

## MDFT–Engaging Moms Program for Dependency Court: Serving “the Best Interests of the Child” by Improving Maternal & Family Functioning



## Statement of the Problem

- ▶ Large numbers of child maltreatment cases involve substance using parents, many of whom continue to use drugs even while under court supervision
- ▶ Substance using families involved in the child welfare system have lower reunification rates, longer stays in foster care, and more recurring child maltreatment than families involved in the child welfare system without parental substance abuse

## Research Indicates That:

Strengthening parents so they can provide a safe and healthy environment for their children is the best way to protect and nurture children



## Engaging Moms Program Is Designed To:

- ▶ Help Drug and Child Welfare Involved Mothers To Provide a Safe and Healthy Family Environment for Their Children
- ▶ Prevent Termination of Parental Rights
- ▶ Reduce Number and Length of Foster Care Placements



## Background on EMP

- ▶ Originally designed to enroll and retain drug addicted mothers of infants into substance abuse treatment

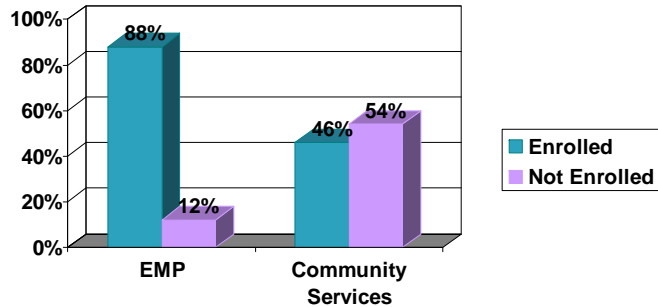


## EMP: Substance Abuse Enrollment & Retention Version

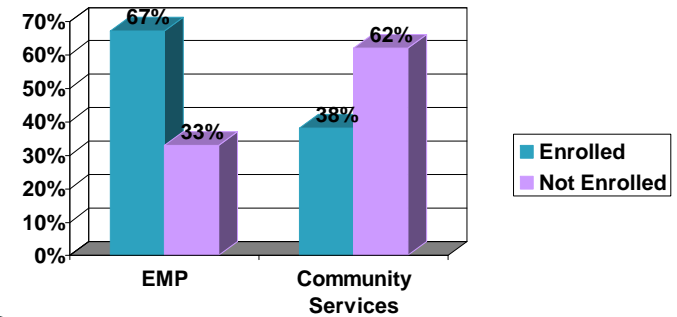
*(Draokof, Quille, Tejada, Alberg, Bendstra & Szapocznik, Enrolling and Retaining Mothers of Substance-Exposed Infants in Drug Abuse Treatment. JGCE, 2003)*

- ▶ NIDA-funded study
- ▶ 103 Black non-treatment seeking mothers of drug exposed infants
- ▶ Randomized to EMP or Community Service As Usual
- ▶ Therapeutic Goals: Enroll in Substance Abuse Treatment within 8 weeks, Retain in Treatment for at least 4 weeks

## Enrollment In Substance Abuse Treatment



## 4 Week Retention



## Bringing EMP to DDC

- ▶ Given the success of EMP with enrolling and retaining drug addicted mothers into substance abuse treatment, we decided to expand the goals of EMP and bring the intervention to dependency drug court



## EMP In Dependency Drug Court

- ▶ Develops Original EMP by:
  1. Expanding goal from enrollment & initial retention in treatment to longer term outcomes (recovery & reunification)
  2. Length of intervention increased from 12 weeks to length of stay in drug court (12 - 15 months)
  3. Goal is to Help Mothers Succeed in Dependency Drug Court

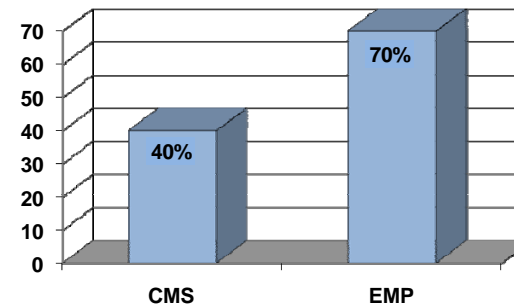


## Engaging Moms In Dependency Drug Court: Pilot study

*(Dakof, Cohen & Duarte. Increasing family reunification for substance abusing mothers and their children: Comparing two drug court interventions (Submitted for Publication)*

- ▶ 80 consecutive enrollments in dependency drug court
- ▶ All women received drug court services
- ▶ The first 37 enrollments received DDC with standard case management and the subsequent 43 enrollments received DDC with Engaging Moms Program

## Percent of Mothers Reunified



Results from the first pilot study encouraged us to conduct a second pilot study on EMP in DDC...



## EMP in Dependency Drug Court: Randomized Study: Pilot Study 2

Intervention Development Study (NIDA Funded)

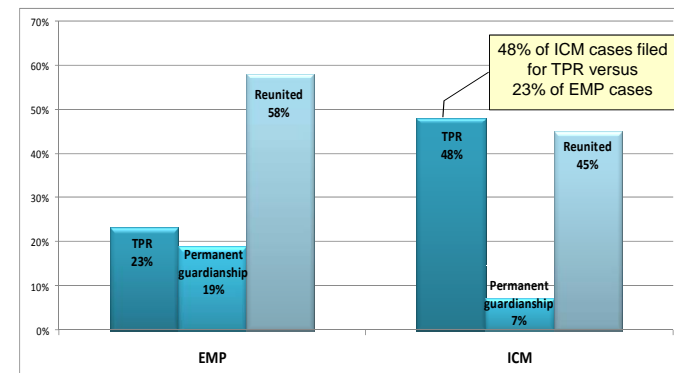
- ▶ Randomized Design:  
EMP vs. Intensive Case Management
- ▶ Sample Size = 62
- ▶ Data Collection at Intake, 3, 6, 9, 12, 18 months

## Participant Characteristics

- ▶ 37% African American, 35% Hispanic, 22% White, Non-Hispanic
- ▶ Average age = 31
- ▶ Annual median income = \$7,000
- ▶ 57% less than high school education
- ▶ 80% Co-morbid mental health disorders



## Child Welfare Outcomes: EMP vs. ICM



## EMP Participation Associated With Better Outcomes than ICM

- ▶ Greater decrease in alcohol use ( $d = 1.45$ )
- ▶ Greater improvement in family functioning ( $d = .63$ )
- ▶ Greater improvement in parenting practices ( $d = .51$ )
- ▶ Greater use of nonviolent child discipline practices ( $d = .38$ )

*No differences on mother's drug use with both groups showing significant improvements*

## Summary of Results

- ▶ In Dependency Drug Court, the Engaging Moms Program appears to increase the likelihood of positive outcomes in comparison to Intensive Case Management



## EMP – DDC

What Does the Engaging Moms in Dependency Drug Court Intervention Look Like?



## Core EMP Interventions

- ▶ Build & Strengthen Therapeutic Alliance with Mother & Family
- ▶ Enhance Mother and Family Motivation to Change
- ▶ Strengthen Mother's Emotional Attachment With Children
- ▶ Involve Family of Origin–Repair Relationships/Seek Support
- ▶ Improve Parenting Practices
- ▶ Improve Romantic Relationships
- ▶ Conduct Shuttle Diplomacy Between Mother & Service Providers/Courts/Child Welfare
- ▶ Deal With Relapses, Setback and Mistakes in a Therapeutic Manner (non punitive)
- ▶ Launch To Independent Life: Planning In Excruciating Detail/Prepare for Bumps in the Road

## Alliance Building—Being a Strong Advocate

- ▶ “I am behind you 150%!”
- ▶ Compliment, Praise, & Agree
- ▶ Empower & Validate
- ▶ Build Confidence In The Program
- ▶ Seek Strengths
- ▶ Be Loving & Nurturing



## Enhancing Motivation

Help Mother and Family Recognize:

- ▶ Distress & Despair: Unhappiness, Guilt, Shame, Have A Lot To Lose
- ▶ Positive Expectations & Hope: Have A Lot To Gain

## Enhance Bonding With Children

- ▶ Focus on Emotional Aspect of Parenting:
  - They Need You
  - You Need Them
- ▶ Emphasize & Enhance Love & Connection Between Mother & Children
- ▶ (Attachment Relationship)



## Involve Family Of Origin

- Engage family
- Repair relationships
- Seek emotional and practical help



## Examine Romantic Relationships

- ▶ Relationship Life Review–The Good, The Bad & The Ugly
- ▶ Self – Examination: Men, Relationships, Parenting–Wants and Conflicts
- ▶ Help Mother Make Thoughtful Decisions & Choices



## Shuttle Diplomacy Between Mother & Service Providers

- ▶ Be Proactive: Prevent Problems With Substance Abuse Treatment and Other Service Providers
- ▶ Resolve Any Problems and Conflicts Immediately



## Deal With Relapse & Mistakes, & Other Setbacks in a Non-punitive Manner

- ▶ Discuss Ambivalence of Change
- ▶ Action—Means We Need To Work Harder, Do Something Different
- ▶ Explore Relapse Fully (Antecedents, Experience, Consequences)
- ▶ Renew Commitment
- ▶ Collaborate On Action Plan



## Facilitating Therapeutic Jurisprudence in The Courtroom

- ▶ Prepare Mother for Court Appearances
- ▶ Use The Theater of the Court to Enhance Therapeutic Aims
- ▶ Advocate in Front of the Judge



## Launch To Post Drug Court Life: Planning In Excruciating Detail

- ▶ Develop a Routine for Everyday Life
- ▶ Address How Will Balance Self Care, Children, Work
- ▶ Outline and Plan For Dealing With Common Emergencies with Children & Families
- ▶ Relapse Prevention Plan
- ▶ Bumps In Road: What Are They/Plan To Address



## Next Steps Given the Promise Evident in the MDC–DDC Engaging Moms

- ▶ Conduct a study with a larger sample in order to have sufficient statistical power to test hypotheses
- ▶ Three group randomized design:
  1. Drug Court + EMP
  2. Regular Dependency Court + EMP
  3. Regular Dependency Court

## Miami–Dade County Dependency Drug Court Expansion and Enhancement Initiative

»» Funded by:  
U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and  
Delinquency Prevention

## Dependency Drug Court

- ▶ The goals of this 3–year initiative include increasing positive permanency outcomes and reducing the likelihood of negative outcomes for children by addressing the substance abuse of parents and providing services for their children
- ▶ Evaluation of the program conducted in collaboration with faculty from Nova Southeastern University (NSU)



## Dependency Drug Court

A total of **96 new participants** enrolled in Dependency Drug Court (DDC) from January 1, 2010 through March 31, 2011

- The mean age of participants was 31.33 years old (SD=7.28).

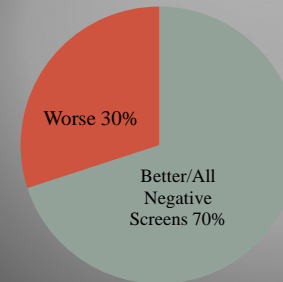


*Frequency of Participation and Type of Substance Abuse Treatment*

Treatment	Percentage of DDC Participants Receiving Each Treatment	Number of DDC Participants Receiving Each Treatment
Inpatient Treatment Only	17.7%	17
Outpatient Treatment Only	24.0%	23
Both Inpatient & Outpatient	45.8%	44
None	12.5%	12

## Reduction in Substance Abuse

- A change in substance abuse behavior was assessed for all 96 participants via a series of random drug screen tests. A 90-day baseline percentage of drug screens was established for each participant and was then compared to subsequent drug screens from the time the baseline was completed.



*Reduction in substance use as measured by drug screens using a 90-day baseline period*

## Participants with a New Drug Related Offense (Arrest or Referral to Court)

- ▶ Three of the 96 participants (3.13%) were arrested or referred to court for a new drug related offense since beginning the DDC program. More specifically, one participant was arrested for Marijuana possession, one participant was arrested for Cocaine purchase, and one participant was arrested for Petty Theft.



## Participants with New DCF Referral and/or Child Protection Case

Participants who have a new DCF referral

- Five of the 96 participants (5.21%) had a new DCF referral, since beginning the DDC program. Two participants had a DCF referral for child abuse/neglect, two participants had a DCF referral for substance abuse, and one had a DCF referral for the birth of a child while in the program.

Participants who have a new substantiated child protection case

- Three of the 96 participants (3.13%) had a new substantiated child protection case, since beginning the DDC program.

## UNIVERSITY OF MIAMI–Linda Ray Intervention Center Project Hand–N–Hand

The program incorporates concepts from the evidence-based *Nurturing Families in Substance Abuse and Recovery* curriculum as well as the *Strengthening Families* curriculum integrated with infant mental health core values and activities patterned after Sidney Greenspan's Floortime model.

Goals:

- Improve parenting skills
- Improve parent/child relationships
- Parents/caregivers increase knowledge of age appropriate development



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## PROJECT HAND–N–HAND

- Project Hand–N–Hand is an interactive, research-based parenting program for parents/caregivers with children ages **6 months to 3 years**.
- Parenting groups meet for 11 consecutive sessions, all of which are organized into two main components.
  - First, facilitators present curriculum topics related to parenting young children and optimizing child development.
  - Second, parents/caregivers and their children engage in guided play activities for 30–45 minutes.

\*Meals are provided to the participating families for families attending the weekly 11 parenting sessions.

## PROJECT HAND-N-HAND

- ▶ One Project Hand N Hand parenting program group (12 sessions in length) for the first year of the project was initiated in April 2010 and completed in June 2010. Four out of 5 (80%) DDC participants successfully completed the program.
- ▶ Data collection included the **Adult-Adolescent Parenting Inventory-2 (AAPI-2)** and the **Knowledge of Infant Development Inventory (KIDI)**.



## Pre and Posttest Assessment

The **Adult-Adolescent Parenting Inventory (AAPI-2)** is a norm referenced inventory designed to assess beliefs in five specific parenting areas (Constructs) that are known to contribute to the maltreatment of children:

- Construct A:** Inappropriate Expectations;
- Construct B:** Lack of Empathy;
- Construct C:** Belief in the use of Physical Punishment;
- Construct D:** Reversing Parent-Child Family Roles; and
- Construct E:** Oppressing Children's Power and Independence

Data generated from the completion of the AAPI-2 allows parents and parenting providers to measure parenting strengths and deficiencies.

## Knowledge of Infant Development



- Of those Hand-N-Hand participants, 100% demonstrated improved Accuracy and Total Correct scores on the KIDI from pre to post intervention, indicating improved parenting skills (knowledge of infant development).
- The mean percentage of improvement on the Accuracy scale from pretest to posttest was 7.75% (Standard Deviation = 4.35). The mean percentage of improvement on the KIDI Total Score from pretest to posttest was 11.25% (Standard Deviation = 9.25).

## Parenting Attitudes and Behaviors

- ▶ Of those individuals participating in Hand-N-Hand, 75% demonstrated improved scores on 2 out of 5 of the constructs, with one of those scales being Construct B, which indicates improved attitudes toward parenting and improved ability to be empathically aware of one's child's needs.
  - On Construct B, participants' level of improvement indicated a very large effect size ( $d = 1.47$ ).



## Stakeholder Interviews

Many reported positive experiences with the DDC program and believe it is a valuable evidence-based model, which should be expanded and replicated.

### Benefits

- ▶ Low recidivism
- ▶ “Fast reunification rate.”

### Challenges

- ▶ Difficulty accessing certain services recommended by the court, possibly due to geographical location and/or limited resources.

## Future Directions

- ▶ Evaluators will administer a satisfaction survey to all graduating DDC participants, as well as those exiting the program prematurely
- ▶ Focus groups will also be conducted with a sample of participants



## Future Directions, cont.

- ▶ A case study approach will be used to further understand the experiences of DDC participants by collecting in-depth information utilizing semi-structured interviews with participants, observations of clients' participation in court activities, in addition to archival review of court documents and assessment records.