (n = 36)



Permanency: Preliminary Results (n = 36)



Abstinence Among Non-Graduates

	6 months (n=12)	12 months (n=8)	18 months (n=5)
Intensive Case Management	33%	33%	33%

Abstinence Among Non-Graduates

	6 months (n=12)	12 months (n=8)	18 months (n=5)
Intensive Case Management	33%	33%	33%
Engaging Moms Program	100%	100%	100%

10 Key Intervention Principles of Engaging Moms Program (EMP)

1. Act as strong advocate—"I am behind you 150%!"
Advocate before Judge
2. Compliment, praise, and agree
3. Develop collaborative respectful relationship
4. Seek opportunities to empower and validate
5. Emphasize emotional & relational aspects of parenting (create positive expectations)

10 Key Intervention Actions

6. Engage mother's family to help daughter/wife/sister
7. Nurture mother/take care of her. Allow her to be dependent at first
8. Never give up—relapse, failures, interpersonal problems, slips are opportunities to change
9. Celebrate small successes: make them bigger
10. Work in close emotional proximity

Core Intervention: Life Review

Very Detailed Life Review:

Focusing on circumstances and choice concerning:

- Family of origin
- Road to addiction
- Relationships
- Parenting



Core Intervention: DDC as a New Beginning

- The past is the past
- This is an opportunity to finally get what you want
- Discuss hopes and dreams as a woman and a parent



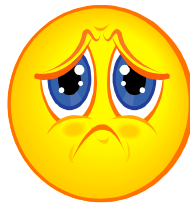
Core Intervention: Alliance Building

- “I am behind you 150%!”
- Compliment, praise and agree
- Empower and validate
- Build confidence in the program (DDC) and Specialist
- Be loving and nurturing



Core Intervention: Enhance Motivation

- Distress and Despair: Unhappiness, Guilt, Shame, Have a Lot to Lose
- Positive Expectations and Hope: Have a Lot to Gain



Core Intervention: Bonding With Children

- Focus on emotional aspect of parenting:
 - They need you
 - You need them
- Emphasize and enhance love and connection between mother and children



Core Intervention: Alliance & Motivation With Family

- **This is a Special Program.
Completely Different.
A New Beginning.
A Last Chance.**
- **Your Daughter and
Grandchildren Need You.**
- **No Regrets.**

Core Intervention: Repair and Strengthen Relationship With Family

- Facilitate meaningful discussions between mother and family to strengthen those relationships and address any past hurts and betrayals

Core Intervention: Help From Family

- Practical: Child Care, Financial, Transportation
- Emotional: Supportive, Loving, Encouraging
- Reduction In Negativity, Blaming



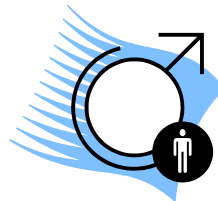
Core Intervention: Enhancing Problem Solving & Emotional Regulation Skills

- Agree about the injustice, bad treatment, disrespect, being misunderstood
- Praise her for her strength, assertiveness, and self-esteem
- Discuss/review adaptive and maladaptive ways of dealing with situation
- Help develop adaptive coping, problem solving and interpersonal skills while simultaneously not diminishing her natural strengths



Core Intervention: Men, Sex, & Relationships

- Relationship Life Review
- Self-Examination: Men, Relationships, Parenting
- Help Her Make Thoughtful Decisions, Choices



Core Intervention: Enhancing Parenting Practices

- Bring parenting class and dyadic therapy content to sessions—review, discuss, clarify
- Observe interactions with children
- Discuss observations—
 - Parenting strengths and weaknesses
 - Collaborate to enhance parenting skills
- Have mother incorporate new skills (live)



Core Intervention: Shuttle Diplomacy Between Mother & Service Providers

- Be proactive: Prevent problems with child welfare, substance abuse treatment, and other service providers
- Resolve any problems and conflicts immediately



Core Intervention: Openly Discuss Ambivalence to Change

- Discuss loss associated with giving up drugs, certain men, party-girl lifestyle
- Allow her to recognize loss and grieve
- Discuss gains—feel better physically and emotionally, feel proud of self, raise healthy and happy children, set foundation for mature relationship with children

Core Intervention: Dealing With Relapse and Other Setbacks



- Normalize (natural, to be expected, not the end of the world)
- Discuss ambivalence of change
- Action (means we need to work harder, do something different)
- Explore relapse fully (antecedents, experience, consequences)
- Renew commitment
- Collaborate on action plan

Core Interventions: Using the Theater of the Court to Further Therapeutic Goals

- Alliance with client. Opportunity to demonstrate that you are a strong advocate and can make something happen
- Compliment and reinforce progress (even small successes). Make a big deal about each small success
- Bring into relief demands of Court such as threats from Judge; high judicial expectations; seriousness of the situation; timelines; and consequences

Core Intervention: Life Planning in Excruciating Detail

- Develop a routine for everyday life
- Address how to balance self care, children, work, meetings
- Outline and plan for dealing with common emergencies with children and families
- Relapse prevention plan
- Bumps in road: What are they? Plan to address



Core Intervention: Termination

- Review, reinforce and celebrate accomplishments
- Our ending is their beginning
- Don't need me anymore



Role of the Judge



- Consensus in the drug court literature that the judge's influence is key to success
- Few guidelines available on how to be an effective dependency drug court judge

Hands-On Courts



- Judges should play a role in the problem-solving process
- Outcome matters--court is not just based on a process and precedent
- Recognition of the therapeutic potential of the court's coercive powers
- Collaboration exists to seek a continuum of care



Guidelines for the DDC Judge

Collaboration, Accountability, & Influencing The System of Care

- EMP Specialists
- Child Welfare Case Managers
- Treatment and Other Service Providers



Guidelines for the DDC Judge

What to do When Team Members Disagree

Role of the Judge: Therapeutic Jurisprudence in Action

- Using the court and judicial stance therapeutically:



- o When to be tough and demanding
- o When to be compassionate and forgiving

Judge Makes the Final Decision

- How the EMP works to help the Judge make the appropriate decision
- How the Judge works with the EMP to demand excellence and collaboration



The views expressed in written conference materials or publications and by speakers and moderators at Department of Health and Human Services-sponsored conferences do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.