

# Family Centered Approaches: Improving Recovery Outcomes for the Individual and the Entire Family

---

Latonya Adjei-Tabi, MPA

Center for Children and Family Futures



# 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.



**CENTER FOR CHILDREN AND FAMILY FUTURES**  
Strengthening Partnerships, Improving Family Outcomes

# Learning Objectives

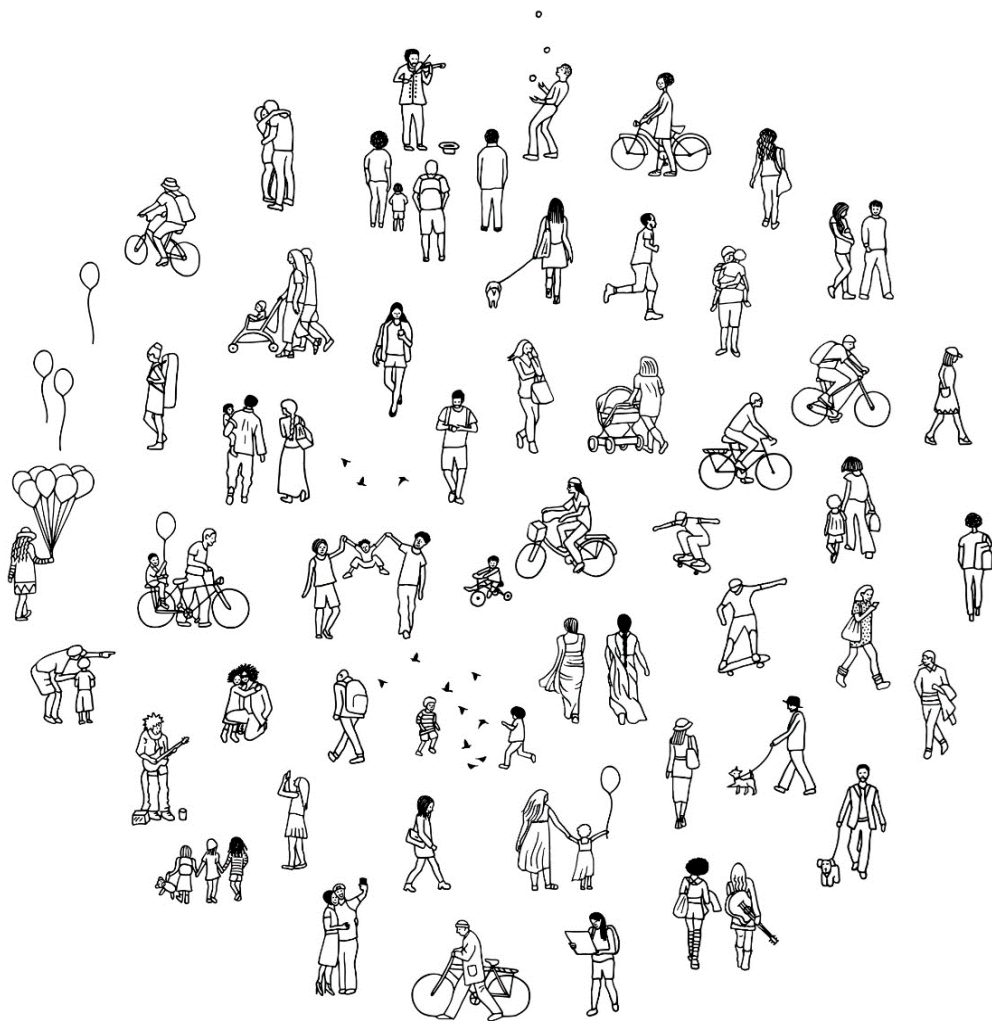
1. Explore the essential ingredients required to implement a family-centered approach.
2. Apply practical strategies to implement a family-centered approach.
3. Leadership efforts needed to ensure the implementation and sustainability of a family-centered approach.



# Defining Family



A family-centered approach recognizes that **family** is defined by the individual receiving services.



# 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

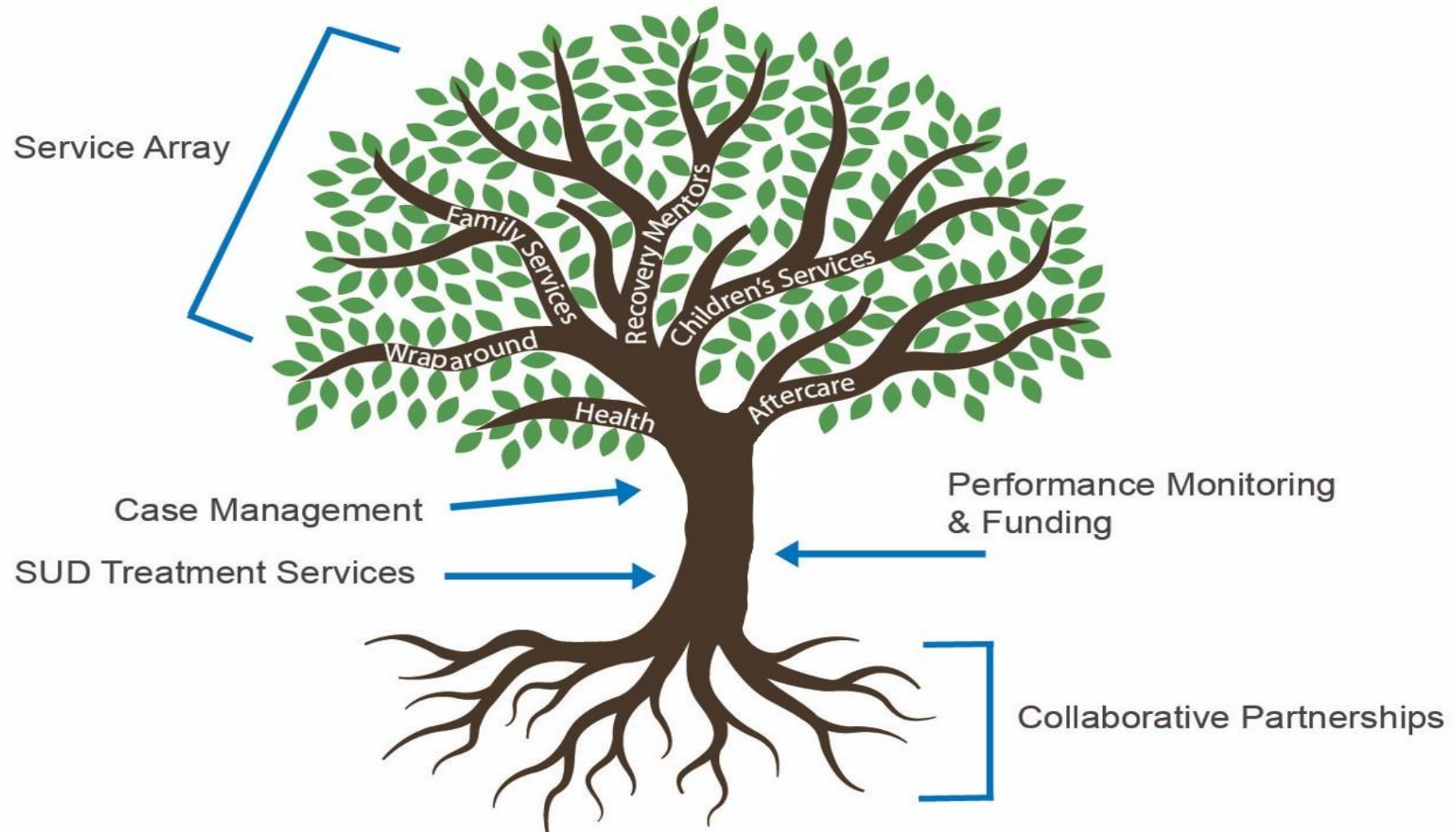
Substance Use Disorder (SUD) is a family disease affecting all relationships in the family unit

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

**Treat the Family – Heal Relationships  
Break the Cycle**

# Essential Ingredients of a Family-Centered Approach

## Essential Ingredients of a Family-Centered Approach





# Family-Centered Approach



Recognizes that addiction is a **brain disease** that affects the entire **family**, and that recovery and well-being occurs **in the context of the family**

---



Provides a comprehensive array of clinical treatment and related support services that meet the needs of **each member in the family**, not only the individual requesting care

---



Extends well beyond the SUD treatment system, the child welfare system, the courts, and mental health services, and includes **all other agencies and individuals** that interact with and serve families

# Essential Ingredients of a Family-Centered Approach



Collaborative Partnerships



Adequate and Flexible Funding



Performance Monitoring



Intensive and Coordinated Case Management



High-Quality Substance Use Disorder Treatment



Comprehensive Service Array

Governance  
Practices

Clinical  
Practices

A close-up photograph of several hands of different skin tones holding a thick, natural-fiber rope. The hands are arranged in a circle, with the rope forming a continuous loop. The background is a bright, out-of-focus green and white pattern, possibly a window or a wall. The overall mood is one of teamwork and shared effort.

**Break the Cycle**

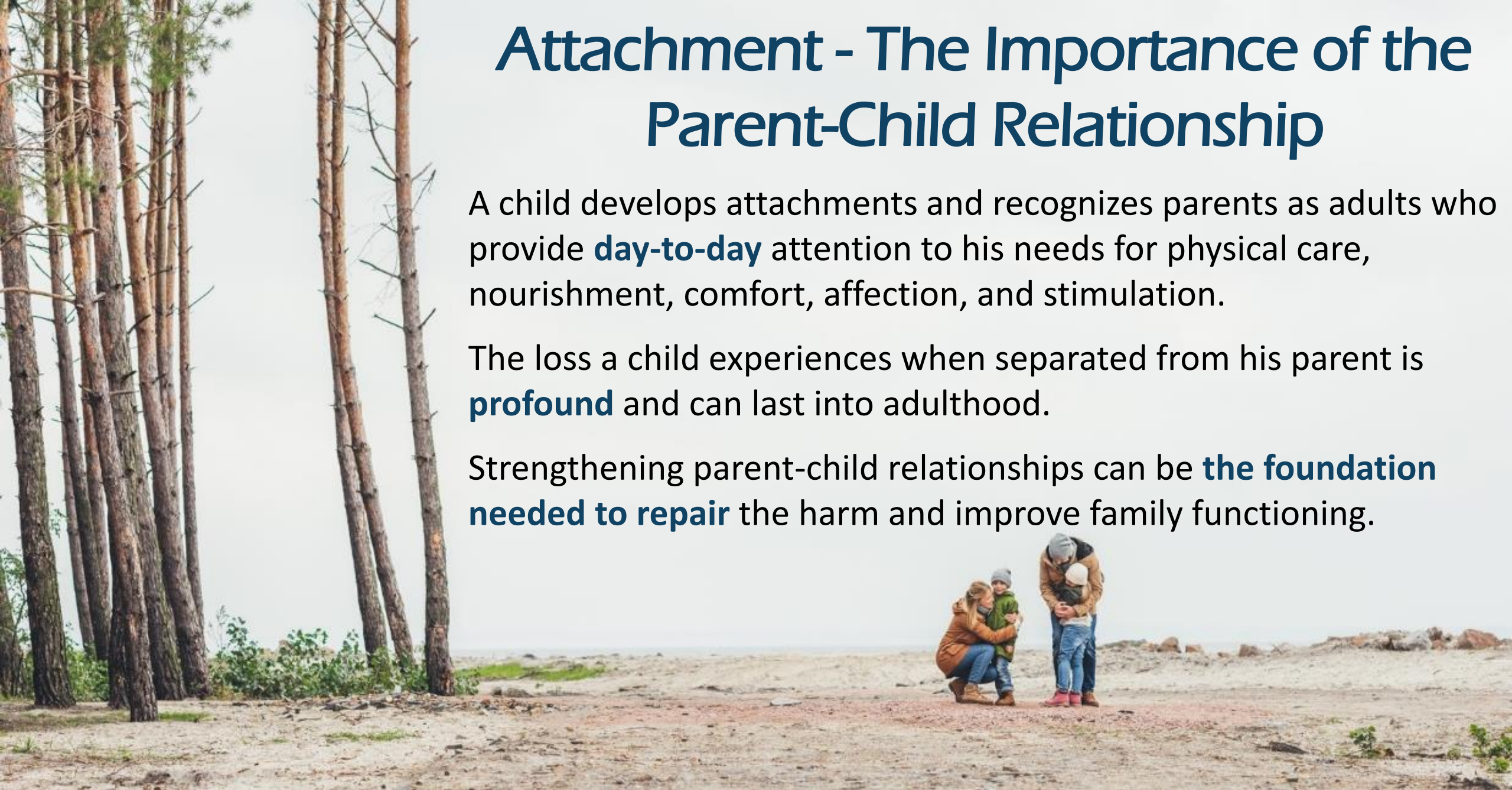


# Attachment - The Importance of the Parent-Child Relationship

A child develops attachments and recognizes parents as adults who provide **day-to-day** attention to his needs for physical care, nourishment, comfort, affection, and stimulation.

The loss a child experiences when separated from his parent is **profound** and can last into adulthood.

Strengthening parent-child relationships can be **the foundation needed to repair** the harm and improve family functioning.





# 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.”*



# 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:

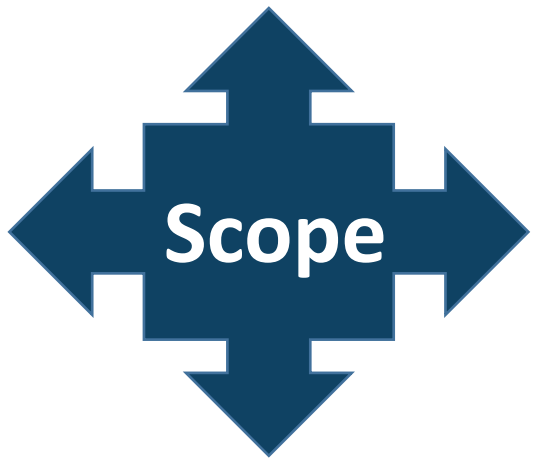
- Arrest as a juvenile by **59%**
- Arrest as an adult by **28%**
- Arrest for a violent crime by **30%**

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.*



**Recovery is not treatment!**

*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

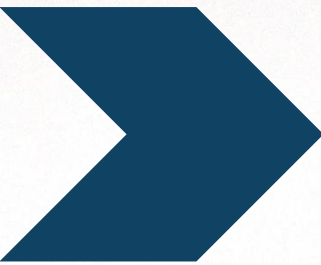
Needs

Networks

3Ns

*What Can You Do to Be  
More Family-Centered?*

Take the  
Next Steps





# *NUMBERS*

**Understanding the Challenge**

# 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







# *NEEDS*

**We Know What Works for Families**

# KEY STRATEGY | NEEDS

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

# Numbers

Take the Next Steps:

## Needs

- 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?



# 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

# Parent-Child: Key Service Components

**Developmental &  
behavioral  
screenings and  
assessments**

**Quality and  
frequent parenting  
time**

**Early and ongoing  
peer recovery  
support**

**Parent-child  
relationship-based  
interventions**

**Parenting  
Education**

**Trauma**

**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](http://www.cebc4cw.org)
- **SAMHSA's Evidence-Based Resource Center** - [www.samhsa.gov/ebp-resource-center](http://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., Eurenus, 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.



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.

A network diagram consisting of several large colored circles (nodes) connected by thin lines. The nodes are in shades of teal, green, and orange. The word 'How' is written in a large, bold, italicized serif font, with the letter 'o' overlapping one of the orange nodes. The background is white with a faint grid of light gray lines.

*How*

# 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?



# Q&A | Discussion

---



**CALL TO ACTION**

**Next Steps**

**Big steps**  
**Small steps**

**Just keep  
moving**



# Resources

---



# TRANSITIONING TO A FAMILY CENTERED APPROACH:

Best Practices and Lessons Learned  
from Three Adult Drug Courts



Children and Family Futures  
National Drug Court Institute



## 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/Transitioning-to-a-Family-Centered-Approach.pdf>

# NCSACW Online Tutorials *Cross-Systems Learning*

## Tutorial 1

Understanding Substance Abuse and Facilitating Recovery: **A Guide for Child Welfare Workers**

## Tutorial 2

Understanding Child Welfare and the Dependency Court: **A Guide for Substance Abuse Treatment Professionals**

## Tutorial 3

Understanding Substance Use Disorders, Treatment and Family Recovery: **A Guide for Legal Professionals**



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



**CENTER FOR CHILDREN AND FAMILY FUTURES**  
Strengthening Partnerships, Improving Family Outcomes

## **Join our CCFF listserv**

<https://www.cffutures.org/membership-join/newsletter/>

## **Join our FTC TTA Program listserv**

<http://eepurl.com/dD8tvT>

## **Visit our Website**

<http://www.cffutures.org>

CENTER FOR CHILDREN AND FAMILY FUTURES  
Strengthening Partnerships, Improving Family Outcomes



# CONTACT US:

Latonya Adjei-Tabi, MPA

[fdc@cffutures.org](mailto:fdc@cffutures.org)



**CENTER FOR CHILDREN AND FAMILY FUTURES**  
Strengthening Partnerships, Improving Family Outcomes