Implementing a Family-Centered Approach

For Families Affected by Substance Use Disorders and Involved With Child Welfare Services

MODULE 1

Overview of a Family-Centered Approach and Its Effectiveness

National Center on Substance Abuse and Child Welfare

SAMHSA
Substance Abuse and Mental Health Services Administration

Children's Bureau

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MODULE 1

Overview of a Family-Centered Approach and Its Effectiveness

Substance use disorders (SUDs) affect the entire family—they can interfere with a parent's ability to take care of and bond with a child and can disrupt family health and well-being. Traditional SUD treatment focuses on the individual, despite evidence that parents and children are most effectively served through a family-centered treatment approach. A family-centered approach to SUD treatment 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. The Family First Prevention Services Act (FFPSA) offers a historic opportunity for child welfare agencies and their SUD treatment partners to expand and enhance family-centered interventions.

To help communities move toward family-centered care, the National Center on Substance Abuse and Child Welfare (NCSACW) prepared a series of companion modules on implementing a family-centered approach. This series is designed for state, county, and agency-level collaborative partners that are working together to improve systems, services, and outcomes for children and families affected by SUDs. The modules include:

- **Module 1: Overview of a Family-Centered Approach and Its Effectiveness**
- Module 2: On the Ground—Family-Centered Practice
- Module 3: Collaboration To Support Family-Centered Practices at the County and State Level

About This Module

Module 1 provides an overview of family-centered treatment and how it differs from traditional SUD treatment. It highlights the benefits and effectiveness of a family-centered treatment approach and provides a series of steps that communities can take to implement this approach.

NCSACW recognizes that a family-centered approach 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. The work of all partners must reflect an understanding and responsiveness to the fact that parents and children live within the context of a larger family system and that families exist within the context of their community. A family's values, beliefs, religion, geography, and customs are considerations that must be prioritized when implementing a family-centered approach.

NCSACW strives to improve family recovery, safety, and stability by advancing best practices and collaboration among agencies, organizations, and courts working with families affected by substance use and co-occurring mental health disorders and child abuse or neglect. For more information about this module or assistance with implementing a family-centered approach, visit the NCSACW webpage or email us at ncsacw@cffutures.org.

Legislative Supports for a Family-Centered Approach

Family-based services grew out of residential treatment programs for pregnant and parenting women that were developed in the early 1990s. The Substance Abuse and Mental Health Services Administration (SAMHSA) funded the development of model programs to provide services for women and their children. Since then, family-centered approaches have continued to grow nationwide as communities have increasingly seen a need for these programs. Two recent pieces of federal legislation further supported states to integrate family-centered treatment:

Child Abuse Prevention and Treatment Act (CAPTA)

In 2016, Congress amended CAPTA to require states to develop a statewide program to provide Plans of Safe Care for infants born with and identified as being affected by substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (FASD) to ensure the safety and well-being of infants and their families. The Plans of Safe Care also address the health and SUD treatment needs of the infants and their affected family or caregiver. NCSACW provides a webpage featuring a host of resources and materials on addressing the CAPTA requirements and implementing a comprehensive approach to Plans of Safe Care. NCSACW also provides a summary of states' strategies for Plans of Safe Care.

Family First Prevention Services Act (FFPSA)

Signed into law in 2018, FFPSA allows states to provide enhanced supports to children and families, notably substance use and mental health prevention and treatment services, to prevent foster care placements. FFPSA provides an opportunity for child welfare and SUD treatment providers to build the infrastructure to support family-centered treatment models and implement strategies to support the recovery and well-being of children and their family members. Children and Family Futures provided a webinar and online toolkit on implementing the SUD provisions of FFPSA.

Both pieces of legislation underscore the importance of a family-centered approach to effectively treat SUDs and promote sustained recovery and family well-being.

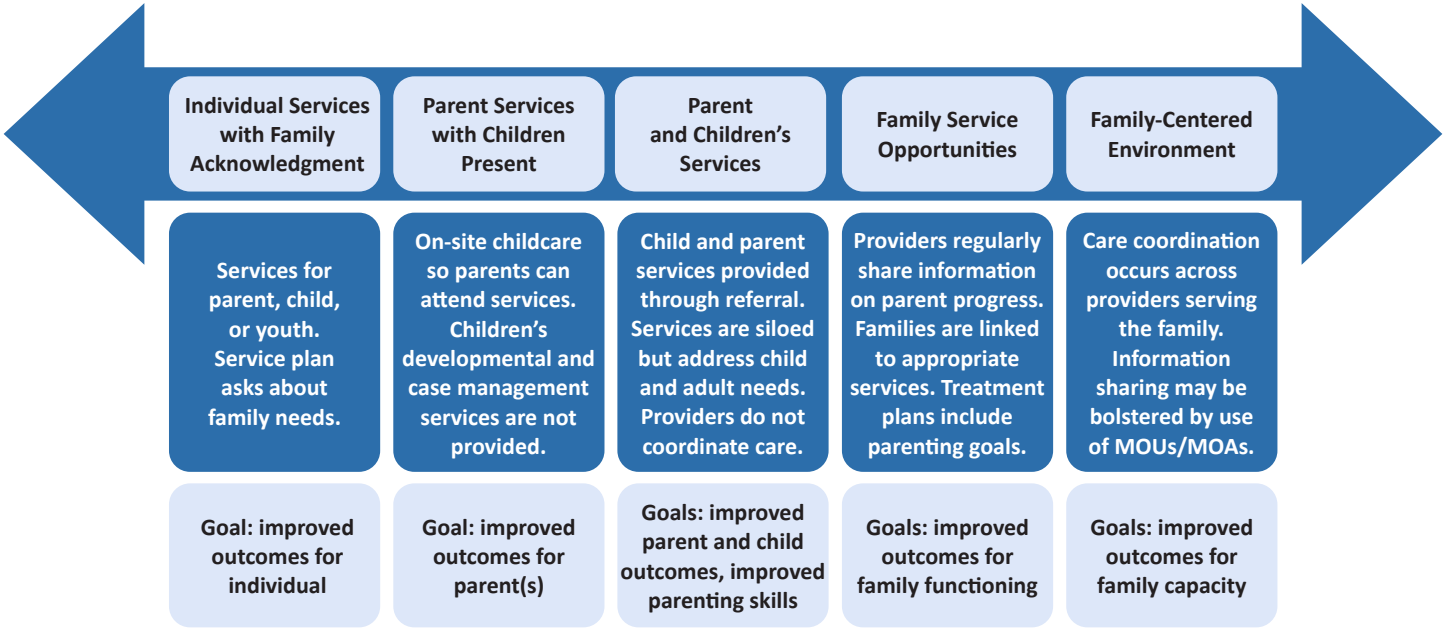
How Family-Centered Treatment Approaches Differ From Traditional Treatment

Family-centered treatment is designed to meet the needs of each member in the family as well as support the family's functioning, not only the person diagnosed with the SUD. While the length of the services, type of setting (e.g., residential, outpatient), and size of the programs may vary, the common objectives across all family-centered treatment approaches are that parents are fully supported in their parenting roles and children receive the necessary services and supports to remain with their parent(s) during the treatment and recovery process. Family-centered treatment focuses on parental recovery and addresses the children and other identified family members' trauma and social, emotional, and developmental challenges (Children and Family Futures et al., 2020).

Both traditional treatment and family-centered treatment address SUDs, teach coping mechanisms to achieve sobriety, and support the client to develop continuing care plans. However, family-centered treatment carries out these fundamental practices for the individual within the context of the family and relationships. Family-centered treatment ensures development of treatment plans not only for the identified client, but also for other individuals in the family and for the family as a whole. Family-centered treatment goes beyond a parent's SUD to address relationship dynamics and seeks to prevent intergenerational transmission of SUDs. Parenting classes serve as a valuable tool to help parents, improve family functioning, and promote family well-being. Relapse prevention plans include strategies to address parenting stressors. Treatment plans also address the needs of children through screenings for developmental delays, trauma, and social and emotional challenges, and incorporate child and family therapies.

SAMHSA (2012) defines recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." For parents, the recovery process occurs within the context of family relationships. The parenting role itself cannot be separated from the recovery process. Likewise, the effects of SUDs on children need to be addressed within the treatment and recovery process. By using a family-centered treatment

Continuum of Family-Based Services



Adapted from Werner, D., Young, N.K., Dennis, K, & Amatetti, S. Family-Centered Treatment for Women with Substance Use Disorders – History, Key Elements and Challenges. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2007.

approach, services address the needs of the parent, child, and other family members to build lasting recovery, health, and well-being.

Family-Centered Treatment Continuum

Family-centered treatment emerged from SUD treatment models focused on the individual, and programs have increasingly integrated the needs of family members over time. The SAMHSA monograph (Werner et al., 2007), *Family-Centered Treatment for Women With Substance Use Disorders: History, Key Elements and Challenges*, outlines a continuum of family-centered treatment on which SUD treatment programs can exist.

The process of integrating family-centered treatment approaches into traditional SUD treatment takes time, and thus SUD treatment providers can be at different points along this continuum during this process.

Family-Centered Residential Treatment

Family-centered treatment approaches are most commonly highlighted in residential treatment settings, which offer a range of services in a structured, 24-hour living support setting with available trained personnel (American Society of Addiction Medicine, 2015; Casey Family Programs, 2019; SAMHSA, 2020; Wilder Research & Volunteers of America, 2019). Residential treatment programs for mothers with their children have achieved positive parent and child outcomes such as enhanced parent-child bonding, improved interactive and reciprocal communication, and maternal sensitivity to the child's needs (Clark, 2001; Conners et al., 2001; Grella et al., 2000; Jackson, 2004; Metsch et al., 2001; Milligan et al., 2011a; Moore & Finkelstein, 2001; Porowski et al., 2004; Wong, 2009). The design of these programs also enables treatment staff to assess parenting skills and parent-child attachment and to provide intensive parenting interventions, developmentally appropriate services for children, and family therapy (National Abandoned Infants Assistance Resource Center, 2012; Wong, 2009). While many residential programs allow children to accompany their mother, not all programs allow children of all ages to live on campus, or provide a comprehensive family-centered treatment approach.

While family-centered treatment is predominantly evident in residential settings, this intensive level of treatment represents only a small portion of the SUD treatment available along a continuum of care. Availability of these programs is limited, particularly in rural areas. In 2019, an estimated 363 residential SUD treatment programs representing 299 organizations across 48 states, Puerto Rico, and the District of Columbia had program models for parents and children in the same treatment facility (Wilder Research & Volunteers of America, 2019). Even those residential treatment programs that do allow children to accompany their parent may be difficult to access due to restrictions on the age and number of children allowed (SAMHSA, 2015). The 2017 National Survey of Substance Abuse Treatment Services reports that between 2007 and 2017, clients in outpatient treatment made up 89 to 91 percent of all clients each year, whereas clients in residential (non-hospital) and hospital inpatient treatment represented a much smaller percentage (7 to 9 percent and 1 to 2 percent, respectively; SAMHSA, 2018). Family-centered programs for fathers are even more limited, with very few states offering any residential options for fathers and their children.

The limited availability of residential treatment underscores the need to implement family-centered treatment within each of the SUD treatment levels of care, including in outpatient and medication-assisted treatment (MAT) programs, to meet the comprehensive needs of more families affected by SUDs.

The NCSACW resource, *Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment*, offers more information on the SUD treatment and recovery process. This guide also offers discussion questions that child welfare and court staff can pose to their community SUD treatment providers to ensure that they refer to high-quality SUD treatment that addresses the needs of children and families.

Positive Outcomes of Family-Centered Treatment Approaches

There is a growing body of research that demonstrates the effectiveness of family-centered treatment in improving child, parent, and family outcomes. Positive outcomes include:[1]

- Increased treatment retention rates and reduced substance use rates
- Decreased risk of child abuse
- Increased rates of reunification and positive permanency outcomes
- Reduced rates of infants with prenatal substance exposure
- Improved psychosocial and family functioning for children, parents, and family members
- Improved parent mental health, physical health, and employment
- Reductions in depression and parental stress
- Improved parenting attitudes
- Enhanced parental bonding with children
- Improved child developmental and behavioral outcomes

Family-Centered Treatment Encourages Retention in Treatment – Studies of residential treatment programs for parenting women with SUDs found that women living with their infants had the highest level of treatment completion rates and longer stays in treatment compared to women who did not have their children with them (Clark, 2001).

Family-Centered Approaches Increase Parenting Skills and Capacity – Women who participated in programs that included a high level of family and children's services and employment/education services were twice as likely to reunify with their children than those who participated in programs with a low level of these services (Grella et al., 2006).

Family-Centered Approaches Enhance Child Well-Being – Family-centered approaches address the needs of all family members individually and as a unit which leads to improvements in parenting attitudes and psychosocial functioning for the family (McComish et al., 2003).

[1](Calhoun et al., 2015; Child Welfare Information Gateway, 2014; Claus et al., 2007; Dakof et al., 2010; Grella et al., 2009; Hanson et al., 2015; McComish et al., 2003; Milligan et al., 2011b; National Academies of Sciences, Engineering, and Medicine, 2016; Niccols et al., 2012; Rodi et al., 2015; Sword et al., 2009).

Defining "Family"

There is no specific definition of "family" within a family-centered treatment approach. Individual clients are free to identify their family members. All families are different and can be made up of nuclear family members, extended family members, or non-blood relatives. Clinicians take a person-centered approach to supporting their clients to identify the members of their family and how to involve them in treatment.

Additionally, family-centered approaches provide individualized appropriate services to the families that they serve. Ideally services can be rooted in the beliefs and values of the clients that are being served. When this is not possible, it is essential that providers ensure their clients are referred to or engaged with services that connect their clients to their community.

Essential Ingredients of a Family-Centered Approach

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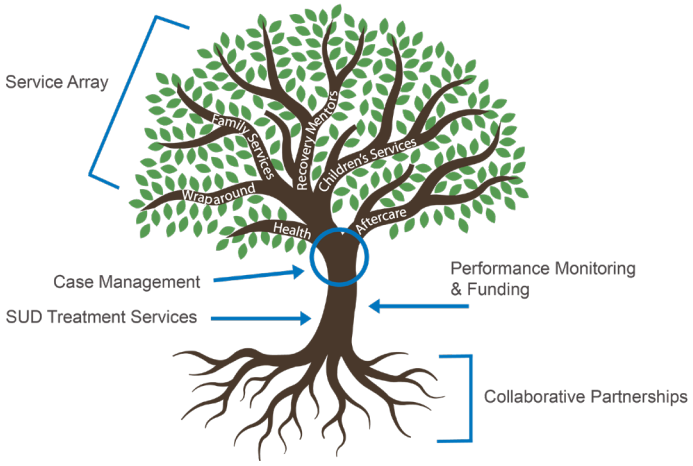


There is not currently a universally accepted definition of a family-centered approach or a specific model. Thus, each treatment agency may operationalize a family-centered approach differently. Differences in practice may reflect regional variations, the needs of different populations, or availability of services.

Despite differences, there is a set of common essential ingredients to a family-centered approach that is used across the continuum of SUD treatment providers. The essential ingredients are introduced below and will be described in detail with practice examples in Module 2.

1. Collaborative Partnerships

Collaborative partnerships are the foundation of a family-centered approach. A single SUD treatment provider is unlikely to be able to provide all the services a family needs due to the costs, staffing, clinical expertise, and the physical space required. SUD treatment providers can establish collaborative partnerships with community service providers, county and state administrators, and funders that can support the development of a comprehensive community-based, family-centered approach. Ideally, these partnerships will become an established collaborative initiative that will continue to address barriers, support interagency partnerships, and promote information sharing to benefit families.

2. Adequate and Flexible Funding

Implementation of innovative services requires new and flexible funding. SUD treatment providers and their collaborative partners can work with state and county leaders to identify funds that could support family-centered services, particularly newly available funds through FFPSA and CAPTA state grants.

3. Performance Monitoring

Effective programs develop a process for regular performance monitoring and ongoing quality improvement. As SUD treatment providers and their collaborative partners work together to implement and sustain comprehensive family-centered treatment, they can identify shared performance measures and build data dashboards to monitor families' success.

4. Intensive and Coordinated Case Management

Coordinated case management for families ensures that the SUD treatment provider and its collaborative partners are coordinating services, addressing barriers to access and engagement in services, and sharing information on families' progress against baseline data.

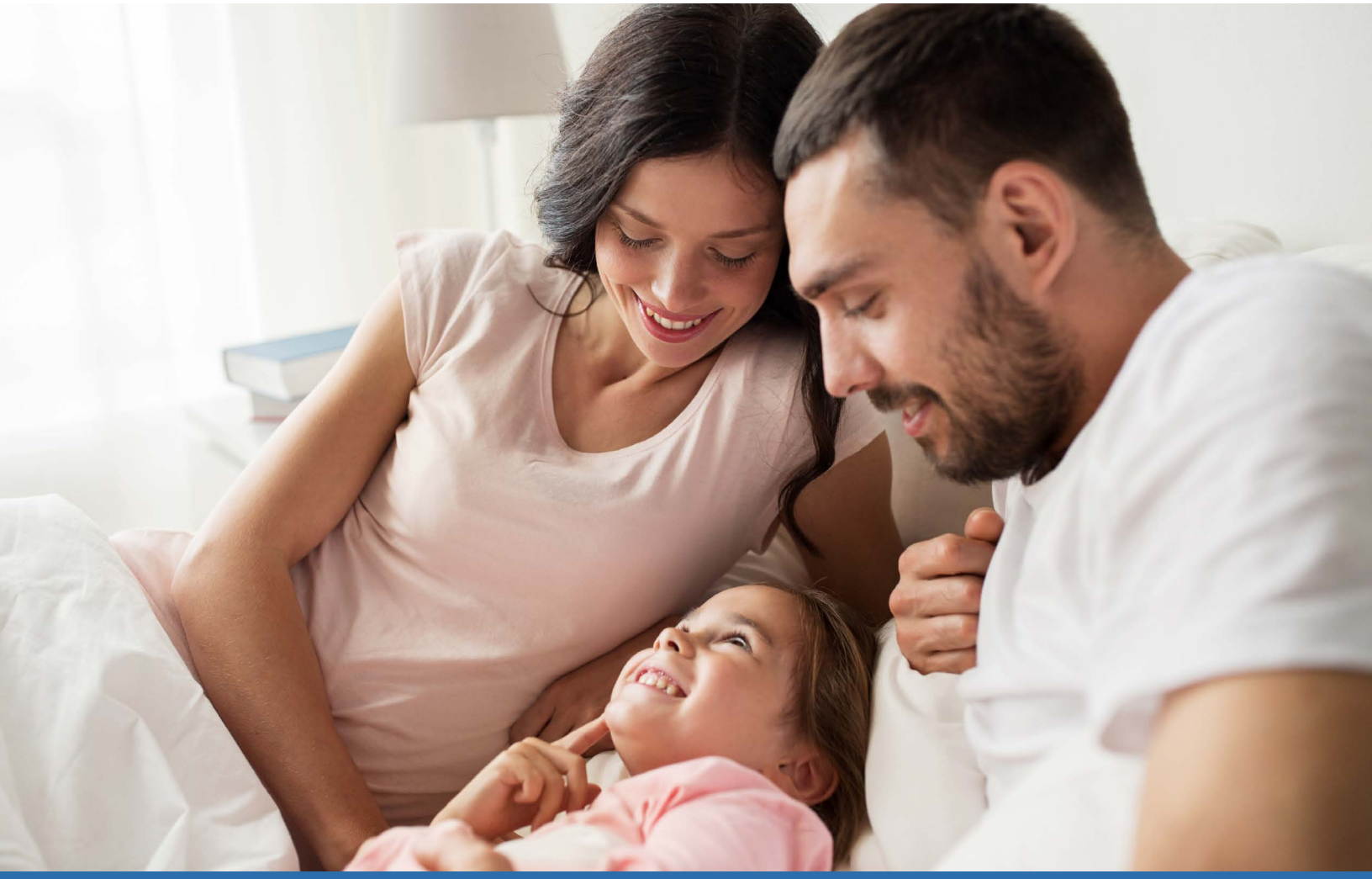
5. High-Quality Substance Use Disorder Treatment

At the heart of a family-centered approach is a high-quality SUD program that uses evidence-based and trauma-informed models to deliver therapeutic services and aftercare support.

6. Comprehensive Service Array

Families require access to services that address the needs of children and adults and that support and strengthen the family across the continuum of outpatient to residential care. Any service begins with a comprehensive assessment of strengths and needs. Each family-centered treatment program will identify which services are required to meet the needs of its clients, and the services each offers may look different depending on the target population and geographic location. Family-centered support services often include:

- Family-centered service planning
- Family strengthening services and programs, evidence-based parent-child programs, and parenting education
- Individualized services
- Individual and family therapy to address mental health and trauma
- Children's services to address identified developmental, healthcare, trauma and mental health, early childhood education, and other needs
- Recovery support services, such as peer mentors and recovery specialists
- Links to family health clinics
- Wraparound support and services, such as childcare, vocational support, education, housing, legal aid, and transportation



Steps To Implement a Family-Centered Approach

SUD treatment providers and their community partners seeking to infuse family-centered treatment into their practice can complete the following steps to support implementation:

1. Assess Needs

SUD treatment providers and their collaborative partners survey the community to understand the needs of the SUD treatment population, including both parents and children.

Key Questions in Assessing Existing Services

1. How are the needs of family members included in service plans? Is there a multi-generational approach used?
2. Are services integrated and coordinated?
3. Are children's services distinct from parenting services?
4. Are partnerships and collaborations in place to provide services to meet family needs?
5. What evidence-based services are used, and do they support family-centered treatment?
6. How is the family's point of view prioritized in treatment goals? How is information shared? Are there data sharing agreements in place?

Action Steps

- Determine what services are missing or needed, what services are available, and which available services are evidence-based.
- Determine if there are services that cater specifically to the community. Are current service providers trusted by the community?

2. Assess Resources

The next step is to survey state and local funding streams that could support new programming.

Action Steps

- Review current funding opportunities for children, parents, and families. Can funds be redirected from other sources?
- Engage state and county leadership to identify funding opportunities.

3. Build Partnerships

SUD treatment providers then identify community partners working with children, parents, and families that can support the initiative. Support from state, county, and local leadership can also solidify the initiative and ensure its sustainability. Module 3 provides more information on building a collaborative partnership.

Action Steps

- Build and initiate a governance team consisting of community agencies that serve parents, children, and family members. Include local and county leadership as applicable.
- Use the governance team to develop a data dashboard to identify priorities and measure progress.

4. Implement New Services

Together with partners, SUD treatment providers can review survey results and data dashboards to determine the services to prioritize and implement. As services are implemented, the team can continue to monitor progress and further needs to determine next steps.

Action Steps

- Work with partners to determine where new services can be housed.
- Continue to work with funders to ensure services can be sustained.

Take Action—Next Steps

- Research local, state, and federal opportunities for funding family-centered approaches.
- Understand the essential elements of a family-centered approach and its benefits.
- Assess the need for a family-centered approach in the community.

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