Families In Recovery Succeeding Together

The program offers a continuum of community based substance abuse services to either:
- A parent, guardian or custodian of a child who is named in a report to CPS as a victim of abuse or neglect and whose substance abuse is a significant barrier to maintaining or reunifying the family.

Temporary Assistance for Needy Families

TANIF Recipients are participants whose substance abuse is a significant barrier to maintaining and obtaining employment.
THE HISTORY OF FAMILIES F.I.R.S.T.

- Two pieces of legislation directly impacted the Child Welfare and TANF populations:
  1. Adoptions and Safe Families Act (ASFA) 1997
     - Time limit set on the length of time a child removed from their home could remain out of the home before permanency planning begins
  2. Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)
     - Time limit set in 1996 for those receiving assistance and later adjusted in 2000 to a lifetime maximum limit of 5 years

RESPONSE

- Like all states, Arizona proceeded to implement the ASFA and PRWORA and found:
  - In several cases the court did not grant a change in permanency due to an inability to prove "reasonable efforts"
  - ¾ of parents were struggling with substance abuse and unable to maintain employment
  - The mental health system was solely responsible for providing substance abuse treatment with little or no collaboration with CPS or the FAA

PARTNERSHIP

- SB1280, the Joint Substance Abuse Treatment Fund:
  - A specialized substance abuse treatment program directed toward serving CPS and TANF families
  - The legislation identified DES as the lead agency and the program was later renamed the Arizona Families F.I.R.S.T.
  - After awarding contracts to 9 providers (statewide) the program was implemented in March 2001
TREATMENT
- Comprehensive Assessment:
  - Same assessment provided at RBHA level
  - Opportunity for the clinician to gather information from the participant to make treatment recommendations and determine the most beneficial level of care for the participant
  - Presenting concerns
  - Substance abuse disorders
  - Abuse & risk factors

TREATMENT
- Based on strength-based recovery model
- Stages of change model
- Motivational Interviewing
- Variant of the Matrix Model

“I WILL BELIEVE IN YOU UNTIL YOU CAN BELIEVE IN YOURSELF”
-RECOVERY COACH
**Parent to Parent Recovery Coach Program**

- Focuses on improving two outcomes:
  - Engagement
  - Continuation (retaining clients in treatment)

- Various strategies were implemented:
  - Contingency management
  - Participation in TDM meetings (& Co-location)
  - Availability of assessments within 5 days
  - Providing transportation

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**What is Peer Support?**

- Peer mentoring is support provided by a Recovery Coach who gives and receives information and guidance founded on the key principles of shared respect, responsibility and mutual agreement.

- A P2P Recovery Coach is a person who has successfully graduated from the FF program and has a successfully closed CPS case.
The process of equipping people with the tools and knowledge they need to be effective in their commitment to themselves, their clients and to their employer.

- Establish a focus by defining the issue
- Discover possibilities, options and solutions
- Develop a plan of action
- Address and remove barriers
- Recap to verify understanding

WHAT IS COACHING?
“When the only tool you own is a hammer, every problem begins to resemble a nail.”

- Abraham Maslow

**RECOVERY ROLE MODELING**

- Recovery role modeling occurs when a person self identifies as having either a mental illness & or substance abuse addiction and can demonstrate recovery by sharing their life story.

- This positive interaction then reinforces the belief that they too can succeed and successfully reach their life's goals

**SHARING What we’ve learned...**
Peers are especially adept at moving folks along the continuum by offering hope, motivation and living proof that treatment works and that recovery is possible.

Simply put...
- It works because it leads to the formation of a trusting relationship.

Recovery Coaches are Change Agents:
- Provide professional non-clinical support by providing administrative colleagues with their unique insight into substance abuse and what made recovery possible for them.
- Provide beneficial cross-system education vital to coordination of care and long-term client success.

Training
- Confucius
TRAINING PURPOSE

- Our training program is designed to help our coaches understand and share their own successes with the child welfare system and with their recovery thereby preparing them to share these experiences in ways that help others achieve success.

CROSS-TRAINING IS CRITICAL

- Ethics & Boundaries
- Cultural Competency
- Community resources
- Child welfare
- Mandatory reporting
- Court process
- CPS units
- Behavioral health
- Unique Needs
- Co-occurring disorders
- CPI: Crisis Intervention

EXPECTATIONS

- TERROS policies and procedures

- AIM’S
  - Engage the client in treatment
  - Encourage the client to remain in treatment
  - Navigate the child welfare system
  - Guide through the process of recovery
PEER SUPPORT TRAINING
"I never teach my pupils; I only attempt to provide the conditions in which they can learn"
-Albert Einstein

ENCOURAGE COACHES CONTINUOUS SELF-CARE
- Compassion fatigue
- Boundaries
- EAP
- Relapse
- What is your personal outside support?

MOTIVATION
- What motivates people?
  - Recognition: respect, admiration & esteem
  - Influence: competition, control & independence
  - Internal: morals, duty, philanthropy & honor
  - Profit: money, possessions & growth

  Motivational road blocks:
  - Poor communication
  - The amount of resources
  - Personal chemistry
MOTIVATIONAL INTERVIEWING

A client-centered, semi-directive method of engaging intrinsic motivation to change behavior by developing discrepancy and exploring and resolving ambivalence within the client.
Christina

HOW WE ENGAGE & MOTIVATE OUR PARTICIPANTS:

WE ASK QUESTIONS...FOR EXAMPLE,

- Do I know what Families F.I.R.S.T. and CPS want from me?
- Do I have the materials and equipment that I need to complete these goals and tasks?
- Who encourages me?
- What is my timeline?
- How will I know when I have completed these goals & tasks?

CONTINUED...

- What do you want out of this situation?
- What steps are you willing to take?
- How can I help you get what you want?
- Are you aware that this action or behavior may be complicating what you want?
- Are you possibly adding to CPS’ concerns?
**MEET THE PERSON WHERE THEY ARE AT CHECKLIST: PAGE 1**

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**Egocentric bias:**
Claiming more responsibility for themselves for a joint action or accepting their role as part of the negative or positive outcome

**Dichotomous thinking:**
Black and white thinking with no in between “gray area”

**Selective abstraction:**
Selecting from a complex situation only certain features and ignoring aspects that could lead to a different outcome

**Catastrophizing:**
Blowing out of proportion a negative event

**Overgeneralization:**
Taking one experience and generalizing it through all situations

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**MEET THE PERSON WHERE THEY ARE AT CHECKLIST: PAGE 2**

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**Emotional reasoning:**
Mistaking emotions for reality or letting one's feelings guide our interpretation of reality

**Personalization:**
To assume it's one's fault or that the individual's situation has something to do with their own personal past or present experience/situation

**Blaming:**
Taking no personal responsibility for a situation and/or action

**Unrealistic comparison:**
Comparing one's self to others, assuming that other people are happier, better or more successful than they are

**Feelings of superiority:**
The idea that one has superior knowledge based on their own PERSONAL past experience

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**SUPERVISION TOOLS**

“One only needs two things in life:
WD-40 to make things go, and duct tape to make them stop.”

~Author unknown, but I'm pretty sure it was a brilliant female!
The Genogram is a visual tool used in weekly two hour clinical supervision sessions. This tool assists the clinician to identify the overall family need and also assists the Recovery coach to prioritize the clients goals.
POSITIVE TREATMENT OUTCOMES:

- 81% attend an intake
  - Comparison group 60%
- Average days spent in treatment 54
  - Comparison group 21

As of 06/25/2010

JENNIFER & RICH

JULIE
And Makenzie
“YOU CREATE YOUR OPPORTUNITIES BY ASKING FOR THEM”
—SHAKTI GWAIN

Questions?

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