



**PROJECT SAFE START-
NEBRASKA**

From a parent. . .

- ▶ I was just thinking today how I had therapy with Tammy and, I don't know, throughout all of the little chal--- big challenges what I've -- that I've had through Drug Court, some of them are easier than others and I think one that I'm really thankful for is therapy with Tammy. She -- Like, there's a lot of places that I couldn't grow on my own. And we were talking about it today and I really feel like she's helping me a lot. And I wasn't exactly the most thrilled, at first, I was like, wait a minute, I'm a good mom, you know, and it was -- but it was so much more than that, about the anxieties with CHILD.
- ▶
- ▶ And so, I just kind of wanted -- I told her thank you. But I just wanted to tell you, so maybe -- I mean, like, I am really, really thankful for her. She's -- We see her twice a week and she's just -- I mean, she's awesome. She's real good.

SAMHSA Children Affected by Methamphetamine (CAM)

- ▶ Four-year project
- ▶ Administrative Office of Nebraska Supreme Court is grantee
 - Scott Carlson: Co-Program Director (fiscal)
 - Vicky Weisz: Co-Program Director (program)
 - Mark Cooper: Evaluator
 - Jennie Cole-Mossman: Young Child Services Coordinator
 - Melissa Townsend: Court Improvement Project Associate

Family Treatment Drug Courts

- ▶ Judge Heideman
- ▶ Judge Crnkovich
- ▶ Judge Johnson
- ▶ Judge Thomas
- ▶ Judge Gendler
- ▶ Judge O'Neal



Requirements

- ▶ Methamphetamine in some (not all) cases
- ▶ Children five and under
- ▶ Permanency goal of reunification



Purpose

- ▶ **The purpose of this project is to improve the socio-emotional well-being of young children who are neglected or abused because of their parent's substance abuse.**



Goals

- ▶ Goal #1: Young children involved in Family Treatment Drug Courts due to parental meth abuse will be clinically evaluated to determine their emotional, social, and cognitive functioning, the quality of their relationship with their parent(s), and whether there is a need for intervention.



Goals

- ▶ Goal #2: Young children involved in Family Treatment Court due to parental meth abuse who are assessed to have difficulties or delays in their emotional, social, and cognitive functioning will be provided or referred to appropriate interventions.



Goals

- ▶ Goal #3: Timely and relevant information regarding young children's well-being, the quality of the parent-child relationship, and permanency considerations that are sensitive to the child's developmental needs will be provided to the FTDC.



Goals

- ▶ Goal #4: The time to permanency will be reduced for young children whose cases are in the FTDCs.
- ▶ Goal #5: High quality evidence based mental health services for children under five whose parents are affected by methamphetamine or other serious substance abuse will be expanded/developed in Douglas and Lancaster Counties.



Protocol Outline

- ▶ Drug Court Teams and Coordinator review current and anticipated cases
 - All children under five should be included unless parent is soon exiting drug court
- ▶ Parent encouraged (ordered?) to participate with child in assessment/treatment



Protocol

- ▶ Coordinator will refer to therapist
 - Rotating schedule or most appropriate
 - Consultation with drug treatment provider
 - “Handholding referral”
 - Arrangements for transportation, childcare
 - Coordinator asks for consents for evaluation. This consent must be voluntary. Only refers to therapist passing on data to evaluator.
 - Therapist obtains consents for clinical involvement (assessments, treatment, video, information sharing with drug court, etc.)

Protocol

- ▶ Assessment completed and report provided
- ▶ Treatment started when indicated (don't need to wait for written report or authorization)
- ▶ Weekly sessions
- ▶ Monthly progress notes to FTDC
- ▶ Coordinator will be checking weekly so any problems can be immediately addressed.



Protocol

- ▶ Coordinator will attend all drug court staffings hearings
 - Will have updated info from therapists
 - Therapists may occasionally be asked to attend
- ▶ Average length of treatment– 6 months
- ▶ Therapists will participate
 - all trainings (e.g. Joy Osofsky on March 31)
 - monthly case consultations with Osofsky
 - monthly peer case conferences

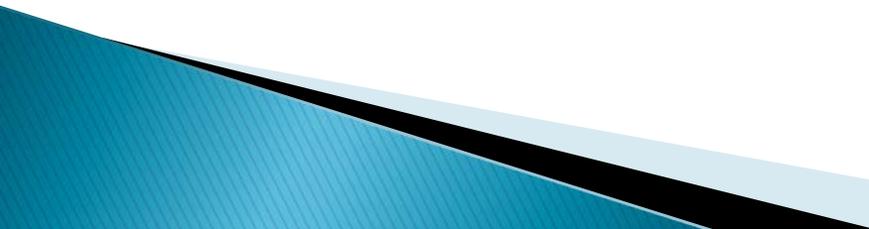


Interventions

- ▶ Parent Child Interaction Assessment
 - Done with each dyad (parent and child)
 - Includes developmental screening
 - Gives recommendations for treatment
 - Strength based but also addresses trauma and relationship issues
 - Done at the beginning and the end of treatment



Child Parent Psychotherapy

- ▶ Evidence based model of therapy for child welfare populations
 - ▶ Parent and child are seen together for therapy
 - ▶ Focus is on healing relationship issues and trauma through the parent child relationship (trauma for parent and the child)
 - ▶ Focus is also on helping regulate the child and decrease acting out behaviors that may be difficult for the parent and the child
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Child Parent Psychotherapy

- ▶ Uses combination of several modalities of therapy including developmental guidance, trauma focused treatment, play therapy (play is the language of children), and behavioral intervention
 - ▶ Can be done with multiple caregivers
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Where are we now?

- ▶ Since starting our first case in late March 2011 (out of 35 cases)
 - 16 families have been reunited
 - 3 families are placed together at treatment currently
 - 2 families were reunited but are now separated briefly due to a parent's relapse (both are working toward reunification again)
 - 2 mothers have relinquished their parental rights
 - 1 case was transferred to Tribal Court

- ▶ 2 cases are currently in the process of having proceedings for a possible termination of parental rights
 - ▶ And 9 cases have children in foster care though some of these are moving forward with decreased supervision and overnight visits to transition the children home
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