



Encouragement, Engagement, and Accountability – Effective Behavior Responses in an FTC

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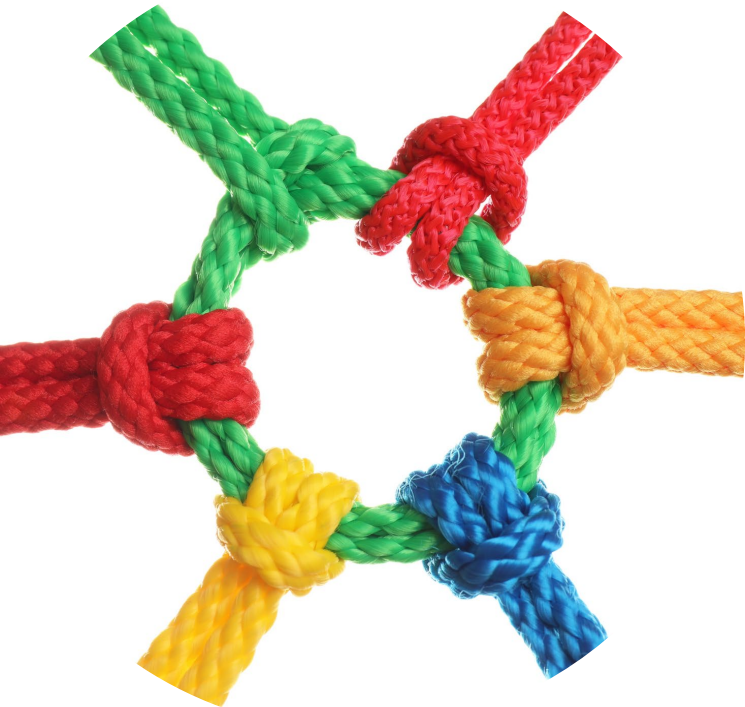
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Learning Objectives



At the end of this session, participants will be able to:

- Summarize the research regarding behavior change.
- Describe the “tools” available to FTC practitioners to support behavior change.
- Identify at least three current practices in your FTC that align with the research and at least one that does not.

The Matter of Time

**Adoption and Safe
Families Act (ASFA) –
12-month timetable for
reunification**

**Treatment and Recovery
– lifelong process**

Conflicting Clocks

**Child Development – impact on bonding
and attachment**





Vulnerable children, parents, and family members require the intensive, collaborative efforts of child welfare, the dependency court, treatment providers, and other community members to meet their complex treatment and service needs.

No single agency has the skill or capacity to meet all of their needs.

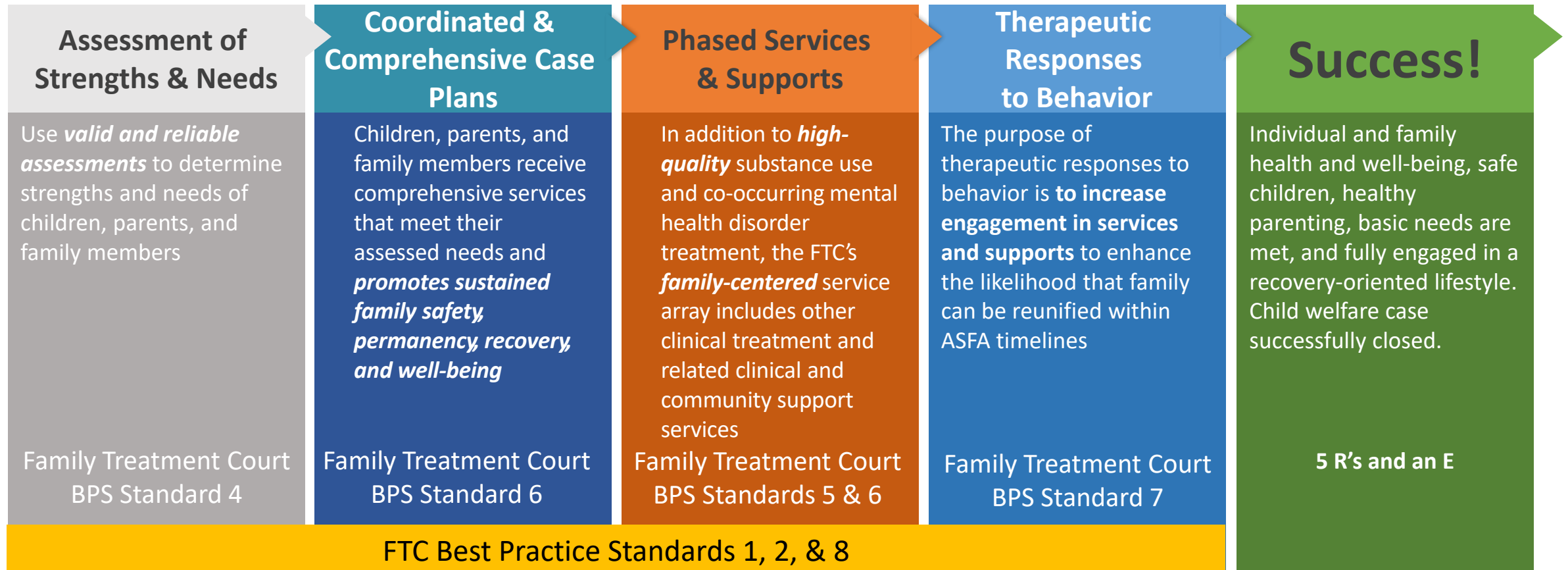
Family Treatment Courts



*A meta-analysis of 16 evaluations examining FTC outcomes found that **families that participated in an FTC were two times more likely to reunify** than families receiving conventional services.*

(Zhang, Huang, Wu, Li, & Liu, 2019)

How Does Your Team Help Families Succeed?



Equitable admissions, retention, treatment, responses, and child welfare outcomes – FTC Best Practice Standard 3

Long Term Outcomes - What is Success?

E and 5 Rs

Equitable Outcomes in:	All outcomes should be disaggregated by race, ethnicity, gender, and other key demographic information
Recovery	<ul style="list-style-type: none">•Parents access treatment more quickly•stay in treatment longer•decrease substance use
Remain at Home	More children remain at home throughout program participation
Reunification	Children stay fewer days in foster care and reunify within 12 months at a higher rate
Repeat Maltreatment	Fewer children experience subsequent maltreatment
Re-entry	Fewer children re-enter foster case after reunification



What Makes Family Treatment Courts Effective?

1. Get parents into treatment more quickly.
2. Support parents to remain in treatment longer.
3. Provide skills-based training and other supports to ensure parents are competent and confident to care for their children.
4. Problem-solve barriers to stable recovery and reunification.





Engagement is Everyone's Job

Engagement begins during the first interaction and continues throughout the entire case

Behavior Responses as Engagement

Addiction is a
brain disorder

The longer time
in treatment, the
greater
probability of a
successful
outcome

Purpose of
behavior
responses are to
keep
participants
engaged in
treatment

Therapeutic Responses to Behavior

The FTC operational team applies therapeutic responses

- child safety interventions
- treatment adjustments
- complementary service modifications
- incentives
- sanctions

to improve parent, child, and family functioning; ensure children's safety, permanency, and well-being; support participant behavior change; and promote participant accountability.

Therapeutic Responses to Behavior

The FTC recognizes the biopsychosocial and behavioral complexities of supporting participants through behavior change **to achieve sustainable recovery, stable reunification,** and resolution of the child welfare case.

When responding to participant behavior, the FTC team **considers the cause** of the behavior as well as the **effect of the therapeutic response** on the participant, the participant's children and family, and the participant's **engagement in treatment** and supportive services.

Therapeutic Responses to Behavior

- A. Child and family focus
- B. Treatment adjustments
- C. Complementary service modifications
- D. FTC phases
- E. Incentives and sanctions to promote engagement
- F. Equitable responses
- G. Certainty
- H. Advance notice
- I. Timely response delivery
- J. Opportunity for participants to be heard
- K. Professional demeanor
- L. Child safety interventions
- M. Use of addictive or intoxicating substances
- N. FTC discharge decisions

Strategies to Respond to Participant Behavior

Comprehensive
Case Plan

FTC Phases

Treatment
Adjustments

Complementary
Service
Modifications

Incentives and
Sanctions

Child and
Family Focus

Effective Case Plans

- ❖ Case plans are developed with the parent, child (if appropriate), and family (of choice).
- ❖ Services included in the case plan are based on valid and reliable assessments.
- ❖ Case plan activities prioritize a high level of parent-child interaction.
- ❖ Case plans initially focus on helping families enroll and engage in treatment services quickly.
- ❖ Case plans should be reviewed and updated regularly.

Phases as an Engagement Strategy

- Leverage the phase structure to create a behavior-based, family-centered program
- Allow parents to see how their progress through the phases moves them to THEIR goal
- Creates shared goals and coordinated case plans for all partners including the family
- Focus on vital services
- Lay out steps towards reunification

Why?

When behavior does not support long-term recovery and successful closure of the child welfare case... Ask WHY.

Treatment adjustments and complementary service adjustments are often the two most effective ways the FTC team can respond.

Rockdale County Family Treatment Court Milestones

RCFTC Milestone	Minimum Length
Milestone 1: Engagement	30 days
Milestone 2: Commitment to Recovery	3 months
Milestone 3: Strengthening Myself and My Family	4 months
Milestone 4: My Child	4 months
Milestone 5: Taking Care of Me and My Family	6 months

Parent's Initials	Milestone1 (Engagement)	FTC CM's Initials
	My Child(ren): <ul style="list-style-type: none"> I have completed the "Tell Me About Your Child" Worksheet and reviewed it with my FTC Family Advocate. 	
	Meeting with my FTC Case Manager: I have met with my FTC Case Manager during office hours for the past two weeks. List date(s): _____ <ul style="list-style-type: none"> We have discussed my parenting time and goals. We have reviewed my DFCS case plan and signed releases as requested. We have talked about how I communicate with the resource family (relative or foster parents, if applicable). We have talked about my living arrangements and transportation. We have completed my FTC Case Plan. 	
	FTC: <ul style="list-style-type: none"> I completed the FTC Orientation. I have been available for surveillance. I have attended the past two court sessions. I am calling daily for drug screens and reporting as required. I have completed 8 hours of "Giving Back" to my community and submitted my Service Log. 	
	Substance Use Treatment: <ul style="list-style-type: none"> I have completed my required assessments for Viewpoint. I have started attending treatment. I have completed all treatment assignments. 	
	Milestone Request: <ul style="list-style-type: none"> I have completed my "Reflecting on my Accomplishments and New Commitments" Worksheet to present to the team. My DFCS case manager has signed my "FTC Milestone Recommendation Request" and agrees that I have made progress and should phase up. I am up to date on my program fees (\$5 per month). 	

Incentives and Sanctions to Promote Engagement

Consistent for
individuals
similarly situated
(phase, length of
sobriety time)

Avoid singular
responses, which
fail to account
for other
progress

Aim for
“flexible
certainty”

Range of Incentives

Remember to ask what would be meaningful to the participant!

Low

- Verbal Praise
- Small Tangible Rewards
- Recognition in Court
- Symbolic Rewards
- Posted Accomplishments
- Written Commendations

Medium

- Reduced Monitoring Requirements
- Moderate Tangible Rewards
- Fishbowl Drawing
- Self-Improvement Services

High

- Large Tangible Rewards
- Point Systems
- Ambassadorships
- Commencement Ceremony

Zero or Minimal Cost Rewards

- Judicial Acknowledgement
- Tokens
- Inspirational Stones and Notes
- Ceremonies
- Kudos Cards
- Candy with Affirmation
- Letter from the Team
- Family Activities
- Key Chains
- Mugs
- Special Privileges
- Journals
- Coupons for Services
- Children's Books
- Fishbowl
- Community Donations

Rethinking Relapse

- Relapse vs. lapse
- Relapse is not the same as treatment failure
- Relapse is not an isolated event, but rather a process
- Relapse Prevention/Recovery Planning: plan and strategies
- Relapse presents a therapeutic opportunity; focus should be on collaborative intervention to reengage client in treatment and reassess child safety

Range of Sanctions

Low

- Verbal Admonishments
- Letters of Apology
- Essay Assignments
- Daily Activity Logs
- Journaling
- Life Skills Assignments

Medium

- Increased Monitoring Requirements
- Increased structured activities
- Monetary Fines and Fees

High

- Move to concurrent plan
- Highly structured activity
- Termination from program

Jail as a Sanction



- FTC involves a non-criminal case in dependency or family court
- The ultimate “sanction” in a dependency case is Termination of Parental Rights (TPR)
- Jail should not be used in a non-criminal case — it can interfere with family time and dependency court requirements

Focus on Engagement and Treatment

Child and Family Focus

Provide incentives that support family needs, parenting, and the parent-child relationship

Court must consider effect of a response on children and family as a unit

Accountability is focused on parent

Parenting time should be determined solely on basis of child's safety and best interest (vs. parent sanction or reward)

RCFTC Behavior Response Matrix – **Inappropriate Behavior**

Guide to **Discourage** Inappropriate Behavior

“What do we want the participant to learn from this behavior?”

Step 3: Choose the Responses (Paired with Judicial Verbal Disapproval and Explanation)

3a. Responses/Sanctions



	Level 1	Level 2	Level 3	Level 4	Level 5
Verbal Disapproval	Response from Judge	Response from Judge	Response from Judge	Response from Judge	Response from Judge
Increased Recovery Support	≤ 3x weekly	≤ 4x weekly	≤ 5x weekly	Daily	Daily
Writing Assignment	Thought Question	Written Assignment	Research Report	Phase Freeze (30 days)	Phase Freeze (45 days)
Other				Extended Phase Freeze	Specially set Hearing Incarceration Excusal from FTC

3b. Therapeutic Responses

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • Behavior Chain • Cost/Benefit Analysis • Skill Development • Thought Restructuring • Homework/Practice 	<i>Level 1 plus:</i> <ul style="list-style-type: none"> • Review LOC • Treatment Intervention 	<i>Level 1, 2 plus:</i> <ul style="list-style-type: none"> • Review LOC • Treatment Intervention • Treatment Team Review/ Round Table 	<i>Level 1, 2, 3 plus:</i> <ul style="list-style-type: none"> • Re-Assessment 	

3c. Supervision Responses

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • ≤ 1 additional CM Check-In 	<ul style="list-style-type: none"> • ≤ 1 additional CM Check-In • ≤ 1 additional Surveillance Visit 	<ul style="list-style-type: none"> • ≤ 2 additional CM Check-Ins • ≤ 2 additional Surveillance Visits • $\leq 4x$ weekly Testing • Comprehensive Test Panel • Behavior Contract • Family Team Meeting 	<ul style="list-style-type: none"> • Comprehensive Test Panel • Daily CM Check-Ins • 30-day Step Up • Family Team Meeting • Increased Court Hearings 	

Tina Smith	DOB/AGE: 3/19/1984 (37)	Milestone: 3	Fee Balance: \$10
			Child(ren) Name(s): 1.Little James (12/25/2018) (2) 2.Little Suzie (2/5/2011) (11) Child(ren) Placement Status: 1. Placed with PGP 2. Placed with MGM Days in Care 1.N/A
FTC Information:	Potential Phase Up: 9/23/21	Employment Status: Walmart	Sponsor: Mr. Jittery Joe
Acceptance Date: 12/21/2020 Phase Entry Date: 5/26/2020 Primary DOC: Opiates, Xanax, Alcohol, Cocaine	Attorney: Case Manager: Tonia Courtney GAL: Giget Johnson SAAG: Kali Wills CASA: Ms. Love	Treatment Rating: 3 Case Management Rating: 3 Parenting Engagement: 3	
Case Management Updates:			
Tina is compliant with all program requirements including screens, treatment, case management and parenting. There are no concerns noted from her DFCS case manager.Tina is excited about getting a car and insurance so she can change work shifts to have Little James back in the home Completed Strengthening Families with excellent engagement			
Field Visit Updates:			
No Concerns on random field visits to the home.			
Parenting Program Updates:			
Tina continues to make parenting and Little James a priority. She continues to work on strategies for positive reinforcement for potty training. She has completed Strengthening Families and will be practicing those skills with Parenting Advocate and child weekly.			
Treatment Updates:			
ASAM Placement Recommendation: 1			

Modalities:	<input type="checkbox"/> Detox <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Intensive Outpatient <input type="checkbox"/> Sober Living <input type="checkbox"/> Residential <input type="checkbox"/> Dual-Diagnosed <input type="checkbox"/> Medication-Assisted Treatment	
Treatment Schedule:	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> TH <input type="checkbox"/> F Hours Per Week: 4	
Treatment Groups:	DBT, Seeking Safety, Individual-	
Treatment Reports:	Attended all Groups Engagement: 3 Tina is actively engaged, keeping an appropriate attitude throughout the group sharing without the need for prompts or encouragement from staff or peers. Ind was oriented x3 and denied any recent substance use/unsafe bx.	
Support (AA, NA, etc.)	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> per week <input type="checkbox"/> per month	
Giving Back Hours	<input type="checkbox"/> 8 <input checked="" type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> per month	
Mental Health Diagnosis:	F31.81 Bipolar 2 disorder F41.1 Generalized anxiety disorder F15.10 substance use disorder, mild, amphetamine type substance	
MAT/Medications:	Current Medication: Suboxone, Ability, Cymbalta	
Testing Site: Rockdale Lab	Schedule: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 per week/Last positive screen: 12/18 Cocaine and Benzo	
Screens since last court:		
8/5, 8/8, 8/9, 8/19, 8/20, 8/21, 8/22		
Last Behavior Response:		
Last Behavior Response: Missed individual session on 3/9/21		
Proposed Behavior Response: Write a 1-page essay on "Why scheduling is so important in recovery".		
Parenting Question:		
What strategies are you using to encourage Little James to pick up after himself?		
Treatment Question:		
What have you learned about problem solving? How can you do things differently?		
Kudos:		
1. For being a good and active participant in treatment and leading in sharing		
2. For focusing on Little James personality, strengths, and needs		
Incentives:		
1. Program Compliance-Rock-it docket		
Behavior Concerns/Responses:		
N/A		

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When responding to behavior, the goal should always be to increase participant engagement and accountability.





Q & A

Course #1: May 25, 2021

Applying a Family-Centered,
Problem-Solving Approach to
Family Treatment Court Staffing
and Court Hearings



Course #2: July 8, 2021

Disrupting Stigma to Support
Meaningful Change for Families
in Family Treatment Court



Course #3: October 12, 2021

Harnessing the Power of Parenting
Time to Strengthen the Parent-
Child Relationship and Support
Reunification Efforts in Your Family
Treatment Court



11 – 12:30 PT | 2 – 3:30 ET

Register at: cffutures.org/ftc-practice-academy



Questions? Email us at fdc@cffutures.org

Previously named the Family Drug Court Learning Academy



Family Treatment Court Best Practice Standards

8 *Standards* and Key Provisions

To obtain a copy or for more information:

FDC @ cffutures.org

FAMILY TREATMENT COURT

Peer Learning Court Program



Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

King County FTC, WA

Tompkins County FTC, NY

Wapello County FTC, IA

Grant County FRC, IN

Jefferson County FIT Court, CO

Baltimore City Circuit FRP, MD

Pima County FDC, AZ

Travis County PIR/FDTC, TX

PEER-TO-PEER SUPPORT INCLUDES:

- Virtual learning opportunities (e.g., video conference calls, topic-specific consultation).
- Access to FTC policies, handbooks, practices, and lessons.
- A virtual and/or in-person team site visit, providing an opportunity to observe their FTC court proceedings and staffing sessions.

To learn more about the FTC Peer Learning Court Program or to participate in a peer-to-peer connection, contact us peerlearningcourts@cffutures.org

Thank you for the work you do on behalf
of children and families in Georgia!



Center for Children and Family Futures

Family Drug Court Training and Technical Assistance Program

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