Best Practice:

MANAGING DRUG AND ALCOHOL CASES IN FAMILY LAW

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INTRODUCTION

I wrote this e-book because across the nation there are no agreed upon professional standards regarding substance abuse evaluations and abstinence monitoring specific to family law. This short e-book is a culmination of my 20+ years of experience working with substance abuse cases in family law. This is the start of what is needed; an ongoing conversation about what constitutes best practice in substance abuse cases and how we can improve outcomes.

Family law substance abuse cases are very unique compared to criminal law or even the general population with substance abuse problems seeking treatment. They require specialized management and intervention within the confines of the family law context.

It helps me, in my work, to conceptualize the family law substance abuse population as being "semi-mandated." They are not mandated like a criminal law population nor are they completely voluntary as in the general population seeking treatment. "Semi-mandated" means parents voluntarily show up in the justice system. They have full rights weighed against the best interest of the children. They can opt out at any time if they are willing to accept the consequence of say, lost parenting time. Essentially there are no imposed consequences. Unfortunately, it is consequences that motivate a substance user to change. As a result of a "semi-mandated" status, family law's substance using population tends to be resistant to self-identification and somewhat immune to intervention and treatment. It is helpful to think of this population as a "house guest subject to rigorous scrutiny." Failure to understand this dynamic translates to failed and unwanted outcomes. I have reviewed many substance abuse evaluation reports by evaluators who do not yet have an understanding of this unique population. Typically, the first indicator of inexperience is that the evaluator relies solely on the subject's self-report. Relying on the subject's self-report is sufficient in a treatment intake, but this means of evaluation is insufficient for family law because it will not hold under the scrutiny of a hearing.

Important to our conversation here are questions like:

"What are reasonable objectives in substance abuse cases and how do we meet them?"

"What defines successful outcomes?"

"Can we all agree on definitions of what are reasonable objectives and successful outcomes?"

For example, on one end of the continuum, a successful outcome is typically - the children are physically safe. On the other end of the continuum, a successful outcome is defined by abstinence and/or the parents' ability to engage in a healthy co-parenting relationship (which tends to require abstinence). Currently, definitions of success or objectives by which we gain success are generally defined by the county of residence and who's the attorney, who's the judge, and who's the mediator or evaluator. Developing professional standards and best practices across the nation will improve consistency which can improve outcomes. My hope is that a conversation begins here and continues as more professionals come together and collectively think about how to address substance abuse in divorcing families.

Here is what you'll find within the pages of this e-book –

- Best practices to identify or rule out substance use problems using substance abuse evaluations.
- Best practices to support abstinence if a substance use problem is found.
- Best practices to verify abstinence.

The last section describes the family dynamics when addiction is occurring.

The chapters are specifically broken down to separate the activities involved.

- Forensic Substance Abuse Evaluations,
- Relapse Prevention Plans,
- Abstinence and Recovery Monitoring,
- Abstinence Verification,
- The Impact of Substance Abuse on the Family and Co-Parenting Dynamics.

Chapter 1
Forensic Substance Abuse Evaluations

From my view, there is nothing more misunderstood in family law than forensic substance abuse evaluations. I believe this is so because of an absence of research and literature identifying best evaluation methodologies specific to our family law population. Additionally, there is confusion between criminal law substance abuse evaluations, treatment assessments and forensic substance abuse evaluations.

There is some research and literature on best evaluation methodologies when evaluating a criminal substance abusing population (available because of funding). We can use this literature to help develop evaluation methodologies but we have to be careful because it is not completely applicable to our "semi-mandated" population.

Substance abuse evaluations all started with treatment centers and hospitals evaluating the general population seeking treatment. There were no standards. Just ways of assessing, handed down from treatment program to treatment program. Over the years standardized ways of interviewing have developed, such as the popular Addiction Severity Index (ASI). The Substance Abuse Subtle Screening Inventory (SASSI) was the first standardized method of measurement using validity and reliability scores. The SASSI scores were developed using a voluntary treatment population. The SASSI standardized treatment intakes. It has limited use with a resistant substance abusing population. The ASI and SASSI are tools to be used. They lose their usefulness in forensic evaluations.

The greatest distinction between an assessment and a forensic evaluation is that assessment is a method of interviewing to gain information about how the subject sees the problem and to match the subject with appropriate treatment.

A forensic substance abuse evaluation is an independent investigation to determine if there is a substance abuse problem. A forensic substance abuse evaluation includes methodology that will hold up to scrutiny. Working with a mandated or "semi-mandated" population requires investigation.

Individuals who have issues with substance abuse will often use the defense mechanism known as "denial." In the legal arena, their attempts at hiding the truth are to ensure an "avoidance of consequence." Every human being is hardwired to avoid negative consequences. Without intentional practice, we minimize and distort the truth to protect ourselves from consequences.

Since we in family law work within legal constraints, we need to take into consideration, not only the subject's self-report but also additional objective and even subjective information to confirm the subject's self-report. I have reviewed substance abuse evaluation reports where the evaluator failed to review documents, declarations and/or failed to interview the other party or appropriate others to validate the subject's self-report. This is due to no real fault of the evaluator, as many professionals do not understand the difference between an assessment used for treatment planning versus a forensic evaluation used to produce factual and objective information. This is why it is so important to choose your substance abuse evaluator carefully.

What I recommend is that when an evaluation is needed, the referring professional or the court order include recommendations for specific methodology. For example, the referring professional or court order would state:

"The evaluation must consider and include a collateral interview with the other party, must review supporting documents from both parties and others, within reason, to support the findings of the evaluation."

Additionally, instructions could state,

"The evaluator may also use random drug and alcohol testing to gain additional information to support the evaluation's findings."

I recall a particular case that the bench officer specifically referred to my office for a substance abuse evaluation. It was to be the subject's second court ordered substance abuse evaluation. The subject was specifically referred to me because his first evaluation acted like an assessment. The judicial officer recognized this. I reviewed the first evaluation report. The evaluator determined that the subject had a history of alcoholism and the alcoholism was no longer a problem. The evaluator commented in the report that the subject would benefit from participating in a psychosocial educational model for abstinence support.

First error, the evaluator did not actually "recommend" a psycho-social educational model. It was communicated as a "suggestion". Nor did the evaluator spell out what a psycho-social educational model is.

The second error, the evaluator took the subject's self-report at face value. The evaluation was an assessment because it included no collateral interviews, no review of previous treatment records, and no review of supporting documents.

Crazy as it sounds, the first thing I noticed about the subject in my interview with him, was a protruding liver (rest assured, this is atypical for the cases I evaluate). The subject confirmed that he was medically diagnosed with cirrhosis of the liver. The last time he had consumed alcohol was three months prior to the date of our interview. The subject was not participating in treatment and/or recovery services.

If the original evaluator had spoken to the other party, as I did, he would have learned that the subject had lived homeless for three years due to alcoholism. The subject also participated in three residential treatment episodes. Multiple relapses and/or treatment-resistant alcoholism suggested that the subject suffered from underlying unidentified or undertreated issues. The underlying issues were identified by review his treatment records. Reviewing his treatment records helped me make targeted recommendations to achieve a successful outcome. It can be argued that, forensic substance abuse evaluations ensure better abstinence and recovery outcomes because of thoroughness.

The purpose of a forensic substance abuse evaluation is to identify if there is a substance abuse problem and if there is, how do we solve the problem and what are the risks to the children, if any.

How do we identify if there is a substance problem? I use the DSM-5 criteria for diagnosis because the DSM-5 offers standard language and criteria. The California Family Code section 3011(d) directs the Court to consider the habitual or continual illegal use of controlled substances or habitual or continual abuse of alcohol by either parent as a risk to the welfare of children. Habitual and continual are not terms used in the DSM-5. There is no standardize diagnostic system available that specifically describes substance use as "habitual" or "continual." The DSM does require "a pattern of use or consequences" when determining a substance use diagnosis. In my opinion, a pattern of use translates to habitual and continual.

In my opinion, the DSM-5 use disorder's diagnosis definitions of "moderate" or "severe type" most closely resemble habitual and/or continual use. The DSM-5's "mild type" is questionable as to whether the substance use is habitual and/or continual. When I have a finding for substance use of the mild type, I make a determination on a case by case basis if the substance use is habitual or continuous. Ultimately, all diagnostic systems leave the final diagnosis up to a trained and experienced clinician.

It is important that the evaluator be mindful about who the audience is when writing a forensic report. Is the report clear and concise? Is it objective? Are the conclusions supported by evidence? Are the recommendations consistent with the diagnosis?

Are the recommendations reasonable and something the bench can or will enforce? Is it jargon free? Is it educative? If the report is absent of the latter qualities, then the evaluator has failed to engender credibility. Without credibility the evaluation becomes useless to the judicial officer. The judicial officer needs to have confidence to have the will to intervene on substance abuse cases. Similarly, if the evaluation recommendations are unreasonable (i.e., 90-day inpatient treatment recommendation for a parent with no financial means), then the evaluation is also useless. If the evaluator communicates vaguely, and/or fails to take a clear stand regarding the findings and conclusions, then the evaluation was a waste of time and money. Worse yet, the evaluation increases litigation costs because the methodologies are questionable and/or the report is poorly written.

In family law, it is difficult to determine when or if a substance abuse evaluation is needed. It's been my experience that the evaluation process is therapeutically helpful on its own merit. Rarely is it a waste of time unless the evaluator is inexperienced or the allegations are completely made up. My experience tells me that made up allegations are a very small percentage of cases. Typically there are hallmark indicators that suggest there is a substance abuse problem. A history of substance-related conflicts is a hallmark indicator. A history of substance related conflicts suggest that a substance abuse evaluation would be useful. Identifying the substance of choice and the method of ingestion can help to determine if an evaluation is needed or not. For example, cocaine is a relatively easy drug to detect via random drug testing. If there are no other substance related allegations other than cocaine, and the using parent agrees to stop, then in my opinion, random testing to verify abstinence is sufficient. A substance abuse evaluation is not needed. The longer the parent is off cocaine, the better chances of them staying off the drug (the exception may be intravenous (IV) or smoking cocaine as they are both highly addictive forms of drug use). If the parent fails abstinence, then they should be referred for a substance abuse evaluation. The same protocol should be followed for methamphetamines and marijuana. Alcohol and opiates are more complex and should be referred for a substance abuse evaluation whenever possible.

Other criteria to consider when making a referral for an evaluation are; risks

to the children, the length and intensity of the ongoing substance related conflict, level of cooperation of the substance user and again, substance of choice, and method and frequency of use.

It is important to know when to refer for a substance abuse evaluation because in my opinion random alcohol and drug testing used as an evaluative method is severely overused in family law. In almost all cases, random testing should be used as abstinence verification, not as an evaluation tool, unless the random testing is used by the substance abuse evaluator to support the evaluations findings.

Random testing as an evaluation tool fails because (1) testing methodology is different from facility to facility. A parent may go to a facility that does not require observed testing. The parent uses the results to prove they aren't abusing yet non-observed tests are invalid. Diluted samples are invalid. The Court, while not expected to be an expert in drug testing, is known to inadvertently accept invalid test results. Random testing as an evaluation tool also fails because (2) some drug users, particularly stimulant users, can stop using for a period of time (typically about four months before a relapse). The Court, from what I can see, typically requires testing for a month or two. Testing for a month or two is insufficient to rule out stimulant use based on what we know about stimulant addiction. And (3) Random testing to rule out opiate use/abuse is also ineffective because the opiate user can easily find a temporary opiate substitute; one that is difficult to detect. When the user satisfies the order, they go back to their opiate of choice.

It is best to develop a working relationship with a substance abuse professional who understands forensic evaluations and random testing. The substance abuse professional can provide consult about when and if an evaluation is needed. The professional can also provide consult about random testing. It is also wise to develop a working relationship with a local toxicologist for consults about the best random testing methodology. In summary, if there are alcohol and opiate allegations, refer for a substance abuse evaluation. If there are risks or complexities, such as young children, smoking or IV drug use, mental health problems and/or chronic substance related concerns, refer for a substance abuse evaluation. Lastly, leave random testing recommendations up to the substance abuse professional or certified toxicologist.

Chapter 2
Relapse Prevention Plans

A relapse prevention plan can suffice for a forensic substance abuse evaluation when there is an acknowledged substance use problem or a history of substance-related treatment. A relapse prevention plan saves money because there is no need for an investigation to determine if there is a problem. A relapse prevention plan includes the same forensic methodology, such as, reviewing documents, reviewing treatment records, and interviewing the other party or others. The evaluator should first interview the subject to identify their use history and their ongoing abstinence support. Next, the evaluator interviews the concerned parent to identify consistent and inconsistent abstinent behaviors. It is also helpful to identify what the concerned parent needs to bolster confidence in the using parent's abstinence.

(Sometimes the concerned parent needs education about co-dependency and how to identify abstinence). Documents are reviewed to determine what's worked or not worked in the past that supports abstinence. The relapse prevention plan should consider relapse prevention theories and what is consistent with others practicing abstinence. The relapse prevention plan should also include recommendations for abstinence verification. Once all of the information is gathered, then the plan is presented to the parents for agreement. If the using parent does not agree with the proposed relapse prevention plan, then the evaluator should move to completing a substance abuse evaluation report. The substance abuse evaluation report would provide the judicial officer information to make its own determination.

Chapter 3
Abstinence and Recovery Monitoring

Many substance abuse cases would benefit from abstinence and recovery monitoring services. Abstinence and recovery monitoring typically includes a case manager who verifies the parent's abstinence, treatment, and recovery progress. Recommendations for abstinence and recovery monitoring should include a suggested protocol based on the case needs. Typically abstinence and recovery monitoring recommendations include; a professional conducting monthly face-to-face interviews with the subject, collateral information from treatment professionals, sponsors, family members and the other party, a review of relevant documents, and managing an alcohol and drug testing schedule.

Abstinence and recovery monitoring is used successfully by the American Medical Association and other governing boards concerned

with public safety. Additionally, the adult drug courts have developed similar monitoring programs geared towards their specific population. The abstinence and recovery monitoring protocols already in use are adaptable to our family law population. The benefits are a decrease in the number of times the case returns to court, increased abstinence success and improved co-parenting relationships. Abstinence and recovery monitoring provides accountability and verified abstinence that can lower any risks to the children.

Research shows that abstinence and recovery monitoring works. Medical professionals and pilots subject to strict abstinence and recovery monitoring show a high rate of abstinence success. Noted in a paper called, Ongoing Monitoring of Alcohol Use Tied to Clear Consequences by Edmund Pigott, Ph.D., 904 physicians who were followed in diversion programs across the country, 80.5% stayed abstinent over a five year period. The success rate in the general population practicing abstinence is thought to be less than 50%. The same paper noted over 5,000 substance abusing pilots participated in monitoring programs with a long-term recovery rate of 90%. It would be amazing to realize the same success rates in family law cases.

Currently, the family law monitoring model involves abstinence agreements/orders for full-time abstinence or during parenting time only. Random testing is used to verify compliance. This model lacks real accountability (random testing alone is often insufficient accountability) because there is no one but the concerned parent monitoring compliance. Additionally, the Court fails to build in consequences for non-compliance or the case goes from one judicial officer to another and sanctions aren't upheld. Without real accountability and consequence the using parent with a true substance use disorder will most often test the limits by continuing to abuse substances. The parent's continued use will be evident in escalating conflicts, mistrust, and oppositional behaviors when co-parenting.

With good reason, it is best to employ a professional to monitor abstinence and recovery agreements/orders. The professional monitor must have expertise in substance abuse as there are many bumps on the road to recovery. Monitoring should occur for 6 months to 12 months.

One case comes to mind that will serve as an example. Mother was court

ordered to participate in abstinence and recovery monitoring with myself as the monitor. She is an opiate addict and alcoholic. Mostly in denial. I monitored her treatment and recovery participation, random drug testing, and use of a breathalyzer. Over the course of a year, she tested positive for opiates twice, positive for alcohol twice, and forged her proof of attendance to her treatment and recovery groups. Mother vehemently denied non-compliant behaviors despite the obvious. If the father was alone in monitoring mother's behaviors, they would have been back to court repeatedly. I was the reality check using documentation and consultation to contain the non-compliance. Armed with just facts ("yes, those are true positive tests"), the attorneys were able to confidently work out new custody agreements, ensuring the child's safety, and to hold mother further accountable. Eventually, the mother ran out of "moves" and conceded to the abstinence plan. Wiggling and testing the limits happens frequently in abstinence and recovery monitoring. Once the monitored subject realizes they can't wiggle out of the abstinence agreement they typically settle down and focus on their recovery.

Another case comes to mind, illustrating the importance of consequences built into the monitoring plan. This is a case involving alcohol monitoring using Soberlink. In the beginning, father tested positive for alcohol at least once a week. It was built into his monitoring plan that every time he tested positive, his Soberlink monitoring started over. Apparently, this was the right amount of consequence to get father's attention. After a few drinking events, father never tested positive again nor missed a test. This perfect test record is an excellent demonstration of effective consequences that encourages abstinence.

The National Association of Drug Court Professionals (NADCP) published a paper based on the Hawaii Hope Model for adult drug court, identifying best practice standards for monitoring abstinence in adult drug courts. The discussion in the chapter called: Incentives, Sanctions and Therapeutic Adjustments gives us an in-depth look into how and why abstinence and recovery monitoring works. Some of the key principles and goals applicable to the family law population include; immediate consequence when abstinence failure occurs, immediate reward for true abstinence progress, abstinence monitoring using long-term goals, and the most important goal - self-motivated internalized need for abstinence.

It is the role of the professional monitor to exercise these principles and goals when working with family law cases. When non-compliance occurs without a professional monitor, there are no immediate consequences. Typically what happens is the case waits a long time to get back into court for sanctions. In the meantime, there are escalating co-parenting conflicts, confused facts, and defensiveness. Once in court, the judicial officer is unable to figure out the truth from the false. New orders are made without continuity. Any hope of progress is lost.

Not all substance abuse cases need abstinence and recovery monitoring. Criteria to consider when recommending abstinence and recovery monitoring includes ages of the children, the level of conflict between the parties, and severity or chronicity of the addiction. If the parties cannot afford to employ a professional monitor then the next best thing is to build in immediate consequences and rewards and have the case go for periodic reviews by the mediator or substance abuse evaluator. Progress reviews work because they measure compliance based on the original intent of the agreement/order. Most often, what happens when cases come to me for review, I discover that the parent has re-interpreted the original recommendations because services were unavailable or unobtainable or the subject simply interprets the recommendations as they see fit. For example, an individual counseling recommendation turns into a 15-minute visit with a psychiatrist, or participation in Alcoholics Anonymous turns into attending church, or a recommendation for complete abstinence turns into a sedative prescription. Progress re-evaluations can keep the subject on track and make adjustments to the original recommendations based on the ever-changing abstinence and recovery and family dynamics.

Chapter 4
Abstinence Verification

There is nothing more controversial or confusing than random alcohol and drug testing in family law. One reason is that the field of forensic toxicology is constantly changing with new technology and designer drugs. In my opinion, it is important that every professional familiarize themselves with the basics and then establish a working relationship with a local toxicologist or substance abuse evaluation professional who can stay current.

My pet peeve is when random testing is used by the Court as a diagnostic tool. Yes, random testing, as a diagnostic tool, occasionally works. For example, when the parent denies stimulant use. A hair analysis going back about 85 days can help to rule out abuse. Or when a parent arrives to the court under the influence. Ordering a test that day is a good idea. A word of caution: in most cases, one test does not

provide a true picture of the substance problem. California section 3041.5 states, "A positive test by itself does not constitute ground for an adverse custody decision."

Alcohol and drug testing used as an accountability tool is effective provided the testing protocol is set up correctly. I have seen cases where the random testing frequency is too low to verify abstinence. One case, the parent was tested over an extended period of time only to discover that the test used did not screen for the parent's drug of choice! When recommending a testing schedule, I say, consult, consult, consult!

In Sacramento, I know of three testing facilities experienced in family law cases. Each facility offers collections on site. Two of the three facilities will arrange for collections out of the area or out of the country. Each of the facilities has vastly different testing protocols, prices, and tests that they offer as well as differing documentation procedures. Don't assume that all testing facilities are the same.

To illustrate, one of the three facilities I work with declare they offer random testing when in fact the randomness of the testing is based upon the facility's capacity to collect samples on any given day. Another facility includes benzodiazepines in their 5-panel tests, and another does not. One facility does not document the temperature and color of the specimen, but another facility offers detailed documentation. The facility that offers detailed documentation is more expensive, but worth it. Detailed documentation saves money down the road when there are disputes.

Chain collection sites or treatment programs offering testing may not be appropriate for our "semi-mandated" population. For instance, the Kaiser Permanente chemical dependency treatment programs in the Sacramento area say they randomly test patients in treatment. Their tests are administered on the day of treatment and are not random nor are they observed. A chain collection site may offer observation; however, they don't always have a staff member available of the same gender or a staff member trained to observe. Can you see how complex random alcohol and drug testing is? I've only named a few variances.

Best practice is to consult an expert, speak with the facilities' toxicologist or have the parent evaluated by a substance abuse professional before drug and alcohol testing is executed.

Chapter 5

The Impact of Substance Abuse on Family and Co-Parenting Dynamics

I want to refer the reader to a timeless Alanon pamphlet called, "The Merry-go-round Named Denial." http://www.morethanrecovery.com/blog.html

This pamphlet was written in 1958 and despite the dated language, it is a great piece of literature describing the nature of alcoholism in families. What lives in families with alcoholism is a power struggle I refer to as the "Cat and Mouse" game of control and control avoidance. When conducting substance abuse evaluation interviews, I ask both parties to describe the relationship dynamics when they first met, the repetitive conflicts, and the conflicts prior to separation. A typical scenario would include both drinking and partying together when they first met. After the birth of the first child, one parent settles down and the other continues to party. Understandably, the parent that settles down voices concerns about the other's substance use. This begins the cat and mouse game aptly described in the Alanon literature as "The Merry-go-round Named Denial." The cat and mouse game

The cat and mouse game continues well after the marriage dissolves.

When we as professionals enter into the family's lives, it is important that we not fuel the dynamic but help the parties disengage, so a healthy co-parenting relationship emerges. The following passage from "The Merry-go-round Named Denial" is written to the professional:

> The role of the professional Enabler - clergyman, doctor, lawyer or social worker - can be most destructive, if it conditions the family to reduce the crisis rather than to use it to initiate a recovery program. The family has probably known for five or more years that drinking was creating serious problems, but this is not so apt to be visible to persons outside the family. When the family turns to professionals who are not adequately qualified to deal with alcoholism, before the anti-social behavior has become obvious, the family may be told that this is not alcoholism and that there is nothing they can do until the drinker wants help.
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> When alcoholism reaches the point where it breaks outside the family and the alcoholic himself turns to such professional people, he secures a reduction of his crisis by seeking and using these persons as Enablers. This again keeps the Merry-Go-Round going. The family which was told initially that there were no signs of alcoholism is now taught that the way to deal with it is to remove the symptoms, rather than to deal realistically with the illness. The very persons who failed to identify the alcoholism in its early stages may now treat the more advanced symptoms by helping the alcoholic get back on the merry-go-round.
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> This further conditions the family to believe that nothing can be done to cope with the alcoholism. Even when the family members attempt to secure help for themselves or the alcoholic, the professional role may be that of an Enabler, rather than leading the family and the alcoholic into a long-range program of recovery. As the Enabler is the first person on the scene, he influences the remainder of the second act because it sets the direction and movement of this part of the play. Thus the uninformed professional helps everyone get back on the Merry-Go-Round.

In my experience, substance abuse evaluations are a way for a knowledgeable professional to "set the direction and movement" of the second half of the alcoholic play. As a substance abuse professional, I am fluent in the language of the alcoholic/addict

It is important that mediators, attorneys, judges, and other family law professionals identify and develop a working relationship with a substance abuse professional who has the expertise and experience providing forensic evaluations and has intervention skills to be used when appropriate.

The forensic evaluation report provides necessary documentation of the problem. The intervention starts the process of recovery. When the substance abuse evaluation process is complete, it is up to the judges, attorneys, and other family law professionals to support the evaluation recommendations so that whatever work the substance abuse professional has done is not undone. Too often professional enablers step in and attempt to make the addict/alcoholic comfortable (as described in the Merry-go-Round Called Denial). This is a challenging area in family law with regards to substance abuse. Attorneys have their duty to represent their clients. The judicial officer has its duty to exercise the legal process and protect civil rights. It takes a strong will, plus an understanding of addiction, to keep the addict/alcoholic motivated and accountable, so they will address and overcome their problem. Does the judicial officer and/or attorneys have the will to hold the addict/alcoholic accountable long enough for them to internalize the motivation to remain abstinent? The best way this can happen is when attorneys are straight with their clients before they get to court. People generally respect attorneys. If their attorney tells them to do something about their addiction problem they are likely to listen. I see that it works when attorneys intervene with their client before the custody process begins. It also works when the judicial officer refers the case to a professional for an evaluation before any determinations are made. This gives the parent a chance to consider the possibility that they have addiction problem and do something about it so that the judicial officer does not have to be in the difficult position of deliberating a parent's individual right verses child safety.

Within the substance abuse evaluation process I often educate the concerned parent. Most concerned parents come to the interview expressing their beliefs that the using parent is "errant" or "bad." They have unrealistic expectations about what the Court can do to intervene on the using parent. Their unrealistic expectations can lead to costly litigation and ultimate disappointment. Just because the Court sees and acknowledges an addiction doesn't mean that can do something about it.

Recovery from addiction is a process. In an ideal world –

The problem is clearly identified in the substance abuse evaluation.

The recommendations are implemented.

Expect some failure to occur.

If monitoring and/or consequences are built into the process, the using parent is squeezed to practice new behaviors.

Changed behaviors will help the using parent eventually internalize the need for abstinence.

Consequences and accountability also help ease the concerned parent's mind. The co-parenting relationship moves from unhealthy to healthy.

All of latter can happen outside of the courtroom provided that the professionals avoid enabling by making the using parent comfortable and not requiring the concerned parent to also make changes.

The concerned parent can attend counseling or Alanon to learn healthy boundaries and disengagement. In my experience, when the concerned parent learns healthier responses the less the family needs the legal system. The concerned parent is also more equipped to help the children understand addiction from a non-enabling lens. When the concerned parent focuses on their own recovery, the using parent feels less "demonized," which in turn fosters more cooperation.

My objectives in any substance abuse case are:

- Lower risks to the children
- Improve co-parenting relationships
- Provide both parents the help they need to recover from addiction.

As a professional, what are your objectives?

What ways do you take a stand for those objectives?

Also, what conversations do we need to have to realize better outcomes in substance abuse cases?

Is it possible to come together and find agreement on what is best practice, across the country in this area?

Should professionals providing substance abuse evaluations in family law be certified?

I welcome your ideas and thoughts. Email me at colleen@morethanrecovery.com with your comments, questions, and feedback.