

FBR Model Overview



- In Connecticut, adult substance abuse treatment and child welfare services have been funded and managed by two separate state agencies:
 - Department of Mental Health and Addiction Services (DMHAS)
 - Department of Children and Families (DCF)
- DCF recognized the need to address the dual challenges of many families: parenting and substance abuse

FBR Model Overview



- In 2006, DCF invited two university programs to partner in this initiative:
 - Johns Hopkins University & the University of Maryland – contingency management substance abuse treatment (Reinforcement-Based Treatment; RBT)
 - Yale Child Study Center – attachment-based parent-child therapeutic approach (Coordinated Intervention for Women and Infants; CIWI)
- Family-Based Recovery (FBR) was designed as a home-based intervention, which merged these models of parenting support and substance abuse treatment

FBR Mission



The mission of FBR is

- 1) to ensure that children develop optimally in drug-free, safe and stable homes with their parent/s
- 2) to develop a replicable, evidence-based, in-home practice model

FBR Clients



- A parent who is actively abusing substances and/or has a recent history of substance abuse (w/in 30 days)
- A child who is:
 - under the age of 24 months
 - resides with the index parent at the time of referral, or
 - in foster care with a plan for imminent reunification
 - at risk for removal from parental custody

FBR Team



FBR Teams are composed of:

- 2 Full-Time Master's level clinicians
- 1 Full-Time Bachelor's level Family Support Specialist
- A Half-Time Supervisor
- A Part-Time Psychiatrist

FBR Team: Caseload Structure



- An FBR caseload is twelve families
- Each clinician provides:
 - Parent-child-related interventions to 6 families
 - Caregiver sobriety-related interventions to 6 families
- The Family Support Specialist works with all 12 families

Assessment Phase



Partnering with Parents:

The FBR Team completes with the client:

- Genogram
- Parenting Stress Index – Short Form
- Postpartum Bonding Questionnaire
- Edinburgh Depression Scale
- the Gain-Q
- Functional Assessment for each substance
- Brief Substance Abuse Assessment
- Sobriety Sampling Contracts as needed
- Urine toxicology screens and breathalyzers

Parent/child Intervention



- The parent/child clinician explores:
 - The parent's aims and goals for the intervention
 - The parent's perceptions of the child
 - The goodness of fit between parent and child
 - The parent's beliefs regarding child development
 - The time the parents and child spend together
 - The parent's feelings about being a parent: what's pleasurable, what is a challenging

Substance Abuse Intervention



- Functional analysis of use, periods of nonuse and any relapses that occur during treatment
- Feedback session and feedback report
- Contracting for sobriety-supporting behaviors
- Graphing sobriety and sobriety-supporting behaviors (e.g., recreation, job goals) and assistance in understanding the links between graphed behaviors
- Frequent, intensive social reinforcement for graphed behaviors

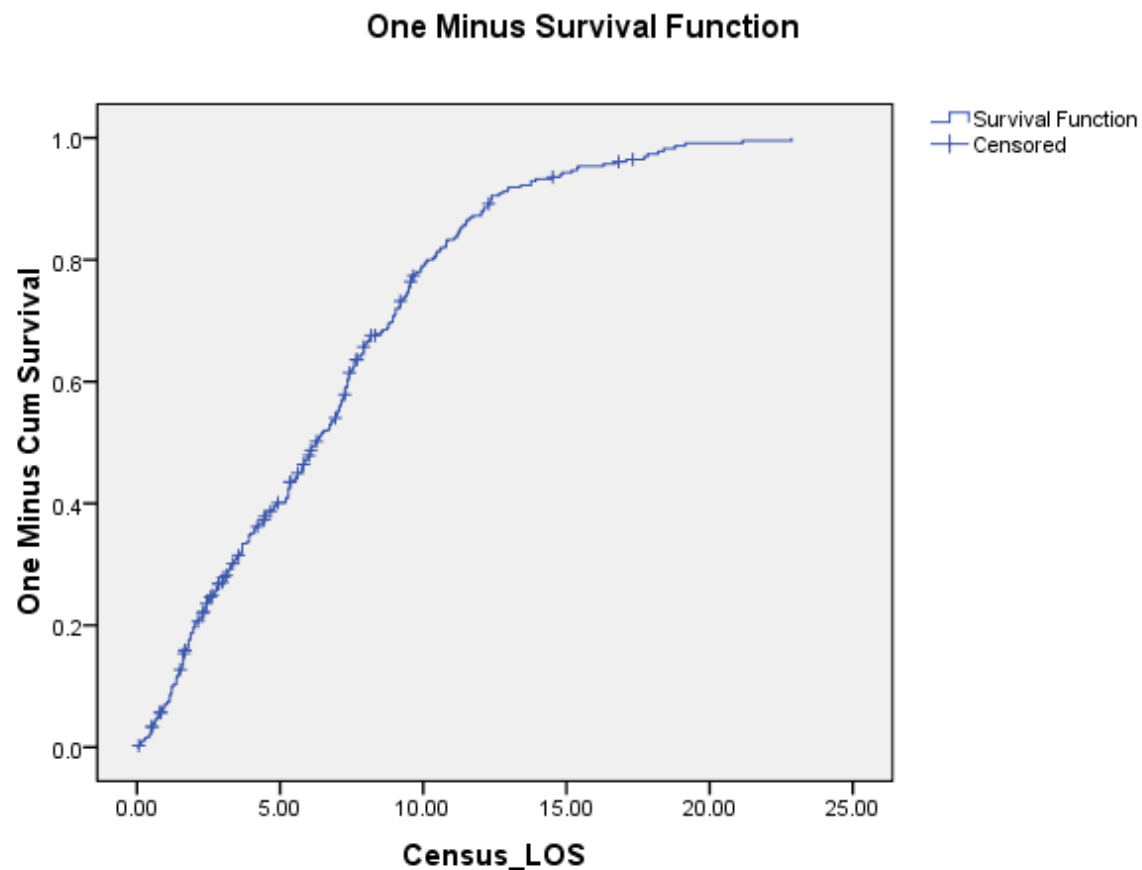
Quality Assurance Goals



- Ensure accurate and timely data collection
- Monitor caseloads
- Monitor adherence to clinical services inherent to FBR model (e.g., FBR Tools and Measures)
- Examine results of clinical measures and urine toxicology screens
- Summarize all of the above in quarterly reports for providers and DCF
 - One network (aggregated) report
 - Six site-specific reports on programmatic adherence and clinical outcomes

Length of Stay

Median Length of Stay = 6.28 months

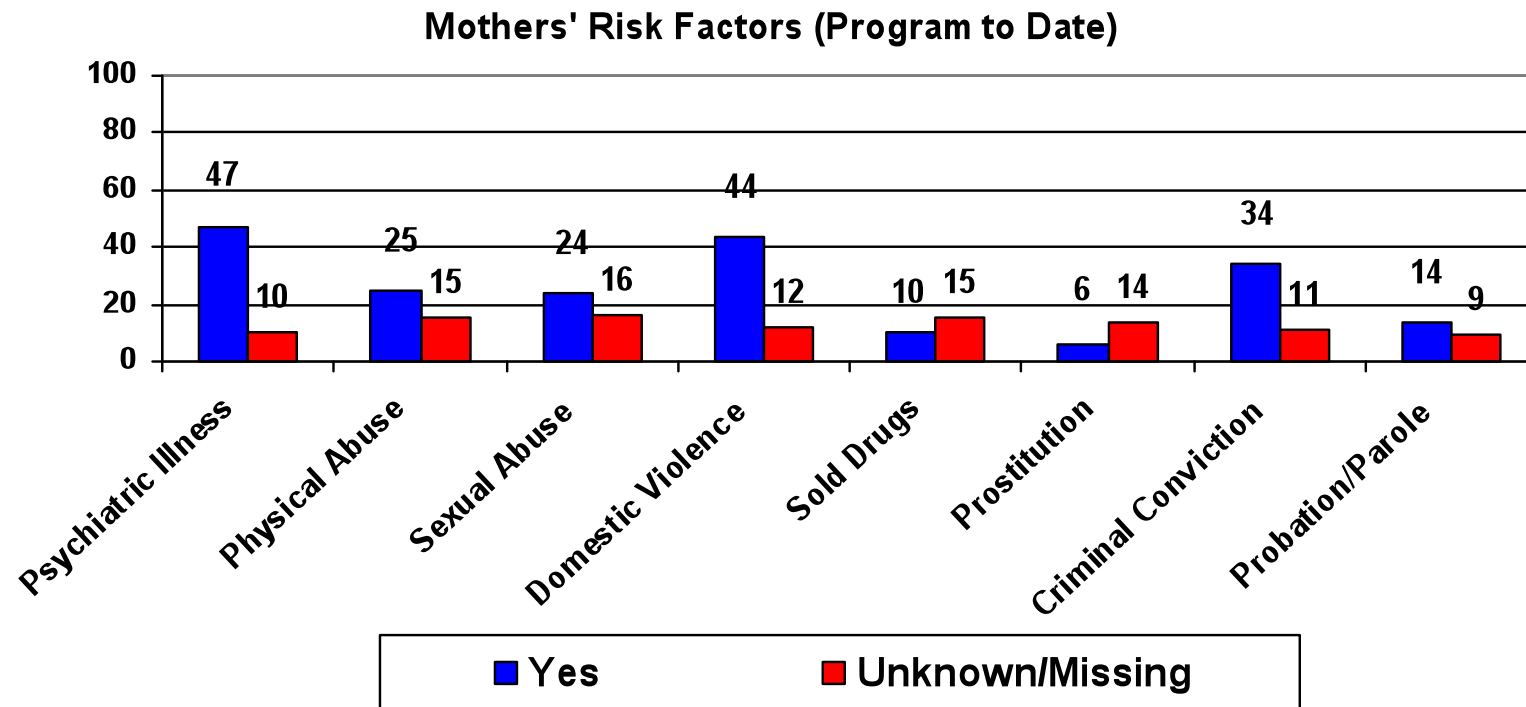


Case and Caregiver Characteristics

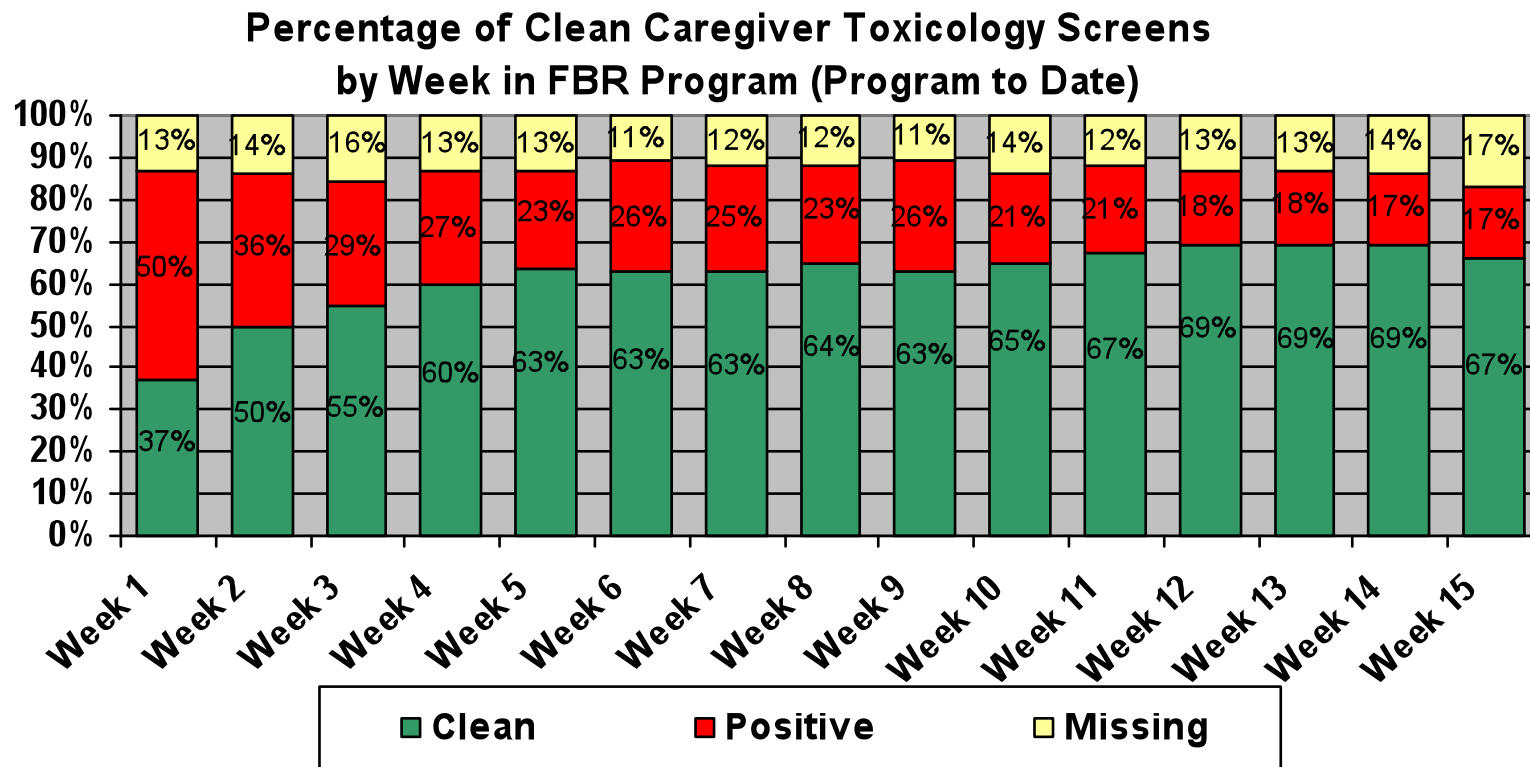


- Across all six regional providers to date, 389 cases served (830 clients); about 20-25 new intakes per quarter
- 84% of families served are headed by single mothers
- Average cash household income: \$679/month
 - Non-cash: 72% Medicaid, 68% WIC, 68% food stamps
- Average maternal age: 27.1 years (s.d. = 5.7 years)
- Maternal Race/Ethnicity:
 - 51% Caucasian; 30% African-American; 15% Hispanic/Latina
- Marital Status: 74% Single, never married
- Educational Attainment: 70% HS diploma/GED or less

Maternal Risk Factors



Urine Toxicology Screen Results



Urine Toxicology Screen Results



- To date, a total of 17,298 urine toxicology screens have been administered
- Among these, 79% have been clean, 21% have been positive for one or more substances
- Among all positive screens:
 - 53% of positive screens were for marijuana
 - 26% prescription drugs
 - 17% cocaine
 - 6% opiates
 - 5% PCP
 - 5% oxycodone

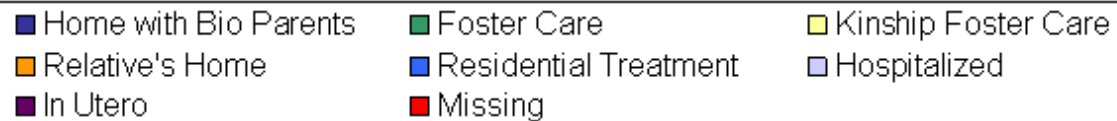
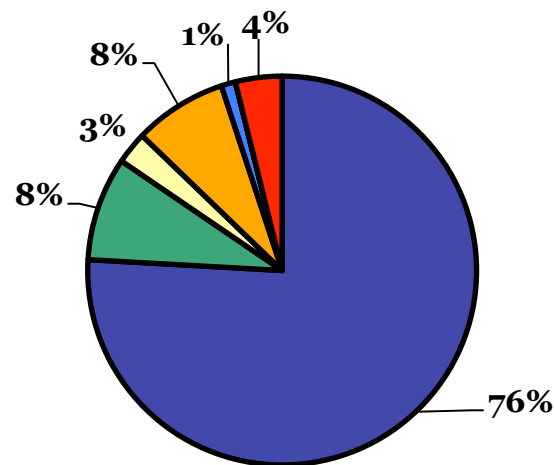
Clinical Measures



| Measures | N | Pre-Test Score | Post-Test Score | T-Score and Significance |
|--|-----|----------------|-----------------|--------------------------|
| Edinburgh Depression Scale | 174 | | | |
| Total Score | | 7.24 | 5.01 | 5.20 ** |
| Parenting Stress Index-Short Form | 163 | | | |
| Total Score | | 68.03 | 61.55 | 5.42 ** |
| Parenting Distress | | 26.30 | 22.65 | 6.15 ** |
| Parent-Child Dysfunctional Interaction | | 18.99 | 17.00 | 4.37 ** |
| Difficult Child | | 22.47 | 21.56 | 1.74 NS |
| Parental Bonding Questionnaire | 149 | | | |
| Total Score | | 5.79 | 4.37 | 3.35 ** |
| Impaired Bonding | | 3.42 | 2.66 | 2.87 ** |
| Rejection-Anger | | 0.74 | 0.70 | 0.33 NS |
| Anxiety-Care | | 1.61 | 1.01 | 3.44 ** |
| Risk of Abuse | | 0.03 | 0.01 | 1.14 NS |

Placement of Index Child

**Child Placement at Discharge
(Program to Date)**



Summary of QA Findings



Children remain in their homes:

- **FBR Result** : Among a high-risk sample of substance abusing parents, 84% of children remain in their homes at discharge

Parents reduce substance abusing behaviors:

- **FBR Result** : 50% positive urine screens at Week 1; 17% positive screens at Week 15

Parents address other clinical symptoms:

- **FBR Result** : Statistically significant, positive changes on measures of parenting stress, bonding to infant, and depression

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