

MULTI-DISCIPLINARY CHILD ABUSE & NEGLECT INSTITUTE

It Takes a Village – Professional Engagement in Developing Strategies for Achieving Permanency – Navigating Mental Health, Substance Abuse and Domestic Abuse Cases National Council of Juvenile and Family Court Judges and Georgia Supreme Court Committee on Justice for Children



Georgia 2019

LEARNING OBJECTIVES:



- Understand the foundation of good case planning
- Collaborating to develop winning strategies
- Best practices Substance Abuse, Mental Health, Intimate Partner Violence
- Compliance vs. progress
- Ethical considerations/challenges



BUILD A SOLID FOUNDATION

- Review CPS history from current and prior states
- Review prior assessments
- Review prior case plans
- Review the Genogram
- Thoroughly track the problem over time
- Consider what has already been tried, what worked in the past

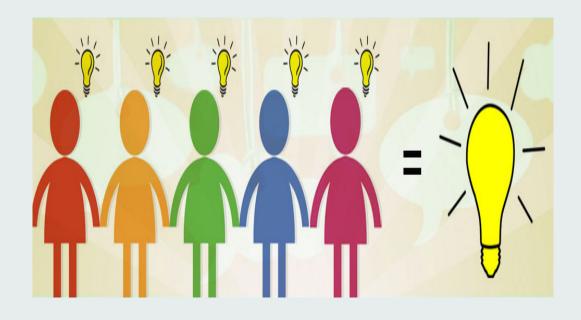
What are the "non-negotiables?"

COLLABORATE

- Parents
- DFCS
- Children
- Providers -

current/potential

- Informal Supports
- CASA
- Caregivers
- Attorneys



BUILD ON THE CONSENSUS

Getting some agreement about what needs to change

Acknowledges past efforts to change

DEVELOP OUTCOMES

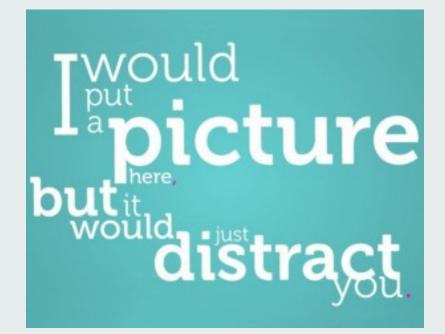
Outcome = What will be happening to create safety

FLO vs. ILO



OUTCOME DRIFT

Outcome Drift – losing focus on the safety priorities



QUIZ TIME – FILL IN THE BLANKS

Get a psychological and

- Get a substance abuse assessment and
- Get a domestic violence assessment and
- Get a parental fitness exam and



TASKS

What will be done to achieve the Outcome?

SMART

- Include only those tasks relevant to achieving the Outcome
- Address transportation
- Update the case plan with the family and provider upon receipt of recommendations from providers

CHOOSE THE RIGHT TOOLS



SCREENING:

- Brief/Informal questions or instruments
- At risk for issues
- Whether more formal testing is needed

CHOOSE THE RIGHT TOOLS

ASSESSMENTS:

- More comprehensive
- Instruments and interviews used to create a picture of how person is functioning, typically in a particular area
- Can be used to determine best services



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CHOOSE THE RIGHT TOOLS

EVALUATIONS:

- The most comprehensive
- More formal testing
- Most likely done by
 licensed clinicians
 (psychiatrist,
 psychologists, etc)



CHARACTERISTICS OF QUALITY

- Collaboration prior to assessments
- Testing used is highly reliable with inter-rater reliability
- Addresses bio-psycho-social issues
- Administered by someone with the proper credentials/training – must understand the procedures for the testing
- Clear/easy interpretation of the raw data that was used for testing
- Provides specific recommendations & the order of services

REASONABLE EFFORTS

The psychologist recommended in the psychological that Mr. Brown should receive a particular type of therapy. This was included in the case plan. The therapist, after meeting with Mr. Brown several times, decided that Mr. Brown needed a different type of therapy. At a review hearing, the therapist testified about Mr. Brown's lack of progress. Judge Lock made a "no reasonable efforts" finding because Mr. Brown was not receiving services that were identified as necessary by the psychologist and court ordered.



COMMUNICATION IS CRITICAL

- Evaluation

Qualified provider develops treatment plan
 based on the recommendations in the evaluation

- Services provided
- Provider begins to feel that a different course of treatment is needed
- Provider consults treatment team
- Provider collaborates with child welfare team
- Case plan is updated with the family

SUBSTANCE ABUSE

Indicators you may be working with a person who has a substance use disorder:

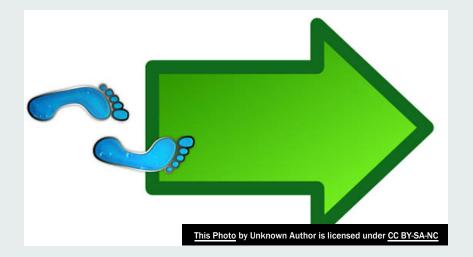
- Drastic changes in mood
- Declining hygiene
- Money issues cannot account for spending
- Hanging out with others who use drugs
- Criminal activity
- Frequent changes in housing
- Prior history of substance use
- Positive drug test

SUBSTANCE ABUSE TREATMENT LEVELS

- Detoxification
- Outpatient Services
 - Early Intervention
 - Level I
 - Level II.1
 - Level II.2
- Residential Treatment
 - Level III
 - Level IV

INDICATORS OF PROGRESS

- Stays engaged in treatment or aftercare
- Achieves a period of abstinence
- Relapse plan in place
- Achieving parenting goals
- Visiting consistently
- Developing a network of sober friends/family
- No new reports of criminal activity/abuse or neglect
- Taking prescribed medication correctly
- Others?



PRACTICE

Read scenario

FLO – The family will use their plan to meet the day to day well-being needs of Lucy so that Lucy is safe from harm.

ILO – Ms. Brock will use her plan to stop her drug use so she can meet the day-to-day needs of Lucy and keep her safe from harm.

At your table, develop likely tasks to meet the ILO:

COMPLIANCE VS. PROGRESS

Compliance = act in accordance with a wish or command



Progress = advance or develop toward a better, more complete, or more modern state.

LAPSE VS. RELAPSE

- Lapse = A temporary slip into an old behavior to be expected
- Relapse = Full blown return to a pattern of behavior that one has been trying to moderate or quit altogether



DOMESTIC VIOLENCE

Indicators you may be working with someone who is a victim of domestic violence:

- Infrequent contact with family, social habits being curbed
- Frequent injures, excuses inconsistent
- Evasiveness, change the subject
- Making excuses, blaming self

Indicators you may be working with someone who batters:

- Coercive, controlling behaviors
- Insults
- Excessive jealousy or possessiveness
- Sabotage of work or education
- Withholding financial resources

DO'S AND DON'TS

DO:

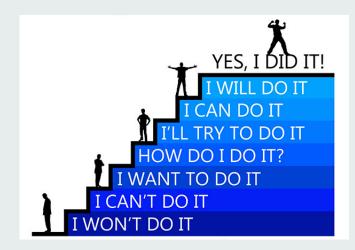
- Get experts involved early on
- Separate FTM's
- Include expert at FTM
- Separate case plans
- Get victim's input to avoid mimicking control
- Include ways to protect victim
- Use culturally competent resources
- Question recommendations for couple's therapy
- Look at history rather than just at recent incidents
- Be patient

DON'T:

- Force non-offender to get TPO
- Confuse Anger Management with Family Violence Intervention Programs/Batterer Intervention
- Involve the batterer in the FLO until there has been substantial progress on ILO
- Forget that children can be harmed out of revenge
- Forget barrier issues
- Forget personal biases

SIGNS OF PROGRESS - VICTIM

- Follows through with safety planning for self
- Utilizes services and support
- Understands that own safety and safety of child are connected
- Recognizes tactics being used by offender
- Has sense of self worth
- Addresses past trauma



SIGNS OF PROGRESS - BATTERER

- Ceasing to use tactics of coercive control, including violence if that is part of the pattern.
- Accepting responsibility for the choice to use tactics of coercive control and/or to be violent and saying that clearly to the adult non offending caregiver and children.
- Accepting the responsibility for choosing to expose the children to domestic violence.
- Agreeing to and following through with safe levels of contact.
- Supporting the non-offending caregiver's parenting and relationship with the child.
- Demonstrating an understanding of the effect the domestic violence has on the children by supporting their participation in counseling.
- Accepting responsibility participating in a Family Violence Intervention Program.
- Demonstrating equal responsibility for the children's safety and well-being including meeting the children's basic needs, such as financial and emotional support, without manipulation.

PRACTICE

Review scenario

- FLO The family will use their plan to ensure the children are living in a home free from domestic violence so the children are safe from physical and emotional harm.
- ILO Mr. Winters will use his plan to prevent his need to control others through violence or intimidation so he can keep his children safe from emotional and physical harm.
- ILO Mrs. Winters will use her plan to deal with personal hurdles that make it hard to protect her children from DV so she can keep her children safe from harm.
- Develop tasks to support achievement of FLO, ILO (father) or ILO (mother)

MENTAL HEALTH

Indicators you are working with a person that is struggling with a mental health issue:

- Similar to those who are struggling with SUD
- Prior diagnoses
- Mood changes
- Withdrawal
- Drop in functioning
- Problems thinking
- Increased sensitivity
- Apathy
- Feeling disconnected
- Illogical thinking
- Nervousness
- Unusual behavior
- Impulsiveness
- History of trauma



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COMMON TREATMENT MODALITIES

- EMDR: Eye Movement Desensitization and Reprocessing (EMDR)
- TF-CBT Trauma-Focused Cognitive Behavioral Therapy
- Individual Psychotherapy
- Behavioral or Cognitive Behavioral Therapy (CBT)
- Group therapy
- Medication

CHOOSING A TREATMENT PROVIDER

Ask about the therapist/counselors training and experience in the field of traumatic stress, etc including:

- What is your formal training background?
- What specific training have you had in the area of trauma?
- How long have you been doing this work and with how many people?
- How will we know when we are finished?
- What is your treatment philosophy and approach (methods)?
- Which evidence-based interventions are you trained to use?

SIGNS OF PROGRESS

- More supportive relationships
- Finding a niche in the community
- Commitment to treatment
- Managing symptoms
- Recognizes impact on their children.



PRACTICE

- Read scenario
- ILO Tara will use her plan to manage her emotions and frustration so she can provide Johnny with stability and keep him safe from physical and emotional harm.
- What are the likely tasks?

What can be done first to get the work moving?

Assessment > Tx Plan > Psychological > Update Tx Plan

CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE

- Interventions are rated based on the strength of the research evidence supporting a practice or program:
 - **1** Well Supported by Research Evidence
 - **2** Supported by Research Evidence
 - **3 Promising Research Evidence**

https://www.cebc4cw.org/

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Programs Topic Areas Rating Scales

The California Evidence-Based Clearinghouse for Child Weitare (CEBC) offers various ways to locate programs. Please select one of the following options:

Search for a Program:

Go

- · Alphabetical List of Programs
- · List of Topic Areas
- · Advanced Search

In the Advanced Search, you can search for programs using one or all of the following criteria:

- · CEBC Scientific Rating
- Child Welfare System Relevance Level
- · Child Welfare Outcomes
- Topic Areas
- · Age of Child

Home
Program Registry

Programs
Topic Areas

Rating Scales

to just click search, you would get all the programs in our database. Any other settings you choose narrow down the selection.

Netword

오 Scientific Rating

Learn more about the Scientific Rating Scale.

- 1 Well-Supported by Research Evidence
- 2 Supported by Research Evidence
- ✓ 3 Promising Research Evidence
- 4 Evidence Fails to Demonstrate Effect
- 5 Concerning Practice
- NR Not able to be Rated

Ohild Welfare System Relevance Level

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😧 Program Registry

Implementation



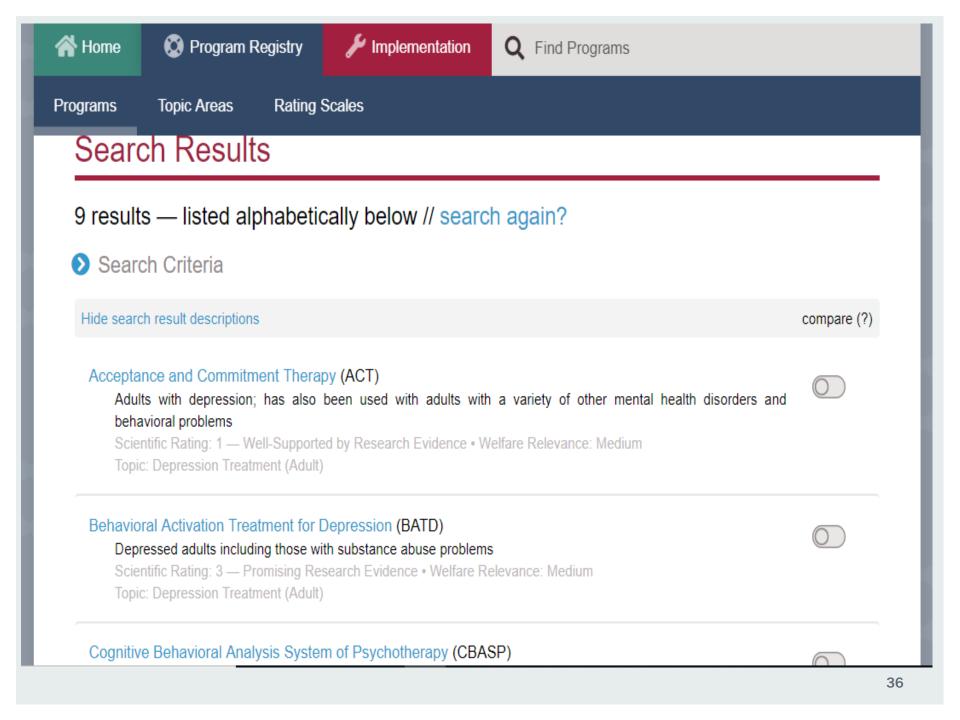
Programs

Topic Areas Rating Scales

- Child Weilare Workforce Development and Support Frograms
- Commercial Sexual Exploitation of Children and Adolescents: Services for Victims

Depression Treatment (Adult)

- Depression Treatment (Child & Adolescent)
- Disruptive Behavior Treatment (Child & Adolescent)
- Domestic/Intimate Partner Violence: Batterer Intervention Programs
- Domestic/Intimate Partner Violence: Services for Victims and their Children
- Educational Interventions for Children and Adolescents in Child Welfare
- Family Stabilization Programs
- Father Involvement Interventions
- Higher Levels of Placement
- Home Visiting Programs for Child Well-Being
- Home Visiting Programs for Prevention of Child Abuse and Neglect
- Infant and Toddler Mental Health Programs (Birth to 3)
- Interventions for Abusive Behavior



WHAT'S NEW?



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- Lori A. Davis, DFCS Training and Professional Development
- Childwelfare.gov
- https://odis.dhs.ga.gov
- Adjudicating Domestic Violence Custody Cases: What Judges Must Know Jun 16, 2017 huffpost.com