

**It Takes a Village:
Professional Engagement in Developing
Strategies for Achieving Permanency –
Navigating Mental Health, Substance Abuse
and Domestic Abuse Issues**

Multi- Disciplinary Child Abuse and Neglect Institute – Focus on Permanency

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



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If you want to go fast, you have to slow down...

- CPS history from current and prior states
- Prior assessments and case plans
- Genogram
- Thoroughly track the problem over time
- Consider what has already been tried, what worked in the past
- ADA considerations
- Understand the “non-negotiables”
- Be aware of bias



Partners

Parents

DFCS

Partners

Parents

DFCS

Children

Providers –
Current or
Potential

Informal
Supports

CASA

Caregivers

Attorneys

Parents

DFCS

CASA

Children

CONSENSUS

Attorneys

Providers –
Current or
Potential

Caregivers

Informal
Supports



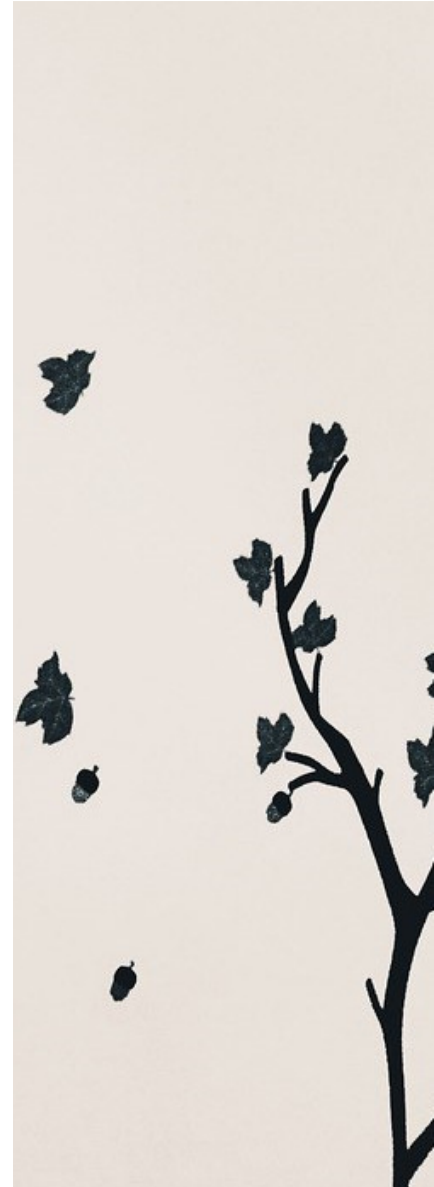
Outcomes

What will be happening to create safety



Outcome Drift:

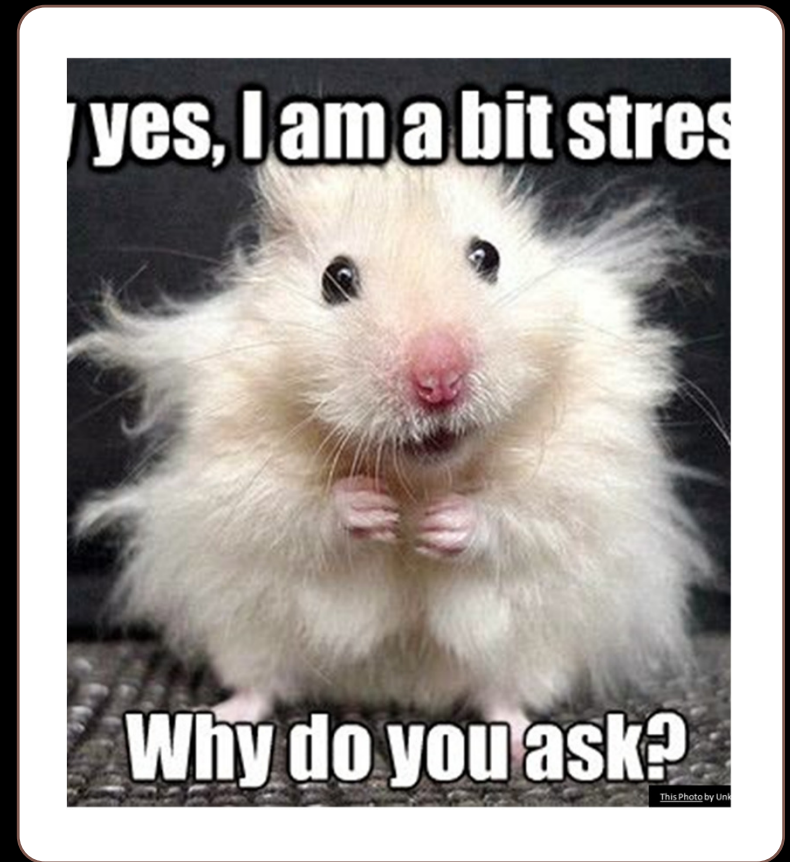
Losing focus on the
safety priorities



Get a psychological
and.....

Get a substance
abuse assessment
and.....

Get a domestic
violence assessment
and.....



Tasks

- 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





Quality Assessment



- 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
- Clear/easy interpretation of the raw data that was used for testing
- Provides specific recommendations & the order of services

Impact on 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.

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Compliance or Progress?

Are the
parents/children
participating in
services?

What effect has the
service had on
behavior change by the
parents or the well-
being of the child?

- How long has this provider been working with this family/individual?
- How many sessions have been scheduled? How many completed? Reasons for missed sessions?
- When did the provider last see the client?

The Treatment goals are:

The goals are consistent with recommendations from assessments or evaluations? If not, why not?

Evidence of progress on treatment goals: (How has insight increased? What behaviors have changed? Include - Is parent able to identify high-risk situations that could make him/her relapse? Is parent aware of signs that those high-risk situations might be approaching? What is parent doing from day to day to prevent himself from getting into high risk situations? What coping skills is parent using? What is Plan B or even Plan C?)

If no progress or minimal progress, what needs to change?

How much longer does the provider project the service will be needed?

How does the above information impact child safety?

Recommendations?

Resistance

Context of child protection work

Feelings associated with change

Denial or minimization

Behavior of “expert”

Social structure

Trauma



Trust

Practical help

Listen

Words matter

Seek exceptions

Involve the family

Empower



A photograph of two hands clasped together in a firm grip, set against a bright sunset over a body of water. The sun is low on the horizon, creating a strong lens flare and reflecting on the water. The sky is a mix of orange, yellow, and light blue. The hands are silhouetted against the bright light of the sun.

Substance Use & Addiction

Meet Chrystal

Abuse, Addiction & Dependence

Abuse – Not managing what you should at work, home or school

Addiction – Continuing drug-seeking behaviors despite negative consequences

Dependence - withdrawal

SUBSTANCE
ABUSE
(being "stupid")



SUBSTANCE
DEPENDENCE
(needing it)

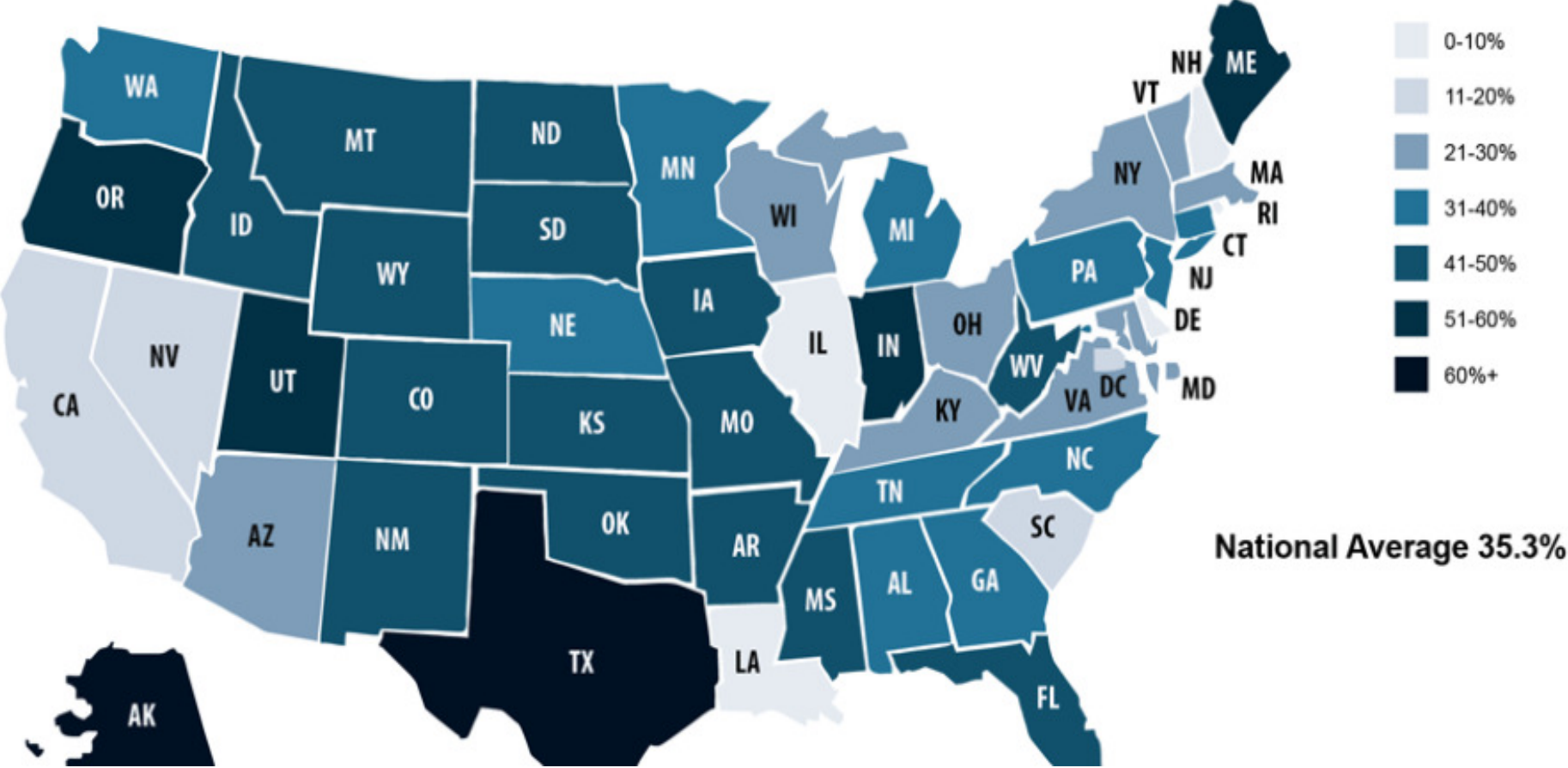


Substance Use Disorders

20.3 million people aged 12 or older

- 14.8 million people had an alcohol use disorder
- 8.1 million people had an illicit drug use disorder

Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal by State, 2016



Protective Capacity

Basic needs of children

Recognizing danger

Driving

Bonding/nurturing/trust

Treatment Levels

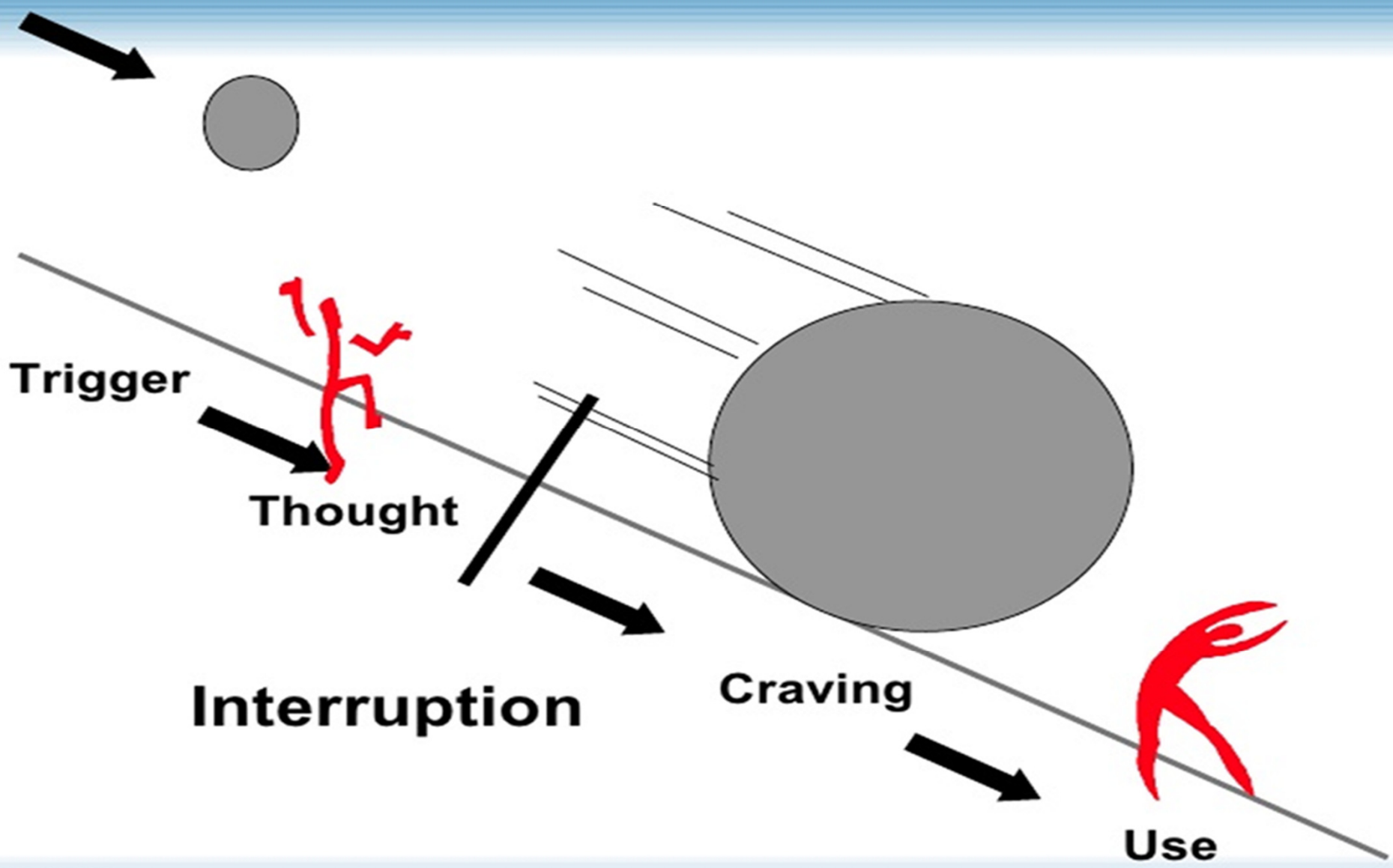
Detoxification

Outpatient Services

- Early Intervention
- Level I
- Level II.1
- Level II.2

Residential Treatment

- Level III
- Level IV



Progress

HEALTH

- Stays engaged in treatment or aftercare
- Achieves a period of abstinence
- Relapse plan in place
- Taking medication only as prescribed

HOME

- Having a stable and safe place to live

PURPOSE

- Achieving parenting goals
- Visiting consistently
- Having income or resources
- Meaningful daily activities

COMMUNITY

- Developing a network of sober friends/family

OUTCOME: 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.

- Ms. Brock will complete a substance abuse assessment at ABC Counseling on August 19, 2019 at 2:00 pm.

-DFCS will provide Ms. Brock with transportation to her substance abuse assessment.

-Within five days of receiving the recommendations of the substance abuse assessment, DFCS and Ms. Brock will update the case plan with recommendations that are necessary to achieve the above outcome.

-Ms. Brock will complete random drug testing with Averhealth at least twice per month.

-Ms. Brock will test negative for drugs for at least six consecutive months.

OUTCOME: 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.

- *Ms. Brock will complete Level III, inpatient substance abuse treatment at New Life.*
- *DFCS will pick up Ms. Brock at 8:00 am on 8/30/19 and transport her to New Life.*
- *With the help of New Life, Ms. Brock will document the coping skills she is using to become and remain drug free.*
- *Ms. Brock will complete random drug tests within one hour of being requested by DFCS or New Life at least twice per month.*
- *Ms. Brock will test negative for drugs for at least 6 consecutive months.*
- *Ms. Brock will identify at least two sober supports before being discharged from New Life.*
- *Ms. Brock will work with New Life to obtain safe housing.*
- *Ms. Brock will maintain safe housing for at least 6 months.*
- *Ms. Brock will attend at least two recovery treatment meetings per week, beginning _____.*

A hand is shown reaching out from the right side of the frame towards the left. The background is a clear blue sky with some light, wispy clouds. The hand is positioned as if it is about to grasp something or is in the middle of a gesture. A large, semi-transparent white circle is overlaid on the left side of the image, containing text.

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

A photograph of two hands clasped together, silhouetted against a bright sunset over a body of water. The sun is low on the horizon, creating a strong lens flare and reflecting on the water. The overall mood is one of hope and support.

Domestic Violence/Intimate Partner Violence

Meet Rebecca

Situational Couples Violence

Conflict

Gender neutral

Motive is not control

No coercive control behavior
patterns





Behavioral Indicators – Coercive Controlling Violence

Victim/Survivor

Infrequent contact with family,
social habits being curbed

Frequent injures, excuses
inconsistent

Evasiveness, change the subject

Making excuses, blaming self

Batterer

Coercive, controlling behaviors

Insults

Excessive jealousy or
possessiveness

Sabotage of work or education

Withholding financial resources

“Charming”

INTIMATE PARTNER VIOLENCE (DOMESTIC VIOLENCE) GUIDELINES & PROTOCOL



Data

- 1 in 4 women and 1 in 10 men experience sexual violence, physical violence and/or stalking by an intimate partner during their lifetime
- From 2016 through 2018 the number of intimate partner violence victimizations in the United States increased 42%
- 1 in 2 female murder victims and 1 in 13 male murder victims are killed by intimate partners
- Victims of intimate partner violence lose a total of 8,000,000 days of paid work each year, the equivalent of 32,000 full-time jobs.

-National Coalition Against Domestic Violence

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
- Give the offender a copy of the victim's safety plan
- Confuse Anger Management with Family Violence Intervention Programs or Batterer Intervention
- Forget that DV services are voluntary
- Forget that children can be harmed out of revenge
- Forget barrier issues
- Overlook the presence of weapons in the home
- Forget personal biases

Indicators of Progress - Survivor

- 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



Indicators of Progress - Offenders

- 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.

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.

Mrs. Winters will meet with the Domestic Violence advocate from Harmony House to complete a Domestic Violence Assessment by August 10, 2019.

- Within one week of receiving the results of the assessment, Mrs. Winters and DFCS will work with the Domestic Violence Advocate to update the case plan with recommendations that are necessary to achieve the above goal.

- By August 10, 2019, Mrs. Winters will work with Harmony House to develop a plan to keep herself safe.

- Mrs. Winters will participate in family counseling with the children each week through ABC Counseling, beginning the week of August 12, 2019.

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.

- *Mrs. Winters will meet with the Domestic Violence advocate from Harmony House each week beginning 10/20/2019 to:*
 - *discuss the effectiveness of her personal safety plan and update it if needed*
 - *learn about power/control tactics used by offenders*
 - *develop an understanding of how her and her children's safety are connected*
- *Mrs. Winters will participate in therapy at ABC Counseling with a licensed therapist, certified to work with victims of trauma, at least one time per week, beginning the week of 09/16/2019.*
- *Mrs. Winters will continue to participate in family counseling with her children each week so that she can help them deal with the impact that the abuse has had on them.*

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.

- Mr. Winters will complete a domestic violence assessment with ABC services on 10/10/2019 at 6:30 pm.

- Within seven days of receiving the results of the domestic violence assessment, DFCS and Mr. Winters will work with Dr. Terry Parks of ANA Behavioral Health to update the case plan with recommendations from the assessment.

- Mr. Winters will follow the Court's order to not have contact with Mrs. Winters or the children until it is recommended by all of the therapists.

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.

- Mr. Winters will complete all sessions of the Family Violence Intervention Program with Dr Terry Parks of ANA Behavioral Health (address) beginning November 1, 2019.

-Mr. Winters will participate in individual counseling with ANA Behavioral Health once per week, beginning the week of 10/28/2019, to address his relationship with his wife and develop skills to interact with her in a manner that is not violent, controlling, or manipulative.

-Mr. Winters, with the help of ANA Behavioral Health, will document the skills he is using to stop using tactics of coercive control, including violence, in relationships with his family.

-Mr. Winters will demonstrate an understanding of the effect the domestic violence has on the children by supporting the children's participation in counseling.

- Mr. Winters will continue to follow the Court's order to not have contact with Mrs. Winters or the children until it is recommended by all of the therapists.

A photograph of two hands clasped together in a supportive grip, set against a bright sunset over a body of water. The sun is low on the horizon, creating a lens flare effect and reflecting on the water. The sky is a mix of orange, yellow, and light blue. The hands are silhouetted against the bright light of the sun.

Mental Health

Meet Ada & Eric

Treatment Modalities

EMDR: Eye Movement Desensitization and Reprocessing (EMDR)

TF-CBT Trauma-Focused Cognitive Behavioral Therapy

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 is your treatment philosophy and approach (methods)?
- Which evidence-based interventions are you trained to use?
- 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?

Progress Indicators

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



Ms. Tara Stone 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.

- By 7/25/2019, Ms. Stone will sign releases for past mental health records.
- By 8/14/2019, Ms. Stone will begin to participate in counseling with ABC Counseling to address stress management and managing her feelings.
- Ms. Stone will complete a psychological and parental fitness assessment with Dr. Priscilla Faulkner at Southeastern Psychological Associates on 8/21/2019 at 9:00 am.
- DFCS will pick up Ms. Stone from her home at 8:00 am on 8/21/2019 and drive her to Dr. Faulkner's office.
- DFCS and Ms. Stone will work with Dr. Faulkner to update the case plan within seven days of receiving the results of the psychological/parental fitness assessment.

Ms. Tara Stone 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.

- Ms. Stone will complete a psychiatric evaluation at Pathways Behavioral Health on 9/25/2019 at 9:30 am.
- DFCS will pick up Ms. Stone at 9:00 am from her home and transport her to Pathways on 9/25/2019.
- Ms. Stone will take medication as prescribed by Pathways Behavioral Health.
- Beginning 9/26/19, Ms. Stone will participate in individual therapy with ABC Counseling one time per week to work on her feelings about her family and triggers to her emotions.
- Ms. Stone will participate in an evidence-based group once per week, such as Parenting Without Partners, to help her learn to manage her symptoms of bipolar disorder, beginning the week of 9/30/2019.
- With the help of ABC Counseling and Parenting Without Partners, Ms. Stone will identify triggers and coping skills and document times she was able to use them.
- By 10/15/2019, DFCS will help Ms. Stone apply for SSI.
- DFCS will help Ms. Stone fill out applications for independent housing by 11/1/2019.
- Ms. Stone will maintain safe, independent housing for at least six consecutive months.
- By 11/15/2019, Ms. Stone will identify and engage in a meaningful activity at least once per week (such as a hobby, church, volunteer.)
- If there are changes needed in Ms. Stone's mental health treatment, DFCS and Ms. Stone will work with the provider to update the case plan.

What about Al Jones????

- Correlation between engagement with non-custodial parents and fewer subsequent allegations of child maltreatment
- Faster achievement of permanency
- Help with safety planning
- Possible placement
- Better outcomes for kids



Fathers Matter

- **LOCATE**
- **ENGAGE**
- **ASSESS**
- **SERVE**

- Mr. Jones will provide DFCS with his contact information by
- Mr. Jones will take steps to legitimize his child.....
- Mr. Jones will meet with DFCS so his needs can be assessed....
- Mr. Jones will complete assessments that will assist in determining services that will help him develop and maintain a healthy relationship with LG....
- DFCS will assist Mr. Jones with transportation to assessments.....

Evidence-Based Clearinghouses

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>

<https://familyfirstact.org/resources/prevention-services-clearinghouse-website>

Collaborators

- **Brenda H. Jones**, Office of the Child Advocate, formerly Troup County Community Resource Coordinator
- **Dr. Priscilla Faulkner**, Southeastern Psychological Associates, Inc.
- **Alexis Champion**, Training Manager, Georgia Coalition Against Domestic Violence , GCADV.org
- **Dr. Terry Parks**, ANA Behavioral Health (FVIP)
- **Andriea Washington**, LPC,NCC, CCMHC, DBHDD
- **Rebecca Nix**, LPC, MAC, Behavioral Health Treatment Court Liaison, DBHDD
- **Childwelfare.gov**
- **<https://odis.dhs.ga.gov>**
- **Adjudicating Domestic Violence Custody Cases: What Judges Must Know** Jun 16, 2017
huffpost.com
- Georgia Commission on Domestic Violence –Georgia Domestic Violence Benchbook
<http://icje.uga.edu/domesticviolencebenchbook.html>
- **“No Visible Bruises: What We Don’t Know About Domestic Violence Can Kill Us”** by Rachel Louise Snyder

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